Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

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

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

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

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

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

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

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Jessica	Middle Name (if any) N/A	Family Name (Last Name) RODRIGUES ALVES

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

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

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

Credit Card Information		
Credit Card Number	**Credit Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	Authorized Payment Amount $ 715.00
Credit Card Expiration Date (mm/yyyy) CVV Code		

Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

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Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Jessica	Middle Name (if any) N/A	Family Name (Last Name) RODRIGUES ALVES

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

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

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

Credit Card Information		
Credit Card Number	**Credit Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	Authorized Payment Amount $ 300.00
Credit Card Expiration Date (mm/yyyy) CVV Code		

YOUSA
Law Firm

EB-2 IMMIGRANT PETITION
WITH REQUEST FOR A NATIONAL INTEREST WAIVER

Petitioner: RODRIGUES ALVES, Jessica

HS Law Corp
P.O Box 90487
San Diego - CA - United States

YOUSA Law Firm

Tel: +1 415 425-2508
contato@yousalaw.com

TABLE OF CONTENTS

Petitioner: **Jéssica Rodrigues Alves**
Type of Petition: **I-140, EB-2 National Interest Waiver**
Classification Sought: **Immigration and Nationality Act 203(b)(2)(B)**

Forms	• Form G-1450 in the amount of $715 towards I-140 form filling fee • Form G-1450 in the amount of $300 towards Asylum Program Fee • Form G-1145 • Form G-28 • Form I-140 • ETA-9089
Petition Cover Letter	• Summary of Cover Letter • Petition Cover Letter • Exhibit List
Exhibit A	• Resume
Exhibit B – ELIGIBILITY CRITERIA	**Exceptional Ability** **I. Official academic record showing that you have a degree, diploma, certificate, or similar award from a college, university, school, or other institution of learning relating to your area of exceptional ability:** • Bachelor of Laws – Universidade Salgado de Oliveira– Diploma and Transcript • Associate Teacher Certificate – City College of San Francisco • Ongoing Bachelor's Degree in Early Childhood Education – EDAdvance College (Enrollment Evidence) • Academic Credential Evaluation **II. Letters from current or former employers documenting at least 10 years of full-time experience in your occupation** • **Work Records:** o Work Records as Owner and Program Director – Jessica Alves Day Care (June 2021–Present) o Employment Verification Letter - Manager at Ana Paula Silva Day Care (October 2020–May 2021) o Employment Verification Letter - Legal Analyst at WN Advocacia (2013–2020) o Employment Verification Letter - Market Analyst / Health Insurance Broker at Unimed Goiânia (2014–2020)

III. A license to practice your profession or certification for your profession or occupation:

- California Department of Social Services Child Care License
- License Renewal and Compliance Records

IV. Evidence that you have commanded a salary or other remuneration for services that demonstrates your exceptional ability:

- Bank Statements
- Income Tax
- Salary Research - Indeed

V. Membership in a professional association(s):

- Child Care Providers United (CCPU)
- United Domestic Workers (UDW)
- Brazilian Bar Association (OAB/GO 27962E) – Legal Internship Membership

VI. Recognition for your achievements and significant contributions to your industry or field by your peers, government entities, professional or business organizations:

- Letters of Support
  - Wanuza Pereira Silva
  - Ana Paula Silva
  - Veronica Carrasco
  - Zoe Nachbar
  - Fernando Quinonez
  - Fany Chavez
  - Jessica Ortiz
  - Lauren Melnikoff
  - Marcella Gries
  - Yubelkis Alvarado
  - Jensy Fuentes

VII. Supporting Evidence for the Eligibility Criteria:

- Salgado Filho University (Faculdade Salgado Filho) – Higher education institution in Brazil where academic and professional foundations were established.
- City College of San Francisco (CCSF) – Accredited U.S. institution providing specialized academic training in Early Childhood Development.
- Edvance College – A California-based institution specializing in Early Childhood Education, focused on developing high-level leadership and pedagogical skills for childcare professionals.
- Ana Paula Silva Day Care
- UNIMED – One of the largest healthcare organizations in Brazil.

	• Child Care Providers – Overview of the professional workforce and the essential role of childcare in the U.S. economy. • United Domestic Workers (UDW) – The labor union and professional association representing childcare providers in California.
Exhibit C – NATIONAL INTEREST WAIVER	**C.I – First Prong – Substantial Merit and National Importance:** • Business Plan for **Aunt Jessy Center** • Research and Government Initiatives Supporting Early Childhood Education and Child Care Access **C.II – Second Prong – Well-Positioned to Advance the Proposed Endeavor:** • All the documents from Exhibit B • Other Courses and Certificates • Evidence of Licensing, Regulatory Compliance, and Operational Readiness • **Financial Feasibility:** o Proof of Initial Investment Capital o Payroll and Operating Cost Projections • **Supporting Evidence for the NIW Criteria:** o **California Department of Social Services (CDSS)** – State agency responsible for the licensing, regulation, and oversight of childcare facilities. o **Children's Council of San Francisco** – Key agency that manages and distributes public subsidies and resources for childcare services. o **Wu Yee Children's Services** – Community organization providing comprehensive support and subsidy administration for early childhood education. o **Early Learning for All (ELFA)** – San Francisco's program dedicated to ensuring high-quality standards in early childhood education. o **WASC Senior College and University Commission (WSCUC)** – The prestigious regional accrediting agency that validates the academic quality and integrity of higher education institutions in California, including Edvance College.
Exhibit D – PERSONAL DOCUMENTS	• Birth Certificate and Corresponding Translation • Passport's Biometrics Page • US Visa Page • Marriage Certificate and Corresponding Translation • Derivative's Birth Certificate and Corresponding Translation • Derivative's Passport's Biometrics Page • Derivative's US Visa Page

e-Notification of Application/Petition Acceptance

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

USCIS
Form G-1145

What Is the Purpose of This Form?

Use this form to request an electronic notification (e-Notification) when U.S. Citizenship and Immigration Services accepts your immigration application. This service is available for applications filed at a USCIS Lockbox facility.

General Information

Complete the information below and clip this form to the first page of your application package. You will receive one e-mail and/or text message for each form you are filing.

We will send the e-Notification within 24 hours after we accept your application. Domestic customers will receive an e-mail and/or text message; overseas customers will only receive an e-mail. Undeliverable e-Notifications cannot be resent.

The e-mail or text message will display your receipt number and tell you how to get updated case status information. It will not include any personal information. The e-Notification does not grant any type of status or benefit; rather it is provided as a convenience to customers.

USCIS will also mail you a receipt notice (I-797C), which you will receive within 10 days after your application has been accepted; use this notice as proof of your pending application or petition.

USCIS Privacy Act Statement

AUTHORITIES: The information requested on this form is collected pursuant to section 103(a) of the Immigration and Nationality Act, as amended INA section 101, et seq.

PURPOSE: The primary purpose for providing the information on this form is to request an electronic notification when USCIS accepts immigration form. The information you provide will be used to send you a text and/or email message.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information may prevent USCIS from providing you a text and/or email message receipting your immigration form.

ROUTINE USES: The information provided on this form will be used by and disclosed to DHS personnel and contractors in accordance with approved routine uses, as described in the associated published system of records notices [**DHS/USCIS-007 - Benefits Information System and DHS/USCIS-001 - Alien File (A-File) and Central Index System (CIS)**, which can be found at **www.dhs.gov/privacy**]. The information may also be made available, as appropriate for law enforcement purposes or in the interest of national security.

Complete this form and clip it on top of the first page of your immigration form(s).

Applicant/Petitioner Full Last Name	Applicant/Petitioner Full First Name	Applicant/Petitioner Full Middle Name
RODRIGUES ALVES	**Jessica**	**N/A**

Email Address	Mobile Phone Number (Text Message)
Jessicaalvesdaycare@gmail.com	**+1 (628) 241-5082**

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶ 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

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

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

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

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

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

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

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

Licensing Authority: California

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

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

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

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

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

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

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

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

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

Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

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

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

I-140, ETA 9089

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

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

N/A

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

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

N/A

4. Receipt Number (if any)

► N/A

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

☐ Applicant ☒ Petitioner ☐ Requestor

☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

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

6.a. Family Name (Last Name): RODRIGUES ALVES

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

6.c. Middle Name: N/A

7.a. Name of Entity (if applicable)

N/A

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

N/A

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

► N/A

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

► A- N/A

Client's Contact Information

10. Daytime Telephone Number

+1 (628) 241-5082

11. Mobile Telephone Number (if any)

+1 (628) 241-5082

12. Email Address (if any)

Jessicaalvesdaycare@gmail.com

Mailing Address of Client

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

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

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town: San Diego

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

13.f. Province: N/A

13.g. Postal Code: N/A

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

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

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

Options Regarding Receipt of USCIS Notices and Documents

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

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

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

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

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

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

Signature of Client or Authorized Signatory for an Entity

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

➡ Jessica Rodrigues Alves

2.b. Date of Signature (mm/dd/yyyy) 02/13/2026

Part 5. Signature of Attorney or Accredited Representative

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

1. a. Signature of Attorney or Accredited Representative

1.b. Date of Signature (mm/dd/yyyy) 02/13/2026

2.a. Signature of Law Student or Law Graduate

N/A

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

Part 6. Additional Information

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

1.a Family Name (Last Name): RODRIGUES ALVES

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

1.c. Middle Name: N/A

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

2.d.

N/A

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

3.d.

N/A

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

4.d.

N/A

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

5.d.

N/A

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

6.d.

N/A

Immigrant Petition for Alien Workers

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

USCIS
Form I-140
OMB No. 1615-0015
Expires 02/28/2027

For USCIS Use Only	Fee Stamp	Priority Date	Consulate	Action Block

Classification

- ☐ 203(b)(1)(A) Alien of Extraordinary Ability
- ☐ 203(b)(1)(B) Outstanding Professor or Researcher
- ☐ 203(b)(1)(C) Multinational Executive or Manager
- ☐ 203(b)(2) Member of Professions with Advanced Degree/Exceptional Ability
- ☐ 203(b)(3)(A)(i) Skilled Worker
- ☐ 203(b)(3)(A)(ii) Professional
- ☐ 203(b)(3)(A)(iii) Other Worker

Certification

- ☐ National Interest Waiver (NIW)
- ☐ Schedule A, Group I
- ☐ Schedule A, Group II

Remarks

To be completed by an Attorney or Accredited Representative (if any).	☒ Select this box if Form G-28 or Form G-28I is attached.	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)
		343486	007492625438

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

Part 1. Information About the Person or Organization Filing This Petition

If an individual is filing this petition, answer **Item Numbers 1.a. - 1.c.** If a company or organization is filing this petition, answer **Item Number 2.**

1.a. Family Name (Last Name): RODRIGUES ALVES

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

1.c. Middle Name: N/A

2. Company or Organization Name: N/A

Mailing Address

3.a. In Care Of Name: Otavio HAVERROTH SILVA

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

3.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.d. City or Town: San Diego

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

3.g. Province: N/A

3.h. Postal Code: N/A

3.i. Country: USA

Other Information

4. IRS Employer Identification Number (EIN) ► N/A

5. Are you a nonprofit organized as tax exempt or a governmental research organization? ☐ Yes ☒ No

6. Do you currently employ a total of 25 or fewer full-time equivalent employees in the United States, including all affiliates or subsidiaries of this company/organization? ☒ Yes ☐ No

7. U.S. Social Security Number (SSN) (if any) ► N/A

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

Part 2. Petition Type

This petition is being filed for (select **only one** box):

1.a. ☐ An alien of extraordinary ability.

1.b. ☐ An outstanding professor or researcher.

1.c. ☐ A multinational executive or manager.

1.d. ☐ A member of the professions holding an advanced degree or an alien of exceptional ability (who is **NOT** seeking a National Interest Waiver (NIW)).

1.e. ☐ A professional (at a minimum, possessing a bachelor's degree or a foreign degree equivalent to a U.S. bachelor's degree).

Part 2. Petition Type (continued)

1.f. ☐ A skilled worker (requiring at least two years of specialized training or experience).

1.g. ☐ Any other worker (requiring less than two years of training or experience).

1.h. ☒ An alien applying for an NIW (who **IS** a member of the professions holding an advanced degree or an alien of exceptional ability).

This petition is being filed (select **only one** box):

2.a. ☐ To amend a previously filed petition.

Previous Petition Receipt Number

► N/A

2.b. ☐ For the Schedule A, Group I or II designation.

Part 3. Information About the Person for Whom You Are Filing

1.a. Family Name (Last Name): RODRIGUES ALVES

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

1.c. Middle Name: N/A

Mailing Address

2.a. In Care Of Name: Otavio HAVERROTH SILVA

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

2.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

2.d. City or Town: San Diego

2.e. State: CA **2.f.** ZIP Code: 92169

2.g. Province: N/A

2.h. Postal Code: N/A

2.i. Country: USA

Other Information

3. Date of Birth (mm/dd/yyyy): 05/11/1994

4. City/Town/Village of Birth: Goiania

5. State or Province of Birth: Goias

6. Country of Birth: Brazil

7. Country of Citizenship or Nationality: Brazil

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

► A- 2 4 2 4 5 2 0 5 7

9. U.S. SSN (if any) ► N/A

Information About His or Her Last Arrival in the United States

If the person for whom you are filing is in the United States, provide the following information.

10. Date of Last Arrival (mm/dd/yyyy): 10/22/2020

11.a. Form I-94 Arrival-Departure Record Number

► 5 4 9 6 6 5 7 8 4 A 2

11.b. Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy): 12/22/2020

11.c. Status on Form I-94 (for example, class of admission, or paroled, if paroled): B2

12. Passport Number: GA034214

13. Travel Document Number: GA034214

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

15. Expiration Date for Passport or Travel Document (mm/dd/yyyy): 08/04/2029

Part 4. Processing Information

Provide the following information for the person named in **Part 3.** (select **only one** box):

1.a. ☒ Alien will apply for a visa abroad at a U.S. Embassy or U.S. Consulate at:

1.b. City or Town: Montreal

1.c. Country: Canada

2.a. ☐ Alien is in the United States and will apply for adjustment of status to that of lawful permanent resident.

Part 4. Processing Information (continued)

2.b. Alien's current country of residence or, if now in the United States, last country of permanent residence abroad.

Brazil

If you provided a United States address in **Part 3.**, provide the person's foreign address in **Item Numbers 3.a. - 3.f.**:

3.a. Street Number and Name: 24, SR-27 St.

3.b. ☐ Apt. ☐ Ste. ☐ Flr. Block 14A, Lot 19, House 2

3.c. City or Town: Goiania

3.d. Province: Goias

3.e. Postal Code: 74393408

3.f. Country: Brazil

If the person's native alphabet is other than Roman letters, type or print the person's foreign name and address in the native alphabet in **Item Numbers 4.a. - 4.c.**:

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

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

4.c. Middle Name: N/A

Mailing Address

5.a. In Care Of Name: N/A

5.b. Street Number and Name: N/A

5.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

5.d. City or Town: N/A

5.e. Province: N/A

5.f. Postal Code: N/A

5.g. Country: N/A

If you answer "Yes" to **Item Numbers 6.a. - 10.**, provide the case number, office location, date of decision, and disposition of the decision in the space provided in **Part 11. Additional Information**.

6.a. Are you filing any other petitions or applications with this Form I-140? ☐ Yes ☒ No

6.b. If you answered "Yes" **to Item Number 6.a.**, select all applicable boxes:

☐ Form I-485

☐ Form I-131

☐ Form I-765

☐ Other (Provide an explanation in **Part 11. Additional Information**.)

7. Is the person for whom you are filing in removal proceedings? ☒ Yes ☐ No

8. Has any immigrant visa petition ever been filed by or on behalf of this person? ☒ Yes ☐ No

9. Are you filing this petition without an original labor certification because the original labor certification was previously submitted in support of another Form I-140? ☐ Yes ☒ No

10. If you are filing this petition without an original labor certification, are you requesting that U.S. Citizenship and Immigration Services (USCIS) request a duplicate labor certification from the Department of Labor (DOL)? ☐ Yes ☒ No

Part 5. Additional Information About the Petitioner

Type of petitioner (select **only one** box):

1.a. ☐ Employer

1.b. ☒ Self

1.c. ☐ Other (For example, Lawful Permanent Resident, U.S. citizen or any other person filing on behalf of the alien)

N/A

If a company or an organization is filing this petition, provide the following information:

2. Type of Business: N/A

3. Date Established (mm/dd/yyyy): N/A

4. Current Number of U.S. Employees: N/A

5. Gross Annual Income $ N/A

6. Net Annual Income $ N/A

7. NAICS Code ▶ N/A

8. Labor Certification DOL Case Number: N/A

Part 5. Additional Information About the Petitioner (continued)

9. Labor Certification DOL Filing Date (mm/dd/yyyy)

N/A

10. Labor Certification Expiration Date (mm/dd/yyyy)

N/A

If an individual is filing this petition, provide the following information.

11. Occupation

Business Owner

12. Annual Income $ 90,000

Part 6. Basic Information About the Proposed Employment

1. Job Title

General and Operations Managers

2. SOC Code ▶ 11 - 1021

3. Nontechnical Job Description

See page 8.

4. Is this a full-time position? ☒ Yes ☐ No

5. If the answer to **Item Number 4.** is "No," how many hours per week for the position?

N/A

6. Is this a permanent position? ☒ Yes ☐ No

7. Is this a new position? ☐ Yes ☒ No

8. Wages (Specify hour, week, month, or year):

$ 120,000.00 per year

Worksite Location

For **Item Numbers 9.a. - 9.e.**, provide the address where the person will work if different from the address provided in **Part 1.**

9.a. Street Number and Name: To be determined

9.b. ☐ Apt. ☐ Ste. ☐ Flr. To be determined

9.c. City or Town: To be determined

9.d. State: CA **9.e.** ZIP Code: To be determined

Part 7. Information About the Spouse and All Children of the Person for Whom You Are Filing

For **Part 7.**, provide information on the spouse and all children related to the individual for whom you are filing this petition. Also, note if the individual will apply for a visa abroad or adjustment of status as the dependent of the individual for whom the petition is filed. If you need extra space to provide information about additional family members, use the space provided in **Part 11. Additional Information**.

Person 1

1.a. Family Name (Last Name): PEREIRA SILVA

1.b. Given Name (First Name): Ibson Huggo Itallo Francisco

1.c. Middle Name: N/A

2. Date of Birth (mm/dd/yyyy): 04/24/1993

3. Country of Birth

Brazil

4. Relationship: Spouse

5. Is he or she applying for adjustment of status? ☐ Yes ☒ No

6. Is he or she applying for a visa abroad? ☒ Yes ☐ No

Person 2

7.a. Family Name (Last Name): ALVES PEREIRA RODRIGUES

7.b. Given Name (First Name): Miguel

7.c. Middle Name: N/A

8. Date of Birth (mm/dd/yyyy): 12/31/2016

9. Country of Birth

Brazil

10. Relationship: Son

11. Is he or she applying for adjustment of status? ☐ Yes ☒ No

12. Is he or she applying for a visa abroad? ☒ Yes ☐ No

Part 7. Information About Spouse and All Children of the Person for Whom You Are Filing (continued)

Person 3

13.a. Family Name (Last Name) N/A

13.b. Given Name (First Name) N/A

13.c. Middle Name N/A

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

15. Country of Birth
N/A

16. Relationship N/A

17. Is he or she applying for adjustment of status?
☐ Yes ☐ No

18. Is he or she applying for a visa abroad?
☐ Yes ☐ No

Person 4

19.a. Family Name (Last Name) N/A

19.b. Given Name (First Name) N/A

19.c. Middle Name N/A

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

21. Country of Birth
N/A

22. Relationship N/A

23. Is he or she applying for adjustment of status?
☐ Yes ☐ No

24. Is he or she applying for a visa abroad?
☐ Yes ☐ No

Person 5

25.a. Family Name (Last Name) N/A

25.b. Given Name (First Name) N/A

25.c. Middle Name N/A

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

27. Country of Birth
N/A

28. Relationship N/A

29. Is he or she applying for adjustment of status?
☐ Yes ☐ No

30. Is he or she applying for a visa abroad?
☐ Yes ☐ No

Person 6

31.a. Family Name (Last Name) N/A

31.b. Given Name (First Name) N/A

31.c. Middle Name N/A

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

33. Country of Birth
N/A

34. Relationship N/A

35. Is he or she applying for adjustment of status?
☐ Yes ☐ No

36. Is he or she applying for a visa abroad?
☐ Yes ☐ No

Part 8. Contact Information, Certification, and Signature of the Petitioner or Authorized Signatory

Petitioner or Authorized Signatory's Contact Information

1.a. Petitioner's or Authorized Signatory's Family Name (Last Name)
RODRIGUES ALVES

1.b. Petitioner's or Authorized Signatory's Given Name (First Name)
Jessica

2. Petitioner's or Authorized Signatory's Title
N/A

3. Petitioner's or Authorized Signatory's Daytime Telephone Number
+1 (628) 241-5082

4. Petitioner's or Authorized Signatory's Mobile Telephone Number (if any)
+1 (628) 241-5082

5. Petitioner's or Authorized Signatory's Email Address (if any)
Jessicaalvesdaycare@gmail.com

Petitioner's or Authorized Signatory's Certification and Signature

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization:

a. I reviewed and provided or authorized all of the responses and information in my petition;

b. I understood all of the responses and information contained in, and submitted with, my petition; and

c. All of the responses and information were complete, true, and correct at the time of filing

Furthermore, I authorize the release of any information from any and all of my records as authorized signatory and the petitioner's records that USCIS may need to determine the petitioner's eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

6.a. Petitioner's or Authorized Signatory's Signature
Jessica Rodrigues Alves

6.b. Date of Signature (mm/dd/yyyy) 02/13/2026

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

Interpreter's Full Name

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

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

2. Interpreter's Business or Organization Name
N/A

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number
N/A

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

5. Interpreter's Email Address (if any)
N/A

Interpreter's Certification and Signature

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

6.a. Interpreter's Signature
N/A

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

Part 10. Contact Information, Certification, and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Authorized Signatory

Preparer's Full Name

1. Preparer's Family Name (Last Name)

HAVERROTH SILVA

Preparer's Given Name (First Name)

Otavio

2. Preparer's Business or Organization Name

HS Law Corp

Preparer's Contact Information

3. Preparer's Daytime Telephone Number

5102419336

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

5102419336

5. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Certification and Signature

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

6. Preparer's Signature



Date of Signature (mm/dd/yyyy) 02/13/2026

Part 11. Additional Information

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

1. Family Name (Last Name): RODRIGUES ALVES

Given Name (First Name): Jessica

Middle Name: N/A

2. IRS EIN ▶ N/A

3.

Page Number	Part Number	Item Number
4	6	3

Responsible for setting the organization's overall direction, overseeing day-to-day operations, ensuring compliance with applicable standards, and maintaining high quality across all educational activities.

4.

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

N/A

5.

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

N/A

6.

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

N/A

7.

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

N/A

Employment OMB Approval: 1205-0451
Expiration Date: XX/XX/XXXX

Application for Permanent Employment Certification
Form ETA-9089 – Final Determination: Permanent Employment Certification Approval
U.S. Department of Labor

PERMANENT EMPLOYMENT CERTIFICATION APPROVAL

A. U.S. Government Agency Use Only

Pursuant to the provisions of Sections 212(a)(5)(A) of the Immigration and Nationality Act, as amended, the Department hereby certifies that there are not sufficient workers who are able, willing, and qualified, and who will be available at the time of application for a visa and admission into the United States and place needed to fill the job opportunities for which certification is sought, and the permanent employment of the foreign worker will not adversely affect the wages and working conditions of workers in the United States similarly employed.

Therefore, by virtue of the signature below, the Department hereby acknowledges granting certification for the following *Application for Permanent Employment Certification* (Form ETA-9089):

1. DOL Case Number		2. Case Status
3. Employer Legal Business Name		4. Employer FEIN
5. Foreign Worker's Last (family) Name		
6. Foreign Worker's First (given) Name		
7. Foreign Worker's Middle Name(s)		
8. Job Title		
9. SOC Code	10. SOC Occupational Title	
Labor Certification Validity Information		
11. Filing Date	12. Determination Date	13. Expiration Date
14. Department of Labor Office of Foreign Labor Certification *(electronic signature)*		

Pursuant to 20 CFR 656, the aforementioned permanent labor certification is valid only for the job opportunity, the foreign worker, and the area of intended employment specified on the approved Form ETA-9089, including all appendices and any modifications approved by the Department. The aforementioned filing date on this approved *Application for Permanent Employment Certification*, established under 20 CFR 656.17(c), may be used as a priority date by the Department of Homeland Security and the Department of State, as appropriate. This approved *Application for Permanent Employment Certification* will expire if not filed in support of *Immigrant Petition for Alien Workers* (Form I-140) with the Department of Homeland Security by the aforementioned expiration date.

The foreign worker covered by this approved *Application for Permanent Employment Certification* has declared under Section B below, under penalty of perjury, that the foreign worker has read and reviewed every page of Appendix A for this approved Form ETA-9089, takes full responsibility for the accuracy of all information contained therein, and intends to accept permanent employment in the job opportunity specified on the approved Form ETA-9089, including all appendices, offered by the employer if granted a visa or an adjustment of status based on this permanent labor certification.

The employer covered by this approved *Application for Permanent Employment Certification* has declared under Section D below under penalty of perjury that it has read and reviewed every page of this approved Form ETA-9089, including all appendices, and takes full responsibility for the accuracy of all information contained therein and all documentation supporting this approved *Application for Permanent Employment Certification*, including any representations made by the employer's authorized preparer, agent or attorney, as applicable.

OMB Approval: 1205-0451
Expiration Date: XX/XX/XXXX

Application for Permanent Employment Certification
Form ETA-9089 – Final Determination: Permanent Labor Certification Approval
U.S. Department of Labor

B. Foreign Worker Declaration

I declare under penalty of perjury that I have read and reviewed all information contained in Appendix A of this approved Form ETA-9089, and that to the best of my knowledge the information contained therein is true and accurate. *I understand that to knowingly and/or willfully furnish materially false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a federal offense punishable by fines, imprisonment, or both (18 U.S.C. 2, 1001, 1546, 1621).*

I further declare that I am the person identified under Section A, Fields 5, 6, and 7 above. I did not participate in any activities involving the interviewing or consideration of U.S. workers and intend to accept permanent employment in the job opportunity specified on this approved Form ETA-9089, including all appendices, offered by the employer if granted a visa or an adjustment of status based on this permanent labor certification.

1. Signature *	2. Date Signed *
Jessica Rodrigues Alves	02/13/2026

C. Attorney or Agent Declaration

I declare under penalty of perjury that I am an attorney for the employer, or that I am an employee of, or hired by, the employer listed in Section C of the Form ETA-9089, and that I have been designated by that employer in accordance with 20 CFR 656.10(b) to act on its behalf in connection with this application.

I hereby certify that I have provided to the employer the entire Form ETA-9089, appendices, and all supporting documentation for review and to the best of my knowledge the information contained herein is true and accurate, including the employer's declaration regarding activities that I have undertaken on the employer's behalf in connection with this application. *I understand that to knowingly and/or willfully furnish materially false information in the preparation of this form and any supplement hereto or to aid, abet, or counsel another to do so is a federal offense punishable by fines, imprisonment, or both (18 U.S.C. 2, 1001, 1546, 1621).*

1. Attorney or Agent's Last (family) Name *	2. First (given) Name *	3. Middle Initial §
HAVERROTH SILVA	Otavio	N/A
4. Firm/Business Name § HS Law Corp		
5. Signature *		6. Date Signed * 02/13/2026

D. Employer Declaration

I hereby designate the agent or attorney identified in Section C (if any) of the Form ETA-9089 to represent me for the purpose of labor certification and, by virtue of my signature in Field 5 below, **I take full responsibility** for the accuracy of any representations made by my agent or attorney, and my designated preparer identified in Section C above, on every page of the Form ETA-9089, including all appendices, and documentation supporting this application.

I declare under penalty of perjury that I have read and reviewed this application, including every page of the Form ETA-9089, appendices, and supporting documentation, and that to the best of my knowledge the information contained therein is true and accurate. *I understand that to knowingly and/or willfully furnish materially false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a federal offense punishable by fines, imprisonment, or both (18 U.S.C. 2, 1001, 1546, 1621).*

1. Last (family) Name *	2. First (given) Name *	3. Middle Initial §
4. Title *		
5. Signature *		6. Date Signed *

Public Burden Statement *(1205-0451)*

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average X hours and XX minutes to complete the form and its appendices, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. The burden estimate is as follows: Form ETA-9089 – 10 minutes, Appendix A – 12 minutes, Appendix B – 3 minutes, Appendix C – 6 minutes, Appendix D – 3 minutes, and recordkeeping – 5 minutes. Your response is required to receive the benefit of consideration of this application. (Immigration and Nationality Act, Section 212(a)(5)). Please send comments regarding this burden estimate or any other aspect of this information collection to the U.S. Department of Labor * Employment and Training Administration * Office of Foreign Labor Certification * 200 Constitution Ave., NW * Box PPII 12-200 * Washington, DC * 20210 or by email to ETA.OFLC.Forms@dol.gov. **Please do not send the completed application to this address.**

PERM Case Number: _____ Case Status: _____ Determination Date: _____ Expiration Date: _____

OMB Approval: 1205-0451
Expiration Date: XX/XX/XXXX

Application for Permanent Employment Certification
Form ETA-9089 – Appendix A: Foreign Worker Information
U.S. Department of Labor

FOREIGN WORKER INFORMATION

A. Foreign Worker Contact Information

1. Foreign Worker's Last (family) Name * RODRIGUES ALVES		
2. Foreign Worker's First (given) Name * Jessica		
3. Foreign Worker's Middle Name(s) * N/A		
4. Address 1 *(current)* * 2318 22nd St		
5. Address 2 *(apartment/suite/floor and number)* § N/A		
6. City * San Francisco	7. State * California	8. Postal Code * 94110
9. Country * USA	10. Province § N/A	
11. Date of Birth *(mm/dd/yyyy)* * 05/11/1994	12. Class of admission * B1/B2	13. Alien registration number (A#) (if applicable) * 242452057
14. Country of birth * Brazil		
15. Country of citizenship or nationality * Brazil		

B. Foreign Worker Education §

a. Educational Attainment Information 1

1. Education: U.S. diploma/degree attained relevant to the job opportunity. ☐ None ☐ High School/GED ☐ Associate ■ Bachelor's ☐ Master's ☐ Doctorate (PhD) ☐ Other degree (JD, MD, etc.)	
1a. If "Other degree" in question 1, specify the diploma/degree attained	
1b. Specify major(s) and/or field(s) of study (may list more than one related major and more than one field) Law	
1c. Name of institution that issued the degree/diploma Salgado de Oliveira University	
1d. Name of country of institution identified in question 1c Brazil	1e. Month/year attained (*mm/yyyy*) 12/2018

b. Educational Attainment Information 2

1. Education: U.S. diploma/degree attained relevant to the job opportunity. ☐ None ☐ High School/GED ■ Associate ☐ Bachelor's ☐ Master's ☐ Doctorate (PhD) ☐ Other degree (JD, MD, etc.)	
1a. If "Other degree" in question 1, specify the diploma/degree attained	
1b. Specify major(s) and/or field(s) of study (may list more than one related major and more than one field) Associate Teacher	
1c. Name of institution that issued the degree/diploma City College of Francisco	
1d. Name of country of institution identified in question 1c USA	1e. Month/year attained (*mm/yyyy*) 07/2022

PERM Case Number: _____ Case Status: _____ Determination Date: _____ Expiration Date: _____

B. Foreign Worker Education (continued)

c. Educational Attainment Information 3

1. Education: U.S. diploma/degree attained relevant to the job opportunity. ☐ None ☐ High School/GED ☐ Associate ☐ Bachelor's ☐ Master's ☐ Doctorate (PhD) ☐ Other degree (JD, MD, etc.)	
1a. If "Other degree" in question 1, specify the diploma/degree attained	
1b. Specify major(s) and/or field(s) of study (may list more than one related major and more than one field)	
1c. Name of institution that issued the degree/diploma	
1d. Name of country of institution identified in question 1c	1e. Month/year attained (*mm/yyyy*)

d. Educational Attainment Information 4

1. Education: U.S. diploma/degree attained relevant to the job opportunity. ☐ None ☐ High School/GED ☐ Associate's ☐ Bachelor's ☐ Master's ☐ Doctorate (PhD) ☐ Other degree (JD, MD, etc.)	
1a. If "Other degree" in question 1, specify the diploma/degree attained	
1b. Specify major(s) and/or field(s) of study (may list more than one related major and more than one field)	
1c. Name of institution that issued the degree/diploma	
1d. Name of country of institution identified in question 1c	1e. Month/year attained (*mm/yyyy*)

e. Educational Attainment Information 5

1. Education: U.S. diploma/degree attained relevant to the job opportunity. ☐ None ☐ High School/GED ☐ Associate's ☐ Bachelor's ☐ Master's ☐ Doctorate (PhD) ☐ Other degree (JD, MD, etc.)	
1a. If "Other degree" in question 1, specify the diploma/degree attained	
1b. Specify major(s) and/or field(s) of study (may list more than one related major and more than one field)	
1c. Name of institution that issued the degree/diploma	
1d. Name of country of institution identified in question 1c	1e. Month/year attained (*mm/yyyy*)

C. Foreign Worker Training Qualifications §

a. Training, Certification(s), and/or License(s) Information 1

1. Name of institution/school/training provider State of California
1a. Name of training, coursework, experience received License to operate and maintain a Family Day Care Home
1b. Training/certifications/licenses attained (if applicable) Facility number 384004759

1c. Start date of training (*mm/yyyy*)	1d. End date of training (*mm/yyyy*)	1e. Month/year awarded (*mm/yyyy*)
		08/2023

b. Training, Certification(s), and/or License(s) Information 2

1. Name of institution/school/training provider California Early childhood online
1a. Name of training, coursework, experience received Curriculum Exploration for Family Child Care Providers
1b. Training/certifications/licenses attained (if applicable)

1c. Start date of training (*mm/yyyy*)	1d. End date of training (*mm/yyyy*)	1e. Month/year awarded (*mm/yyyy*)
		02/2024

c. Training, Certification(s), and/or License(s) Information 3

1. Name of institution/school/training provider California Early childhood online
1a. Name of training, coursework, experience received DRDP Child Care Provider
1b. Training/certifications/licenses attained (if applicable)

1c. Start date of training (*mm/yyyy*)	1d. End date of training (*mm/yyyy*)	1e. Month/year awarded (*mm/yyyy*)
		11/2022

D. Foreign Worker Training Qualifications §

a. Skills, Abilities, and Proficiencies 1

1. Name of employer/institution/school/training provider	
1a. Country	1b. State, territory, or province
1c. Description of specific skills, abilities, and/or proficiencies the foreign worker possesses or attained, which help establish whether the foreign worker meets the requirements identified for the job opportunity *(up to 1,500 characters)*	

b. Skills, Abilities, and Proficiencies 2

1. Name of employer/institution/school/training provider	
1a. Country	1b. State, territory, or province
1c. Description of specific skills, abilities, and/or proficiencies the foreign worker possesses or attained, which help establish whether the foreign worker meets the requirements identified for the job opportunity *(up to 1,500 characters)*	

E. Foreign Worker Work Experience §

a. Work Experience 1

1. Employer name Jessica Alves Day Care			
1a. Address 1 2318 22nd St			
1b. Address 2 N/A			
1c. City or town San Francisco			1d. Postal code 94110
1e. Country USA		1f. State, territory, or province California	
1g. Job title Owner			
1h. Start date *(mm/yyyy)* 06/2021	1i. End date *(mm/yyyy)* Current	1j. Present ■ Yes ☐ No	1k. Hours worked per week N/A

1l. Job duties: Specify details of job (work tasks performed, use of tools/equipment, supervision, etc.) (*up to 3,500 characters*)

Owns and operates a licensed Family Home Day Care in California, providing safe, inclusive, and high-quality early childhood education for infants and school-age children. Oversees daily operations, staff supervision, regulatory compliance, and family relations while delivering age-appropriate educational activities in English and Spanish. Responsible for assessing children's development, supporting families with social service programs, and coordinating with community organizations and regulatory agencies. Manages enrollment, contracts, payroll, budgeting, educational planning, safety standards, inspections, and licensing requirements, while ensuring a nurturing environment that promotes learning, cultural awareness, and child well-being.

OMB Approval: 1205-0451
Expiration Date: 10/31/2025

SUPPLEMENTAL INFORMATION

A. Supplemental Information 1 §

1. Section and Item Number	C	1a. Section Name or Category of Supplemental Information	**Foreign Worker Training Qualifications**

1b. Supplemental Information. *(up to 1,500 characters)*

Training qualification, Certification(s), and/or License(s) Information
Name of institution: California Early childhood online
Name of training: ASQ-3/ASQ SE-2 Child Development Special Needs
Month/year awarded: 01/2022

B. Supplemental Information 2 §

1. Section and Item Number	C	1a. Section Name or Category of Supplemental Information	**Foreign Worker Training Qualifications**

1b. Supplemental Information. *(up to 1,500 characters)*

Training qualification, Certification(s), and/or License(s) Information
Name of institution: Brazilian Bar Association - OAB/Goias
Name of training: Professional License. License number 27962E
Month/year awarded: 04/2019

For Public Burden Statement, see the Instructions for Form ETA-9089.

SUPPLEMENTAL INFORMATION

A. Supplemental Information 1 §

1. Section and Item Number	C	1a. Section Name or Category of Supplemental Information	**Foreign Worker Training Qualifications**

1b. Supplemental Information. *(up to 1,500 characters)*

Training qualification, Certification(s), and/or License(s) Information
Name of institution: California Early childhood online
Name of training: Child abuse & neglect mandated reported training
Month/year awarded: 06/2022

B. Supplemental Information 2 §

1. Section and Item Number	C	1a. Section Name or Category of Supplemental Information	**Foreign Worker Training Qualifications**

1b. Supplemental Information. *(up to 1,500 characters)*

Training qualification, Certification(s), and/or License(s) Information
Name of institution: SEST SENAT
Name of training: Public speaking course
Month/year awarded: 07/2013

For Public Burden Statement, see the Instructions for Form ETA-9089.

SUPPLEMENTAL INFORMATION

A. Supplemental Information 1 §

1. Section and Item Number	C	1a. Section Name or Category of Supplemental Information	Foreign Worker Training Qualifications

1b. Supplemental Information. *(up to 1,500 characters)*

Training qualification, Certification(s), and/or License(s) Information
Name of institution: UNIMED
Name of training: Basic Excel Course
Month/year awarded: 05/2012

B. Supplemental Information 2 §

1. Section and Item Number	E	1a. Section Name or Category of Supplemental Information	Foreign Worker Work Experience

1b. Supplemental Information. *(up to 1,500 characters)*

Work Experience 2
Employer name: Ana Paula Silva Day Care
Address of Employer: 431 Paris Street, San Francisco, CA 94112. USA.
Job Title: Manager
Date From - To: 10/2020 - 05/2021
Job Duties: Oversees daily administrative and operational functions of a licensed daycare. Manages staff schedules and payroll records, maintains contracts and documentation, and coordinates meetings and communications with parents. Ensures compliance with California Department of Social Services licensing requirements, including incident reporting, inspections, and renewals. Maintains child and staff records, oversees health and safety standards, and prepares budgets for facility repairs and improvements.

For Public Burden Statement, see the Instructions for Form ETA-9089.

OMB Approval: 1205-0451
Expiration Date: 10/31/2025

SUPPLEMENTAL INFORMATION

A. Supplemental Information 1 §

1. Section and Item Number	E	1a. Section Name or Category of Supplemental Information	**Foreign Worker Work Experience**

1b. Supplemental Information. *(up to 1,500 characters)*

Work Experience 3
Employer name: Unimed Goiania Corretora de Seguros
Address of Employer: Jamel Cecilio Avenue, 3300. Floor 1 P-132 Store. Goias - Goiania/Brazil 74810-907
Job Title: Corporate Health Insurance Broker
Date From - To: 09/2018 - 09/2020
Job Duties: Acquiring and managing corporate clients for group health plans by evaluating company eligibility, including size, employee count, financial standing, and compliance with Unimed requirements. Prepared and managed contracts, coordinated legal approvals for requested changes, and led the full implementation of health plans for employees and dependents. Managed plan portability for companies transitioning from other providers and submitted formal approval requests to the Board when required. Recognized for top performance in client acquisition, contract closures, and problem resolution.

B. Supplemental Information 2 §

1. Section and Item Number	E	1a. Section Name or Category of Supplemental Information	**Foreign Worker Work Experience**

1b. Supplemental Information. *(up to 1,500 characters)*

Work Experience 4
Employer name: Unimed Goiania Corretora de Seguros
Address of Employer: Jamel Cecilio Avenue, 3300. Floor 1 P-132 Store. Goias - Goiania/Brazil 74810-907
Job Title: Market Analyst
Date From - To: 09/2015 - 08/2018
Job Duties: Analyzed market trends for individual and corporate health plans to support the development of competitive products. Monitored regulatory changes and competitor compliance, advised legal and sales teams, and evaluated service quality and costs. Contributed to new plan launches and led the Unimed Aqui (UNIAQUI) sales project, coordinating logistics and sales initiatives to attract new clients.

For Public Burden Statement, see the Instructions for Form ETA-9089.

OMB Approval: 1205-0451
Expiration Date: 10/31/2025

SUPPLEMENTAL INFORMATION

A. Supplemental Information 1 §

1. Section and Item Number	E	1a. Section Name or Category of Supplemental Information	**Foreign Worker Work Experience**

1b. Supplemental Information. *(up to 1,500 characters)*

Work Experience 5
Employer name: Unimed Goiania Corretora de Seguros
Address of Employer: Jamel Cecilio Avenue, 3300. Floor 1 P-132 Store. Goias - Goiania/Brazil 74810-907
Job Title: Corporate Sales Support
Date From - To: 04/2014 - 09/2015
Job Duties: Supporting corporate sales operations by preparing, completing, and organizing health plan contracts based on broker documentation. Finalized contracts for submission to the plan operator, assigned protocol numbers, and validated signed agreements. Coordinated the implementation and enrollment of employees into corporate health plans, leading teams to register large volumes of participants and personally managing enrollments for smaller groups.

B. Supplemental Information 2 §

1. Section and Item Number	E	1a. Section Name or Category of Supplemental Information	**Foreign Worker Work Experience**

1b. Supplemental Information. *(up to 1,500 characters)*

Work Experience 6
Employer name: WN Law Firm
Address of Employer: Adolfo Melo, 38. Room 502. Florianopolis - Santa Catarina/Brazil 88015090
Job Title: Paralegal
Date From - To: 08/2013 - 09/2020
Job Duties: Provided legal support through research, document organization, and analysis of laws, contracts, and regulations. Drafted, reviewed, and amended contracts and legal filings, monitored administrative and judicial proceedings, and prepared reports and correspondence. Assisted with company formation, contract negotiations, and risk analysis, serving as a point of reference for business teams and external partners while supporting multiple law firms and corporate clients.

For Public Burden Statement, see the Instructions for Form ETA-9089.

SUPPLEMENTAL INFORMATION

A. Supplemental Information 1 §

1. Section and Item Number	E	1a. Section Name or Category of Supplemental Information	**Foreign Worker Work Experience**

1b. Supplemental Information. *(up to 1,500 characters)*

Work Experience 7
Employer name: Municipal Secretariat of Housing and Land Regularization
Address of Employer: Cerrado Avenue, 999. Goiania - Goias/Brazil 74884092
Job Title: Intern
Date From - To: 01/2013 - 08/2013
Job Duties: Responsible for assisting the lawyer and legal director of the Municipal Secretariat, Dr. Rosana Carvalho Cardoso Ferreira Leite (OAB/GOIÁS No. 14787), organizing and maintaining deeds, requesting documents, preparing reports, and providing public service.

B. Supplemental Information 2 §

1. Section and Item Number		1a. Section Name or Category of Supplemental Information	

1b. Supplemental Information. *(up to 1,500 characters)*

For Public Burden Statement, see the Instructions for Form ETA-9089.

YOUSA
Law Firm

SUMMARY OF COVER LETTER
Petitioner: RODRIGUES ALVES, Jéssica
Type of Petition: I-140, EB-2 National Interest Waiver
Classification Sought: INA §Act 203(b)(2)(B)

This petition is submitted on behalf of Ms. Jéssica Rodrigues Alves, a licensed early childhood education and childcare professional and entrepreneur who seeks classification under the EB-2 category as an individual of exceptional ability and requests a National Interest Waiver pursuant to Matter of Dhanasar, 26 I&N Dec. 884 (AAO 2016). Ms. Alves is the Owner and Program Director of a California-licensed Family Child Care Home operating as "Aunt Jessy Center" in San Francisco. Her proposed endeavor is to continue operating and expanding a compliant, high-quality, publicly integrated childcare program that supports working families, immigrant communities, and other vulnerable populations by ensuring continuity, regulatory compliance, and quality in essential early childhood services.

Ms. Alves satisfies the EB-2 exceptional ability standard through multiple regulatory criteria, including relevant academic credentials and U.S.-based specialized training in early childhood education, extensive full-time experience in compliance-driven environments, a required state license and continuing compliance record, and objective evidence of high remuneration, as well as industry recognition through multiple independent testimonial letters.

Ms. Alves's petition seeks an exemption from the labor certification requirement under Matter of Dhanasar, 26 I&N Dec. 884 (AAO 2016), as her qualifications and proposed endeavor fulfill the three-prong test for a National Interest Waiver:

1. **Substantial Merit and National Importance**: Ms. Alves's endeavor has substantial merit and national importance because licensed childcare is essential social infrastructure that enables workforce participation and economic stability while supporting early childhood development. This importance is especially evident within publicly funded and subsidy-based systems, where providers like Ms. Alves expand access to regulated care for families who otherwise face limited availability, long waitlists, or reliance on unlicensed arrangements.

2. **Well-Positioned to Advance the Proposed Endeavor**: Ms. Alves is well-positioned to advance the proposed endeavor given her demonstrated success operating a licensed childcare program, her consistent ability to meet regulatory and quality-assurance requirements, and her integration with publicly funded payment systems and community partners. In addition, her business plan presents a credible path for scalable growth, including projected expansion of services, job creation, and increased tax contributions supported by documented revenue history and operational capacity.

3. **Balancing of Benefits to the United States**: Waiving the job offer and labor certification requirements benefits the United States because her role is entrepreneurial and program-specific, and the labor certification process is ill-suited to an owner-operator expanding regulated childcare capacity and creating U.S. jobs. Considering the totality of the evidence, Ms. Alves meets the requirements for EB-2 classification with a National Interest Waiver, and approval of this I-140 petition is warranted.

Considering these factors, Ms. Jéssica Rodrigues Alves meets the requirements for classification under the EB-2 category with a National Interest Waiver. The enclosed cover letter and supporting documentation provide detailed, corroborated evidence of her exceptional ability and specialized expertise in entrepreneurship (early childhood education), her track record of impactful work serving families and delivering regulated, high-quality childcare services, and the expected national-level benefits of her proposed endeavor.

Thank you for your attention to this matter.

Sincerely,

Otavio Haverroth Silva
California Bar # 343486

YOUSA
Law Firm

Tel: +1 415 425-2508
contato@yousalaw.com

December 19, 2025.

VIA USPS

USCIS
Attn: I-140 (P.O. Box 660128)
P.O. Box 660128
Dallas, TX 75266-0128

Ref: I-140 Immigrant Visa Self-Petition of Ms. Jéssica Rodrigues Alves – Request for National Interest Waiver under the EB-2 Classification

Dear Immigration Officer,

Please note that our firm represents Ms. Jéssica Rodrigues Alves (hereinafter "Ms. Alves") in her I-140 immigrant visa self-petition under the EB-2 category. We respectfully request her classification as an individual of exceptional ability and seek a waiver of the job offer and labor certification requirements pursuant to a National Interest Waiver (NIW), as provided under section 203(b)(2)(B)(ii) of the Immigration and Nationality Act and interpreted by the USCIS in *Matter of Dhanasar*, 26 I&N Dec. 884 (AAO 2016).

Ms. Alves is **a licensed early childhood education and childcare professional** with **extensive experience** operating within **highly regulated environments tied to public-interest programs**. She holds a bachelor's degree in law and has completed specialized training and coursework in **early childhood education in the United States.** Through her professional trajectory, she has demonstrated the ability to manage compliance-driven operations, regulatory oversight, and quality standards required for the delivery of licensed childcare services.

Ms. Alves's proposed endeavor consists of continuing and strategically expanding the provision of licensed early childhood education and childcare services within highly regulated childcare frameworks in the United States. Her work is dedicated to ensuring the long-term continuity, regulatory compliance, and high-quality delivery of essential childcare services in accordance with applicable state and local regulatory requirements. These services are fundamental to supporting working families and communities facing limited access to licensed childcare services, strengthening workforce participation, promoting positive early childhood development outcomes, and contributing to the effective functioning of the broader early education ecosystem.

The proposed endeavor is carried out through **Aunt Jessy Center**, **a licensed family childcare operation based in California**, which serves as the professional vehicle through which Ms. Alves implements her activities. Through this operation, she applies her expertise in regulatory compliance, program administration, and licensed facility management to support the stable and lawful provision of early childhood services that are directly connected to workforce participation and community well-being.

Given the essential role of licensed early childhood education and childcare services in supporting workforce participation, family stability, and community well-being, Ms. Alves's

proposed endeavor addresses a matter of substantial public interest in the United States. **By operating as a privately funded, licensed childcare provider subject to comprehensive state and local regulatory oversight, her work advances U.S. policy objectives that prioritize the continuity, regulatory compliance, and quality of early childhood services. By expanding regulated childcare capacity outside the public school system, the proposed endeavor helps reduce demand pressures on publicly operated programs while ensuring that families have reliable access to compliant, high-quality early childhood care.**

Once Ms. Alves's classification is established, in accordance with the framework in *Matter of Dhanasar*, we will demonstrate that:

- **Her proposed endeavor has substantial merit and national importance**, particularly in supporting the continuity and compliance of essential early childhood education and childcare services that enable workforce participation and economic stability – **Section 3.1**;
- **She is exceptionally well positioned to advance the proposed endeavor**, based on her demonstrated record of regulatory compliance, operational capacity, and recognition by program administrators, families, and institutional partners – **Section 3.2**; and
- **On balance, it is in the interest of the United States** to waive the job offer and labor certification requirements to allow the continued and effective delivery of these essential services without unnecessary delay – **Section 3.3**.

The evidence enclosed with this petition will establish, **by a preponderance of the evidence**, that Ms. Alves's contributions will serve the national interest of the United States and satisfy all elements of the EB-2 NIW standard.

1. THE EB-2 CLASSIFICATION

1.1 EXCEPTIONAL ABILITY

While the EB-2 category requires that a petitioner qualify either through an advanced degree or exceptional ability, meeting both criteria is not required. In the present case, Ms. Alves seeks classification exclusively under the exceptional ability provision, as defined in 8 C.F.R. § 204.5(k)(3)(ii). As demonstrated below, the record establishes that Ms. Alves satisfies more than the minimum three of the six regulatory criteria, thereby meeting the statutory requirements for EB-2 classification based on exceptional ability.

Under the applicable regulatory framework, a petitioner may qualify for the EB-2 category by demonstrating a degree of expertise significantly above that ordinarily encountered in the field. Ms. Alves satisfies multiple criteria, as outlined below:

1. **Academic Credentials:**

Ms. Alves holds a bachelor's degree in law from Universidade Salgado de Oliveira, which provided a strong foundation in regulatory analysis, compliance, and administrative frameworks. In addition, she has completed specialized coursework, certifications, and professional training in early childhood education and licensed childcare operations in the United States, including coursework at City College of San Francisco and other state-recognized training programs required for licensed child care providers. These academic

and professional credentials are directly relevant to her field of endeavor, which operates within a complex regulatory environment and requires sustained compliance with federal, state, and municipal standards governing early childhood education and childcare services.

More details are provided in Exhibit B and discussed in Topic 2.2.1 – Education, Skills, Knowledge, and Record of Success.

2. **Extensive Full-Time Professional Experience:**

Ms. Alves possesses nearly a decade of progressively responsible, full-time professional experience in environments requiring strict regulatory compliance, documentation integrity, and operational oversight. Since June 2021, she has served as the Owner and Program Director of Jessica Alves Day Care in San Francisco, California, where she is licensed by the California Department of Social Services to operate a Family Child Care Home serving up to 14 children. In this role, she manages all aspects of a business integrated with public programs such as the Children's Council of San Francisco, Wu Yee, and ELFA, ensuring adherence to state safety regulations, staff coordination, and contract management. Her U.S. experience also includes serving as a Manager at Ana Paula Silva Day Care, where she supervised licensing compliance and administrative documentation.

Prior to her work in the United States, Ms. Alves built a solid professional foundation in Brazil within the legal and healthcare sectors—both highly regulated fields. From 2013 to 2020, she served as a Legal Analyst at WS Advocacia, where she drafted contracts and monitored judicial proceedings, and held multiple roles at Unimed Goiânia (2014–2020), including Market Analyst and Health Insurance Broker, managing institutional relationships with the National Regulatory Agency (ANS). This continuous record of full-time engagement in roles subject to licensing, government audits, and formal reporting demonstrates a level of professional maturity and operational expertise that is directly relevant to the successful management of her proposed endeavor.

Supporting documentation is provided in Exhibit B and further elaborated in Topic 2.2.1.

3. **Professional Certifications:**

Ms. Alves holds an active California Family Child Care License issued by the California Department of Social Services (CDSS), authorizing her to operate a licensed childcare facility serving up to fourteen children. She has successfully passed multiple inspections and facility evaluations and has maintained full compliance with applicable health, safety, staffing, and operational requirements.

A comprehensive list and evidence of these certifications are included in Exhibit B.III and referenced in Topic 2.2.1.

4. **High Remuneration:**

Ms. Alves's earnings from her licensed early childhood program further corroborate her exceptional ability in this field. As documented in her federal tax returns and supporting payment records, her licensed childcare enterprise has expanded into a full-time, multi-staff operation with strong and increasing revenues. In Tax Year 2024, her Schedule C reports an annual gross receipt **of $449,548**, reflecting a high level of demand for her

services and compensation that is well above what is typical for individual childcare providers. This revenue level is consistent with the growth pattern reflected in prior tax filings, including 2023, and is independently supported by third-party payment documentation from childcare programs as well as bank statements showing regular childcare-related deposits.

The enclosed letter from her tax preparer summarizes these figures and explains that Ms. Alves's compensation level—measured both by net business income and by the scale of her regulated operation—exceeds typical wage benchmarks for comparable roles.

By comparison, the enclosed Indeed[1] salary data for a Program Director in the United States (Exhibit B.IV) reports an average base salary of $72,502 per year (updated December 29, 2025). Ms. Alves's 2024 net business income alone ($122,146) exceeds Indeed's reported national average wage benchmark and falls near the upper portion of that reported salary range, while also reflecting an owner-operator's responsibility to generate sufficient revenue to cover payroll, licensing and regulatory compliance, insurance, food and supplies, and all operating costs. Unlike a wage-earning employee, Ms. Alves sustains these obligations and still produces positive net income across multiple tax years, providing objective, market-based evidence of high remuneration and exceptional ability.

Taken together, her tax returns, 1099 forms, bank statements, and the professional analysis provided by her tax preparer demonstrate that Ms. Alves has built and sustained a remunerative, job-creating, and tax-contributing licensed childcare enterprise.

This level of remuneration, achieved within a heavily regulated field, constitutes objective, market-based evidence of her exceptional ability.

Comparative salary analysis and evidence are included in Exhibit B.IV and discussed in Topic 2.2.1.

5. **Recognition for Contributions of Significant Importance to the Field**

Ms. Alves has received extensive recognition from parents, program administrators, institutional partners, and professionals within the licensed childcare and early childhood education sector. She has been repeatedly selected to participate in competitive, highly regulated initiatives and has received formal letters attesting to the quality, reliability, and regulatory compliance of her services.

These recognitions reflect independent acknowledgment of her contributions to the delivery of essential early childhood services within regulated and publicly supported frameworks.

The letters and recognitions are included in Exhibit B.VI and detailed in Topic 2.2.1.

6. **Professional Association Membership:**

[1] https://www.indeed.com/career/program-director/salaries?from=top_sb

Ms. Alves's membership in United Domestic Workers (UDW) and Child Care Providers United (CCPU) is submitted as contextual evidence of her active participation in California's organized family childcare provider infrastructure. These organizations support licensed providers through access to training programs, regulatory guidance, compliance updates, workforce advocacy, and structured communication with state agencies.

Ms. Alves's involvement in these organizations demonstrates her integration into the regulated childcare ecosystem and her ongoing engagement with professional resources relevant to compliant operations, workforce standards, and service quality. This evidence is presented to support her positioning to advance the proposed endeavor, rather than as an assertion of selective or elite association status.

Proof of membership is found in Exhibit B.V and referenced in Topic 2.2.1.

Collectively, this evidence demonstrates that Ms. Alves is fully eligible for EB-2 classification as a professional of exceptional ability.

Final Merits Determination

When evaluated in their totality, the evidence establishes that Ms. Alves possesses a degree of expertise significantly above that ordinarily encountered in the area of **entrepreneurship in licensed and publicly regulated childcare services**. Her qualifications are not based on generalized experience, but on sustained, documented performance operating and managing a licensed childcare enterprise within a highly regulated environment requiring ongoing licensing, regulatory compliance, operational oversight.

- Her academic background and specialized training support her ability to navigate complex regulatory frameworks.
- Her professional experience reflects sustained, full-time responsibility in licensed childcare operations.
- Her remuneration demonstrates market recognition well above that of similarly situated providers.
- Her licensure and compliance record confirms her ability to operate at a level exceeding baseline requirements.
- Her recognition by institutional partners and families evidences independent acknowledgment of her contributions.

These evidentiary components, when evaluated together, clearly show that Ms. Alves **does not merely meet the minimum criteria**, but rather **exceeds them with substantial and credible documentation** of her exceptional qualifications.

Accordingly, under the final merits determination standard and consistent with USCIS policy guidance, **the record demonstrates that Ms. Alves's level of expertise is significantly above that ordinarily encountered in her field**. Classification under the EB-2 immigrant preference category as an individual of exceptional ability.

2. THE PROPOSED ENDEAVOR

Ms. Alves's proposed endeavor involves the continued operation and structured expansion of Aunt Jessy Center, a licensed family childcare program based in California, through which she delivers early childhood education and childcare services within a highly regulated framework. As detailed in the business plan (Exhibit C.I), **the proposed endeavor is the provision of compliant, high-quality childcare services integrated with local and state-supported programs that serve working families and other underserved populations, in accordance with applicable regulatory and programmatic requirements.**

The core objective of the proposed endeavor is to ensure the continuity, regulatory compliance, and quality of licensed early childhood education services that are essential to workforce participation and community stability in the United States. Aunt Jessy Center operates within a complex regulatory environment governed by the California Department of Social Services and is subject to rigorous licensing standards, reporting obligations, health and safety protocols, and quality benchmarks.

According to the business plan **(Exhibit C.I),** Aunt Jessy Center provides services including:

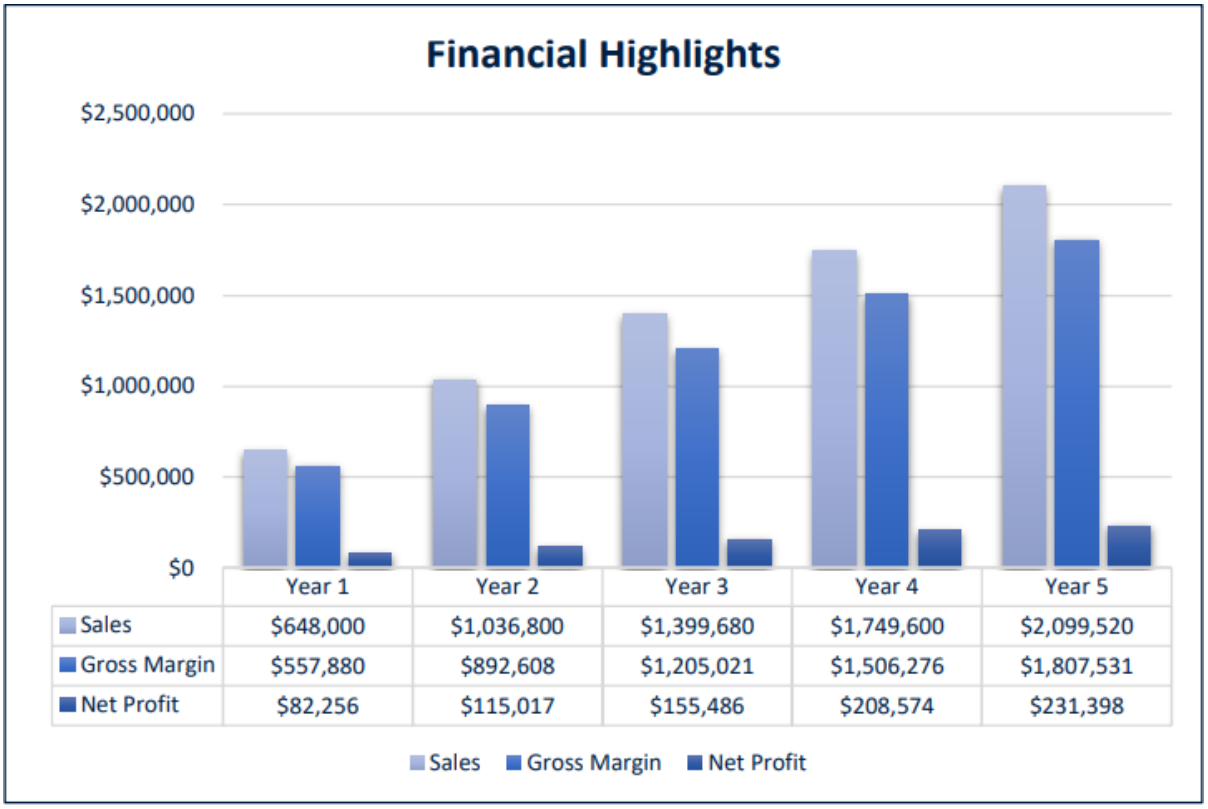
- **Full-Time Daycare Program:** comprehensive early childhood education during regular business hours, providing structured daily routines that promote social, emotional, and cognitive development;
- **Extended Hours Program:** additional care during evening hours to accommodate families with non-traditional work schedules.
- **Part-Time Care Program: f**lexible scheduling options for families requiring shorter care periods, maintaining the same quality of educational programming;
- **Special Education Support:** services designed to support children with developmental delays or special needs through early intervention, individualized learning plans, and inclusive education strategies;
- **Bilingual Learning Program: l**anguage development and cultural inclusion through an English–Spanish bilingual curriculum;
- **Parent Engagement & Family Support:** initiatives to strengthen parental involvement, including educational workshops, resource navigation, and community partnership programs.

Aunt Jessy Center is strategically positioned to support the delivery of licensed early childhood education and childcare services within a highly regulated framework. The program's integration with municipal and state-supported initiatives reflects a model designed to ensure service continuity, regulatory compliance, and operational reliability in a sector that plays a critical role in workforce participation, family stability, and community well-being.

Based **in California, Aunt Jessy Center** operates under **an active license issued by the California Department of Social Services and follows a structured implementation plan aligned with applicable regulatory requirements and public program standards**. As outlined in the business plan **(Exhibit C.I),** the proposed endeavor follows a phased and sustainable growth strategy, focusing on maintaining compliance, service quality, and operational capacity while gradually expanding enrollment, program scope, and institutional partnerships. This approach prioritizes stability and long-term viability over rapid or speculative expansion.

Furthermore, Aunt Jessy Center's projected growth underscores the economic viability and public impact of the proposed endeavor. According to the business plan **(Exhibit C.I)**, the

operation **projects annual revenues of approximately $648,000 in the first year**, increasing steadily to approximately $2,099,520 by the fifth year. Over the same period, gross margins are projected to grow from approximately $557,880 in Year 1 to approximately $1,807,531 in Year 5, while net profits are expected to increase from approximately $82,256 to approximately $231,398.

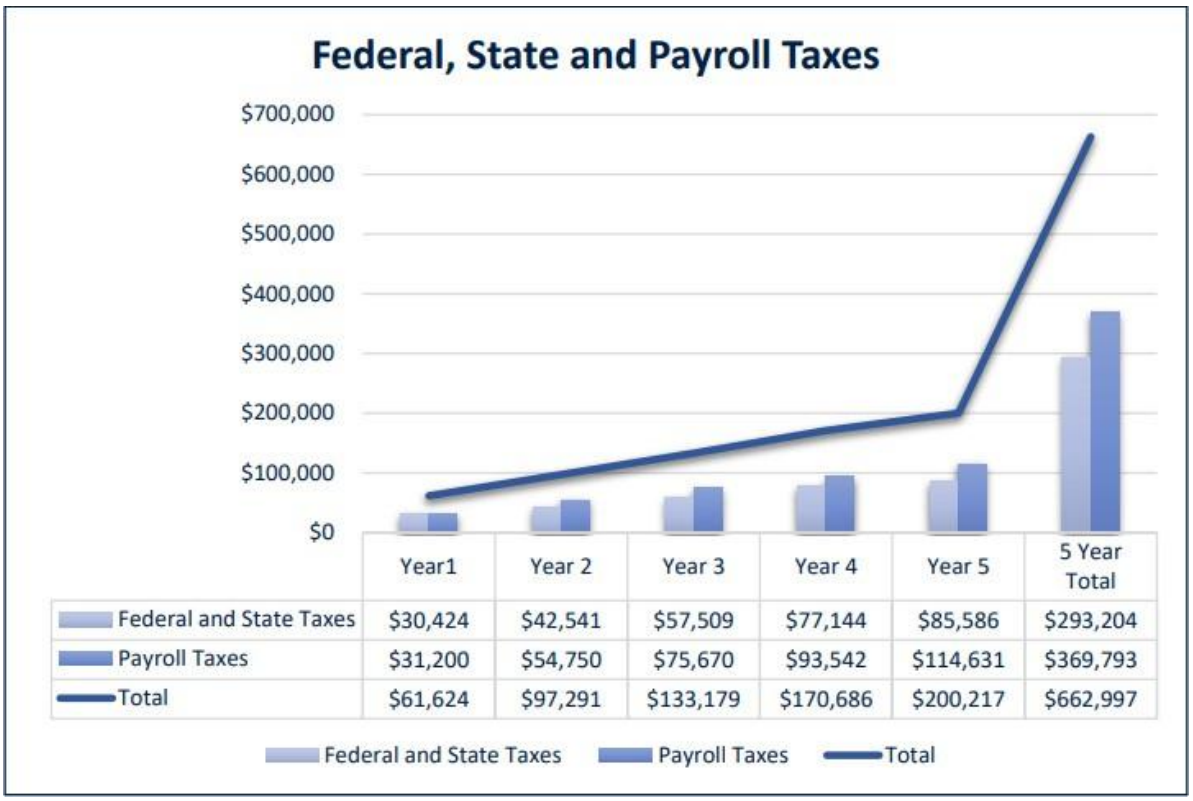


	Year 1	Year 2	Year 3	Year 4	Year 5
Sales	$648,000	$1,036,800	$1,399,680	$1,749,600	$2,099,520
Gross Margin	$557,880	$892,608	$1,205,021	$1,506,276	$1,807,531
Net Profit	$82,256	$115,017	$155,486	$208,574	$231,398

This sustained financial growth reflects a mature, compliance-driven operational model tied to licensed capacity, and adherence to regulatory and quality standards. As the operation expands, Aunt Jessy Center is expected **to increase its workforce from five (5) employees in the first year to approximately fifteen (15) employees by the fifth year**, in accordance with state-mandated staffing ratios and programmatic requirements.

Personnel Plan					
	Year 1	Year 2	Year 3	Year 4	Year 5
General Manager & Program Director - Mrs. Jessica Rodrigues Alves	1	1	1	1	1
Lead Teacher	1	1	1	2	2
Assistant Teachers	2	2	3	4	5
Special Education Specialist	1	1	2	2	3
Bilingual Education Coordinator	0	1	1	1	1
Family Engagement Coordinator	0	1	1	1	1
Administrative Assistant	0	1	1	1	1
Cook (part-time)	0	0	1	1	1
Total People	**5**	**8**	**11**	**13**	**15**

The projected financial performance will also result in meaningful public revenue contributions. Over the five-year period, **Aunt Jessy Center** is expected to **generate approximately $293,204 in federal and state taxes and approximately $369,793 in payroll taxes, totaling approximately $662,997 in tax contributions**. These figures reflect the operation's compliance with fiscal obligations and its growing role as a stable contributor to the formal economy.



	Year1	Year 2	Year 3	Year 4	Year 5	5 Year Total
Federal and State Taxes	$30,424	$42,541	$57,509	$77,144	$85,586	$293,204
Payroll Taxes	$31,200	$54,750	$75,670	$93,542	$114,631	$369,793
Total	$61,624	$97,291	$133,179	$170,686	$200,217	$662,997

In summary, Aunt Jessy Center is designed to sustain and strengthen the provision of licensed early childhood education and childcare services through a compliance-driven, publicly integrated operational model. The proposed endeavor's structured growth, financial viability, staffing plan, and tax contributions underscore its substantial merit and relevance to the national interest. Additional details regarding the operational framework, financial projections, and anticipated contributions of the proposed endeavor are provided in the accompanying business plan **(Exhibit C.I)** and will be further examined in the sections addressing the substantial merit and national importance of the endeavor.

Alignment of Exceptional Ability with the Proposed Endeavor

In accordance with USCIS policy guidance, when a petitioner qualifies under the "exceptional ability" classification, the record must establish a direct relationship between the petitioner's exceptional ability and the proposed endeavor. This relationship is demonstrated through overlapping skill sets, specialized knowledge, and professional experience that are directly applicable to the objectives and operational demands of the endeavor.

In Ms. Alves's case, the alignment between her exceptional ability and the proposed endeavor is clear and well documented. Her professional trajectory reflects sustained experience operating within highly regulated environments that require strict compliance, oversight, and accountability. Through her work as a licensed childcare provider, Ms. Alves has demonstrated

expertise in regulatory compliance, program administration, quality control, and operational management—competencies that are central to the continued operation and expansion of Aunt Jessy Center.

The proposed endeavor is rooted precisely in the areas where Ms. Alves's qualifications are strongest. Her experience managing a licensed family childcare operation subject to state supervision, public funding requirements, and ongoing evaluations directly corresponds to the core functions of the proposed endeavor. These functions include compliance with licensing regulations, implementation of health and safety standards, adherence to staffing and ratio requirements, participation in subsidy-based programs, and coordination with public and nonprofit agencies administering early childhood services.

Furthermore, Ms. Alves's exceptional qualifications—including her professional licensure, demonstrated operational capacity, consistent revenue generation, and recognition by program administrators, families, and institutional partners—specifically pertain to the early childhood education and childcare sector. These qualifications support the very competencies required to lead a licensed, publicly integrated childcare operation. Her proposed endeavor does not involve a change in professional direction or a speculative transition; rather, it builds directly upon her established expertise and proven ability to operate within complex regulatory frameworks.

Ms. Alves's academic background in law further reinforces this alignment. Her formal legal training supports her ability to interpret regulatory requirements, manage compliance obligations, and navigate administrative frameworks governing licensed childcare services. These skills are directly applicable to her role overseeing a regulated operation such as Aunt Jessy Center, where compliance, documentation, and adherence to public program standards are essential to continued authorization and funding.

Accordingly, the record establishes a clear, direct, and compelling connection between Ms. Alves's area of exceptional ability and the proposed endeavor. This alignment satisfies USCIS requirements for EB-2 classification under the exceptional ability pathway and reinforces the credibility, feasibility, and viability of the proposed endeavor under the National Interest Waiver framework.

3. NATIONAL INTEREST WAIVER
Framework Under *Matter of Dhanasar*

The National Interest Waiver (NIW) provides a mechanism through which qualified individuals may be exempted from the labor certification and job offer requirements when their proposed endeavor offers benefits of substantial value to the United States. Pursuant to section 203(b)(2)(B)(ii) of the Immigration and Nationality Act and 8 C.F.R. § 204.5(k)(4)(ii), USCIS may grant such a waiver when it is determined that doing so serves the national interest.

In *Matter of Dhanasar*, 26 I&N Dec. 884 (AAO 2016), USCIS articulated a three-prong analytical framework for evaluating eligibility for a National Interest Waiver. Under this framework, the petitioner must demonstrate that:

1. The First Prong – endeavor has substantial merit and national importance – reviews the importance of the field and the specific endeavor the petitioner aims to undertake.

2. The Second Prong– the individual is well-positioned to advance the endeavor – reviews the beneficiary's credentials.

3. The Third Prong – beneficial to the U.S. to waive the job offer and labor certification requirement – reviews the national interest.

Ms. Alves satisfies all three prongs of the *Dhanasar* framework.

Ms. Alves's proposed endeavor centers on the continued operation and expansion of licensed early childhood education and childcare services delivered with support to the public education system and highly regulated frameworks. As discussed in detail above, the provision of compliant, high-quality childcare services is directly tied to workforce participation, economic stability, and the well-being of families and communities. Through her work at Aunt Jessy Center, Ms. Alves contributes to the infrastructure that enables parents and guardians to engage in the labor market while ensuring that children receive care in safe, regulated, and developmentally appropriate environments.

She is well positioned to advance this endeavor based on her demonstrated record of operating a licensed childcare facility integrated with municipal and state-supported programs. Her experience managing regulatory compliance, licensing requirements, staffing standards, program administration, and public funding obligations evidences her capacity to sustain and expand such services within a complex oversight framework. This is further supported by her consistent financial performance, institutional recognition, and professional background in law, which equips her with the analytical and regulatory skills necessary to navigate compliance-driven environments.

Finally, waiving the labor certification and job offer requirements is beneficial to the United States in this context. The proposed endeavor is entrepreneurial in nature and does not lend itself to the traditional labor certification process, which is designed to address employer-employee relationships rather than the operation of licensed service providers integrated with public programs. Requiring labor certification would impose unnecessary procedural barriers and delay the continued delivery of essential childcare services that support workforce participation and economic functioning. Granting a National Interest Waiver allows Ms. Alves to continue her work without interruption, thereby advancing public interests more effectively and efficiently.

As demonstrated in the sections that follow, the record establishes that Ms. Alves's proposed endeavor has substantial merit and national importance, that she is well positioned to advance it, and that, on balance, granting a National Interest Waiver serves the interests of the United States. Accordingly, Ms. Alves satisfies all requirements for classification under the EB-2 category with a National Interest Waiver.

3.1 First PRONG:
The Proposed Endeavor has Substantial Merit and National Importance

Under *Matter of Dhanasar*, the "national importance" of an endeavor is not limited by geographic scope but is assessed by its potential to address issues of national relevance. Local or regional projects can qualify if they tackle problems affecting the country at large.

Ms. Alves's proposed endeavor involves the continued operation and expansion of licensed early childhood education and childcare services through Aunt Jessy Center. The provision of this compliant and high quality services is directly connected to workforce participation, economic stability, and the effective functioning of labor markets in the United States.

The substantial merit of the proposed endeavor is demonstrated by its operation within publicly funded and highly regulated frameworks. By ensuring continuity, regulatory compliance, and quality in licensed childcare services, the endeavor advances public interests related to child welfare, family stability, and access to essential services that support economic participation.

The proposed endeavor also carries national importance because its impact extends beyond the immediate locality in which services are delivered. Participation in public childcare programs supports a broader system that enables workforce engagement and economic activity nationwide. These outcomes align with recognized public policy priorities at the federal and state levels.

Accordingly, Ms. Alves's proposed endeavor satisfies the first prong of the *Dhanasar* framework by demonstrating both substantial merit and national importance.

3.1.1 BUSINESS PLAN

A detailed description of the proposed endeavor and why it is of substantial merit:

The business plan submitted with this petition provides **a detailed description of Ms. Alves's proposed endeavor and clearly demonstrates its substantial merit.** Through **Aunt Jessy Center,** Ms. Alves delivers **licensed early childhood education and childcare services** within public education support and **highly regulated frameworks**, addressing **essential needs** connected to **workforce participation, family stability, and community well-being**.

As outlined in the business plan **(Exhibit C.I),** the proposed endeavor focuses on the continued operation and expansion of a licensed family childcare program that complies with all applicable state and local regulatory requirements and participates in public child care initiatives. These programs require ongoing oversight, reporting, inspections, and strict adherence to health, safety, staffing, and quality standards. The ability to operate successfully within this framework reflects both the complexity and the merit of the proposed endeavor.

The business plan further details the scope of services offered through Aunt Jessy Center, including full-time and flexible programs, inclusive educational support for children with special needs, bilingual learning initiatives, and structured parent engagement activities. These services are designed to meet the needs of working families and to support access to regulated childcare services that enable sustained participation in the labor market.

The proposed endeavor emphasizes:

- **Operational Excellence:** Establish and maintain fully licensed facilities that meet or exceed all state regulatory standards, ensuring safe, nurturing, and developmentally appropriate environments for children.
- **Expanded Access:** Increase the number of licensed childcare seats in underserved communities, supporting access to regulated early education services and alleviating service gaps that contribute to long waiting lists in California.
- **Strategic Partnerships:** Build strong collaborations with public agencies, nonprofit organizations, and programs such as the Children's Council of San Francisco, Child Care and Development Fund (CCDF), and California's Master Plan for Early Learning and Care to enhance program capacity and funding stability**.**

- **Educational Quality:** Implement a comprehensive bilingual curriculum designed to foster language development, early literacy, and cognitive growth, while also incorporating specialized services for children with developmental needs**.**
- **Community Engagement:** Develop initiatives that strengthen the connection between the center, families, and the community through workshops, parental support programs, and resource navigation.
- **Workforce Development:** Recruit, train, and retain highly qualified teachers, assistant educators, and specialists, ensuring program consistency and service excellence.
- **Financial Sustainability:** Build a stable financial foundation through efficient resource allocation, strategic investments, and operational scalability to support long-term growth.

Together, these components reflect a compliance-driven and publicly aligned operational model that supports service continuity, regulatory adherence, and long-term viability within the private early childhood education sector.

For these reasons, **Aunt Jessy Center advances an endeavor of substantial merit by delivering licensed early childhood education and childcare services as a privately operated enterprise that supports and complements the broader public early education system**. Under Ms. Alves's leadership, the proposed endeavor applies a compliance-driven operational model aligned with state and federal childcare standards and public early learning objectives, ensuring continuity, service quality, and regulatory compliance essential to supporting workforce participation and family stability.

The proposed endeavor also demonstrates substantial merit through its projected economic contributions. As detailed in the business plan **(Exhibit C.I),** Aunt Jessy Center projects annual revenues of approximately $648,000 in the first year, increasing to approximately $2,099,520 by the fifth year. This growth is accompanied by the planned expansion of its workforce from five (5) employees in Year 1 to approximately fifteen (15) employees by Year 5, in compliance with state-mandated staffing ratios. These projections reflect a stable, scalable operation capable of generating sustained economic activity within the formal economy.

In addition, the proposed endeavor is expected to generate meaningful public revenue contributions through federal and state taxes and payroll-related obligations. Over a five-year period, Aunt Jessy Center is projected to contribute approximately $662,997 in combined tax revenues, reflecting its compliance with fiscal obligations and its role as a reliable participant in publicly supported childcare systems.

In conclusion, Aunt Jessy Center exemplifies an endeavor of substantial merit by strengthening access to licensed early childhood education and childcare services through a structured, compliant, and financially sustainable model. By supporting workforce participation, economic stability, and access to essential services, the proposed endeavor carries implications that extend beyond its immediate locality and align with recognized public policy priorities. Ms. Alves's leadership in this initiative reflects a forward-looking commitment to sustaining and expanding essential childcare services that serve the national interest.

3.1.2 EVIDENCE OF ENDEAVOR'S MERIT

National or even global implications within a particular field:

The **national importance of Ms. Alves's proposed endeavor is demonstrated by its contribution to the licensed and regulated early childhood education and childcare sector in the United States,** an area that plays a critical role **in supporting workforce participation, economic stability, and long-term human capital development**. **Licensed childcare services are widely recognized as essential social infrastructure, as they enable parents and caregivers to remain employed, sustain household income, and participate in the formal economy.**

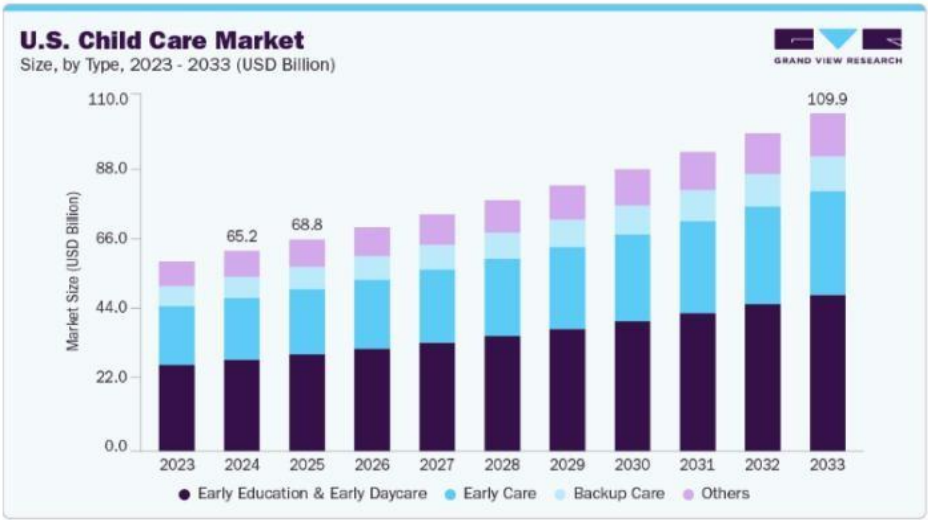
As detailed in the business plan **(Exhibit C.I)**, Aunt Jessy Center operates as a privately funded and privately operated licensed childcare provider, subject to comprehensive state and local regulatory oversight, including licensing, inspections, reporting obligations, and quality standards established by the California Department of Social Services and related authorities. Although childcare services are delivered at the local level, the presence of compliant private providers produces economic and social effects that extend beyond the immediate community by **expanding regulated capacity and reducing demand pressures on publicly operated schools and early education programs.**

By offering families an additional licensed childcare option outside of the public school system, the proposed endeavor helps alleviate structural capacity constraints faced by public institutions, while ensuring that parents and caregivers have reliable access to regulated childcare necessary to remain employed.

According to data from the U.S. Census Bureau[2], there are more than 12 million children under the age of five in the United States who may require regular childcare while their parents work or attend school. Yet the existing supply of licensed providers does not fully meet this level of need, resulting in significant unmet demand for regulated early childhood services. This imbalance is especially pronounced in California, where research shows that more than half of families live in areas commonly referred to as "childcare deserts" – communities with three or more young children for every available licensed child care slot. In practical terms, this means that fully qualified, compliant providers like Ms. Alves are operating in environments where there is persistent structural unmet demand, rather than a temporary or localized fluctuation in need.

Industry projections further demonstrate the national scale of this issue. According to Grand View Research[3], the U.S. childcare market is projected to grow steadily through 2030 and beyond, driven by rising workforce participation among parents, population growth in urban regions, increased recognition of early education's role in long-term economic outcomes, and expanded public investment in subsidized care. As illustrated in the market growth data submitted with this petition, this U.S. sector is expected to continue expanding over the next decade, reinforcing the national importance of stable, compliant providers capable of absorbing unmet demand for licensed early childhood services.

[2] https://www.census.gov/topics/population/children/about.html
[3] https://www.grandviewresearch.com/industry-analysis/us-child-care-market



Within this context, Aunt Jessy Center addresses documented structural gaps in the childcare market by operating as a licensed provider aligned with public subsidy programs and established quality standards, thereby expanding regulated capacity in areas of sustained demand and supporting families who rely on consistent access to licensed care in order to remain employed.

Below are key points demonstrating why Ms. Alves's proposed endeavor carries national importance:

- **Supporting Workforce Participation and Economic Stability:** Licensed childcare services enable parents and caregivers to participate consistently in the labor market. Without reliable access to this support, workforce participation is disrupted, affecting productivity and household economic stability.

  National Importance: By sustaining licensed childcare capacity within publicly funded programs, the proposed endeavor supports labor force participation and economic continuity across sectors, contributing to broader economic stability.

- **Strengthening Access to Regulated Child Care Services:** Aunt Jessy Center expands access to licensed and regulated childcare services by increasing the availability of compliant early childhood care outside of traditional public school settings. By operating as a licensed private provider, the Center offers families an additional regulated option that helps alleviate demand pressures on publicly funded schools and early education programs, while maintaining required safety, quality, and compliance standards.

  National Importance: Expanding the supply of licensed childcare providers supports national objectives related to workforce participation, family stability, and economic mobility by ensuring that parents and caregivers have dependable childcare alternatives that meet regulatory requirements without over-reliance on public school infrastructure.

- **Advancing Child Welfare and Early Development Outcomes:** Early childhood education programs operating within regulated frameworks promote child safety, developmental readiness, and long-term educational outcomes. Inclusive

programming, bilingual education, and family engagement contribute to improved learning environments.

National Importance: Investments in early childhood development have long-term implications for educational attainment, workforce readiness, and social outcomes, aligning with national priorities related to human capital development.

- **Supporting Public Child Care Systems and Program Integrity:** The proposed endeavor operates within established childcare regulatory systems administered through state and local oversight mechanisms, requiring continuous compliance with inspections, reporting obligations, and quality benchmarks. By meeting these requirements as a private provider, Aunt Jessy Center helps distribute service demand across both public and private sectors, reducing operational and capacity burdens on government-operated childcare and early education programs.

  National Importance: The effective functioning of early childhood education systems depends not only on public institutions, but also on reliable, compliant private providers capable of delivering accessible services while adhering to regulatory standards. By operating at this intersection, the proposed endeavor strengthens system-wide resilience, efficiency, and service availability across jurisdictions.

- **Promoting Community Stability and Family Support:** Through parent engagement initiatives, resource navigation, and community partnerships, Aunt Jessy Center supports families beyond basic child supervision. These services enhance stability for households balancing employment and caregiving responsibilities.

  National Importance: Community-based childcare services that support families contribute to social stability and reduce barriers to workforce participation, outcomes that align with broader public policy goals.

- **Contributing to a Regulated and Formal Economic Framework:** Aunt Jessy Center operates as a licensed business subject to regulatory oversight, employment requirements, and tax obligations, contributing to the formal economy.

  National Importance: The presence of compliant childcare providers supports regulated employment, tax contributions, and accountability within an essential service sector that underpins economic activity nationwide.

Federal and state public programs further underscore the national importance of Ms. Alves's proposed endeavor. Programs such as the Child Care and Development Fund (CCDF) and Head Start represent core federal mechanisms designed to expand access to affordable, regulated child care and to support school readiness for children from low-income households. These initiatives rely on licensed providers capable of operating within strict compliance, reporting, and quality requirements.

In California, these federal efforts are complemented by the state's Master Plan for Early Learning and Care, which establishes a long-term policy framework to expand licensed capacity, improve service quality, strengthen the early education workforce, and stabilize funding

mechanisms. As detailed in the business plan **(Exhibit C.I**), Aunt Jessy Center is structured to operate in direct alignment with these programs by maintaining regulatory compliance, supporting subsidized enrollment, offering extended hours, and participating in referral and reimbursement systems administered by public and nonprofit entities.

These policy frameworks do not merely regulate the childcare sector; they actively depend on compliant providers to translate public objectives into tangible outcomes. By operating within CCDF-aligned subsidy systems, serving families eligible for public assistance, and adhering to state quality and licensing standards, Aunt Jessy Center functions as an implementation partner for federal and state childcare policy. This role extends the impact of the proposed endeavor beyond its immediate locality and into nationally coordinated systems that support workforce participation and economic continuity.

The economic implications of childcare access further reinforce the national importance of the proposed endeavor. According to data cited in the business plan, inadequate access to reliable childcare results in approximately US$ 122 billion annually in lost earnings, productivity, and revenue for U.S. businesses. This figure reflects absenteeism, reduced work hours, and workforce attrition directly attributable to childcare constraints. By expanding regulated childcare capacity in high-demand areas, Aunt Jessy Center contributes to mitigating these productivity losses and supports broader economic efficiency.

As California continues to increase public investment in early childhood education infrastructure, providers that can deliver licensed, inclusive, and high-quality services are positioned to play a critical role in meeting policy goals and market demand. Aunt Jessy Center enters this environment with an existing licensed foundation, bilingual programming, inclusive educational services, and demonstrated compliance with public funding requirements.

The alignment of the proposed endeavor with a rapidly expanding early childhood education and childcare market further underscores its national importance and substantial merit. As workforce participation continues to rise and public investment in regulated childcare expands, the role of compliant, high-quality providers such as Aunt Jessy Center becomes increasingly critical to sustaining economic productivity, family stability, and long-term human capital development.

Taken together, the evidence demonstrates that Ms. Alves's proposed endeavor addresses a nationally recognized imbalance between the demand for licensed and reliable childcare services and the existing supply of regulated providers. The endeavor operates within essential public systems that support workforce participation and contributes to long-term economic and social stability. These characteristics establish the proposed endeavor's substantial merit and national importance under the first prong of the *Matter of Dhanasar framework.*

3.1.3 ENDEAVOR'S IMPACT

The proposed endeavor has significant potential to employ U.S. workers:

This is certainly one of the most important factors when assessing national importance. This is because there is no room for interpretation: the precedent decision, *Dhanasar*, expressly includes the "significant potential to employ U.S. workers" OR "other substantial positive economic effects" as factors determinative of national importance.

Under the guidance of Ms. Alves, Aunt Jessy Center is positioned to make a meaningful contribution to U.S. employment through both direct and indirect job creation within the early

childhood education and child care sector. As outlined in the business plan **(Exhibit C.I),** the proposed endeavor follows a structured growth model that expands licensed capacity while maintaining regulatory compliance, service quality, and operational stability.

According to the business plan's five-year projections, Aunt Jessy Center is projected to grow from five (5) employees in Year 1 to approximately fifteen (15) employees by Year 5. These positions include teachers, assistant teachers, special education support professionals, bilingual education coordinators, administrative staff, and part-time support personnel. All roles represent U.S.-based employment subject to wage, tax, and labor law requirements, contributing directly to local and state labor markets.

In addition to direct employment, the proposed endeavor incorporates a workforce development component that supports training, retention, and professional advancement within the early childhood education field. The business plan anticipates ongoing investment in staff training, credential maintenance, and professional development to ensure compliance with licensing standards and to improve program quality. These efforts contribute to strengthening the childcare workforce, a stated priority under both federal and state early learning policies.

Beyond direct employment, the economic impact of the proposed endeavor extends through indirect job creation. As explained in Section 9.0 of the business plan, industries such as licensed child day care services maintain strong backward and forward linkages within the economy. These linkages include suppliers, service providers, and consumer-driven economic activity generated by employee spending.

According to national employment multipliers published by the Economic Policy Institute (EPI)[4], the child day care services industry generates approximately 62.7 indirect jobs for every 100 direct jobs created. Applying this multiplier to Aunt Jessy Center's projected workforce of fifteen (15) direct employees by Year 5, the proposed endeavor is expected to support approximately nine (9) additional indirect jobs within the broader U.S. economy.

Employment multipliers per 100 direct jobs, all private-sector industries

	Industry	Direct jobs	Supplier jobs*	Induced jobs**	Total indirect jobs
155	Nursing and residential care facilities	100.0	44.6	52.1	96.7
156	Individual and family services	100.0	22.9	43.7	66.6
157	Community and vocational rehabilitation services	100.0	60.5	59.8	120.3
158	Child day care services	100.0	23.8	38.8	62.7

These indirect employment effects include, but are not limited to, roles in professional services such as legal and accounting support, facility maintenance, food services, educational supplies,

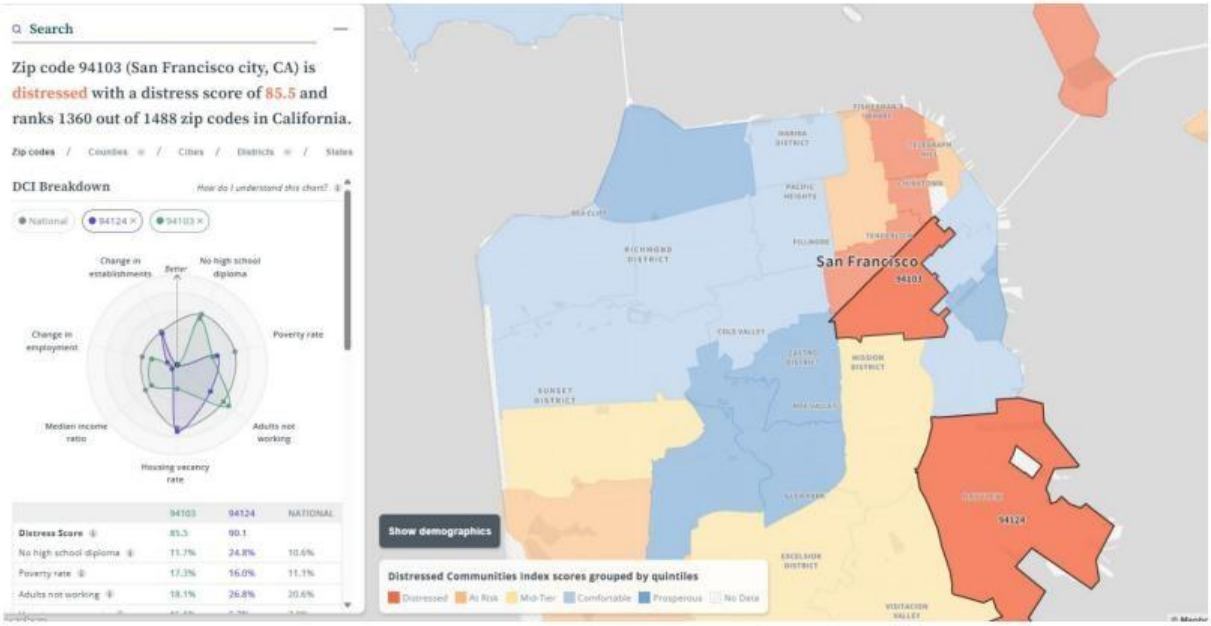
[4] https://www.epi.org/publication/updated-employment-multipliers-for-the-u-s-economy/

marketing and communications, and other vendor and contractor relationships necessary for licensed childcare operations. As outlined in the business plan, Aunt Jessy Center will also rely on independent contractors and outsourced service providers, further expanding its employment footprint beyond internal staff.

Please note that *Dhanasar* expressly states that one can prove national importance through the "significant potential to employ U.S. workers". That is NOT the same as "**potential to employ a significant number of U.S. workers**" as the "significance" is in the "potential" or "probability", not in the "number of jobs" the endeavor may create. This is a matter of semantics.

Furthermore, the economic relevance of this employment impact is reinforced by the location of the proposed endeavor. Aunt Jessy Center operates in San Francisco, California, within ZIP code 94103, an area identified as economically distressed under the Distressed Communities Index (DCI), with a distress score of 85.5, ranking 1,360 out of 1,488 ZIP codes in California. This classification reflects elevated economic challenges, including employment decline, reduced business establishments, income disparities, and housing instability.

As detailed in the business plan, approximately 18.1% of adults in the area are not currently working, and recent years have seen a decline in local employment and business activity. These conditions create both challenges and opportunities for workforce reintegration and economic stabilization through essential service providers.



By creating stable, regulated employment opportunities within a licensed childcare setting, Aunt Jessy Center contributes directly to local workforce participation while addressing essential community needs. The endeavor's hiring model supports entry- and mid-level employment opportunities, workforce training, and long-term job stability in a sector that underpins broader economic activity.

Impact on Matters Recognized as Nationally Important.

In addition to employment effects, the proposed endeavor generates measurable fiscal contributions. As outlined in the business plan, Aunt Jessy Center is projected to generate approximately US$ 662,997 in combined federal, state, and payroll tax contributions over a five-year period. These contributions reflect the formalization of employment, wage payments, and business operations within a regulated economic framework.

The *Matter of Dhanasar* framework expressly recognizes that endeavors with significant potential to employ U.S. workers or to generate substantial positive economic effects, particularly in economically distressed areas, may qualify as nationally important. Aunt Jessy Center satisfies this criterion by combining direct job creation, indirect employment effects, tax contributions, and workforce stabilization within a community facing documented economic challenges.

In conclusion, Ms. Alves's proposed endeavor demonstrates a concrete and well-supported capacity to employ U.S. workers and to stimulate broader economic activity. Through its structured staffing plan, indirect job creation, contractor utilization, and fiscal contributions, Aunt Jessy Center delivers sustained economic impact that extends beyond its immediate operations. These factors collectively establish the proposed endeavor's significant employment potential and support its qualification under the national importance standard for a National Interest Waiver.

3.2 <u>Second PRONG:</u>
The Self-Petitioner is Well-Positioned to Advance the Proposed Endeavor in the United States

The second prong under *Matter of Dhanasar* requires demonstrating that the Petitioner is well-positioned to advance the proposed endeavor. This does not demand proof of guaranteed success, but rather credible evidence of qualifications, experience, and progress made toward implementation. Ms. Alves, a licensed childcare provider, business owner, and legal professional with demonstrated experience operating within highly regulated environments, managing compliance-driven operations, and delivering services integrated with publicly funded systems.

3.2.1 EDUCATION, SKILLS, KNOWLEDGE, AND RECORD OF SUCCESS:

Ms. Jessica Rodrigues Alves is exceptionally well-positioned to advance the proposed endeavor in the United States based on her academic background, professional training, and progressively responsible experience in licensed early childhood education and childcare operations.

She is the Founder and Executive Director of Aunt Jessy Center and has accumulated extensive **experience in daycare administration, program coordination, regulatory compliance, and community engagement.** Her professional trajectory demonstrates sustained involvement in regulated service environments and a consistent focus on operational excellence and inclusive educational practices, particularly for families who rely on publicly subsidized childcare programs.

Since June 2021, Ms. Alves has served as the **Owner and Program Director of Jessica Alves Day Car**e operating as **"Aunt Jessy Center" (Exhibit B.II)**, **a licensed Family Child Care Home** located in San Francisco, California. In this role, she is **licensed by the California Department of Social Services[5] (Exhibit B.III)** to operate a facility serving up to fourteen (14) children concurrently. Her responsibilities include overseeing daily operations, ensuring compliance with state health and safety regulations, supervising staff, managing parent

[5] https://www.cdss.ca.gov/home/about-cdss

communications, coordinating schedules, and maintaining all licensing and inspection requirements.

As Program Director, **Ms. Alves is directly responsible for curriculum planning, educational activity design, and monitoring children's cognitive, social, and emotional development.** She designs and implements **monthly activity plans with an emphasis on bilingual education, cultural inclusion, and social-emotional learning.** She also **leads a team of childcare professionals** and **ensures program quality** through staff coordination, training oversight, and continuous compliance monitoring.

In addition to operational management, **Ms. Alves works closely with public and nonprofit programs that support families in vulnerab**le situations. **Jessica Alves Day Care actively participates in Children's Council of San Francisco, Wu Yee Children's Services, and the Early Learning for All (ELFA)** initiative, enabling children from low-income households to access licensed early education services. **(Exhibit C.II)**

Children's Council of San Francisco[6] is a long-standing nonprofit organization that connects families to childcare and early education, administers child care subsidies, and supports providers with training and quality-improvement resources in partnership with the City and County of San Francisco and state and federal programs. It is important to note that **this institution is a central hub in San Francisco's childcare ecosystem, channeling public funds and technical assistance to licensed providers like Ms. Alves so that low-income families can access stable, regulated care. (Exhibit C.II)**

Wu Yee Children's Services[7] is a community-based organization whose mission is to create opportunities for children to be healthy, for families to thrive, and for communities to be strong, in part by operating and supporting early learning programs in high-need neighborhoods. **Wu Yee is a key implementation partner** for publicly funded early childhood programs in San Francisco, **and Ms. Alves's collaboration with this institution situates her work squarely within the city's strategy to expand high-quality care in underserved areas. (Exhibit C.II)**

ELFA[8] (Early Learning for All) is a collaborative initiative administered by The Little School, which **expands access to early childhood education for children from underserved communities** and supports participating providers through coordinated funding and technical assistance. **Through ELFA, Ms. Alves's program is integrated into a broader public-private effort to reduce early childhood education gaps by leveraging mixed funding streams and quality standards. (Exhibit C.II)**

Through these partnerships, Ms. Alves manages subsidy enrollment, eligibility documentation, **ongoing reporting obligations, reimbursement processes, and compliance with program-specific quality standards,** as well as the related contractual arrangements with families and staff. Her work in these frameworks **demonstrates her ability to operate effectively** within **publicly funded childcare** systems and to translate complex regulatory requirements into day-to-day, high-quality services for children and working parents.

6 https://www.childrenscouncil.org/about-us/overview/

7 https://wuyee.org/mission/

8 https://www.littleschool.org/elfa

Prior to establishing her own licensed daycare, Ms. Alves gained hands-on administrative and regulatory experience as a Manager at **Ana Paula Silva Day Care in San Francisco[9],** from October 2020 through May 2021 **(Exhibit B.II)**. In this role, she coordinated staff activities, supported budget planning, supervised compliance with California licensing requirements, and managed administrative documentation. This experience provided her with early exposure to the operational and regulatory framework governing licensed childcare programs in the United States.

Before relocating to the United States, Ms. Alves developed a solid professional foundation in **Brazil within regulated, compliance-driven environments.** From 2018 to 2020, she worked as a **Health Insurance Broker at Unimed Goiânia[10],** where she was responsible for client acquisition, contract management, eligibility analysis, and corporate sales strategies. Her performance in this role was recognized through internal awards, reflecting her ability to manage regulated services, contractual obligations, and client-facing operations. **(Exhibit B.II and Exhibit B.VII)**

From 2015 to 2018, **Ms. Alves served as a Market Analyst at Unimed**, where she conducted market analysis, coordinated institutional relationships with Brazil's National Regulatory Agency for Private Health Insurance and Plans (ANS), and supported regional expansion initiatives. Earlier, between 2014 and 2015, she worked as a Sales Support Specialist, managing documentation and contracts and supporting the implementation of corporate health plans. **These roles further strengthened her expertise in compliance, administration, and structured service delivery.**

In parallel with her private sector experience, **Ms. Alves worked in a legal support capacity** as a Legal Analyst at **WN Advocacia** from 2013 to 2020 **(Exhibit B.II)**. In this position, she drafted and reviewed contracts, prepared legal documentation, and assisted corporate clients across multiple legal areas.

Ms. Alves's educational background reflects an interdisciplinary profile well suited to advancing the proposed endeavor. **She earned a Bachelor's Degree in Law from Universidade Salgado de Oliveira[11] (Exhibit B.I)**, a recognized institution of higher education in Brazil **(Exhibit B.VII)**, in December 2018, providing her with a strong foundation in regulatory analysis, contractual compliance, and administrative law. Furthermore, **she was a registered member of the Brazilian Bar Association under a professional internship license (OAB/GO 27962E),** a credential that allowed her to engage in official legal proceedings and gain practical experience in regulatory and administrative environments. This legal background provides her with a strong foundation in regulatory analysis, contractual compliance, and administrative law, which are critical for navigating the complex licensing and operational requirements of the U.S. childcare industry.

After relocating to the United States, she pursued formal training in early childhood education, completing the **ECE Associate Teacher Certificate at City College of San Francisco in July 2022 (Exhibit B.I)**. City College of San Francisco[12] is a large, public, accredited community college founded in 1935 that serves a diverse, multicultural student body across multiple campuses and offers more than 250 degrees and certificates **(Exhibit B.VII)**. Completing this

[9] https://www.daycare.com/profile/california/san-francisco/ana-paula-silva
[10] https://www.unimedgoiania.coop.br/wps/portal/internet/institucional/quem-somos
[11] https://universo.edu.br/historico/
[12] https://www.ccsf.edu/about-ccsf

specialized ECE certificate at CCSF demonstrates that Ms. Alves has obtained U.S.-based, credit-bearing training in early childhood education from a well-established local institution that is closely connected to San Francisco's community and workforce needs.

She has been conditionally accepted into a **Fall 2025 Bachelor's Degree Program in Early Childhood Studies[13] in California, as confirmed by the enclosed conditional acceptance letter.** EDvance College[14] is an independent, non-profit institution that grew out of a long-standing early childhood education initiative at San Francisco State University and now specializes in rigorous, flexible degree programs for the early childhood workforce **(Exhibit B.VII)**. It is accredited by the WASC Senior College and University Commission[15] (WSCUC) and offers a bachelor's degree in early childhood studies[16] (ECS) specifically designed to help working educators complete bachelor's-level studies and advance into leadership roles in early care and education **(Exhibit B.VII)**. Ms. Alves's admission to, and and **anticipated participation** in, this program occurs within the broader context of education and training initiatives that **Child Care Providers United (CCPU)[17]** has secured for licensed family childcare providers in California, and reflects her ongoing commitment to professional development and long-term leadership within the early education sector.

In addition to her academic credentials, **Ms. Alves has completed multiple professional training** programs **directly relevant to licensed child care operations in Californi**a, including **Preventive Health and Safety Training (2021), Child Abuse and Neglect Mandated Reporter Training (2022), DRDP Child Care Provider Training (2022), ASQ-3 and ASQ:SE-2 Child Development and Special Needs Training (2022), and Curriculum Exploration for Family Child Care Providers (2024)**. Collectively, these programs demonstrate formal preparation in health and safety, child protection, mandated reporting, systematic observation and assessment, developmental screening for special needs, and curriculum design for mixed-age family childcare environments—core competencies for compliant, high-quality early childhood education within publicly funded systems.

Beyond her academic and training record, Ms. Alves is also an **active member of professional organizations that represent and organize licensed family child care** providers within California's publicly funded child care system, including **United Domestic Workers[18] (UDW/AFSCME Local 3930**) and **Child Care Providers United (CCPU)**. UDW is a statewide union of more than 200,000 home care and family child care providers that negotiates collective bargaining agreements, provides training and benefits, and advocates for economic and social justice for caregivers **(Exhibit B.VII)**. CCPU brings together thousands of licensed family child care providers to improve their profession and ensure that children receiving child care subsidies have access to quality early learning, winning rate increases, training funds, health care and retirement benefits, and a voice in state-level child care policy.

In this context, Ms. Alves has been f**ormally recognized and included as a member of UDW,** as reflected in written correspondence addressed to her as a union member and notifying her of her eligibility to participate in internal union processes such as leadership elections and member benefits. She is likewise connected to the professional development opportunities that CCPU has

[13] https://www.edvance.edu/ba-in-ecs
[14] https://www.edvance.edu/our-story
[15] https://www.wscuc.org/about/
[16] https://www.edvance.edu/ba-in-ecs
[17] https://childcareprovidersunited.org/about/
[18] https://www.udw.org/our-union/

secured for licensed family child care providers, including access pathways to higher education in early childhood studies. Her documented integration into these specialized professional associations, combined with her substantial record of mandated and voluntary training, demonstrates that she is treated as a qualified professional within the organized infrastructure of California's regulated early childhood education workforce and further supports the conclusion that she meets the regulatory criteria for exceptional ability in her field.

Ms. Alves **is fluent in Spanish and professionally proficient in English**, with ongoing advanced language training to enhance communication with families, staff, and public agencies. Her linguistic skills further support the delivery of bilingual and culturally responsive services aligned with California's diverse communities.

It is clear that Ms. Alves has been involved, academically and professionally, with regulated service environments for nearly a decade. The progressiveness of her professional experience is evident and demonstrates that she is well-positioned to advance her proposed endeavor in the United States.

In conclusion, Ms. Alves's professional trajectory reflects a rare combination of legal training, operational expertise in licensed childcare, regulatory compliance experience, and demonstrated leadership within publicly funded systems. Her ability to establish, manage, and plan the expansion of a compliant childcare enterprise has been tested and proven in real-world conditions. With a comprehensive understanding of early childhood education regulations, workforce management, and public program integration, Ms. Alves is extraordinarily well-positioned to advance the Aunt Jessy Center endeavor in the United States and to deliver sustained benefits aligned with national priorities in early education and workforce participation.

3.2.2 INDEPENDENT EXPERT TESTIMONIALS SUPPORTING THE PETITIONER'S QUALIFICATIONS AND IMPACT:

In addition to her education, professional experience, and demonstrated progress in implementing the proposed endeavor, Ms. Alves's qualifications and readiness to advance Aunt Jessy Center are strongly supported by independent testimonial letters from individuals with direct, first-hand knowledge of her work in early childhood education and childcare services. These letters provide objective, third-party confirmation of Ms. Alves's professional competence, program quality, and tangible impact on families and children served.

As recognized by the USCIS Policy Manual, testimonial letters from independent sources may serve as persuasive evidence when they describe the petitioner's role, expertise, and real-world contributions in detail. In this case, the submitted letters corroborate that Ms. Alves has already been successfully advancing the proposed endeavor and delivering outcomes aligned with national priorities related to workforce participation, child development, and family stability.

Ms. **Wanuza Pereira Silva**, an attorney and owner of WS Advocacia in Brazil, provides critical context regarding **Ms. Alves's professional background in the legal field.** Ms. Silva, who supervised Ms. Alves for over seven years, explains how the analytical and organizational skills developed during her legal practice—such as monitoring judicial proceedings, drafting contracts, and ensuring regulatory compliance—have been directly transferred to her current role managing a licensed childcare center. This testimony establishes the interdisciplinary nature of Ms. Alves's expertise:

> *"Although her role at my firm was in the legal field, the competencies Ms. Alves demonstrated—effective communication, documentation control, schedule coordination, and client retention—are precisely the skills that now define her success in managing her licensed childcare center in California. Her systematic approach to record-keeping and communication reflects the same professionalism she exhibited in legal practice, now applied to ensure regulatory compliance and parental trust in her educational program. [...] During the time she worked with me as a legal intern/paralegal, Jessica demonstrated strong analytical, organizational, and communication skills. In all the cases she was assigned to follow, she was responsible for monitoring deadlines and preparing defenses, showing great skill in legal research and the development of legal arguments, contributing to the success of 90% of the cases entrusted to her."*

Ms. Ana Paula Silva, owner and director of a long-standing licensed family-based childcare program in San Francisco, offers a firsthand account of Ms. Alves's transition into the U.S. childcare sector. Having supervised Ms. Alves during her first year in the United States, Ms. Silva highlights her ability to implement targeted pedagogical interventions and her flawless record in maintaining documentation for compliance audits under public subsidy programs. Her testimony confirms Ms. Alves's high level of autonomy and strategic planning:

> *"Ms. Alves implemented a targeted intervention plan that included visual aids, music, storytelling, and structured play in both English and Portuguese. Her strategy supported not only the child's language development but also built trust with the parents, contributing to a collaborative educational environment. [...] The practical outcomes of her work were evident in several measurable improvements. During her time with my program, we recorded approximately a 30% increase in retention rates among immigrant and bilingual families. Additionally, her efforts in organizing classroom routines reduced the average transition time between activities by approximately 40%. [...] She also provided vital support in the preparation of documentation required for compliance audits under subsidy programs, an area in which we maintained a flawless record throughout her collaboration."*

Ms. Jessica Ortiz, a resident of San Francisco, California, and a parent whose children have been enrolled in Ms. Alves's childcare program for several years, provides a detailed and independent account of the quality, consistency, and developmental impact of Ms. Alves's work. As a mother of three children and a student in the Human Resources program at City College of San Francisco, Ms. Ortiz offers an informed perspective on the importance of reliable, high-quality childcare services for working families.

Ms. Ortiz explains that she entrusted her children to Ms. Alves after an extensive search for a trustworthy childcare provider and emphasizes that the program combines professional management, structured early education, and a nurturing environment that supports both children and their families. Her testimony highlights the educational outcomes observed in her children, as well as the role of Aunt Jessy Center as a stable support system that enables parental workforce participation. As stated directly in her letter:

> *"From the moment we walked in, it was clear that Jessica operates her program with professionalism, warmth, and an exceptional level of dedication. She not only welcomed my children but also became a vital part of our family's support system.*

> *[…] The nurturing atmosphere, combined with the high-quality educational structure Jessica provides, helped my daughters build strong emotional, social, and academic foundations. […] I firmly believe Jessica's continued work in early childhood education is not only beneficial but necessary for our community. She has already made a measurable impact, and her ongoing commitment to expand her expertise and support families shows clear long-term value for children and the local workforce. I strongly and wholeheartedly support Jessica Alves' EB2-NIW petition. I would trust her with my children's care and education a thousand times over, and I encourage you to recognize the significant value she brings to the United States as an educator, entrepreneur, and advocate for children and families."*

Relatedly, **Ms. Lauren Melnikoff,** a resident of San Francisco, California, and a parent whose children were enrolled in Ms. Alves's childcare program, provides an independent account of Ms. Alves's reliability, caregiving quality, and professional conduct. As a mother who previously experienced difficulties with other childcare providers, Ms. Melnikoff offers a credible comparison-based perspective on the importance of trust, consistency, and communication in licensed childcare services. Her letter emphasizes the stability Ms. Alves provided to her family and the emotional and developmental benefits observed in her children:

> *"As a new mother, finding someone I could fully trust to care for my sons was not easy. Before meeting Jessica, we had tried two different childcare providers, but the moment we found her, it felt like a weight had been lifted. Jessica welcomed my children with genuine warmth and treated them as though they were her own. Beyond her natural ability with children, Jessica has always been reliable, flexible, and communicative. The open two-way communication built a strong sense of trust that meant the world to me as a parent".*

Further, **Ms. Zoe Nachbar & Zayda Ricks-Wynne**, a parent and community member whose child was enrolled in Ms. Alves's childcare program, provides testimony highlighting the educational structure, emotional safety, and consistency of care delivered by Ms. Alves. Her letter underscores how Ms. Alves's program supports working families by offering a dependable environment where children thrive socially and developmentally. Ms. Zoe's account reinforces Ms. Alves's ability to balance nurturing care with structured early learning practices.

> *"My daughter, who is on the autism spectrum, has been attending Jessica Alves's daycare for two years now, and the experience has been wonderful from the very beginning. Jessica has shown remarkable patience, understanding, and expertise in meeting her unique needs. She creates a calm and structured environment that allows my daughter to feel secure and confident. Under Jessica's care, she has made incredible progress in her communication, social interaction, and self-regulation skills. Jessica's inclusive and compassionate approach has made all the difference for our family. My daughter has been attending Jessica Alves's daycare for two years now, and the experience has been wonderful from the very beginning. Over this time, she has grown more confident, formed close friendships, and developed a passion for learning and exploring new things. Jessica's caring approach and the welcoming environment she creates have played a big part in my daughter's happiness and development. I am grateful for the consistency and support Jessica has provided to our family."*

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Ms. **Veronica Carrasco**, a parent whose child attended Ms. Alves's daycare, offers a firsthand account of Ms. Alves's professionalism, dedication, and impact on child development. Her letter emphasizes Ms. Alves's attentiveness to children's individual needs and her commitment to maintaining a positive, respectful, and educational environment. This testimony further corroborates Ms. Alves's capacity to deliver high-quality childcare services aligned with the needs of families and the expectations of licensed early childhood programs.

> *"I learned about the daycare through the program Wu Yee and chose this daycare because from the beginning I found it to be very professional and well organized.*
>
> *My son jorel adapted quickly and is always happy to go. I've seen progress in his development and feel reassured knowing he's in a safe and loving environment. I appreciate the care, patience, and dedication this business provides him every day."*

Ms. **Fany Chavez**, a long-term client whose children have been enrolled in Ms. Alves's childcare program for the past five years, provides an independent account of Ms. Alves's ability to identify developmental needs and coordinate specialized support. Ms. Chavez's testimony highlights how Ms. Alves's systematic observation and professional communication directly led to early intervention and improved developmental outcomes for her daughter. Her letter underscores the tangible impact of Ms. Alves's methods on family stability and child welfare:

> *"During the time under her care, Ms. Alves was the first professional to identify behavioral signs that indicated that Madeline should be evaluated by a pediatrician. She communicated her observations clearly and recommended the appropriate next steps. As a result, we followed a medical evaluation, obtained an accurate diagnosis, and initiated specialized supports aligned with Madeline's needs. [...] In my experience with other childcare services, the differentiating factor of Ms. Alves's program is how observation leads to concrete actions. Communication is not limited to general updates; it is oriented to steps that are implemented the next day and to coordination with specialists, and this comprehensive accompaniment, definition of goals, daily practice and review of progress, has been rare in my experience and is directly related to the progress we have observed."*

Furthermore, **Mr. Fernando Quinonez,** a licensed Family Child Care provider in California with over ten years of experience, offers a professional perspective on Ms. Alves's expertise in training and quality improvement. Mr. Quinonez details how Ms. Alves's leadership in staff training and the implementation of standardized procedures significantly improved operational efficiency and regulatory compliance within his own licensed program. His statement confirms Ms. Alves's capacity to raise standards across the childcare sector:

> *"I first engaged Ms. Alves through our professional network of licensed providers. In subsequent collaborations, she led several internal trainings for my team on developmental screening, documentation for subsidized programs, and mandated reporter responsibilities. [...] Through these trainings and the adoption of the related procedures, approximately five team members became proficient in executing screening steps with greater consistency, maintaining records to subsidy-program standards, and escalating concerns appropriately. As these*

practices took hold, the time required to assemble and verify required paperwork fell by roughly 50%, which improved workflow reliability and reduced administrative exposure during reviews and audits. [...] In my professional judgment, Ms. Alves brings capabilities that strengthen licensed childcare programs in the United States: staff readiness, documentation integrity, screening and referral execution, and process efficiency; these are the factors that keep quality and compliance consistent over time."

These letters are not merely affirmations of character— **they provide detailed, first-hand accounts of Ms. Alves's professional competencies, past and current performance, and the tangible impact of her work in early childhood education and licensed childcare services.** Collectively, they confirm that Ms. Alves is uniquely equipped to lead **Aunt Jessy Center** in a manner that directly serves U.S. national interests. Each testimonial reinforces the conclusion that the petitioner is not only well positioned to advance the proposed endeavor, but that her work already supports nationally recognized priorities related to workforce participation, child development, family stability, and access to regulated early education services.

Given the essential nature of licensed childcare services and their direct connection to workforce continuity and economic stability, we respectfully urge the Service to consider these independent testimonial letters **(Exhibit B.VI)** as compelling evidence of Ms. Alves's exceptional positioning and the practical significance of her proposed U.S.-based endeavor. The statements demonstrate that the petitioner has already translated policy objectives into real-world outcomes and is prepared to expand this impact in alignment with the national interest.

3.2.3 PLAN FOR FUTURE ACTIVITIES:

Ms. Alves is set to play a central leadership and operational role in the continued development and expansion of Aunt Jessy Center, as outlined in the organizational structure presented in the business plan **(Exhibit C.I):**

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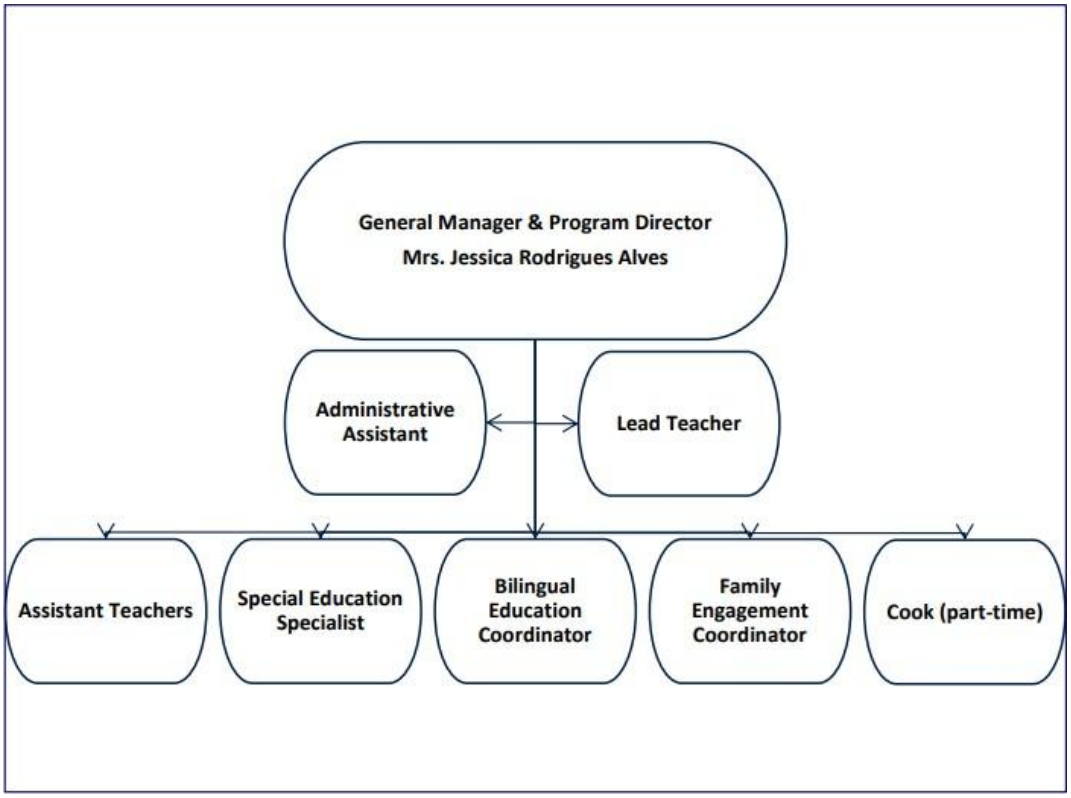

Drawing on her extensive professional experience in early childhood education, childcare administration, and program coordination, Ms. Alves possesses the skills necessary to navigate operational challenges and ensure the long-term success of Aunt Jessy Center. As Founder and Executive Director, her responsibilities will encompass both strategic oversight and day-to-day operations, ensuring that the center's mission, regulatory obligations, and service objectives are consistently met. In this role, Ms. Alves will lead a comprehensive set of activities essential to the effective operation and growth of a licensed childcare provider, including:

- Overseeing daily operations to ensure compliance with California Department of Social Services licensing, health, and safety regulations.
- Planning and implementing educational programming aligned with early childhood development standards, with emphasis on bilingual instruction, social-emotional learning, and inclusive practices.
- Supervising, training, and mentoring teaching staff and support personnel to maintain program quality, workforce stability, and regulatory compliance.
- Managing enrollment planning, scheduling, and capacity expansion in response to community demand and subsidy program requirements.
- Coordinating participation in public and nonprofit childcare programs, including subsidy administration, reporting, and reimbursement processes.
- Overseeing financial planning, budgeting, and resource allocation to ensure operational sustainability and responsible growth.
- Developing and maintaining relationships with families, referral agencies, community organizations, and public partners to strengthen service delivery and community integration.

- Ensuring ongoing professional development, credential maintenance, and workforce compliance with state training requirements.

Under Ms. Alves's leadership, Aunt Jessy Center will continue to refine and expand its childcare services in a manner that balances operational growth with quality assurance. She will manage a multidisciplinary team of childcare professionals and administrative staff, fostering a collaborative, stable, and compliant work environment that supports consistent care delivery and positive child development outcomes.

Ms. Alves will also remain directly involved in parent communication and community engagement, maintaining transparent relationships with families and stakeholders. Her hands-on leadership approach ensures that operational decisions remain aligned with both regulatory expectations and the needs of working families who rely on licensed childcare services.

With years of progressively responsible experience in childcare operations, administration, and compliance, Ms. Alves has demonstrated the capacity to manage complex operational environments and adapt to evolving regulatory and community needs. Her professional background enables her to anticipate challenges, implement effective solutions, and guide the center's sustainable growth.

In addition to her operational qualifications, Ms. Alves has secured the financial resources necessary to launch and sustain the proposed enterprise. **As outlined in Item 2.5 of the business plan (Exhibit C.I), Aunt Jessy Center is projected to require an initial investment of $190,000 USD, which Ms. Alves has committed to funding personally:**

Startup	
Requirements	
Startup Expenses	
Facility Lease & Renovation	$60,000
Furniture & Equipment	$25,000
Licensing & Permits	$7,000
Learning & Playground Materials	$12,000
Kitchen & Nutrition Equipment	$10,000
Technology & Admin Setup	$6,000
Marketing & Branding	$5,000
Professional Services	$10,000
Total Startup Expenses	$135,000
Startup Assets	
Cash Required	$55,000
Startup Inventory	$0
Other Current Assets	$0
Long-term Assets	$0
Total Assets	$55,000
Total Requirements	**$190,000**

This investment plan reflects a strategic and carefully structured allocation of resources tailored to the operational, regulatory, and infrastructure demands of a licensed early childhood education and childcare enterprise. As detailed in the business plan **(Exhibit C.I),** the total initial capital

requirement for Aunt Jessy Center is US$ 190,000, which encompasses both startup expenses and required operating capital to ensure financial stability during the initial phase of operations.

Of this total, US$ 135,000 is allocated to startup expenses necessary to establish and operate a fully licensed childcare facility in compliance with California regulatory standards. These expenses include facility lease and renovation costs (US$ 60,000), furniture and equipment (US$ 25,000), licensing and permits (US$ 7,000), learning materials and playground equipment (US$ 12,000), kitchen and nutrition equipment (US$ 10,000), technology and administrative setup (US$ 6,000), marketing and branding (US$ 5,000), and professional services such as legal and accounting support (US$ 10,000). This allocation demonstrates careful planning to ensure safety, regulatory compliance, educational quality, and operational readiness from inception.

In addition, US$ 55,000 is reserved as required cash assets to support working capital needs during the early stages of operation. This reserve is intended to maintain liquidity for payroll, supplies, utilities, insurance, and other ongoing operational obligations, ensuring continuity of services and financial stability as the center scales enrollment. This financial structure reflects Ms. Alves's preparedness to independently launch and sustain the proposed endeavor without reliance on external financing, reinforcing her credibility and readiness under the second prong of the *Matter of Dhanasar* framework.

Taken together, the evidence overwhelmingly demonstrates that Ms. Alves is exceptionally well-positioned to advance the proposed endeavor in the United States. Her academic background, professional training, and progressively responsible experience in childcare operations, program administration, regulatory compliance, and community engagement establish a solid foundation for successful implementation. Ms. Alves has already demonstrated the ability to operate licensed childcare programs, manage staff, engage with public subsidy systems, and deliver high-quality educational services aligned with state and federal priorities.

Moreover, Ms. Alves has developed a realistic and well-documented implementation plan for Aunt Jessy Center, supported by a clearly defined leadership role and a comprehensive financial strategy. Her personal commitment to funding the enterprise reflects not only her readiness to execute the proposed endeavor independently but also her long-term dedication to its sustainability and growth. The totality of these factors—including her operational experience, regulatory familiarity, financial preparedness, and demonstrated success in early childhood education—firmly supports the conclusion that Ms. Alves is well-positioned to advance the proposed endeavor and to deliver sustained economic and social benefits consistent with the national interest.

3.3 <u>Third PRONG:</u>
On Balance, It Would be Beneficial to the United States to Waive the Requirement of a Job Offer and Labor Certification

Congress established the national interest waiver to address the limitations of the labor certification process. When a foreign national brings significant and unique benefits to a particular field beyond what is expected from a typical job, they should not be denied permanent residence solely because another individual could perform the job adequately.

Ms. Alves exemplifies this intent. As a licensed early childhood education professional and founder of a regulated childcare enterprise operating within state-regulated childcare systems,

her proposed endeavor goes well beyond the scope of a conventional job placement. Through Aunt Jessy Center, Ms. Alves delivers essential services that support workforce participation, child development, and family stability, particularly for families who rely on subsidized and regulated childcare programs. Requiring a labor certification in this context would not meaningfully protect U.S. workers, but would instead impede the continuation and expansion of services that address pressing public needs. Denying permanent residence solely on the basis that another individual could theoretically perform similar childcare duties would disregard the broader public benefit created by Ms. Alves's proven ability to operate, sustain, and expand licensed childcare capacity within critical public systems.

According to the third prong in the *Dhanasar* framework, adjudicators must conduct a balancing test by considering the national interest of requiring job offers and labor certifications against other factors that the foreign national brings to the table. This balancing act involves analyzing various factors, including:

- Whether it would be impractical for the foreign national to secure a job offer or for the petitioner to obtain a labor certification, given the nature of the foreign national's qualifications or proposed endeavor.

- Whether the United States would still benefit from the foreign national's contributions even if qualified U.S. workers are available.

- Whether the national interest in the foreign national's contributions is urgent enough to justify bypassing the labor certification process.

The *Dhanasar* decision elucidates that while these factors are not stringent prerequisites, they serve as valuable considerations. When collectively assessed, they offer insight into the potential benefits of waiving the job offer and labor certification requirements for the United States.

The evidence furnished within this petition compellingly illustrates the imperative national interest in bypassing the arduous procedures associated with the job offer and labor certification process. Hence, a favorable decision is merited.

3.3.1 IMPRACTICABILITY OF A LABOR CERTIFICATION:

Given the self-petitioner's intended role as a self-employed founder, owner, and Program Director of a licensed early childhood education and childcare enterprise, the labor certification process is impractical in this case. The labor certification framework is designed to protect U.S. workers from displacement in traditional employer-employee relationships. However, Ms. Alves's proposed endeavor does not involve filling a preexisting position, but rather the creation, operation, and expansion of a regulated childcare program that itself generates employment opportunities for U.S. workers.

For Ms. Alves, the traditional labor certification process fails to accommodate the nature and structure of her proposed endeavor. As detailed in the business plan **(Exhibit C.I)**, Aunt Jessy Center operates as an independently owned and managed enterprise in which Ms. Alves is responsible for licensing compliance, program administration, staffing, and service delivery. There is no independent employer who could petition on her behalf, nor is there a discrete job position for which the U.S. labor market could be meaningfully tested.

The following factors further demonstrate the impracticability of a labor certification in this case:

- **Nature of Entrepreneurial Endeavor:** Ms. Alves is not seeking to occupy an existing childcare position but to operate and expand a licensed childcare business. The labor certification process, which presumes a replaceable employee role, is ill-suited to self-employed entrepreneurs whose work centers on ownership, program leadership, and regulatory accountability.
- **Job Creation and Economic Impact:** Through Aunt Jessy Center, Ms. Alves creates direct employment opportunities for U.S. workers, including teachers, assistants, and support staff, while also generating indirect employment through vendors and service providers. Requiring a labor certification would hinder, rather than protect, U.S. workers by delaying or disrupting job creation in a sector already critical to workforce participation.
- **Self-Sustenance and Broader Contributions:** Licensed childcare programs require continuous oversight by the owner-operator to maintain compliance with health, safety, staffing, and quality standards. Conditioning Ms. Alves's ability to continue operating on the labor certification process would jeopardize service continuity for families who rely on regulated childcare to remain employed.

The self-petitioner has provided compelling evidence demonstrating her intention to operate as a self-employed entrepreneur, highlighting how his endeavor will contribute to job creation and generate tax revenue. By pursuing this entrepreneurial endeavor, the self-petitioner not only ensures her economic sustainability but also makes a significant contribution to the broader economy through the creation of jobs and the enhancement of tax revenue.

3.3.2 THE U.S. WOULD STILL BENEFIT FROM THE FOREIGN NATIONAL'S CONTRIBUTION EVEN IF QUALIFIED U.S. WORKERS ARE AVAILABLE:

Even if qualified U.S. workers are available in the field of early childhood education and childcare, the United States would continue to derive substantial benefits from Ms. Alves's contributions. The *Matter of Dhanasar* framework makes clear that national importance may be established where the foreign national's work offers benefits that extend beyond the filling of a single position or the performance of routine job duties. In Ms. Alves's case, the evidence demonstrates that her contributions are additive, systemic, and directly aligned with public interests:

- **Unique Qualifications and Program Leadership:** Ms. Alves brings a distinct combination of qualifications as a licensed childcare provider, business owner, and program director operating within highly regulated childcare systems. Unlike a typical childcare employee, she is responsible for licensing compliance, program administration, staff supervision, subsidy participation, and long-term operational sustainability. This integrated leadership role enables her to translate public policy objectives into functional childcare capacity, a contribution that cannot be replicated by the mere availability of individual childcare workers.
- **Letters of Support and Testimonials:** The submitted letters of support from parents and community members provide independent, third-party confirmation of Ms. Alves's tangible impact. These testimonials describe consistent service delivery, inclusive educational practices, support for working families, and positive developmental outcomes for children. Collectively, they demonstrate that

Ms. Alves has already been advancing the proposed endeavor successfully and delivering outcomes aligned with national priorities related to workforce participation, family stability, and early childhood development.

- **Supplemental Contributions:** Even where qualified U.S. childcare workers are available, Ms. Alves's endeavor generates broader benefits by creating regulated childcare capacity, supporting employment for other U.S. workers, and enabling parents to remain active in the labor force. Her role as an owner-operator expands the availability of licensed services rather than competing for existing positions, thereby supplementing the U.S. workforce and strengthening the infrastructure that supports economic participation.

In conclusion, although qualified U.S. workers may be available in the childcare field, Ms. Alves's contributions extend well beyond those of a typical worker. Her ability to operate, manage, and expand a licensed childcare enterprise within public systems delivers benefits that are systemic in nature and directly serve national economic and social interests. Accordingly, the United States would continue to benefit from Ms. Alves's work even in the presence of available U.S. workers, supporting a waiver of the labor certification requirement.

3.3.3 WHETHER THE NATIONAL INTEREST IN THE FOREIGN NATIONAL'S CONTRIBUTIONS IS URGENT ENOUGH TO JUSTIFY BYPASSING THE LABOR CERTIFICATION PROCESS:

The national interest in Ms. Alves's contributions is urgent enough to justify bypassing the labor certification process. The evidence demonstrates that her proposed endeavor addresses immediate and ongoing needs within the U.S. childcare system, a sector that directly supports workforce participation, economic stability, and family well-being.

- **Timeliness of expertise and Operational Capacity:** Licensed early childhood education and childcare services operate within time-sensitive regulatory and operational frameworks. Ms. Alves already possesses the licensing, programmatic experience, and operational knowledge required to deliver compliant childcare services without delay. Her continued ability to operate and expand Aunt Jessy Center ensures the immediate availability of regulated childcare capacity that supports working families and employers. Subjecting her to the labor certification process would unnecessarily delay the continuation and expansion of services that are already functioning and meeting critical community needs.

- **Immediate economic impact:** Ms. Alves's endeavor produces immediate economic benefits by enabling parents and caregivers to remain active in the labor force, supporting household income stability and employer productivity. In addition, the operation and expansion of Aunt Jessy Center generate direct employment, indirect job creation, and ongoing tax contributions. Delaying Ms. Alves's ability to advance the proposed endeavor would postpone these tangible economic effects, contrary to the national interest in maintaining workforce participation and economic continuity.

- **Documented Need and Third-Party Endorsements:** The submitted testimonial letters from parents and community members underscore the immediate value of Ms. Alves's work. These independent endorsements confirm that her childcare services provide stability, reliability, and developmental support that directly

enable families to maintain employment and educational pursuits. The real-world outcomes described in these letters demonstrate that Ms. Alves's contributions are not speculative but already addressing urgent needs faced by working families.

- **Strategic Advantage:** Ms. Alves operates within publicly funded and regulated childcare systems that depend on compliant providers to implement federal and state policy objectives. Programs such as CCDF and related state initiatives rely on existing licensed providers to deliver services efficiently and without interruption. Allowing Ms. Alves to continue advancing her endeavor without the delays inherent in the labor certification process ensures continuity within these public systems and supports their effectiveness.

In short, the national interest in Ms. Alves's contributions is both urgent and compelling. Her ability to immediately operate, sustain, and expand licensed childcare services delivers direct benefits to families, employers, and public systems that support workforce participation and economic stability. Requiring Ms. Alves to undergo the labor certification process would impose unnecessary delays on services already functioning in the national interest. Accordingly, waiving the job offer and labor certification requirements is justified under the third prong of the *Matter of Dhanasar* framework.

4. FINAL CONSIDERATIONS

From all topics discussed above and the attached evidence, it is "more likely than not" that:

1. The self-petitioner, Ms. Jéssica Rodrigues Alves, satisfies the exceptional ability requirements under INA 203(b)(2). Ms. Alves holds a bachelor's degree in law, complemented by specialized coursework and professional training in early childhood education and licensed childcare operations in the United States; she possesses nearly a decade of full-time professional experience in highly regulated environments, including licensed childcare administration, regulatory compliance, and program oversight; she maintains professional certifications and an active California Family Child Care License issued by the California Department of Social Services; she has earned high remuneration, as evidenced by multi-year tax returns and financial records showing business revenues and net income exceeding typical wage benchmarks for comparable childcare program directors; she has received documented recognition from peers, parents, and program administrators through testimonial letters and continued participation in regulated childcare initiatives; and she maintains professional association memberships with organizations such as United Domestic Workers (UDW) and Child Care Providers United (CCPU). Taken together, her academic credentials and professional accomplishments establish her eligibility under the statutory classification.

2. The proposed endeavor has substantial merit and national importance. The proposed endeavor, carried out through Aunt Jessy Center, is aligned with critical U.S. national interests related to workforce participation, economic stability, early childhood development, and family well-being. Licensed early childhood education and childcare services are essential social infrastructure that enable parents and caregivers to remain employed and contribute to the formal economy. As demonstrated throughout the record, the endeavor operates within publicly funded and regulated systems and addresses

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nationally recognized needs for reliable, compliant childcare services, thereby satisfying the first prong under *Matter of Dhanasar.*

3. The self-petitioner is well-positioned to advance the endeavor. Ms. Alves has demonstrated sustained progress toward implementation through her existing licensed childcare operations, comprehensive business plan, documented compliance with state and federal requirements, and strong support from independent testimonial letters. Her professional experience in childcare administration, coupled with her legal background and ongoing education in early childhood development, positions her to successfully operate, expand, and sustain the proposed endeavor in the United States.

4. On balance, it would be beneficial to the United States to waive the requirement of a job offer and labor certification. The labor certification process is impracticable in this case due to the self-petitioner's role as an entrepreneur and operator of a licensed childcare program that creates, rather than fills, employment opportunities. Ms. Alves's endeavor generates direct and indirect employment, tax contributions, and measurable economic benefits while supporting public childcare systems that enable workforce participation. Requiring labor certification would delay services that are already functioning in the national interest and would not serve the underlying purpose of protecting U.S. workers.

Accordingly, Ms. Jéssica Rodrigues Alves merits a favorable adjudication of this I-140 petition under the Employment-Based Second Preference category with a request for a waiver of the job offer and labor certification requirements, pursuant to INA §203(b)(2)(B). Her qualifications, leadership, and demonstrated impact in the field of early childhood education and childcare administration align squarely with the legislative intent of the National Interest Waiver provision.

We respectfully request USCIS to approve this petition in light of the overwhelming evidence of national benefit and professional excellence.

Should you require any further information or documentation, please do not hesitate to contact my office. Thank you in advance for your kind assistance with this matter.

Sincerely,

Otavio Haverroth Silva

California Bar # 343486

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Exhibit A

JESSICA RODRIGUES ALVES

Email | jessicaalvesdaycare@gmail.com
Phone | (628) 241-5082

I hold a Bachelor's degree in Law from Salgado de Oliveira University of Goiás. Throughout my undergraduate studies, I worked in several fields of law, and what truly captivated me was how Law is present in all business decisions, business administration is entirely focused on legal matters. I led several teams in different companies during major decision-making processes, focusing on drafting and analyzing contracts so that all parties involved were benefited. I attracted clients for law firms, conducted free meetings with underprivileged individuals so they could learn about their rights and be guided on how to pursue them. I drafted legal petitions and monitored cases in Labor Law, Consumer Law, and Family Law.

I also worked in Education Law, providing legal guidance to early childhood education centers. I represented students in situations where they needed to take a stand in cases of inconsistencies and abuses by faculty members and educational institutions. I currently work in partnership with the Children's Council of San Francisco, along with ELFA and WUYEE, supporting children who are financially disadvantaged by guiding and integrating them into society and safeguarding all the rights to which they are entitled.

WORK EXPERIENCE

POSITION - OWNER

JESSICA ALVES DAY CARE | SAN FRANCISCO, CALIFORNIA, UNITED STATES

06/2021 - PRESENT

I hold a license from the California Department of Social Services for a Family Home Day Care, with capacity for 14 children at the same time. I am certified by City College of San Francisco as an ECE ASSOCIATE TEACHER and work with the Children's Council of San Francisco in its mission to help advocate for quality early care and education, together with ELFA and WUYEE. I was accepted into the program after graduating from City College and completed a one-year qualification and training process. This training included a focus on business administration, environment layout, communication with families and children, and preparation to work with children from diverse regions around the world.

I draft contracts for parents or legal guardians when children are enrolled in the daycare. Each contract is customized to the family's specific circumstances, including schedules, authorization to administer medication (in accordance with a medical report), attendance times, and payment terms for additional hours. I also prepare employee contracts, manage payroll, and hire and coordinate a team of three childcare providers.

I assess children based on their daily achievements and their cognitive and sensory development, and I have the responsibility to report when I suspect any developmental disabilities. I participated in a case in which, based on my assessments, a mother sought professional help, and the child has since been diagnosed and is receiving treatment for Autism Spectrum Disorder.
I provide basic literacy instruction in Spanish and English, as well as lessons on social inclusion, racial differences, and culture.
I develop monthly activity plans according to the time of year or current events that may impact the children.
I assist parents who need support in applying for financial assistance programs for childcare.
I maintain direct communication with parents or guardians, social workers from the programs, supervisors, and program directors.
I am responsible for purchasing age-appropriate educational materials and supplies for each age group, and for negotiating between programs and families.
I consistently adapt to new regulations to promote childcare in compliance with California laws.
I organize educational field trips for students and maintain ongoing communication with children's guardians.

I work to guarantee the safety, hygiene, and education of the children.
I am required, every two years, to renew the CHILD ABUSE AND NEGLECT MANDATED REPORTER course, as well as to monitor the children and formally report to the competent authorities any possible signs of child abuse.
I currently care for 17 children: 12 during the day and 5 after school.
My responsibilities include reviewing documents and signatures, modifying and analyzing contracts, scheduling and conducting meetings with parents, and preparing notices regarding vacations, absences, and medical certificates. I report incidents to the licensing agency and submit license renewal documents. I create and maintain a portfolio for each child, conducting monthly checks to ensure everything is in order, and verify and request the renewal of all mandatory licensing forms for each child and staff member.
I ensure that nutritional supplements are appropriate for children and verify that all safety installations, such as fire extinguishers, heaters, safety gates, locks, door latches, stairs, and furniture, both indoors and outdoors comply with California Department of Social Services regulations.
In the event of a report after inspections, to file proof of resolved issues, or, in cases of noncompliance, to file an appeal regarding the report issued by the inspector.

POSITION - MANAGER

ANA PAULA SILVA DAY CARE | SAN FRANCISCO, CALIFORNIA, UNITED STATES

10/2020 - 05/2021

Daycare manager, responsible for coordinating employee schedules and payments, including entering payments into spreadsheets for submission to the bank. Review documents and signatures, modify and analyze contracts, schedule and conduct meetings with parents, and prepare notices regarding vacations, absences, and medical certificates. I report incidents to the licensing agency and submit license renewal documents. Assist with company formation. I create and maintain a portfolio for each child, conducting monthly checks to ensure everything is in order, and verify and request the renewal of all mandatory licensing forms for each child and staff member.
I ensure that nutritional supplements are appropriate for children and verify that all safety installations, such as fire extinguishers, heaters, safety gates, locks, door latches, stairs, and furniture, both indoors and outdoors comply with California Department of Social Services regulations.
In the event of a report after inspections, to file proof of resolved issues, or, in cases of noncompliance, to file an appeal regarding the report issued by the inspector.
Prepare budgets for small and large repairs in areas accessed by children, finalize them, and request payment from the owner.

POSITION - CORPORATE HEALTH INSURANCE BROKER

UNIMED GOIÂNIA CORRETORA DE SEGUROS | GOIÂNIA, GOIÁS, BRAZIL

09/2018 - 09/2020

Responsible for attracting customers, with fixed and active companies, for evaluating the eligibility of being a company of the necessary size for each health plan, verifying the number of employees, verifying the company's liquidity, activity, verifying the company's articles of incorporation fits Unimed's requirements. When the eligibility was evaluated and confirmed, I was responsible for the preparation of the contract, when a change was requested by the client, I drafted the contract and requested authorization from the legal department supervision. Responsible for the implementation of the health plan to the company, from the company contract to all employees and dependents. For companies coming from other private plans, I was responsible for the portability process from their current plan to Unimed's plan. In exceptional cases, authorization from the Board was required, so formal requests for approvals had to be submitted.
During two quarters I was awarded first place for the number of companies raised and with closed contracts, first place in problem solving.

POSITION - MARKET ANALYST

UNIMED GOIÂNIA CORRETORA DE SEGUROS | GOIÂNIA, GOIÁS, BRAZIL

09/2015 - 08/2018

As a Market Analyst, I was responsible for collecting, analyzing, and interpreting relevant data and information to understand the economic scenario and trends of health insurance plans, both for individual clients and corporate clients. The main objective was to provide strategic insights to develop new products that could compete with the current market. Through this research and market analysis, I was able to contribute to the creation of a unified clinic for

Unimed Goiânia and the development of a new type of health plan, which was more financially accessible and could compete with a newly launched health plan in Goiânia in 2015.
The National Health Agency (ANS), which regulates all private health plans in Brazil, required me to monitor regulatory changes and inform the legal department regarding coverage adjustments, such as mandatory coverage procedures, removal of coverage obligations, patient service times, and average values for each type of plan and coverage. In this way, when I identified irregularities in competitor plans, I reported them to the ANS.

I conducted field visits to competitor plans and to Unimed's own clinics to assess the quality of service. I also prepared cost estimates for competitor plans and included in the reports whether the Consumer Rights were being respected in the competitor companies.

Provided guidance for sales campaigns based on observations from market research and insights on factors that could impact performance relative to competitors.

I was one of the people responsible for designing and executing the sales project called Unimed Aqui (UNIAQUI). This project involved traveling to cities within Unimed Goiânia's service area, setting up infrastructure including coverage, electricity, internet equipment, power supply, meals for employees and assistants, hotel bookings, and recreational equipment for clients, with the goal of attracting new clients and facilitating sales. This project was carried out during the four years I managed it.

Organized and promoted training events for brokers, preparing budgets, analyzing contracts, and requesting exceptions for certain contracts with suppliers.

Provided guidance for sales campaigns based on observations from market research and insights on factors that could impact performance relative to competitors.

POSITION - CORPORATE SALES SUPPORT

UNIMED GOIÂNIA CORRETORA DE SEGUROS | GOIÂNIA, GOIÁS, BRAZIL

04/2014 - 09/2015

Responsible for the operational aspects of corporate sales prospecting, including entering contracts based on the documents provided by brokers. Responsible for completing contracts, printing them, and organizing documents and contracts. Once the contracts were signed, they returned to the support department for verification, where I signed each page as a witness to validate the contract.
Responsible for finalizing contracts for submission to the plan operator, including assigning a protocol number for each contract to be sent. Responsible for coordinating the implementation of all individuals to be included in the corporate plan. I coordinated approximately 15 people to register around 6,000 employees in a company with more than seven types of plans. For plans with up to 1,000 employees, I personally handled the registration of all individuals included in the plan.

POSITION - PARALEGAL

WN LAW FIRM | GOIÂNIA, GOIÁS, BRAZIL

08/2013 - 09/2020

As a paralegal at the law firm, I was responsible for:
-Conducting legal research
-Organizing, evaluating, and filing documents
-Interpreting laws, rulings, and regulations
-Drafting, reviewing, and amending contracts and leases
-Maintaining and updating databases and tracking systems
-Serving as a point of reference for business teams
-Processing correspondence
-Preparing legal reports
-Managing correspondence and communications
-Conducting research on precedents and legislation applicable to ongoing cases

-Monitor administrative and judicial proceedings
-Analyze contracts
-Evaluate clauses and associated risks
-Draft initial petitions, defenses, appeals, injunctions, rescission actions, interlocutory appeals, among other petitions.
-Negotiate with partner companies and suppliers; analyze and draft contracts for companies.
-Assist with company formation.

Together with WN Law Firm, I provided services to companies and other lawyers. Some of these references include:

- Simone Martins Arruda
OAB (Brazilian Bar Association)/Pará 15.724
Travessa WE 26, No. 242, Conjunto Cidade Nova VIII, Ananindeua, Pará, ZIP Code 67133-090

- Levi de Melo Neto
OAB/Goiás 40.371
Inove Intelligent Place Condominium, Avenida T-9, No. 2310 - Block 523, Room B501- Jardim América, Goiânia - Goiás, 74255-220

- Wanuza Pereira Silva
OAB/Goiás 30.644
Avenida C-4, 01/14 - Block 49, 12th Floor, Terra Office Building, Room 1.201-A - Jardim América, Goiânia - Goiás, ZIP Code: 74265-040

- AAPROVEL - Amparo Mutuo, Proteção Veicular
Director Lizia de Couto
Rua Capri with Rua Paganini, Block 08, Lot 01, Jardim Europa, Goiânia - Goiás, ZIP Code 74325-130

- ART NOVA REABILITACAO ODONTOLOGICA E PROTESE DENTARIA
General Director Antonio Francisco Filho
Avenida Frei Miguelito, Block 46, Lot 02, ZIP Code 74485-410

- AUTOGIU MULTIMARCAS
Director Giulliano Rodrigues
Avenida Alexandre de Morais, no No. - Block 31, Lot 13 - Parque Amazonia, Goiânia - Goiás, 74840-300

- REDCAKE AGENCIA DIGITAL
Majority Partner Paulo Sergio Tavares
Rua U82, No. 674, Setor União, ZIP Code 74313-740

POSITION - INTERN

Municipal Secretariat of Housing and Land Regularization | GOIÂNIA, GOIÁS, BRAZIL

01/2013 - 08/2013

Responsible for assisting the lawyer and legal director of the Municipal Secretariat, Dr. Rosana Carvalho Cardoso Ferreira Leite (OAB/GOIÁS No. 14787), organizing and maintaining deeds, requesting documents, preparing reports, and providing public service.

EDUCATION

BACHELOR'S DEGREE IN LAW

SALGADO DE OLIVEIRA UNIVERSITY

GOIÂNIA, GOIÁS, BRAZIL

DECEMBER 2018

CERTIFICATE OF ACCOMPLISHMENT IN ASSOCIATE TEACHER
CITY COLLEGE OF SAN FRANCISCO
SAN FRANCISCO, CA, UNITED STATES
JULY 2022

MAIN COURSES / SEMINARS

- **PUBLIC SPEAKING COURSE - 07/2013**
- **BASIC EXCEL COURSE - 05/2012**
- **CHILD ABUSE & NEGLECT MANDATED REPORTER TRAINING - 06/2022**
- **PREVENTIVE HEALTH AND SAFETY TRAINING - 04/2021**
- **CURRICULUM EXPLORATION FOR FAMILY CHILD CARE PROVIDERS - 02/2024**
- **DRDP CHILD CARE PROVIDER 11/2022**
- **ASQ-3/ASQ:SE-2 CHILD DEVELOPMENT SPECIAL NEEDS 01/2022**

PROFESSIONAL LICENSE

BRAZILIAN BAR ASSOCIATION - OAB/GOIÁS
LICENSE NUMBER: 27962E

AWARDS AND HONORS

- **FIRST PLACE IN QUARTERLY CORPORATE SALES - 01/2019**
  GOIÂNIA, GOIÁS, BRAZIL
  Awarded for achieving the highest number of companies with closed contracts in the last quarter of 2018. I received first place among 14 brokers.

PUBLISHED ARTICLES

- **SEXUAL AND MORAL HARASSMENT IN THE WORKPLACE**
  SALGADO DE OLIVEIRA UNIVERSITY LIBRARY
  11/2018 – GOIÂNIA, GOIÁS, BRAZIL

VOLUNTEER WORK

- **WOMEN'S SUPPORT GROUP (UNREGISTERED VOLUNTEER ORGANIZATION)**
  ASSISTANT
  2012 - 2015 - GOIÂNIA, GOIÁS, BRAZIL

- **VOLUNTARY ORGANIZATION OF THE STATE OF GOIÁS (OVG)**
  VOLUNTEER IN LITERATURE SESSIONS FOR UNDERPRIVILEGED CHILDREN AND IN RECRUITING BLOOD AND PLASMA DONORS FOR THE STATE OF GOIÁS BLOOD BANK.
  2012 - 2015 - GOIÂNIA, GOIÁS, BRAZIL

- **PROJECT MAE "GENTE QUE AJUDA GENTE" PROJECT**
  SUPPORTER.
  05/2016 to 02/2020 - GOIÂNIA, GOIÁS, BRAZIL

OTHER SKILLS

Strong problem-solving skills.

Ability to create organizational charts.

Effective communication skills.

Creativity.

Fluent in Spanish and advanced proficiency in English (I take weekly private English lessons).

December 2025.

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


_____ Date: January 02, 2026.

JESSICA RODRIGUES ALVES

E-mail | jessicaalvesdaycare@gmail.com
Telefone | (628) 241-5082

Sou graduada como Bacharel em Direito, pela Universidade Salgado de Oliveira de Goias, durante toda a graduação trabalhei em vários campos do direito, e o que me encantei foi como o Direito está presente em todas as decisões empresariais a administração empresarial tem o foco todo voltado ao Direito. Liderei várias equipes em diversas empresas em grandes tomadas de decisões focado em elaborar e analisar contratos para que todas as partes fossem favorecidas. Captei clientes para escritórios de advocacia, fiz reuniões gratuitas com pessoas desfavorecidas para elas saberem de seus direitos e instrui as mesmas a buscarem. Elaborei petições e acompanhei processos no Direito Trabalhista, Direito Consumidor e Area da Familia.

Trabalhei também com o Direito Educacional fornecendo orientação jurídica para centros de educação infantil. Representei alunos em situações nas quais estes precisaram se posicionar em casos de incoerências e abusos por parte do corpo docente e instituições educacionais. Trabalho atualmente juntamente com o programa Childrens Council of San Francisco, juntamente com o ELFA e WUYEE com crianças que são desfavorecidas financeiramente, orientado e integrando na sociedade, resguardo-as todos os direitos que elas possuem.

EXPERIÊNCIA

FUNÇÃO - PROPRIETARIA

JESSICA ALVES DAY CARE | SAN FRANCISCO, CALIFORNIA, UNITED STATES

06/2021 – PRESENTE

Possuo Licença do Departamento Social da Califórnia, para Family Home Day Care, com capacidade de 14 crianças no mesmo horário. Certificada pelo City College of San Francisco como ECE ASSOCIATE TEACHER, trabalho para o programa Childrens Council of San Francisco, na missão de ajudar a defender cuidados e educação precoce de qualidade, juntamente com o ELFA E WUYEE. Fui aceita no programa depois da graduação no City College, passei por processo de 1 ano para me capacitar e qualificar para este programa, entre estas capacitações estão foco na administração empresarial, layout do ambiente, comunicação com famílias e criancas, capacitação para lidar com criancas de varias regiões do mundo.

Elaboro contratos para as os responsáveis quando são admitidos na creche, cada contrato e personalizado para cada realidade, tanto nos horários, como liberação de administrar medicamentos (de acordo com laudo medico), horários, forma de pagamento para horas extras. Bem como, elaborar os contratos dos funcionários, e fazer os pagamentos dos funcionários. Contrato e coordeno equipe de três cuidadores infantis.

Avalio as crianças com base em suas realizações diárias, desenvolvimento cognitivo e sensorial das crianças e tenho o dever de informar quando tenho suspeitas de alguma deficiência. Participei no caso de uma criança que através das minhas avaliações a mãe buscou ajuda e hoje ela e diagnostica e faz tratamento por ser do Espectro Autista.
Dou aulas básicas de alfabetização em espanhol e inglês, aulas sobre inclusão social, diferenças raciais e cultura.
Elaboro planejamento de atividades mensais, de acordo com a época do ano ou momento atual que pode refletir nas crianças.
Ajudo pais, que necessitam, requererem o programa de apoio financeiro para cuidado infantil.
Comunicação direta com os pais responsáveis, especialistas sociais dos programas, supervisores e diretores dos programas.
Responsável por compras de matérias educativos e adequados por cada grupo de idade. Negociação entre programa e famílias.
Constante em adequar as novas regras para promover cuidado infantil de acordo com as Leis da California.
Promover passeios educativos com os alunos.
Comunicação com os responsáveis pelas crianças.

Garantir a segurança, higiene e educação das crianças.
Tenho obrigação a cada dois anos reciclar o curso de CHILD ABUSE AND NEGLECT MANDATED REPORTED. Bem como averiguar as crianças e reportar formalmente as autoridades competentes sobre possíveis tracos de abuso contra a criança.
Atualemnte cuido de 17 criancas, 12 criancas durante o dia, 5 criancas depois da escola.
Averiguar documentos e assinaturas, modificar contratos e analisa-los, formalizar reuniões com os pais, elaborar comunicados de férias, ausências, atestados. Informar incidentes a licença, protocolar documentos de renovação de licença. Montar portfólio de cada criança e conferir mensalmente se esta todo em ordem, averiguar e solicitar renovação de formas da licença obrigatórias, para cada crianças e funcionários.
Averiguar se os suplementos estão todos adequados para crianças, assim como averiguar se as instalações de segurança como extintor de incêndio, aquecedor portas de segurança, travas, trancas das portas, escadas, moveis, tanto da área externa quanto da área interna esta de acordo com as normas do Departamento Social da California.
Em caso de reporteapós as inspeções protocolar as as provas dos problemas resolvidos, ou em casa de não conformidade protocolar apelação sobre o reporte feito pelo inspector.

FUNÇÃO - GERENTE

ANA PAULA SILVA DAY CARE | SAN FRANCISCO, CALIFORNIA, UNITED STATES

10/2020 – 5/2021

Gerente da creche, responsável por coordenar horários dos funcionários, pagamentos, incluir pagamentos na planilha para enviar ao banco. Averiguar documentos e assinaturas, modificar contratos e analisa-los, formalizar reuniões com os pais, elaborar comunicados de férias, ausências, atestados. Informar incidentes a licença, protocolar documentos de renovação de licença. Ajuda com a abertura de empresas. Montar portfólio de cada criança e conferir mensalmente se esta todo em ordem, averiguar e solicitar renovação de formas da licença obrigatórias, para cada crianças e funcionários.
Averiguar se os suplementos estão todos adequados para crianças, assim como averiguar se as instalações de segurança como extintor de incêndio, aquecedor portas de segurança, travas, trancas das portas, escadas, moveis, tanto da área externa quanto da área interna esta de acordo com as normas do Departamento Social da California.
Em caso de reporteapós as inspeções protocolar as as provas dos problemas resolvidos, ou em casa de não conformidade protocolar apelação sobre o reporte feito pelo inspector.
Fazer orçamentos para pequenos e grandes reparos na casa das áreas de acesso das criancas, finalizar e solicitar pagamento para a proprietária.

FUNÇÃO - CORRETORA DE PLANOS DE SAUDE PESSOA JURIDICA

UNIMED GOIANIA CORRETORA DE SEGUROS | GOIANIA, GOIAS, BRASIL

09/2018 – 9/2020

Responsável por captar clientes, com empresas fixas e ativas. Responsável por avaliar a elegibilidade de ser empresa do porte necessário para cada plano de saúde, verificar numero de funcionários, verificar liquidez da empresa, atividade, verificar contrato social da empresa se enquadra nas exigências da Unimed. Quando avaliado e confirmado a elegibilidade, responsável pela elaboração do contrato, quando solicitado pelo contratante alguma mudança, elaborava a minuta e solicitava autorização para a supervisão do departamento jurídico. Responsável pela implementação do plano de saúde à empresa, desde o contrato da empresa até todos os funcionários e dependentes. Empresas vindas de outros planos privados era responsável pelo processo de portabilidade de um plano para o plano da Unimed, em casos excepcionais era necessário autorização da Diretoria, então era necessário envios formais de solicitações de liberações.
Durante dois Trimestres fui premiada em primeiro lugar pelo numero de empresas captadas e com contratos fechados, Primeiro lugar em soluções de problemas.

FUNÇÃO - ANALISTA DE MERCADO

UNIMED GOIANIA CORRETORA DE SEGUROS | GOIANIA, GOIAS, BRASIL

09/2015 – 8/2018

Como Analista de Mercado era responsável por coletar, analisar e interpretar dados e informações relevantes para entender o cenário econômico e as tendências dos planos de Saúde tanto como pessoa jurídica quanto como pessoa jurídica. Com o objetivo principal é fornecer insights estratégicos, para trabalhar em novos produtos nos quais pudessem competir com o mercado que estava na atualidade. Com estas pesquisas e analises de mercado, pude fazer parte da

criação de uma clinica unificada da Unimed Goiânia, e um tipo de plano novo, no qual estava mais acessível financeiramente para competir com um plano de saúde recém inaugurado em Goiânia no ano de 2015.
Agencia Nacional de Saude (ANS), a ANS é a agencia que regula todos os planos de saúdes privados do Brasil, tinha a responsabilidade de acompanhar as alterações da regulação, para informar o departamento jurídico de coberturas sobre qualquer alteração, como por exemplo, procedimentos de cobertura obrigatória, retirada de obrigação de cobertura, tempo de atendimento por paciente, valores médios para cada tipo de plano e cobertura. Desta forma quando eu verificava alguma irregularidade do plano concorrente eu informava a ANS sobre as irregularidades.

Fazia visitas de campo, nos planos concorrentes, visitas nas clinicas próprias da Unimed e verificar a qualidade de atendimento. Também fazia orçamentos em planos de concorrentes e incluía no relatórios se o Direto do Consumidor estava em conformidade nas empresas do Concorrente.

Orientação para as campanhas de vendas, voltada para o que era observado durante as pesquisas de mercado e que poderia impactar em relação aos concorrentes.

Fui uma das responsáveis por projetar e executar o projeto de vendas, com o nome de Unimed Aqui (UNIAQUI), no qual era um projeto que íamos em cidades dentro da área de atuação da Unimed de Goiania, com estrutura de cobertura, eletricidades, equipamentos de internet energia, alimentação para funcionários e auxiliares, contratação de hotéis, equipamento para recreação de clientes, para captar novos clientes e facilitar as vendas. Este projeto foi executado durante os 4 anos que estive a frente do projeto.

Organizada e promovia eventos para capacitação de Corretores, fazendo orçamentos, analisando contratos, solicitar exceções para alguns contratos com fornecedores.

Orientação para as campanhas de vendas, voltada para o que era observado durante as pesquisas de mercado e que poderia impactar em relação aos concorrentes.

FUNÇÃO - SUPORTE DE VENDAS DE PESSOA JURIDICA

UNIMED GOIANIA CORRETORA DE SEGUROS | GOIANIA, GOIAS, BRASIL

04/2014 – 9/2015

Responsável pelo a parte operacional das prospecções de vendas para pessoas Jurídica nas vendas, digitação de contratos de acordo com os documentos fornecidos pelos Corretores. Responsável pelo preenchimento do contrato, impressão dos contratos, ordenar os documentos e contratos. Depois de assinados os contratos voltam ao departamento do suporte, onde e feito a conferencia, responsável por assinar cada folha como testemunha e validação do contrato. Responsável pela finalização do contrato para o envio do Cadastro na Operado do Plano, no qual era feito o numero de protocolo de cada contrato a ser enviado. Responsável pela Coordenação de implementação de todas as pessoas que seriam incluídas no plano empresarial, Coordenei cerca de 15 pessoas para cadastrar aproximadamente 6 mil empregados em uma empresa, com mais de 7 tipos de planos. Os planos ate mil empregados eu fazia sozinha o cadastramento das pessoas incluídas no plano.

FUNÇÃO - ANALISTA JURIDICO

ESCRITORIO DE ADVOCACIA WN | GOIANIA, GOIAS, BRASIL

08/2013 – 9/2020

Como analista jurídico no escritório de advocacia, fui responsável por:
-Fazer pesquisas jurídicas
-Organizar, avalia e arquiva documentos
-Decifrar leis, sentenças e regulamentos
-Montar, comprovam e emendam rascunhos de contratos e arrendamentos
-Manter e atualizar bancos de dados e sistemas de rastreamento
-Servir como ponto de referência para equipes de negócios
-Processar correspondência
-Preparar relatórios legais
-Gerir correspondências e comunicações
-Realizar pesquisas de precedentes e legislação aplicáveis a casos em andamento

-Acompanhar os processos administrativos e judiciais
-Analisar contratos
-Avaliar cláusulas e riscos envolvidos
-Elaborar petições iniciais, contestação, recursos e embargos, apelação, ação rescisória, agravo de instrumento entre outras petições.
-Negociações com empresas parceiras e fornecedores. Analise e elaboração de contratos às empresas.
-Auxilio em abertura de empresas.

Juntamente com o Escritorio WN prestei serviços a empresas e para outros advogados, algumas destas referencias são:

- Simone Martins Arruda
OAB/PA 15.724
Travessa WE 26 n. 242 Conjunto Cidade Nova VIII. Ananindeua-PA CEP 67133-090

- Levi de Melo Neto
OAB/GO 40.371
Condomínio Inove Intelligent Place, Av. T-9, n°2310 - Qd. 523, Sala B501 - Jardim América, Goiânia - GO, 74255-220

- Wanuza Pereira Silva
OAB/GO 30.644
Av. C-4, 01/14 - Qd. 49, 12 andar, ED. Terra Oficce, Sala 1.201-a - Jardim América, Goiânia - GO, CEP: 74265-040

- AAPROVEL - Amparo Mutuo, Proteção Veicular
Diretora Lizia de Couto
Rua Capri c/ Rua Paganini, Qd 08 Lt 01 Jardim Europa, Goiânia-GO - CEP 74.325-130

- ART NOVA REABILITACAO ODONTOLOGICA E PROTESE DENTARIA
Diretor Geral Antonio Francisco Filho
Avenida Frei Miguelito Qd 46 Lt 02 CEP 74485-410

- AUTOGIU MULTIMARCAS
Diretor Giulliano Rodrigues
Av. Alexandre de Morais, S/N - Qd 31, LT 13 - Parque Amazonia, Goiânia - GO, 74840-300

- REDCAKE AGENCIA DIGITAL
Sócio Majoritário Paulo Sergio Tavares
Rua U82 numero 674 Setor Uniao CEP 74.313-740

FUNÇÃO - ESTAGIARIA

Secretaria Municipal de Habitação e Regularização Fundiária | GOIANIA, GOIAS, BRASIL

01/2013 – 8/2013

Responsável por auxiliar a advogada e diretora jurídica da Secretaria Municipal Dr. Rosana Carvalho Cardoso Ferreira Leite (OAB/GO n 14787), organizar e manter escrituras, solicitar documentos, elaborar relatórios, atendimento ao publico.

EDUCAÇÃO

BACHALERADO EM DIREITO

UNIVERSIDADE SALGADO DE OLIVEIRA

GOIANIA, GO, BRASIL

DEZEMBRO 2018

CERTIFICATE OF ACCOMPLISHMENT IN ASSOCIATE TEACHER
CITY COLLEGE OF SAN FRANCISCO
SAN FRANCISCO, CA, UNITED STATES
JULY 2022

PRINCIPAIS CURSOS / SEMINÁRIOS

- **CURSO DE ORATÓRIA – 07/2013**
- **CURSO BASICO DE EXCELL – 05/2012**
- **CHILD ABUSE & NEGLECT MANDATED REPORTER TRAINING - 06/2022**
- **PREVENTIVE HEALTH AND SAFETY TRAINING - 04/2021**
- **CURRICULUM EXPLORATION FOR FAMILY CHILD CARE PROVIDERS - 02/2024**
- **DRDP CHILD CARE PROVIDER 11/2022**
- **ASQ-3/ASQ:SE-2 CHILD DEVELOPMENT SPECIAL NEEDS 01/2022**

LICENÇA PROFISSIONAL

ORDEM DOS ADVOGADOS DO BRASIL - OAB/GO
NÚMERO DA LICENÇA: 27962E

PRÊMIOS E HONRARIAS

- **PRIMEIRO LUGAR TRIMESTRAL EM VENDAS DE PLANOS DE PESSOA JURIDICA – 01/2019**
  GOIANIA, GO, BRASIL
  Maior número de empresas com contratos fechados do último trimestre do ano 2018, recebi a premiação em primeiro lugar entre 14 corretores.

ARTIGOS PUBLICADOS

- **ABUSO SEXUAL E MORAL NO AMBIENTE DO TRABALHO**
  BIBLIOTECA UNIVERSIDADE SALGADO DE OLIVEIRA
  11/2018 – GOIANIA, GO, BRASIL

TRABALHO VOLUNTÁRIO

- **GRUPO DE APOIO AS MULHERES (ORGANIZACAO VOLUNTARIA SEM REGISTRO)**
  AUXILIAR
  2012 - 2015 – GOIANIA, GO, BRASIL

- **ORGANIZACAO VOLUTARIA DO ESTADO DE GOIAS (OVG)**
  VOLUNTARIA EM AMOSTRAS DE LITERATURA PARA CRIANCAS CARENTES E CAPTACAO DE DOADORES DE SANGUE E PLASMA PARA O BANCO DE SANGUE DO ESTADO DE GOIAS.
  2015 - 2016 – GOIANIA, GO, BRASIL

- **PROJETO MAE "GENTE QUE AJUDA GENTE"**
  APOIADOR.
  5/2016 a 2/2020 – GOIANIA, GO, BRASIL

OUTRAS HABILIDADES

Possuo habilidades em resoluções imediatas de problemas.

Habilidades em elaborar organogramas.

Habilidade em comunicação efetiva.

Criatividade.

Fluência em espanhol e nível elevado em inglês (tenho aulas semanais particulares de Inglês).

Dezembro 2025.

Exhibit B.I Official academic record

FEDERATIVE REPUBLIC OF BRAZIL

SALGADO DE OLIVEIRA UNIVERSITY

Recognized by Ministerial Ordinance No. 1,283 of 09/08/1993,
published in the Federal Official Gazette on 09/09/1993.
Maintained by the Salgado de Oliveira Association for Education and Culture.

The President of the Salgado de Oliveira University (UNIVERSO), in the exercise of her authority, confers the degree of

BACHELOR OF LAWS to

Jéssica Rodrigues Alves

of Brazilian nationality, born in the State of Goiás on May 11, 1994,
holder of identification document no. 05754963781 – Department of Traffic – GO,
in recognition of completing the Law program in the 2nd semester of 2018,
and issuing this diploma so that she may enjoy all legal rights and prerogatives.

Goiânia, February 12, 2019

Marlene Salgado de Oliveira
President

Jéssica Rodrigues Alves
Graduate

Vânia da Costa Martins
General Secretary

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MINISTRY OF EDUCATION
SALGADO DE OLIVEIRA UNIVERSITY
CERTIFICATE AND DIPLOMA REGISTRATION DEPARTMENT
(SRD)

Diploma registered under No. 2019.4.206/1049,
following Article 48, §1, of Law No. 9,394 of 12/20/1996.

SRD, February 13, 2019

Vânia da Costa Martins
Director of the SRD

LAW PROGRAM
Recognition renewed by Ordinance SERES No. 548 of 06/05/2017,
published in the Federal Official Gazette on 06/06/2017.

Goiânia, February 12, 2019

Marlene Salgado de Oliveira
President

GISELIASANTOS15012019105741088056-4200

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Law No. 12,605 of April 3, 2012, published in the
Federal Official Gazette on 04/04/2012

Determines the mandatory use of gender-specific forms
in professional titles or academic degrees on diplomas.

21543 / 20000 / SEC

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I, Marina Viana Silva, certify that I, a qualified translator fluent in both languages, have performed the professional translation of this document from Portuguese to English and that the following is an accurate and complete translation of the document.

Marina Viana

Date: April 9, 2025.

UNIVERSIDADE SALGADO DE OLIVEIRA

Reconhecida pela Portaria Ministerial nº 1.283 de 08/09/1993,
publicada no Diário Oficial da União de 09/09/1993.
Mantida pela Associação Salgado de Oliveira de Educação e Cultura.

A Reitora da Universidade Salgado de Oliveira (UNIVERSO), no uso de suas atribuições, confere o grau de
BACHARELA EM DIREITO a

Jéssica Rodrigues Alves

de nacionalidade brasileira, nascida no Estado de Goiás no dia 11 de maio de 1994,
documento de identificação nº 05754963781 - Departamento de Trânsito - GO,
tendo em vista a conclusão do curso de Direito no 2º semestre de 2018,
e outorga-lhe o presente Diploma a fim de que possa gozar de todos os direitos e prerrogativas legais.

Goiânia, 12 de fevereiro de 2019

Marlene Salgado de Oliveira
Reitora

Jéssica Rodrigues Alves
Diplomada

Vânia da Costa Martins
Secretária Geral

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MINISTÉRIO DA EDUCAÇÃO
UNIVERSIDADE SALGADO DE OLIVEIRA
SETOR DE REGISTRO DE CERTIFICADOS E DIPLOMAS (SRD)

Diploma registrado sob o nº 2019.4.206/1049,
de acordo com o artigo 48, §1º, da Lei nº 9.394, de 20/12/1996.

SRD, 13 de fevereiro de 2019

Vânia da Costa Martins
Diretora do SRD

CURSO DE DIREITO
Reconhecimento renovado pela Portaria SERES nº 548 de 05/06/2017
publicada no Diário Oficial da União de 06/06/2017.

Goiânia, 12 de fevereiro de 2019

Marlene Salgado de Oliveira
Reitora

Lei nº 12.605 de 03/04/2012,
publicada no DOU de 04/04/2012

Determina o emprego obrigatório da flexão
de gênero para nomear profissão ou grau
em diplomas.

21543 / 20000 / SEC

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JÉSSICA RODRIGUES ALVES

LAW – EVENING PROGRAM – GOIÂNIA CAMPUS (206CS)

Student ID: 600727194 Series: 0th Term

ATTENTION: All courses from your curriculum are listed here. Be aware that some incomplete courses may not be offered in the next academic term. If there is any error in the list of completed courses, please contact the course secretary. At the time of graduation, this record will be thoroughly verified!

Completed Required Courses

Term	Code	Course name	Official Course Load	Hours	Term	Group	Unit	Grade	Absences	Status
1	1901	POLITICAL SCIENCE	30							Approved via Equivalent
		POLITICAL SCIENCE AND GENERAL THEORY OF THE STATE (TGE)	30		2013-2			7.1		Approved
1	1904	LEGAL LANGUAGE AND ARGUMENTATION	75							Approved via Equivalent
		LEGAL COMMUNICATION	75		2014-1			7.5		Approved
1	3218	INTRODUCTION TO PHILOSOPHICAL THOUGHT	30							Approved via Equivalent
		INTRODUCTION TO PHILOSOPHICAL THOUGHT	30		2014-2			6		Approved
1	3232	INTRODUCTION TO LAW	60							Approved via Equivalent
		INTRODUCTION TO LAW	60		2013-2			8.9		Approved
1	4957	APPLIED SOCIOLOGY	60							Approved via Equivalent
		SOCIAL SCIENCES	60		2013-2			9		Approved
2	1770	LEGAL PSYCHOLOGY	60							Approved via Equivalent
	2619	LEGAL PSYCHOLOGY ONLINE	60		2016-2	N2	4	7		Approved
2	1905	HISTORY OF CONTEMPORARY LEGAL SYSTEMS	75							Approved via Equivalent
		HISTORY OF LAW	75		2014-1			7.5		Approved
2	3447	LEGAL PHILOSOPHY	30							Approved via Equivalent
		LEGAL PHILOSOPHY	30		2014-2			6		Approved
2	3841	SCIENTIFIC METHOD	60							Approved via Equivalent
		LEGAL RESEARCH METHODOLOGY	60		2014-1			8		Approved
2	3852	GENERAL THEORY OF LAW	60							Approved via Equivalent
		GENERAL THEORY OF LAW	60		2013-2					Approved
2	3874	GENERAL THEORY OF THE STATE	60							Approved via Equivalent
		POLITICAL SCIENCE	60		2013-2			7.1		Approved
3	1376	LAW AND APPLIED ECONOMICS	60							Approved via Equivalent
		LAW AND ECONOMICS	60		2015-2			7		Approved
3	1704	CRIMINOLOGY	60							Approved via Equivalent
		CRIMINAL LAW IV	60		2015-2			6.1		Approved
3	1911	CONSTITUTIONAL LAW I	75							Approved via Equivalent
		CONSTITUTIONAL LAW I	75		2014-2			7.7		Approved
3	1912	GENERAL THEORY OF LEGAL INTERPRETATION	30							Approved via Equivalent
		ACADEMIC PORTUGUESE	30		2013-2			6.2		Approved
3	1919	CIVIL LAW I	75							Approved via Equivalent
		GENERAL THEORY OF LAW	75		2014-1			8.3		Approved
3	5429	CULTURAL ANTHROPOLOGY	60							Approved via Equivalent
		CULTURAL ANTHROPOLOGY	60		2016-1			6.3		Approved
4	1915	CONSTITUTIONAL LAW II	75							Approved via Equivalent
		CONSTITUTIONAL LAW II	75		2015-1			7.7		Approved
4	1916	GENERAL THEORY OF PROCEDURE	75							Approved via Equivalent
		GENERAL THEORY OF PROCEDURE	75		2014-2			6		Approved
4	1917	CIVIL LAW II	75							Approved via Equivalent
		SOURCES OF OBLIGATIONS	75		2015-1			8		Approved
4	1918	CRIMINAL LAW I	75							Approved via Equivalent
		CRIMINAL LAW I	75		2014-1			7.8		Approved
4	4012	BUSINESS LAW	75							Approved via Equivalent
	4012S	BUSINESS LAW	75		2018-1	N2	4	7.5	3	Approved
5	1921	CIVIL PROCEDURE LAW I	75							Approved via Equivalent
		CIVIL PROCEDURE LAW I	75		2015-1			7.2		Approved
5	1922	CIVIL LAW III	75							Approved via Equivalent
		GENERAL THEORY OF OBLIGATIONS	75		2015-1			6.6		Approved
5	1924	CRIMINAL LAW II	75							Approved via Equivalent
		CRIMINAL LAW II	75		2014-2			6		Approved

JÉSSICA RODRIGUES ALVES

LAW – EVENING PROGRAM – GOIÂNIA CAMPUS (206CS)

Student ID: 600727194 Series: 0 Term

ATTENTION: All courses from your curriculum are listed here. Be aware that some incomplete courses may not be offered in the next academic term. If there is any error in the list of completed courses, please contact the course secretary. At the time of graduation, this record will be thoroughly verified!

	5	2697	CONSTITUTIONAL LAW III	60	2017-2	N1	4	5.0	3	Approved
	5	3474	BUSINESS ENTITY LAW	45	2018-2	N1	4	6.0	8	Approved
	6	1927	CIVIL LAW IV	75						Approved via Equivalent
			REAL RIGHTS	75	2015-2			6.7		Approved
	6	1928	CRIMINAL LAW III	75						Approved via Equivalent
			CRIMINAL LAW III	75	2015-1			6.4		Approved
	6	1929	CIVIL PROCEDURE LAW II	75						Approved via Equivalent
			CIVIL PROCEDURE LAW II	75	2015-2			6		Approved
	6	1930	SPECIAL TOPICS IN ETHICS	30	2014-2					Approved via Equivalent
			GENERAL ETHICS	30				8.3		Approved
	6	2876	ECONOMIC LAW	60	2018-2	N1	4	9.0	15	Approved
	7	1933	CIVIL LAW V	75						Approved via Equivalent
		1933S	CIVIL LAW V	75	2016-2	N2	4	6	0	Approved
	7	1935	CRIMINAL PROCEDURE LAW I	75						Approved via Equivalent
		1935S	CRIMINAL PROCEDURE LAW I	75	2018-2	M1	4	5.5	12	Approved
	7	1936	CIVIL PROCEDURE LAW III	75				6.9		Approved via Equivalent
ES			CIVIL PROCEDURE LAW III	75	2016-1					Approved
	7	1937	LEGAL PRACTICE I	75	2018-1	M8	4	6.5	2	Approved
	7	2002	CONSUMER LAW	60		N1	4	5.5	2	Approved via Equivalent
		3967	CONSUMER LAW ONLINE	60	2017-2					Approved
	7	8501	LABOR LAW I	60						Approved via Equivalent
			LABOR LAW I	60	2016-1			6.6		Approved
	8	1938	CIVIL PROCEDURE LAW IV	75						Approved via Equivalent
		1938S	CIVIL PROCEDURE LAW IV	75	2016-2	N1		7	3	Approved
	8	1939	BANKRUPTCY LAW	30	2018-1	N2		7.0	8	Approved
	8	1942	CRIMINAL PROCEDURE LAW II	75						Approved via Equivalent
ES		1942S	CRIMINAL PROCEDURE LAW II	75	2017-2	N3		5.5	12	Approved
	8	1946	LEGAL PRACTICE II	75	2018-1	N7		7.5		Approved
	8	3019	ENVIRONMENTAL LAW	45	2018-2	N1	4	8.0	0	Approved
	8	3030	CIVIL LAW VI	75						Approved via Equivalent
		3030S	CIVIL LAW VI	75	2018-1	N2	4	6	6	Approved
	8	8504	LABOR LAW II	30				6.8		Approved via Equivalent
			LABOR LAW II	30	2016-1					Approved
ES	9	1951	SPECIAL TOPICS IN BUSINESS LAW	30	2018-2	N1	4	7.5	8	Approved
PE	9	1952	LEGAL PRACTICE III	75	2018-2	NM3	4	7.0	4	Approved
	9	2901	METHODOLOGICAL GUIDANCE FOR THE THESIS	120	2018-1	M12	4	8.5	0	Approved
	9	3217	LABOR PROCEDURE LAW	45	2017-2	N2	4	7.5	8	Approved
	9	3231	ADMINISTRATIVE LAW I	45						Approved via Equivalent
			ADMINISTRATIVE LAW I	45	2015-2			8.5		Approved
	9	3418	EXTRAVAGANT CRIMINAL LAW AND CRIMINAL PROCEDURAL LAW	45	2018-2	N1	4	7.5	2	Approved
	9	3446	CONCILIATION, MEDIATION AND ARBITRATION	30						Approved via Equivalent
			CONCILIATION, MEDIATION AND ARBITRATION	30	2016-1			6		Approved
	10	1953	PROCEDURAL INSTRUMENTS FOR THE GUARANTEE	75						Approved via Equivalent
		1953S	OF COLLECTIVE AND DIFFUSE RIGHTS PROCEDURAL INSTRUMENTS FOR THE GUARANTEE OF COLLECTIVE AND DIFFUSE RIGHTS	75	2018-2	N2	4	8	0	Approved
	10	1954	TAX LAW	75						Approved via Equivalent
		1954S	TAX LAW	75	2017-2	N1	4	6	0	Approved
	10	1955	INTERNATIONAL LAW	75						Approved via Equivalent
		1955S	INTERNATIONAL LAW	75	2016-2	N2	4	5	9	Approved
ES	10	1956	LEGAL PRACTICE IV	75	2018-2	M5	4	9.0	6	Approved
	10	3697	ADMINISTRATIVE LAW II	30						Approved via Equivalent
			ADMINISTRATIVE LAW II	30	2016-1			7.9		Approved

UNIVERSO SALGADO DE OLIVEIRA UNIVERSITY

JÉSSICA RODRIGUES ALVES

LAW – EVENING PROGRAM – GOIÂNIA CAMPUS (206CS)

Student ID: 600727194 Series: 0 Term

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10	3868	SPECIAL TOPICS IN LAW	30				Approved via Equivalent
		LOGIC AND HERMENEUTICS	30	2015-1		6.2	Approved

TOTAL NUMBER OF COURSES, COMPLETED MANDATORY COURSES: 58 Total Course Load of Mandatory Courses Completed: 3135

UNCOMPLETED ELECTIVE COURSES

Term	Code	Course name	Official Course Load	Hours	Term	Group	Unit	Grade	Absences	Status
0	1554	FOUNDATIONS OF SOCIAL AND HUMAN SCIENCES I	30	0			4			Failed in Equivalent
0	2457	FOUNDATIONS OF SOCIAL AND HUMAN SCIENCES I ONLINE	30		2017-1	N1	4	3.5		Failed
0	1557	FOUNDATIONS OF SOCIAL AND HUMAN SCIENCES II	30	0			4			Not Taken
0	1619	PERSONALITY PSYCHOLOGY II	30	0			4			Not Taken
0	1944	AGRARIAN LAW	60	0			4			Not Taken
0	1969	ROMAN LAW I	30	0			4			Not Taken
0	1972	ROMAN LAW II	60	0			4			Not Taken
0	2082	REPRESENTATIONAL DRAWING I	60	0			4			Not Taken
0	2098	BIOETHICS	45	0			4			Not Taken
0	2118	URBAN LAW	30	0			4			Not Taken
0	2119	GENERAL THEORY OF CIVIL LIABILITY	30	0			4			Not Taken
0	2122	FORENSIC MEDICINE	30	0			4			Not Taken
0	2124	ELECTORAL LAW	30	0			4			Not Taken
0	2125	COPYRIGHT LAW	30	0			4			Not Taken
0	2129	ECOLOGY I	30	0			4			Not Taken
0	2134	HUMAN RIGHTS	45	0			4			Not Taken
0	2580	CURRENT ISSUES IN LAW	30	0			4			Not Taken
0	2582	CONSTITUTIONAL PROCEDURE	30	0			4			Not Taken
0	2583	BIOETHICS AND LAW	30	0			4			Not Taken
0	2599	SPECIAL TOPICS IN LEGAL LANGUAGE	30	0			4			Not Taken
0	2958	SPORTS LAW	60	0			4			Not Taken
0	3202	LEGAL HERMENEUTICS	45	0			4			Not Taken
0	3527	TECHNICAL ENGLISH	60	0			4			Not Taken
0	3582	PEOPLE MANAGEMENT	45	0			4			Not Taken
0	3676	LEGAL LOGIC	45	0			4			Not Taken
0	3721	LAW OF INFORMATION TECHNOLOGY	30	0			4			Not Taken
0	3807	LABOR RELATIONS	30	0			4			Not Taken
0	3830	PORTUGUESE LANGUAGE I	60	0			4			Not Taken
0	3880	CIVIL LIABILITY	45	0			4			Not Taken
0	3892	LEGAL WRITING	30	0			4			Not Taken
0	3905	JUDICIAL ORGANIZATION	30	0			4			Not Taken
0	3909	OIL AND GAS LAW	30	0			4			Not Taken
0	3950	PORTUGUESE LANGUAGE II	60	0			4			Not Taken
0	3975	CONSTITUTIONAL REVIEW	30	0			4			Not Taken
0	4013	ENVIRONMENTAL MANAGEMENT AND SUSTAINABLE DEVELOPMENT	60	0			4			Not Taken
0	4017	TAX MANAGEMENT	30	0			4			Not Taken
0	4115	NATIONAL TRAFFIC CODE	60	0			4			Not Taken
0	4174	PROCEDURAL DOCUMENTS	30	0			4			Not Taken
0	4180	REAL ESTATE LAW	30	0			4			Not Taken
0	4181	INTEGRATION LAW	60	0			4			Not Taken
0	4192	FORENSIC LANGUAGE	30	0			4			Not Taken
0	4235	ACADEMIC ACTIVITIES	30	0			4			Not Taken
0	4258	RESEARCH ACTIVITIES	15	0			4			Not Taken
AC 0	4285	INDEPENDENT STUDIES	30	0			4			Not Taken
0	4307	BUSINESS LAW: THEORY	30	0			4			Not Taken
0	4308	SOCIAL SCIENCES	60	0			4			Not Taken
0	4309	BIOETHICS AND LAW	60	0			4			Not Taken

UNIVERSO
SALGADO DE OLIVEIRA UNIVERSITY

JÉSSICA RODRIGUES ALVES

LAW – EVENING PROGRAM – GOIÂNIA CAMPUS (206CS)

Student ID: 600727194 Series: 0 Term

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0	4332	PHILOSOPHY OF LAW	60	0		4	Not Taken
0	4333	HUMANISM AND CITIZENSHIP	60	0		4	Not Taken
0	4334	GENERAL SOCIOLOGY I	60	0		4	Not Taken
0	4335	DICTION AND ORAL EXPRESSION		0		4	Not Taken
0	4336	SOCIAL RESPONSIBILITY		0		4	Not Taken
0	4345	REGIONAL DEVELOPMENT		0		4	Not Taken
0	4346	LEGISLATION TECHNIQUE		0		4	Not Taken
0	4348	STRUCTURE AND ORGANIZATION OF THE STATE		0		4	Not Taken
0	4368	FUNDAMENTAL RIGHTS		0		4	Not Taken
0	4369	LAW AND CITIZENSHIP		0		4	Not Taken
0	4370	STATE AND INTERNATIONAL ORGANIZATIONS		0		4	Not Taken
0	4411	SPECIFIC CONTRACTS		0		4	Not Taken
0	4436	SPECIAL TOPICS IN TAX LAW		0		4	Not Taken
0	4437	LAW OF ORGANIZATIONS AND GENERAL THEORY OF CONTRACTS		0		4	Not Taken
0	4473	ALTERNATIVE LAW		0		4	Not Taken
0	4526	MARKETING		0		4	Not Taken
0	4741	APPLIED STATISTICS		0		4	Not Taken
0	5103	DRAFTING PROCEDURAL DOCUMENTS		0		4	Not Taken
0	5249	THEORY OF ARGUMENTATION		0		4	Not Taken
0	5288	INFORMATICS		0		4	Not Taken
0	5714	SPECIAL TOPIC IN PRIVATE LAW		0		4	Not Taken
0	5849	CURRENT ISSUES IN LAW		0		4	Not Taken
0	5850	FINANCIAL LAW		0		4	Not Taken
0	5851	CHILDREN'S AND ADOLESCENTS' RIGHTS		0		4	Not Taken
0	5895	INTRODUCTION TO ADMINISTRATIVE LAW		0		4	Not Taken
0	6351	HISTORY AND CULTURE: AFRO-BRAZILIANS AND INDIGENOUS PEOPLES		0		4	Not Taken
0	6411	SOCIOLOGY		0		4	Not Taken
0	6419	EDUCATIONAL LAW		0		4	Not Taken
0	6433	BRAZILIAN SIGN LANGUAGE		0		4	Not Taken
0	6590	PROFESSIONAL ETHICS		0		4	Not Taken
0	6731	HISTORY OF BRAZILIAN SOCIAL THOUGHT		0		4	Not Taken
0	6732	HISTORY AND CULTURE: AFRO-BRAZILIANS AND INDIGENOUS PEOPLES		0		4	Not Taken
0	7369	SMALL CLAIMS COURTS		0		4	Not Taken
0	8023	PORTUGUESE III		0		4	Not Taken
0	8120	LABOR PROCEDURE LAW		0		4	Not Taken
0	8478	CIVIL LIABILITY (ELECTIVE)		0		4	Not Taken
0	8479	SOCIAL SECURITY LAW		0		4	Not Taken
0	8526	CHILDREN'S AND ADOLESCENTS' RIGHTS		0		4	Not Taken
0	8566	HUMAN RIGHTS		0		4	Not Taken

Total Elective Courses Not Completed: 85

Elective Courses Completed

Term	Code	Course name	OWL	Hours	Term	Group	Unit	Grade	Absences	Status
0	2123	APPLIED INFORMATICS TO LAW	30							Approved via Equivalent
		CAREER MANAGEMENT	30		2014-1			6.7		Approved
0	5303	LEGAL AND NORMATIVE FOUNDATIONS OF EDUCATION	30	60						Approved via Equivalent
	4327	LEGAL AND NORMATIVE FOUNDATIONS OF EDUCATION – ONLINE	60		2017-2	N1	4	7.5		Approved

Total Elective Courses Completed: 2

Optional Courses Not Completed

	Term	Code	Course name	OWL	Hours	Term	Group	Unit	Grade	Absences	Status
AC	0	7788	CULTURAL AND SCIENTIFIC ACTIVITIES	15	0			4			Not Taken

Total Optional Courses Not Completed: 1

Academic Transcript for Reference Only

04/01/2025 - 9:48:28 PM

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UNIVERSO
SALGADO DE OLIVEIRA UNIVERSITY

JÉSSICA RODRIGUES ALVES

LAW – EVENING PROGRAM – GOIÂNIA CAMPUS (206CS)

Student ID: 600727194 Series: 0 Term

ATTENTION: All courses from your curriculum are listed here. Be aware that some incomplete courses may not be offered in the next academic term. If there is any error in the list of completed courses, please contact the course secretary. At the time of graduation, this record will be thoroughly verified!

Elective Courses
Minimum Workload: 90
Completed Workload: 90
Remaining Workload: 0

Internship
Minimum Workload: 300
Completed Workload: 300
Remaining Workload: 0

Program Completion Date: 12/ 29/2018
Graduation Ceremony Date: 02/12/2019
Diploma Issuance Date: 02/12/2019

Supplementary Activities*
Minimum Workload: 150
Completed Workload: 158
Remaining Workload: 0

Research/Projects
Minimum Workload: 120
Completed Workload: 120
Remaining Workload: 0

*The Completed Workload for Supplementary Activities is not official and may be changed at any time until the program is completed.

ENADE (National Student Performance Exam)
2018 (Qualified Graduate): Regular Participant

I, Marina Viana Silva, certify that I, a qualified translator fluent in both languages, have performed the professional translation of this document from Portuguese to English and that the following is an accurate and complete translation of the document.

Marina Viana **Date: April 10, 2025.**

JÉSSICA RODRIGUES ALVES

DIREITO - NOTURNO - GOIÂNIA (206CS)

Código: 600727194 Série: 0º PERÍODO

ATENÇÃO: Aqui estão listadas todas as disciplinas pertencentes ao seu currículo. Fique ciente de que algumas disciplinas não concluídas podem não ser oferecidas no próximo período letivo. Se houver qualquer erro na relação de disciplinas concluídas, procure o secretário do seu curso. Na época de sua formatura esta relação será cuidadosamente conferida!

Disciplinas Obrigatórias Concluídas

Série	Código	Disciplina	Carga Oficial	Horária Real	Período Letivo	Turma	Un.	Nota	Faltas	Situação
1	1901	CIÊNCIA POLÍTICA	30							Aprovado em Equivalente
		CIÊNCIA POLÍTICA E TGE	*30*		*2013-2*			*7,1*		*Aprovado*
1	1904	LINGUAGEM E ARGUMENTAÇÃO JURÍDICA	75							Aprovado em Equivalente
		COMUNICAÇAO JURIDICA	*75*		*2014-1*			*7,5*		*Aprovado*
1	3218	INTRODUÇÃO AO PENSAMENTO FILOSÓFICO	30							Aprovado em Equivalente
		INTRODUÇÃO AO PENSAMENTO FILOSÓFICO	*30*		*2014-2*			*6*		*Aprovado*
1	3232	INTRODUÇÃO AO DIREITO	60							Aprovado em Equivalente
		INTRODUÇÃO AO DIREITO	*60*		*2013-2*			*8,9*		*Aprovado*
1	4957	SOCIOLOGIA APLICADA	60							Aprovado em Equivalente
		CIENCIAS SOCIASI	*60*		*2013-2*			*9*		*Aprovado*
2	1770	PSICOLOGIA JURÍDICA	60							Aprovado em Equivalente
	2619	*PSICOLOGIA JURÍDICA ON-LINE*	*60*		*2016-2*	*N2*	*4*	*7*		*Aprovado*
2	1905	HISTÓRIA DOS SISTEMAS JURÍDICOS CONTEMPORÂNEOS	75							Aprovado em Equivalente
		HISTO DO DIREITO	*75*		*2014-1*			*7,5*		*Aprovado*
2	3447	FILOSOFIA JURÍDICA	30							Aprovado em Equivalente
		FILOSOFIA JURÍDICA	*30*		*2014-2*			*6*		*Aprovado*
2	3841	METODOLOGIA DA PESQUISA JURÍDICA	60							Aprovado em Equivalente
		METODO CIENTIFICA	*60*		*2014-1*			*8*		*Aprovado*
2	3852	TEORIA GERAL DO DIREITO	60							Aprovado em Equivalente
		TEORIA GERAL DO DIREITO	*60*		*2013-2*					*Aprovado*
2	3874	TEORIA GERAL DO ESTADO	60							Aprovado em Equivalente
		CIENCIA POLITICA	*60*		*2013-2*			*7,1*		*Aprovado*
3	1376	ECONOMIA APLICADA AO DIREITO	60							Aprovado em Equivalente
		ECONOMIA E DIREITO	*60*		*2015-2*			*7*		*Aprovado*
3	1704	CRIMINOLOGIA	60							Aprovado em Equivalente
		PENAL IV	*60*		*2015-2*			*6,1*		*Aprovado*
3	1911	DIREITO CONSTITUCIONAL I	75							Aprovado em Equivalente
		DIREITO CONSTITUCIONAL I	*75*		*2014-2*			*7,7*		*Aprovado*
3	1912	TEORIA GERAL DA INTERPRETAÇÃO JURÍDICA	30							Aprovado em Equivalente
		PORTUGUES INSTRUMENTAL	*30*		*2013-2*			*6,2*		*Aprovado*
3	1919	DIREITO CIVIL I	75							Aprovado em Equivalente
		TEORIA GERAL DO DIREITO	*75*		*2014-1*			*8,3*		*Aprovado*
3	5429	ANTROPOLOGIA CULTURAL	60							Aprovado em Equivalente
		ANTROPOLOGIA CULTURAL	*60*		*2016-1*			*6,3*		*Aprovado*
4	1915	DIREITO CONSTITUCIONAL II	75							Aprovado em Equivalente
		DIREITO CONSTITUCIONAL II	*75*		*2015-1*			*7,7*		*Aprovado*
4	1916	TEORIA GERAL DO PROCESSO	75							Aprovado em Equivalente
		TEORIA GERAL DO PROCESSO	*75*		*2014-2*			*6*		*Aprovado*
4	1917	DIREITO CIVIL II	75							Aprovado em Equivalente
		FONTES DAS OBRIGAÇOES	*75*		*2015-1*			*8*		*Aprovado*
4	1918	DIREITO PENAL I	75							Aprovado em Equivalente
		DIREITO PENAL I	*75*		*2014-1*			*7,8*		*Aprovado*
4	4012	DIREITO EMPRESARIAL	75							Aprovado em Equivalente
	4012S	*DIREITO EMPRESARIAL*	*75*		*2018-1*	*N2*	*4*	*7,5*	*3*	*Aprovado*
5	1921	DIREITO PROCESSUAL CIVIL I	75							Aprovado em Equivalente
		DIREITO PROCESSUAL CIVIL I	*75*		*2015-1*			*7,2*		*Aprovado*
5	1922	DIREITO CIVIL III	75							Aprovado em Equivalente
		TEORIA GERAL DAS OBRIG	*75*		*2015-1*			*6,6*		*Aprovado*
5	1924	DIREITO PENAL II	75							Aprovado em Equivalente
		DIREITO PENAL II	*75*		*2014-2*			*6*		*Aprovado*

JÉSSICA RODRIGUES ALVES

DIREITO - NOTURNO - GOIÂNIA (206CS)

Código: 600727194 Série: 0º PERÍODO

ATENÇÃO: Aqui estão listadas todas as disciplinas pertencentes ao seu currículo. Fique ciente de que algumas disciplinas não concluídas podem não ser oferecidas no próximo período letivo. Se houver qualquer erro na relação de disciplinas concluídas, procure o secretário do seu curso. Na época de sua formatura esta relação será cuidadosamente conferida!

	5	2697	DIREITO CONSTITUCIONAL III	60	2017-2	N1	4	5.0	3	Aprovado
	5	3474	DIREITO DAS SOCIEDADES EMPRESARIAIS	45	2018-2	N1	4	6.0	8	Aprovado
	6	1927	DIREITO CIVIL IV	75						Aprovado em Equivalente
			DIREITOS REAIS	*75*	*2015-2*			*6,7*		*Aprovado*
	6	1928	DIREITO PENAL III	75						Aprovado em Equivalente
			DIREITO PENAL III	*75*	*2015-1*			*6,4*		*Aprovado*
	6	1929	DIREITO PROCESSUAL CIVIL II	75						Aprovado em Equivalente
			DIREITO PROCESSUAL CIVIL II	*75*	*2015-2*			*6*		*Aprovado*
	6	1930	TÓPICOS ESPECIAIS EM ÉTICA	30						Aprovado em Equivalente
			ETICA GERAL	*30*	*2014-2*			*8,3*		*Aprovado*
	6	2876	DIREITO ECONÔMICO	60	2018-2	N1	4	9.0	15	Aprovado
	7	1933	DIREITO CIVIL V	75						Aprovado em Equivalente
		1933S	*DIREITO CIVIL V*	*75*	*2016-2*	*N2*	*4*	*6*	*0*	*Aprovado*
	7	1935	DIREITO PROCESSUAL PENAL I	75						Aprovado em Equivalente
		1935S	*DIREITO PROCESSUAL PENAL I*	*75*	*2018-2*	*M1*	*4*	*5,5*	*12*	*Aprovado*
	7	1936	DIREITO PROCESSUAL CIVIL III	75						Aprovado em Equivalente
			DIREITO PROCESSUAL CIVIL III	*75*	*2016-1*			*6,9*		*Aprovado*
ES	7	1937	PRÁTICA JURÍDICA I	75	2018-1	M8	4	6.5	2	Aprovado
	7	2002	DIREITO DO CONSUMIDOR	60						Aprovado em Equivalente
		3967	*DIREITO DO CONSUMIDOR ON-LINE*	*60*	*2017-2*	*N1*	*4*	*5,5*	*2*	*Aprovado*
	7	8501	DIREITO DO TRABALHO I	60						Aprovado em Equivalente
			DIREITO DO TRABALHO I	*60*	*2016-1*			*6,6*		*Aprovado*
	8	1938	DIREITO PROCESSUAL CIVIL IV	75						Aprovado em Equivalente
		1938S	*DIREITO PROCESSUAL CIVIL IV*	*75*	*2016-2*	*N1*	*4*	*7*	*3*	*Aprovado*
	8	1939	DIREITO FALIMENTAR	30	2018-1	N2	4	7.0	8	Aprovado
	8	1942	DIREITO PROCESSUAL PENAL II	75						Aprovado em Equivalente
		1942S	*DIREITO PROCESSUAL PENAL II*	*75*	*2017-2*	*N3*	*4*	*5,5*	*12*	*Aprovado*
ES	8	1946	PRÁTICA JURÍDICA II	75	2018-1	N7	4	7.5		Aprovado
	8	3019	DIREITO AMBIENTAL	45	2018-2	N1	4	8.0	0	Aprovado
	8	3030	DIREITO CIVIL VI	75						Aprovado em Equivalente
		3030S	*DIREITO CIVIL VI*	*75*	*2018-1*	*N2*	*4*	*6*	*6*	*Aprovado*
	8	8504	DIREITO DO TRABALHO II	30						Aprovado em Equivalente
			DIREITO DO TRABALHO II	*30*	*2016-1*			*6,8*		*Aprovado*
	9	1951	TÓPICOS ESPECIAIS EM DIREITO DE EMPRESA	30	2018-2	N1	4	7.5	8	Aprovado
ES	9	1952	PRÁTICA JURÍDICA III	75	2018-2	M3	4	7.0	4	Aprovado
PE	9	2901	ORIENTAÇÃO METODOLÓGICA PARA TCC	120	2018-1	M12	4	8.5	0	Aprovado
	9	3217	DIREITO PROCESSUAL DO TRABALHO	45	2017-2	N2	4	7.5	8	Aprovado
	9	3231	DIREITO ADMINISTRATIVO I	45						Aprovado em Equivalente
			DIREITO ADMINISTRATIVO I	*45*	*2015-2*			*8,5*		*Aprovado*
	9	3418	LEGISLAÇÃO PENAL E PROCESSUAL PENAL EXTRAVAGANTE	45	2018-2	N1	4	7.5	2	Aprovado
	9	3446	CONCILIAÇÃO, MEDIAÇÃO E ARBITRAGEM	30						Aprovado em Equivalente
			CONCILIAÇÃO, MEDIAÇÃO E ARBITRAGEM	*30*	*2016-1*			*6*		*Aprovado*
	10	1953	INSTRUMENTOS PROCESSUAIS DE GARANTIA DOS DIREITOS COLETIVOS E DIFUSOS	75						Aprovado em Equivalente
		1953S	*INSTRUMENTOS PROCESSUAIS DE GARANTIA DOS DIREITOS COLETIVOS E DIFUSOS*	*75*	*2018-2*	*N2*	*4*	*8*	*0*	*Aprovado*
	10	1954	DIREITO TRIBUTÁRIO	75						Aprovado em Equivalente
		1954S	*DIREITO TRIBUTÁRIO*	*75*	*2017-2*	*N1*	*4*	*6*	*0*	*Aprovado*
	10	1955	DIREITO INTERNACIONAL	75						Aprovado em Equivalente
		1955S	*DIREITO INTERNACIONAL*	*75*	*2016-2*	*N2*	*4*	*5*	*9*	*Aprovado*
ES	10	1956	PRÁTICA JURÍDICA IV	75	2018-2	M5	4	9.0	6	Aprovado
	10	3697	DIREITO ADMINISTRATIVO II	30						Aprovado em Equivalente
			DIREITO ADMINISTRATIVO II	*30*	*2016-1*			*7,9*		*Aprovado*

JÉSSICA RODRIGUES ALVES
DIREITO - NOTURNO - GOIÂNIA (206CS)

Código: 600727194 Série: 0º PERÍODO

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10	3868	TÓPICOS ESPECIAIS DO DIREITO	30				Aprovado em Equivalente
		LOGICA E HERME	*30*	*2015-1*		*6,2*	*Aprovado*

Total de Disciplinas Disciplinas Obrigatórias Concluídas: 58 Carga Horária Total de Disciplinas Obrigatórias Concluídas: 3135

Disciplinas Optativas Não Concluídas

	Série	Código	Disciplina	Carga Horária Oficial	Carga Horária Real	Período Letivo	Turma	Un.	Nota	Faltas	Situação
	0	1554	FUNDAMENTOS DAS CIÊNCIAS SOCIAIS E HUMANAS I	30	0			4			Reprovado em Equivalente
		2457	*FUNDAMENTOS DAS CIÊNCIAS SOCIAIS E HUMANAS I ON-LINE*	*30*		*2017-1*	*N1*	*4*	*3.5*		*Reprovado*
	0	1557	FUNDAMENTOS DAS CIÊNCIAS SOCIAIS E HUMANAS II	30	0			4			Não Cursada
	0	1619	PSICOLOGIA DA PERSONALIDADE II	60	0			4			Não Cursada
	0	1944	DIREITO AGRÁRIO	30	0			4			Não Cursada
	0	1969	DIREITO ROMANO I	60	0			4			Não Cursada
	0	1972	DIREITO ROMANO II	60	0			4			Não Cursada
	0	2082	DESENHO DE REPRESENTAÇÃO I	45	0			4			Não Cursada
	0	2098	BIOÉTICA	30	0			4			Não Cursada
	0	2118	DIREITO URBANISTICO	30	0			4			Não Cursada
	0	2119	TEORIA GERAL DA RESPONSABILIDADE CIVIL	30	0			4			Não Cursada
	0	2122	MEDICINA LEGAL	30	0			4			Não Cursada
	0	2124	DIREITO ELEITORAL	30	0			4			Não Cursada
	0	2125	DIREITO AUTORAL	30	0			4			Não Cursada
	0	2129	ECOLOGIA I	45	0			4			Não Cursada
	0	2134	DIREITOS HUMANOS	30	0			4			Não Cursada
	0	2580	DIREITO DA ATUALIDADE	30	0			4			Não Cursada
	0	2582	PROCESSO CONSTITUCIONAL	30	0			4			Não Cursada
	0	2583	BIODIREITO	30	0			4			Não Cursada
	0	2599	TOP. LING. JURIDICA	60	0			4			Não Cursada
	0	2958	DIREITO DESPORTIVO	45	0			4			Não Cursada
	0	3202	HERMENEUTICA JURIDICA	60	0			4			Não Cursada
	0	3527	INGLES TECNICO	45	0			4			Não Cursada
	0	3582	GESTÃO DE PESSOAS	45	0			4			Não Cursada
	0	3676	LÓGICA JURÍDICA	30	0			4			Não Cursada
	0	3721	LEGISLAÇÃO DE INFORMÁTICA	30	0			4			Não Cursada
	0	3807	RELAÇÕES TRABALHISTAS	60	0			4			Não Cursada
	0	3830	LÍNGUA PORTUGUESA I	45	0			4			Não Cursada
	0	3880	RESPONSABILIDADE CIVIL	30	0			4			Não Cursada
	0	3892	REDAÇÃO JURÍDICA	30	0			4			Não Cursada
	0	3905	DIREITO DO PETRÓLEO E GÁS	30	0			4			Não Cursada
	0	3909	ORGANIZAÇÃO JUDICIÁRIA	30	0			4			Não Cursada
	0	3950	LÍNGUA PORTUGUESA II	60	0			4			Não Cursada
	0	3975	CONTROLE DE CONSTITUCIONALIDADE	30	0			4			Não Cursada
	0	4013	GESTÃO AMBIENTAL E DESENVOLVIMENTO SUSTENTÁVEL	60	0			4			Não Cursada
	0	4017	GESTÃO TRIBUTÁRIA	60	0			4			Não Cursada
	0	4115	CÓDIGO NACIONAL DE TRÂNSITO	30	0			4			Não Cursada
	0	4174	PECAS PROCESSUAIS	60	0			4			Não Cursada
	0	4180	DIREITO IMOBILIARIO	30	0			4			Não Cursada
	0	4181	DIREITO DA INTEGRACAO	30	0			4			Não Cursada
	0	4192	LINGUAGEM FORENSE	60	0			4			Não Cursada
	0	4235	ATIVIDADES ACADÊMICAS	30	0			4			Não Cursada
	0	4258	ATIVIDADES DE PESQUISA	30	0			4			Não Cursada
AC	0	4285	ESTUDOS INDEPENDENTES	15	0			4			Não Cursada
	0	4307	DIREITO EMPRESARIAL: TEORIA	30	0			4			Não Cursada
	0	4308	CIÊNCIAS SOCIAIS	30	0			4			Não Cursada
	0	4309	BIODIREITO	60	0			4			Não Cursada
	0	4332	FILOSOFIA DO DIREITO	60	0			4			Não Cursada
	0	4333	HUMANISMO E CIDADANIA	60	0			4			Não Cursada
	0	4334	SOCIOLOGIA GERAL I	60	0			4			Não Cursada

JÉSSICA RODRIGUES ALVES

DIREITO - NOTURNO - GOIÂNIA (206CS)

Código: 600727194 Série: 0º PERÍODO

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0	4335	DIC. E EXPRESSÃO ORAL	60	0	4	Não Cursada
0	4336	RESPONSABILIDADE SOCIAL	75	0	4	Não Cursada
0	4345	DESENVOLVIMENTO REGIONAL	75	0	4	Não Cursada
0	4346	TÉCNICA DE LEGISLAÇÃO	45	0	4	Não Cursada
0	4348	ESTRUTURA E ORGANIZAÇÃO DO ESTADO	75	0	4	Não Cursada
0	4368	DIREITOS FUNDAMENTAIS	75	0	4	Não Cursada
0	4369	DIREITO E CIDADANIA	30	0	4	Não Cursada
0	4370	ESTADO E ORGANIZAÇÕES INTERNACIONAIS	30	0	4	Não Cursada
0	4411	CONTRATOS EM ESPÉCIE	60	0	4	Não Cursada
0	4436	TÓPICOS ESPECIAIS DO DIREITO TRIBUTÁRIO	30	0	4	Não Cursada
0	4437	DIREITO DAS ORGANIZAÇÕES E TEORIA GERAL DOS CONTRATOS	75	0	4	Não Cursada
0	4473	DIREITO ALTERNATIVO	30	0	4	Não Cursada
0	4526	MARKETING	60	0	4	Não Cursada
0	4741	ESTATÍSTICA APLICADA	60	0	4	Não Cursada
0	5103	REDACAO PECAS PROCESSUAIS	30	0	4	Não Cursada
0	5249	TEORIA DA ARGUMENTACAO	60	0	4	Não Cursada
0	5288	INFORMATICA	60	0	4	Não Cursada
0	5714	TOP.ESP.DIREITO PRIVADO	60	0	4	Não Cursada
0	5849	QUESTOES ATUAIS DIREITO	60	0	4	Não Cursada
0	5850	DIREITO FINANCEIRO	30	0	4	Não Cursada
0	5851	DIREITO DA CRIANÇA E DO ADOLESCENTE	30	0	4	Não Cursada
0	5895	INTR. DIREITO ADMINISTRATIVO	30	0	4	Não Cursada
0	6351	HISTÓRIA E CULTURA: AFROBRASILEIROS E INDÍGENAS	30	0	4	Não Cursada
0	6411	SOCIOLOGIA	60	0	4	Não Cursada
0	6419	DIREITO EDUCACIONAL	30	0	4	Não Cursada
0	6433	LÍNGUA BRASILEIRA DE SINAIS	30	0	4	Não Cursada
0	6590	ÉTICA PROFISSIONAL	45	0	4	Não Cursada
0	6731	HISTÓRIA DO PENSAMENTO SOCIAL BRASILEIRO	45	0	4	Não Cursada
0	6732	HISTÓRIA E CULTURA: AFROBRASILEIROS E INDÍGENAS	45	0	4	Não Cursada
0	7369	JUIZADOS ESPECIAIS	30	0	4	Não Cursada
0	8023	PORTUGUES III	60	0	4	Não Cursada
0	8120	DIREITO PROCESSO TRABALHO	60	0	4	Não Cursada
0	8478	RESPONSAB. CIVIL (OP)	60	0	4	Não Cursada
0	8479	DIREITO PREVIDENCIÁRIO	30	0	4	Não Cursada
0	8526	DIREITO DA CRIANÇA E DO ADOLESCENTE	60	0	4	Não Cursada
0	8566	DIREITOS HUMANOS	30	0	4	Não Cursada

Total de Disciplinas Disciplinas Optativas Não Concluídas: 85

Disciplinas Optativas Concluídas

	Série	Código	Disciplina	Carga Horária Oficial	Carga Horária Real	Período Letivo	Turma	Un.	Nota	Faltas	Situação
	0	2123	INFORMÁTICA APLICADA AO DIREITO	30							Aprovado em Equivalente
			ADM DE CARREIRA	*30*		*2014-1*			*6,7*		*Aprovado*
	0	5303	FUNDAMENTOS LEGAIS E NORMATIVOS DA EDUCAÇÃO	30	60						Aprovado em Equivalente
		4327	*FUNDAMENTOS LEGAIS E NORMATIVOS DA EDUCAÇÃO ON-LINE*	*60*		*2017-2*	*N1*	*4*	*7,5*		*Aprovado*

Total de Disciplinas Disciplinas Optativas Concluídas: 2

Disciplinas Facultativas Não Concluídas

	Série	Código	Disciplina	Carga Horária Oficial	Carga Horária Real	Período Letivo	Turma	Un.	Nota	Faltas	Situação
AC	0	7788	ATIVIDADES CULTURAIS E CIENTÍFICAS	15	0			4			Não Cursada

Total de Disciplinas Disciplinas Facultativas Não Concluídas: 1

JÉSSICA RODRIGUES ALVES
DIREITO - NOTURNO - GOIÂNIA (206CS)

Código: 600727194 Série: 0º PERÍODO

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Disciplinas Optativas
Carga Horária Mínima: 90
Carga Horária Cursada: 90
Carga Horária a Cursar: 0

Atividades Complementares*
Carga Horária Mínima: 150
Carga Horária Cursada: 158
Carga Horária a Cursar: 0

Enade
2018 (Concluinte Habilitado): Regular Participante

Estágio
Carga Horária Mínima: 300
Carga Horária Cursada: 300
Carga Horária a Cursar: 0

Pesquisas/Projetos
Carga Horária Mínima: 120
Carga Horária Cursada: 120
Carga Horária a Cursar: 0

Conclusão do Curso: 29/12/2018
Colação de Grau: 12/02/2019
Expedição de Diploma: 12/02/2019

* A Carga Horária Cursada de Atividades Complementares não é oficial, podendo ser alterada a qualquer momento até a conclusão do curso.

City College of San Francisco

Upon recommendation of the faculty and under authorization of the Board of Trustees

the

Certificate of Accomplishment

in

ECE Associate Teacher

Is hereby presented unto

Jessica Rodrigues Alves

With all Rights, Benefits and Privileges pertaining thereto.
Given at City College of San Francisco, in the State of California,
this thirty-first day of July, 2022

Chancellor, San Francisco Community College District

President, Board of Trustees

EDvance College
580 Market Street
San Francisco, CA 94104
650.609.2569

Office of Admissions
EDvance College
5/2/2025

RE: Conditional Acceptance - Jessica Alves
Start Term: Fall 2025

Hello Jessica,

Congratulations! We're thrilled to share that you're **conditionally accepted** into our Fall program at EDvance College! We can't wait to welcome you to our community. Just a few final steps stand between you and your official enrollment—consider these your keys to unlocking an exciting journey with us! To secure your spot and receive your official acceptance letter plus financial aid details, please complete these steps:

- ☐ **Complete all required bridge modules:** These modules are designed to provide you with a strong foundation for your upcoming studies. Work with your coordinator if you need support.
- ☐ If you are currently taking courses at a community college, please provide proof of completion for any pending or outstanding courses Spring or Summer Courses.

Once these steps are completed, your official acceptance letter and financial aid information will arrive in the mail in **June**.

We're here to support you every step of the way. If you have any questions as you work through these final requirements, please don't hesitate to reach out to your admissions coordinator.

We're looking forward to you joining our program!

Sincerely,

Amy Crown
Director of Admissions
amy.c@edvance.edu

Carnegie Evaluations LLC
315 East High Street, Bound Brook, New Jersey, 08805
Email: info@carnegieevaluations.com
Website: www.carnegieevaluations.com
Phone: (848)300-0099
Fax: (848) 300-5199

EVALUATION OF ACADEMICS

Carnegie Evaluations LLC, who specializes in the evaluation of foreign educational credentials, has prepared the following academic credential evaluation.

January 5, 2026

Name: **Ms. Jessica RODRIGUES ALVES**

The following is a description of Ms. Rodrigues Alves's foreign degree:

Institution:	*Universidade Salgado de Oliveira*
Degree:	*Bacharela em Direito*
Date of Award:	February 2019
Year of Study:	Five
Country:	Brazil

Academic Equivalency in the United States

BACHELOR OF SCIENCE IN LEGAL STUDIES

Carnegie Evaluations LLC, offers this evaluation, after reviewing copies of the original diploma certificates and transcripts provided. This evaluation is advisory in nature and is based on the assumption that the submitted documents are accurate. There are no apparent grounds to disbelieve the authenticity and accuracy of the documentation presented on behalf of Ms. Jessica Rodrigues Alves. In addition, this evaluation is based upon standard scholarly and professional sources as referenced at the end of this document. Carnegie Evaluations LLC, is not responsible for how this evaluation report will be used and is not responsible for damages resulting from such use of this report.

DISCUSSION OF MS. RODRIGUES ALVES'S ACADEMICS

This credential evaluation is provided upon review of the degree certificate and transcript awarded to Ms. Jessica Rodrigues Alves during the course of her academic career. An analysis of Ms. Rodrigues Alves's foreign educational course for the *Bacharela em Direito* (translated as Bachelor of Laws) from *Universidade Salgado de Oliveira* (translated as Salgado de Oliveira University) forms the basis for the following evaluation.

Ms. Rodrigues Alves graduated with a Bachelor of Laws Degree from Salgado de Oliveira University in February 2019. Salgado de Oliveira University is an accredited institution of higher education in Goiania, Brazil. Admission to this program requires graduation from the US equivalent of high school and competitive entrance examinations. Ms. Rodrigues Alves satisfactorily completed the academic course requirements for a Bachelor of Laws program. She majored in Law and was awarded a *Bacharela em Direito* from the institute.

This is a five-year undergraduate program of study that is equivalent to a degree of Bachelor of Science (B.S.) from an accredited institution of higher education in the United States. The academic criterion maintained by the Salgado de Oliveira University is significantly similar to those parameters upheld by any other accredited colleges and universities in the United States.

The *Bacharela em Direito* curriculum includes advanced bachelor's-level coursework and examinations in Political Science and General Theory of the State (TGE), Legal Language and Argumentation Legal Communication, Introduction to Philosophical Thought, Introduction to Law, Applied Sociology Social Sciences, Legal Psychology, History of Law, Legal Philosophy, Legal Research Methodology, General Theory of Law, Law and Economics, Criminal Law, Constitutional Law, General Theory of Procedure, Sources of Obligations, Business Law, Civil Procedure Law, Real Rights, Consumer Law, Bankruptcy Law, Environmental Law, Labor Procedure Law, Conciliation, Mediation and Arbitration, Tax Law, International Law, Administrative Law, and other related subjects.

Upon reviewing Ms. Rodrigues Alves's academic history, it becomes apparent that Ms. Rodrigues Alves has satisfied the coursework requirements which are substantially similar and equivalent to those required for the completion of a four-year Bachelor's Degree program at an accredited institution of higher education in the United States.

SUMMARY

On the basis of the academic reputation of Salgado de Oliveira University, the nature and duration of the academic coursework and the grades attained in the courses, it is the judgment of Carnegie Evaluations LLC that Ms. Rodrigues Alves has attained the equivalent of a Bachelor of Science in Legal Studies from an accredited institution of higher education in the United States.

Carnegie Evaluations LLC represents this evaluation report to be an accurate and correct evaluation to the best of its knowledge and belief, pursuant to the requirements of the Citizenship and Immigration Services of the United States Department of Homeland Security. Carnegie Evaluations LLC does not represent that the documentation submitted to it by anyone for evaluation meets the evidentiary standards of any state or federal agency or any court. This evaluation report, as are all such reports provided by Carnegie Evaluations LLC, is advisory for the customer who requested it.

The foregoing evaluation of Ms. Rodrigues Alves has been reviewed and approved by me, Dr. Zach G. Zacharia, on January 5, 2026.

Sincerely,



Zach G. Zacharia, Ph.D.
Director, Carnegie Evaluations LLC.
Associate Professor of Supply Chain Management
Director, Lehigh Center for Supply Chain Research
Lehigh University

Evaluation Resources:

1. World Higher Education Database. International Association of Universities' Worldwide Database of Higher Education Institutions, Systems and Credentials. www.whed.net.
2. AACRAO EDGE. AACRAO Electronic Database for Global Education. https://www.aacrao.org/edge
3. Central Intelligence Agency (CIA). The World Factbook. https://www.cia.gov/the-world-factbook/
4. ENIC-NARIC. European Network of Information Centres in the European Region, National Academic Recognition Information Centres in the European Union. www.enic-naric.net.

Bio: Professor Zach G. Zacharia

I am the Interim Department Chair, Decision and Technology Analytics (DATA) Department, an Associate Professor of Supply Chain Management, and Director of the Center for Supply Chain Research Lehigh in the College of Business and Economics, Lehigh University, where I teach Graduate and Undergraduate courses in Supply Chain Operations Management and Logistics and Transportation. In addition, I am also a visiting Professor at the Indian Institute of Technology (IIT) in New Delhi, India. I graduated with a B.S. in Mechanical Engineering from the University of Calgary, an MBA from the University of Alberta, and a Ph.D. in Logistics with a minor in Marketing from the University of Tennessee. My current research interests include Collaboration/Coopetition within the Supply Chain, Supplier Satisfaction, and the Physical Internet.

Before joining Academia, I worked at the University of Tennessee, Center for Transportation Research, for six years as an Associate Director. I also worked at the Department of Transportation in Alberta, Canada, for ten years as an Equipment Engineer. I am a principal in BZS Consulting, which primarily focuses on teaching Supply Chain Operations Management and evaluating collaboration and procurement strategies across firms in a supply chain.

I have developed significant international contacts and collaborations with many affiliate schools in several countries in Europe, Asia, and South America. I have evaluated numerous portfolios of international students from countries around the world and have performed in-depth assessments of how these foreign courses are equated to corresponding courses in the United States.

I have 29 refereed publications, including 2 articles in the Journal of Operations Management, 8 articles in the *Journal of Business Logistics,* and articles in *Decision Sciences*, the *Journal of Supply Chain Management, Industrial Marketing Management, International Journal of Production Research, International Journal of Production and Operations Management, International Journal of Logistics Management, Journal of Retailing, Journal of Business and Industrial Marketing, Marketing Management, Supply Chain Management Review, Journal of International Technology and Information Management*, *Journal of Vehicle Design* and *Wall Street Journal*. As a member of a Supply Chain Research Group at the University of Tennessee, I co-authored a book titled "*Supply Chain Management*" (Sage Publications, December 2000). I also contributed a chapter on logistics service providers and new product development in the book titled *Managing Innovation: The New Competitive Edge for Logistics Service Providers*, Stephan M. Wagner ed.**,** Kuehne Foundation Book Series (2007).

Among the awards that I have received is the DATA Department Service Award (2023), Staub Faculty Excellence Award (2013) for the College of Business, Lehigh University, Best Paper Finalist (2010) from the Journal of Operations Management, Best Paper Award (2007) from NARTS and Best Dissertation Proposal Award (2000) from the University of Arkansas. As a member of a Supply Chain Research Group at the University of Tennessee, I coauthored a book titled Supply Chain Management (Sage Publications, December 2000).

A. Biographical Information

Zach G. Zacharia, Ph.D.
Interim Department Chair, Decision and Technology Analytics Department
Associate Professor Supply Chain Management
Director, Center for Supply Chain Management Lehigh
Supply Chain Management Program Director
Department of Management, College of Business Administration and Economics
Lehigh University, 621 Taylor Street, Bethlehem, PA, 18015
Office: (610) 758-4433, Fax: (610) 758-6941
zgz208@lehigh.edu

EDUCATION

1996 - 2001 **THE UNIVERSITY OF TENNESSEE** **Knoxville, TN**
Doctor of Philosophy in Business Administration

- Major: Logistics, Minor: Marketing
- Dissertation Title: An Analysis of the Effect of Logistics Involvement in Cross-functional Integrated New Product Development Projects (Advisor: Dr. John T. Mentzer)

1988 – 1993 **THE UNIVERSITY OF ALBERTA** **Edmonton, AB**
Master of Business Administration

1981 - 1985 **THE UNIVERSITY OF CALGARY** **Calgary, AB**
Bachelor of Science, Mechanical Engineering

1980 - 1981 **RED DEER COLLGE** **Red Deer, AB**
Bachelor of Science

1979 – 1980 **THE UNIVERSITY OF ALBERTA** **Edmonton, AB**
Bachelor of Science

WORK EXPERIENCE SUMMARY

2016 – Present, Director, Center for Supply Chain Research Lehigh
2013 – Present, Associate Professor – Lehigh University
2008 – 2013 Assistant Professor – Lehigh University
2001 – 2008 Assistant Professor - Texas Christian University
1999 – 2001 Associate Director – Transportation Center, University of Tennessee
1997 – 1999 Assistant Director - Transportation Center, University of Tennessee
1995 – 1997 Senior Research Associate – University of Tennessee
1989 – 1995 Research Engineer – R&D Branch, Alberta Transportation & Utilities
1985 – 1989 Equipment Engineer – Alberta Transportation & Utilities

CONSULTING PROJECTS, EXECUTIVE EDUCATION

2023 Ecofriendly Behavior on Personal Transportation, AFIT, Dalton
2020 Financial Flow in SC, DiCentral, Houston

2020	Expert Witness – Real Estate Company, Bethlehem
2020	Lehigh University, Executive Education, Bethlehem
2019	Lehigh University, Executive Education, Bethlehem
2019	SC Collaboration in Drop Ship, DiCentral, Houston
2018	Coopetition in the Defense Industry, AFIT, Dayton
2018	IIT New Delhi, Executive Education, Delhi, India
2017	Lehigh University, Executive Education, Bethlehem
2016	IIT Madras, Global Initiative of Academic Networks, Chennai, India
2015	Morrison Executive Education, Santo Domingo, Dominican Republic
2014	CSCMP Executive Seminar, Bogota, Columbia
2012	Supply Chain Management Simulation, WAM Systems, Philadelphia
2010	Supply Chain Management Overview, Universidad de Piura, Peru
2007	Procurement of Capability Guidelines, Lockheed Martin Aeronautics
2002	Truck Safety Recommendations, University of Tennessee

B. Publications and Creative Activities

EDITORIAL ROLES (6)

- Senior Associate Editor- *International Journal of Logistics Management (2018-current)*
- Senior Editor- *Journal of Business Logistics (2016- current)*
- Special Issue Editor-(Physical Internet) - *Journal of Business Logistics (2018-2020)*
- Special Issue Editor- (Inter-Disciplinary Research) *Journal of Business Logistics (2014-2015)*
- Editorial Board Member – *Journal of Operations Management*
- Editorial Board Member –*Transportation Journal*
- Editorial Board Member – *Journal of Supply Chain Management*

DISSERTATION COMMITTEE MEMBER (2)

- Michael Plasch - *Supply Chain Collaboration - Investigating Motives, Drivers And Success Factors* – Johannes Kepler University Linz, Austria, 2021
- Kimberly K. Whitehead – *It's A Matter Of Give And Take: Exploring The Role Of Knowledge Transfer Within Supply Chain Collaboration* - University of Texas at Arlington, USA, 2014

BOOK CHAPTERS (5)

- **Zacharia, Zach G**. "Is there a role for Logistics Service Providers in New Product Development?" *Managing Innovation: The New Competitive Edge for Logistics Service Providers*, Stephan M. Wagner ed., Kuehne Foundation Book Series. Ch 7, 2008.
- Mentzer, John T., William J. DeWitt, James S. Keebler, Soonhong Min, Nancy W. Nix, Carlo D. Smith, and **Zach G. Zacharia**, "What is Supply Chain Management" *Supply Chain Management*, Thousand Oaks, CA: Sage Publications, Ch.1, 2000.
- **Zacharia, Zach G**., "R&D and New Product Development in Supply Chain Management" *Supply Chain Management*, John T. Mentzer ed.**,** Thousand Oaks, CA: Sage Publications, Ch.6, 2000.
- **Zacharia, Zach G**., "The Evolution and Growth of Production in Supply Chain Management" *Supply Chain Management*, John T. Mentzer ed., Thousand Oaks, CA: Sage Publications, Ch.8, 2000.
- **Zacharia, Zach G**, "The Evolution and Growth of Information Systems in Supply Chain Management" *Supply Chain Management*, John T. Mentzer ed., Thousand Oaks, CA: Sage Publications, Ch.11, 2000.

REFEREED PUBLICATIONS (29)

29. Varun Jain, Usha Mohan, Zach G. Zacharia, Nada R. Sanders (2022) "Improving patient satisfaction and outpatient diagnostic center efficiency using novel online real-time scheduling" *Operations Research for Health Care*, 32, 1-17, 100338

28. Saif Mir, Misty Blessley, **Zach Zacharia**, John Aloysius (2022) "Mending Fences in the Buyer-Supplier Relationship: The Role of Justice in Relationship Restoration" *Journal of Supply Chain Management*. Vol. 58, No. 3, 23 – 46.

27. Dev, Navin; Ravi Shankar; **Zach Zacharia**, Sanjeev Swami, (2021) "Supply chain resilience for managing the ripple effect in Industry 4.0 for green product diffusion" *International Journal of Physical Distribution & Logistics Management* Vol. 51 No. 8, 897-930.

26. Ballot, Eric, Benoit Montreuil, **Zach G. Zacharia**, (2021) "Physical Internet: First Results and Next Challenges" *Journal of Business Logistics* Vol 42 No. 1, 1 – 7.

25. Treiblmaier, Horst, Kristijan Mirkovski, Paul B. Lowry, **Zach G. Zacharia**, (2020) "The Physical Internet as a New Supply Chain Paradigm: A Systematic

Literature Review and a Comprehensive Framework" *International Journal of Logistics Management* Vol. 31 No. 2, 239-287.

24. **Zach G. Zacharia**, Michael Plasch, Usha Mohan, Markus Gerschberger (2019) "The Emerging Role of Coopetition Within Inter-Firm Relationships" *International Journal of Logistics Management* Vol. 30, No. 2, 414-437.

23. Soonhong Min, **Zach G. Zacharia**, Carlo D. Smith (2019) "Defining Supply Chain Management: In the Past, Present and Future" *Journal of Business Logistics* Vol. 40 No.1, 44-55.

22. Kimberly Whitehead, **Zach Zacharia**, Edmund Prater (2019) "Investigating the Role of Knowledge Transfer in Supply Chain Collaboration" *International Journal of Logistics Management"* Vol. 30, No. 1, 284-302.

21. Misty Blessly, Saif Mir, **Zach G. Zacharia**, John Aloysius (2018) "Breaching Relational Obligations In A Buyer-Supplier Relationship: Feelings Of Violation, Fairness Perceptions And Supplier Switching" *Industrial Marketing Management* Vol. 74, Oct, 215-226.

20. Faraz, Alireza, Nada R. Sanders, **Zach G. Zacharia**, Markus Gerschberger (2018) "Monitoring Type B Buyer-Supplier Relationships" *International Journal of Production Research* Vol. 56, No. 18, 6225-6239.

19. Whitehead, Kimberly, **Zach G. Zacharia**, Edmund Prater, (2016) "Absorptive Capacity Versus Distributive Capability: The Asymmetry of Knowledge Transfer" *International Journal of Operations and Production Management* Vol. 36, No 10, 1308-1332.

18. Nada R. Sanders, Brian R. Fugate, **Zach G. Zacharia**, (2016) "Interdisciplinary Research In SCM: Through the Lens of The Behavioral Theory of The Firm" *Journal of Business Logistics* Vol. 37, No 2, 107-112.

17. Nancy W. Nix, **Zach G. Zacharia,** (2014) "The Impact of Collaborative Engagement on Knowledge and Performance Gains in Episodic Collaborations" *International Journal of Logistics Management* Vol. 25, No 2, 245-269.

16. **Zach G. Zacharia,** Nada R. Sanders, Brian R. Fugate (2014) "The Evolving Role of Disciplines Within Supply Chain Management" *Journal of Supply Chain Management* Vol. 50, No 1, 73-88.

15. Nada R. Sanders, **Zach G. Zacharia**, Brian R. Fugate (2013) "The Interdisciplinary Future of Supply Chain Management Research" *Decision Sciences* Vol. 44, No. 3, 413-429.

14. Geoffrey T. Stewart, **Zach G. Zacharia,** Andrew B. Artis (2012) "Leveraging Relationship Orientation and its Impact on Relationship Outcomes" *Journal of Business and Industrial Marketing,* Vol. 27, No. 8, 644-658.

13. **Zach G. Zacharia,** Nancy W. Nix, Robert F. Lusch (2011) "Capabilities that Enhance Outcomes of an Episodic Supply Chain Collaboration" *Journal of Operations Management,* Vol. 29, No. 6, 591-603.

12. **Zach G. Zacharia,** Nada R. Sanders, Nancy W. Nix (2011) "The Emerging Role of the Third-Party Logistics Provider (3PL) as a Supply Chain Orchestrator" *Journal of Business Logistics*, Vol. 32, No. 1, 40-54.

11. Danny Lanier, Jr., William F. Wempe, **Zach G. Zacharia**, (2010) "Concentrated Supply Chain Membership and Financial Performance: Chain- and Firm-Level Perspectives" *Journal of Operations Management,* Vol.28, No.1, 1-16.

10. **Zach G. Zacharia**, Chad W. Autry, David S. Preston, Charles W. Lamb, (2009) "IT Alignment with Business Strategies in a Healthcare Organizations: An Empirical Analysis" *Journal of International Technology and Information Management,* Vol. 18, No. 3/4, 477-494.

9. **Zach G. Zacharia,** Nancy W. Nix and Robert F. Lusch, (2009) "An Analysis of Supply Chain Collaborations and Their Effect on Performance" *Journal of Business Logistics*, Vol. 30, No. 2, 101-123.

8. Chad W. Autry, **Zach G. Zacharia** and Charles W. Lamb, (2008) "A Logistics Strategy Taxonomy" *Journal of Business Logistics,* Vol. 29. No. 2, 53-74.

7. Nancy W. Nix, Robert F. Lusch, **Zach G. Zacharia**, and Wesley R. Bridges, (2008) "Competent Collaborations" *Marketing Management*, Vol. 17, No. 2, 18-24.

6. **Zach G. Zacharia** and John T. Mentzer (2007) "The Role of Logistics in New Product Development," *Journal of Business Logistics*, Vol. 28, No. 1, 83-110.

    a. Reprinted in:
    b. *Logistique and Management,* Vol. 16, No. 1, 35-53, (2008).

5. **Zach G. Zacharia** and John T. Mentzer (2004) "Logistics Salience In A Changing Environment," *Journal of Business Logistics*, Vol. 25, No. 1, 187-210.

    a. Reprinted in:
    b. *The ICFAI Journal of Supply Chain Management,* Vol. 3, No. 1, 53-72, (2006).

4. Mentzer, John T., William DeWitt, James S. Keebler, Soonhong Min, Nancy W. Nix, Carlo D. Smith, **Zach G. Zacharia** (2001) "Defining Supply Chain Management," *Journal of Business Logistics*, Vol. 22, No. 2, 1-25.

    c. Reprinted in:
    d. *Logistique and Management,* Vol. 9, No. 2, 3-19, (2001).

3. **Zacharia, Zach G**., John E. Tidwell and Stephen H. Richards (2001) "An Overview of Truck and Bus Safety:1999 Knoxville Symposium," *Journal of Vehicle Design*, Vol. 26, No. 4, 442-453.

2. Mentzer, John T., Min Soonhong and **Zach G. Zacharia** (2000) "The Nature of Interfirm Partnering in Supply Chain Management," *Journal of Retailing*, Winter, Vol. 76, Issue 4, 549-568.

1. **Zacharia, Zach G**. and Bart Jennings (1998) "The Use of Active Participation and Group Competition to Facilitate Training and Technology Transfer for Adult Learners," *Transportation Research Record,* No. 1637, 13-18.

PAPERS UNDER REVIEW (2)

- Zach G. Zacharia, Scott C. Ellis, Saif Mir, Robert J. Trent - "Gaining Advantage Through Social Exchange: How and Under What Conditions" (Revise and Resubmit)

- **Saif Mir, Timothy W. Breitbach, Zach G. Zacharia, Benjamin T. Hazen "Supplier Cultivation: An Accelerator Approach to Ecosystem Innovation" (Under Review)**

NON - REFEREED PUBLICATIONS (5)

5. **Zach G. Zacharia** (2020), What Every CFO Needs to Know about Supply Chains

4. **Zach G. Zacharia** (2019), Supply Chain Collaboration in Transformative Vertical Industries (Implications of Omnichannel and Drop Shipping)

3. Robert J. Trent, **Zach G. Zacharia,** (2012) "The Wisdom of Becoming a Preferred Customer," *Supply Chain Management Review* Vol. 16, No. 6, 10-18.

2. Nix, W. Nancy, Robert F. Lusch, **Zach G. Zacharia**, and Wesley R. Bridges, (2007) "The Hand That Feeds You – What Makes Some Collaborations with Suppliers Succeed – When So Many Fail?" *The Journal Report- Business Insight* (A Joint Venture with MIT *Sloan Management Review* and *Wall Street Journal*), Dow Jones and Company

1. **Zacharia, Zach G**. (1994) "Expert System Simplifies Bridge Paint Maintenance Programs," *Materials Performance,* June, 25 - 28.

CONFERENCE PROCEEDINGS (18)

18. **Zach Zacharia**, Timothy Breitbach, Ben Hazen, Saif Mir (2019) "Utilizing Accelerator Programs for adopting Innovations to Encourage the Adoption" *CSCMP Conference,* Anaheim, CA, September 15.
17. **Zach Zacharia**, Timothy Breitbach, Ben Hazen, Saif Mir (2018) "Utilizing Accelerator Programs to Encourage the Adoption of New Innovations in Large Organizations" *DSI Conference,* Chicago, IL, November 17.
16. Robert Weidmer, **Zach Zacharia**, (2018) "Competing Governance Mechanisms in Buyer-Supplier Relationships" *DSI Conference,* Chicago, IL, November 16.
15. **Zach Zacharia**, Michael Plasch, Usha Mohan, Markus Gerschberger (2017) "The Role of Coopetition in Buyer Supplier Relationships" *DSI Conference,* Washington, DC, November 18.
14. **Zach Zacharia**, Michael Plasch, Usha Mohan, Markus Gerschberger (2017) "Understanding the Antecedents and Outcomes of Coopetition" *CSCMP Academic Research Conference,* Atlanta, Georgia, September 24.
13. **Zach Zacharia**, Michael Plasch, Usha Mohan, Markus Gerschberger (2017) "The Evolving Role of Coopetition within the Supply Chain" *CSCMP European Research Seminar,* Barcelona, Spain, May 19.
12. Gouda, Sirish, **Zach Zacharia**, Haritha Saranga (2016) "Linking New Forms of Work Organization and External Integration: Mediating role of cross functional collaboration" *DSI Conference,* Austin, Texas, November 21.
11. Blessley, Misty, Saif Mir, **Zacharia, Zach G.,** John Aloysius (2016) "The role of apologies following transgressions in buyer-supplier relationships." *CSCMP Educator Conference,* Orlando, Florida, September 25.
10. Blessley, Misty, Saif Mir, **Zacharia, Zach G.,** John Aloysius (2016) "The role of transactional and relational psychological contract breach in supplier switching behavior." *CSCMP European Research Seminar,* Vienna, Austria, May 13.
9. Blessley, Misty, Saif Mir, **Zacharia, Zach G.,** John Aloysius (2015) "Should I stay or should I go? The role of transactional and relational psychological contract breach in supplier switching behavior." *CSCMP Educator Conference,* San Diego, California, September 27.
8. **Zacharia, Zach G.,** Nancy W. Nix and Robert F. Lusch (2007) "Supply Chain Collaborations: Project Performance and Business Performance" *18th North American Teaching and Research Conference,* Tempe, Arizona, March 29-31.

7. **Zacharia, Zach G.** (2005) "Team Based Learning in MBA and Undergraduate Supply Chain Management Classes" *16th North American Teaching and Research Conference,* Tempe, Arizona, March 17-19.

6. Nix, Nancy W., **Zach G. Zacharia** and Robert F. Lusch (2005) "Keys to Effective Supply Chain Collaboration" *16th North American Teaching and Research Conference,* Tempe, Arizona, March 17-19.

5. **Zacharia, Zach G.** and Marc E. Ruzicka (2003) "Experiential Learning: Live Business Cases in MBA Supply Management and Logistics Classes" *14th North American Teaching and Research Conference,* Tempe, Arizona , March 21- 23.

4. **Zacharia**, **Zach G** (2000) "The Evolution and Growth of Production in the Supply Chain", *Society for Marketing Advances Conference*, Orlando, Florida, November 8-10.

3. **Zacharia, Zach G**., John E. Tidwell and Stephen H. Richards (2000) "An Overview of Truck and Bus Safety:1999 Knoxville Symposium," *4th International Fatigue Management Conference*, Perth, Australia, March 19-2.

2. **Zacharia, Zach G**. and Bart Jennings (1998), "The Use of Active Participation and Group Competition to Facilitate Training and Technology Transfer for Adult Learners," *Transportation Research Board Conference Proceedings,* Washington, District of Columbia, January 4-8.

1. **Zacharia, Zach G**. (1992), "Bridge Paint Expert Systems", *Second International Organization for Economic Cooperation and Development (OECD) Conference on Knowledge Based Expert Systems in Transportation*, Montreal, Canada, April 3-7.

CONFERENCE PRESENTATIONS (3)

3. **Zach Zacharia**, (2022) "Identifying and Ranking Supply Chain Risks" *WDSI Conference,* Waikoloa, HI, April 7.

2. Annibal Sodero**, Zach Zacharia**, (2022) "Antecedents and outcomes of drop-shipping adoption in the retail supply chain" Euroama Conference, Berlin, July 3rd

1. Saif Mir**, Zach Zacharia**, (2022) "Risks in Procurement and Sourcing" DSI Conference Houston, November 21

PODCASTS (5)

- **Zacharia, Zach G**. (2021), "Red Flags in the Supply Chain" https://business.lehigh.edu/blog/2021/zach-zacharia-red-flags-supply-chain (July 2nd)

- **Zacharia, Zach G**. (2021), "Red Flags in the Supply Chain" https://business.lehigh.edu/blog/2021/zach-zacharia-red-flags-supply-chain (July 2nd)

- **Zacharia, Zach G**. (2021), "Disruptive New Paradigm of the Physical Internet" https://business.lehigh.edu/blog/2021/zach-zacharia-disruptive-new-paradigm-physical-internet (June 3rd)

- **Zacharia, Zach G**. (2018), "Dealing with Disruptive Innovations in the Supply Chain" (https://cbe.lehigh.edu/blog/posts/dealing-disruptive-innovations-supply-chain) (October 24)

- **Zacharia, Zach G**. (2017), "Drop Shipping: A New Opportunity for Retailers and Suppliers" (https://cbe.lehigh.edu/blog/posts/drop-shipping-new-opportunity-retailers-and-suppliers) December 11

- **Zacharia, Zach G**. (2017), "What You Need to Know About the Physical Internet" (https://cbe.lehigh.edu/blog/posts/what-you-need-know-about-physical-internet (March 14) (Ranked 4th in Google Search for Physical Internet)

WORKING PAPERS (6)

- Zach Zacharia, Michael Plasch, Markus Gerschberger "Explorative and exploitative motives for coopetition" *Target: International Journal of Production Economics*

- Zach Zacharia, Annibal Sodero "Drop Shipping and its Effects on the New E-Commerce Retail Paradigm" *Target: Journal of Operations Management"*

- Zach Zacharia, Robert Wiedmer, Kimberly Whitehead "Competing Governance Mechanisms in Buyer-Supplier Relationships" *Target: Journal of Operations Management*

- Zach Zacharia, Cedric Heuchenne, Nada Sanders, Faraz, Alireza "Comparison of populations based on binary characteristics in the presence of non-response" *Target: Production Operations Management Journal*

- Zach Zacharia, Gopal Kumar "Environmental and social performance leads to supply chain performance? An analysis in context of sustainable collaboration" *Target: Supply Chain Management: An International Journal*

- Zach Zacharia, Benjamin Hazen, Timothy Breitbach, Saif Mir "How Accelerator Programs Facilitate Innovation Adoption in Large Organizations" *Target: Journal of Operations Management*

27.Honors and Awards (25)

2023	DATA Department Service Award, Lehigh University
2018	Teaching Innovation Grant, CBE, Lehigh University
2018	Senior Associate Editor for *International Journal of Logistics Management*
2017	Best Reviewer Award *Journal of Business Logistics*
2016	Editor for *Journal of Business Logistics News*
2016	Associate Editor for *Production Operations Management* Special Issue
2015	Associate Editor for *Journal of Business Logistics*
2015	Member of the *Transportation Journal* Editorial Board
2013	Robert and Christine Staub Faculty Excellence Award
2012	Member of the *Journal of Supply Chain Management* Editorial Board
2011	Best Paper Finalist for 2010 (*Journal of Operations Management*)
2011	Best Paper Award (European DSI Conference)
2010-2011	Council of Supply Chain Management Professional Educator Conference Chair
2010	Member of the *Journal of Operations Management* Editorial Board
2010	Member of the *Journal of Business Logistics* Editorial Board
2009-2010	Supply Chain Management Educator Conference Proceedings Editor
2007-2008	Council of Supply Chain Management Case Editor
2007	Best Paper Award (*NARTS-ISM Conference*)
2006	Tied for highest SPOT (Student Perception of Teaching) score
2005	Highest SPOT (Student Perception of Teaching) in INSC department
2000	Doctoral Dissertation Proposal Award (*University of Arkansas)*
2000	Outstanding Student Paper Award *(Society for Marketing Advances)*
2000	Finalist *(ISBM Doctoral Dissertation Award)*
2000	Scholarly Research Grant Recipient *(University of Tennessee)*
1999, 1997	Fellow *(Council of Logistics Management Doctoral Symposium)*

28. Research Funding (16)

2019	DiCentral – SCM and Financial Flow Research $20,000
2019	Ben Franklin Technology Partners and ESPI $20,000
2018	AFIT – Managing Customer Driven Coopettittion Projects $25,000
2017	DiCentral – Drop Shipment Research $20,000
2014-2015	International Travel Grant - One of 5 recipients selected across the entire University $5000
2011	Faculty Research Grant – Lehigh University (Principal Investigator), Catherine Ridings (Lehigh University) " Does investment in Supply Chain Management and Information Technology provide value for micro firms?" $4500
2009	Summer Research Grant – College of Business and Economics, Lehigh University (Principal Investigator), Nada R. Sanders (Lehigh University, Brian S. Fugate (Colorado State University) *"State of Supply Chain Management: A Visionary Perspective"* $3000
2002-2007	Charles Tandy American Enterprise Center Faculty Research Award *(Texas Christian University)* ($10,000/yr)
2003, 05, 07	Junior Faculty Research Grant *(Institute of Supply Management)* ($750/yr)
2005	Research Center for Teaching Excellence, Faculty Fellow Grant *(Texas Christian University)* ($2500)

F. Scholarly Presentations (79)

- **Zacharia, Zach G.,** "*Supply Chain Collaboration in Transformative Vertical Industries"* Retail Value Chain Federation Conference, Teaneck, New Jersey, May 6, 2019

- **Zacharia, Zach G.,** "*Theoretical and Conceptual Foundations of Supply Chain Management"* PhD Research Seminar, Indian Institute of Technology, New Delhi, January India, January 25, 2018.

- **Zach Zacharia**, Michael Plasch, Usha Mohan, Markus Gerschberger "*The Role of Coopetition in Buyer Supplier Relationships*" *DSI Conference*, Washington, DC, November 18, 2017

- **Zacharia, Zach G.,** "*Utilizing Drop Shipment to Improve Your Bottom Line"* Retail Value Chain Federation Conference, Phoenix, Arizona, November 6, 2017

- **Zach Zacharia**, Michael Plasch, Usha Mohan, Markus Gerschberger "*Understanding the Antecedents and Outcomes of Coopetition*" *CSCMP Academic Research Conference,* Atlanta, Georgia, September 24, 2017

- **Zacharia, Zach G.,** "*Complexity in Supply Chain Management"* PhD Research Seminar, Atlanta, Georgia, September 23, 2017

- **Zacharia, Zach G.,** "*Coopetition Research"* PhD Research Seminar, Atlanta, September 22, 2017

- **Zacharia, Zach G.,** "*Buyer Supplier Relationships"* PhD Research Seminar, Atlanta, September 21, 2017

- **Zacharia, Zach G.,** "*Publishing Research in American Supply Chain Journals"* Indian Institute of Technology, New Delhi, India, July 21, 2017.

- **Zacharia, Zach G.,** "*Transforming Traditional Networks Through the Use of Collaborative Environments"* Supply Chain Leaders in Action Conference, Naples, Florida June 5, 2017

- **Zach Zacharia**, Michael Plasch, Usha Mohan, Markus Gerschberger (2017) "*The Evolving Role of Coopetition within the Supply Chain*" CSCMP European Research Seminar, Barcelona, Spain, May 19.

- **Zacharia, Zach G.,** "*Logistics PhD programs in the US panel session"* Logistics Doctoral Symposium, Auburn University, Auburn, February 24, 2017.

- **Zacharia, Zach G.,** "*A Research Journey"* Indian Institute of Technology, Trichy, India, February 6, 2017.

- **Zacharia, Zach G.,** "*Orientation and Firm Infrastructure"* PhD Research Seminar, Logistikum, University of Applied Sciences, Steyr, Austria January 12, 2017

- **Zacharia, Zach G.,** "*Strategy"* PhD Research Seminar, Logistikum, University of Applied Sciences, Steyr, Austria January 11, 2017

- **Zacharia, Zach G.,** "*Conceptual Foundations from Procurement and Operations"* PhD Research Seminar, Logistikum, University of Applied Sciences, Steyr, Austria January 10, 2017

- **Zacharia, Zach G.,** "*Conceptual Foundations from Marketing and Logistics"* PhD Research Seminar, Logistikum, University of Applied Sciences, Steyr, Austria January 9, 2017

- **Zacharia, Zach G.,** "*Theoretical and Conceptual Foundations of Supply Chain Management"* PhD Research Seminar, Logistikum, University of Applied Sciences, Steyr, Austria August 10, 2016

- **Zacharia, Zach G.,** "*Philosophy of Science"* PhD Research Seminar, Logistikum, University of Applied Sciences, Steyr, Austria August 9, 2016

- **Zacharia, Zach G.,** " *Conceptual Foundations of Marketing"* PhD Research Seminar, Logistikum, University of Applied Sciences, Steyr, Austria August 8, 2016

- **Zacharia, Zach G.,** " *Conceptual Foundations of Operations"* PhD Research Seminar, Logistikum, University of Applied Sciences, Steyr, Austria August 10, 2016

- Gouda, Sirish, **Zach Zacharia**, Haritha Saranga (2016) "Linking New Forms of Work Organization and External Integration: Mediating role of cross functional collaboration" *DSI Conference,* Austin, Texas, November 21.

- Blessley, Misty, Saif Mir, **Zacharia, Zach G.,** John Aloysius (2016) "The role of apologies following transgressions in buyer-supplier relationships." *CSCMP Educator Conference*, Orlando, Florida, September 25.

- **Zacharia, Zach G.,** " *Increasing Efficiency and Reducing Cost within a Supply Chain"* Indian Institute of Technology, Madras, India, June 13 2016.

- Blessley, Misty, Saif Mir, **Zacharia, Zach G.,** John Aloysius (2016) "The role of transactional and relational psychological contract breach in supplier switching behavior." *CSCMP European Research Seminar*, Vienna, Austria, May 13.

- Bleasley, Misty, Mir, Saif, **Zacharia, Zach G.,** Aloysius, John " *Should I stay or should I go? The role of transactional and relational psychological contract breach in supplier switching behavior"* Council of Supply Chain Management Educator Conference, San Diego, September 27, 2015.

- **Zacharia, Zach G.,** "*Qualitative and Quantitative Research Paths in SCM"* , University of Arkansas, Fayetteville, Arkansas Feb 27, 2015.

- **Zacharia, Zach G.,** "*Publishing Research in American Supply Chain Journals"* Indian Institute of Management, Bangalore, India, January 13, 2015.

- **Zacharia, Zach G.,** Scott Ellis, Robert J. Trent "*Gaining Advantage Through Social Exchange: How and Under What Conditions"* Production Operation Management Conference, Atlanta, Georgia, May 10, 2014.

- Ellis, Scott, **Zacharia, Zach G.,** Jae-Young Oh "*The Role of Functional Congruence in Cross-Functional and Inter-organizational Collaboration"* Decision Sciences Institute Conference, Baltimore, Maryland, November 19, 2013.

- **Zacharia, Zach G.,** "*Supply Chain Management, Collaboration and their Role Across Businesses and People"* Congress of Latin American Engineering Students, Lima, Peru, October 29, 2013.

- **Zacharia, Zach G.,** Scott Ellis, "*Antecedents to Buyer-Engineer Knowledge Transfer"* Production Operation Management Conference, Denver, Colorado, May 4, 2013.

- **Zacharia, Zach G.,** "*Balancing Effective Research and Teaching"* – Invited Panel Presentation, Council of Supply Chain Management Doctoral Symposium, Atlanta, Georgia, October 1, 2012.

- **Zacharia, Zach G.,** "*What are some of the Factors That Affect the Relationship Between Cross Functional New Product Development and New Product Project Performance?"* Decision Sciences Institute Conference, Boston, Massachusetts, November 22, 2011.

- **Zacharia, Zach G.,** "*Supply Chain Security - An Academic Discussion and Future Research"* Invited Panel Presentation, Decision Sciences Institute Conference, Boston, Massachusetts, November 21, 2011.

- **Zacharia, Zach G.,** "*Conference Chairperson Opening Remarks"* Council of Supply Chain Management Educator Conference, Philadelphia, Pennsylvania, October 2, 2011.

- **Zacharia, Zach G.,** William F. Wempe William and Danny Lanier, Jr. "*Concentrated Supply Chain Membership and Financial Performance: Chain- and Firm-Level Perspectives"* Academy of Management Conference, San Antonio, Texas, August 12 – August 17, 2011.

- **Zacharia, Zach G.** and Catherine M. Ridings *"Does investment in Supply Chain Management and Information Technology provide value for micro firms?"* Production Operations Management Conference, Reno, Nevada, April 28-May 1, 2011.

- **Zacharia, Zach G.** and Robert J. Trent *"Supplier Satisfaction and Innovation Sharing"* Decision Sciences Institute Conference, San Diego, November 20-23, 2010.

- Christoph Bode, Stephan M. Wagner and **Zacharia, Zach G.,** "*The Effect of Cooperation, Supplier Development, and Relationship-Specific Investments on Suppliers' Willingness to Share Innovation"* Decision Sciences Institute Conference, San Diego, November 20-23, 2010.

- **Zacharia, Zach G.** *"Personal Career Development in Academia: What now and How"* Council of Supply Chain Management Professionals Doctoral Symposium, San Diego, September 27, 2010.

- **Zacharia, Zach G.** *"Supply Chain Management Overview"* Executive MBA Program, Universidad de Piura, Piura, Peru, June 12, 2010.

- **Zacharia, Zach G.** *"Supply Chain Management Collaboration Strategies"* CSCMP Roundtable, Lima, Peru, June 11, 2010.

- **Zacharia, Zach G.** and John R. MacDonald *"Are differences in Risk Planning Significant?"* Production and Operations Management Conference, Vancouver, Canada, May 7-10, 2010.

- **Zacharia, Zach G.** and Robert J. Trent *"Supplier Satisfaction – How does it matter?"* Production and Operations Management Conference, Vancouver, Canada, May 7-10, 2010.

- **Zacharia, Zach G.,** Nancy W. Nix, and Robert F. Lusch *"The Moderating Role of Absorptive Capability and Collaborative Communication in Organizational Learning"* 19th *North American Teaching and Research Conference*, Tempe, Arizona, March 11-12, 2010

- **Zacharia, Zach G.** and John R. MacDonald *"Risk Planning: Is it of Value"* Decision Sciences Institute Conference, New Orleans, LA, November 17, 2009.

- **Zacharia, Zach G.** *"When Should New Product Development Managers Consider Distribution Logistics"* Decision Sciences Institute Conference, New Orleans, LA, November 15, 2009.

- John R. MacDonald and **Zacharia, Zach G.** *"Risk and Disruption Management: The Impact of Behavioral Interference"* Behavioral Operations Conference, Syracuse, NY, June 26, 2009.

- **Zacharia, Zach G.,** Nancy W. Nix, and Robert F. Lusch *"The Moderating Role of Absorptive Capability and Collaborative Communication in Organizational Learning"* Production and Operation Management Conference, Orlando, FL, May 2, 2009.

- **Zacharia, Zach G.,** Nancy W. Nix and Robert F. Lusch "Supply Chain Collaborations: Project Performance and Business Performance" *18th North American Teaching and Research Conference,* Tempe, Arizona, March 29-31. (2007)

- **Zacharia, Zach G.,** Nancy W. Nix, and Robert F. Lusch *"The Moderating Role of Absorptive Capability and Collaborative Communication in Organizational Learning"* University of Tennessee, Knoxville, TN, November 7, 2006.

- **Zacharia, Zach G.,** Nancy W. Nix, and Robert F. Lusch *"The Moderating Role of Absorptive Capability and Collaborative Communication in Knowledge Acquisition"* DFWCSMP Roundtable meeting, Dallas, TX, October 12, 2006.

- **Zacharia, Zach G.,** *"Early Supplier Involvement"* National Council for Advanced Manufacturing, Washington, MD, June 7, 2006.

- **Zacharia, Zach G.,** Nancy W. Nix, and Robert F. Lusch *"Keys to Effective Supply Chain Collaboration and Knowledge Acquisition"* National Council for Advanced Manufacturing, Washington, MD, June 7, 2006.

- **Zacharia, Zach G.,** Nancy W. Nix, and Robert F. Lusch *"Keys to Effective Supply Chain Collaboration"* Supplier Network Working Group Meeting, Fort Worth, TX March 16, 2006.

- **Zacharia, Zach G.,** Nancy W. Nix, and Robert F. Lusch *"Keys to Effective Supply Chain Collaboration"* Institute of Supply Management Group Meeting, Fort Worth, Texas, January 3, 2006.

- **Zacharia, Zach G.** "Team Based Learning in MBA and Undergraduate Supply Chain Management Classes" *16th North American Teaching and Research Conference,* Tempe, Arizona, March 17-19. (2005)

- Nix, Nancy W., **Zach G. Zacharia** and Robert F. Lusch "Keys to Effective Supply Chain Collaboration" *16th North American Teaching and Research Conference,* Tempe, Arizona, March 17-19. (2005)

- **Zacharia, Zach G.,** *"Education Strategies"* Council of Logistics Roundtable Leadership Forum, Chicago, Illinois, June 11-12, 2004.
- **Zacharia, Zach G.,** and Nancy W. Nix, *"Supply Chain Collaboration – The role of a 3PL intermediary"* Society of Marketing Advances, New Orleans, Louisiana, November 6 - 8, 2003.
- **Zacharia, Zach G.,** Nancy W. Nix, and Robert F. Lusch *"Collaboration Effectiveness in the Supply Chain: A Knowledge and Capabilities Based Approach"* American Marketing Faculty Consortium, Dallas, Texas, October 30-November 2, 2003.

- **Zacharia, Zach G.,** *"What does it mean to be an education officer in your roundtable?"* Council of Logistics Roundtable Leadership Forum, Chicago, Illinois, June 6-7, 2003.

- Nix, Nancy W. and **Zach G. Zacharia**, Track Chairs "*Going Beyond the Hype: Getting and Measuring the Value from your Supply Chain Initiatives"* Council of Logistics Management Conference, Chicago, Illinois, September 23-27, 2003.
- **Zach G. Zacharia,** *Top 10 Truck Safety Recommendations*, Federal Motor Carrier Safety Administration, Washington, District of Columbia, October 16, 2002.
- **Zach G. Zacharia,** *Logistics Involvement in New Product Development*, University of Arkansas, Fayetteville, Arkansas, September 18, 2002.
- **Zach G. Zacharia,** "Supply and Value Chain Certificate Program" presented at the Supply and Value Chain Conference, Ft. Worth, Texas, February 8, 2002.
- **Zach G. Zacharia,** "*Tennessee Transportation Assistance Program*" presented at the Region 4 LTAP conference, St. Petersburg, Florida, May 16, 2001.
- **Zach G. Zacharia,** "*The Evolution and Growth of Production in the Supply Chain*", *2000 Society for Marketing Advances Conference*, Orlando, Florida, November 8. 2000.
- **Zach G. Zacharia,** and Soonhong Min "*The Nature of Interfirm Partnering in Supply Chain Management*" presented at American Marketing Association, Chicago, Illinois, August 5, 2000.
- **Zach G. Zacharia,** *"Searching the Internet and Web Page Design"* presented at University of Tennessee, Knoxville, Tennessee, April 17, 2000.
- **Zach G. Zacharia,** *"An Overview of Truck and Bus Safety: 1999 Knoxville Symposium* presented at the 4th International Fatigue Management Conference, Perth, Australia, March 19 – 22, 2000.
- **Zach G. Zacharia,** "*Traffic Safety and the Internet*" presented at the Governor Highway Safety Conference, Memphis, Tennessee, July 12-14, 1999.
- **Zach G. Zacharia,** "*Tennessee Transportation Assistance Program*" presented at the Asphalt Emulsion Users Conference, Nashville, Tennessee, November 19, 1998.
- **Zach G. Zacharia** and Barton R. Jennings "*The Use of Active Participation and Group Competition to Facilitate Training and Technology Transfer for Adult Learners*" Transportation Research Board Conference, Washington, District of Columbia, January 10-14, 1998.
- **Zach G. Zacharia,** "*Training Requirements for Local Governments*" presented at the National Transportation Training Conference, Reno, Nevada, October 7-9, 1997.
- **Zach G. Zacharia,** "*Logistics Thought: Key Messages and Implications from the Field of Marketing*," presented at the Council of Logistics Management Doctoral Symposium, Chicago, Illinois, October 3-4, 1997.

- **Zach G. Zacharia,** "*Navigating the Internet*" presented at the Southeast Local Roads Conference, Biloxi, Mississippi, September 24-26, 1997.
- **Zach G. Zacharia,** "*Bridge Paint Expert Systems,"* presented at the Second International Organization for Economic Cooperation and Development (OECD) Conference on Knowledge Based Expert Systems in Transportation, Montreal, Canada, June 14-16, 1992.

G. Teaching and Research Advising

COURSES:

Lehigh University (2008 – Present)

- SCM 186 - Supply Chain Management and Operations (Undergraduate 2008 - present)
- SCM 354 - Logistics and Transportation (Undergraduate 2008-present)
- GBUS 453 – Logistics and Transportation (Graduate 2013 – present)
- GBUS 492- Supply Chain Management Strategy (Graduate 2010- 2015) (Summer Course)
- Advising 14 Supply Chain Management Majors (2021)
- Advising 11 Supply Chain Management Majors (2020)
- Advising 21 Supply Chain Management Majors (2019)
- Advising 5 Supply Chain Management Majors (2018)
- Advising 24 Supply Chain Management Majors (2017)
- Advising 9 Supply Chain Management Majors (2016)
- Advising 27 Supply Chain Management Majors (2015)
- Advising 28 Supply Chain Management Majors (2014)
- Advising 24 Supply Chain Management Majors (2013)
- Advising 9 Supply Chain Management Majors (2012)
- Advising 10 Supply Chain Management Majors (2011)
- Advising 13 Supply Chain Management Majors (2010)
- Advising 6 Supply Chain Management Majors (2009)

Texas Christian University (2001 – 2008)

- Strategic Sourcing and Procurement (Professional MBA) 2007
- Business Simulation (Professional MBA) 2007
- Supply Chain Management Concepts (Full-Time MBA) 2005 – 2008
- Supply Chain Management Concepts (Professional MBA) 2001– 2008
- Logistics and Transportation (Professional MBA) 2001 - 2008
- Supply Chain Tools and Technologies (Professional MBA) 2002
- Logistics and Transportation (Undergraduate) 2001 - 2008
- Supply Chain Management Concepts (Undergraduate) 2003 – 2004
- Supply Chain Tools and Technologies (Undergraduate) 2003
- Procurement and Supply Management (Undergraduate) 2003

University of Tennessee (1996-2001)

- Introduction to Transportation (Undergraduate) Summer 1998
- Introduction to Logistics (Undergraduate) Summer 1999
- Marketing Management (Undergraduate) Spring 2000
- Global Logistics and Transportation (Undergraduate) Summer 2000

H. SERVICE

University

Faculty Compensation Committee (2016 – 2019)

College

Director, Center for Supply Chain Research Lehigh
Promotion and Tenure Committee (2021 – onwards)
Chair, Database and Software Committee (2018 – onwards)
Ph.D. Task Force (2017)
Undergraduate Core Curriculum Committee (2016)
Math Committee to Assess Assessment Results (2010)

Department

BIS Assistant Professor Search Chair – Tenure Track (2021-2021)
SCM Assistant Professor Search Chair – Tenure Track (2020-2020)
DATA Department Chair Search – Tenure Track (2019-2019)
SCM Assistant Professor Search Chair – Tenure Track (2018-2018)
SCM POP Search Chair (2017-2017)
Research Seminar Committee (2010-2011)
SCM Club Faculty Liaison (2009-2019)

Professional (Council of Supply Chain Management Professionals)

Education Committee Member -Lehigh Valley Roundtable (2015-onwards)
President – Lehigh Valley Roundtable (2012-2015)
Education Conference Chair (2010 – 2011)
Education Strategies Committee Member (2007 – 3-year term)
Case Editor (3-year term)
President – Dallas Roundtable (2007-2008)
Vice President – Dallas Roundtable (2006-2007)
Education chair – Dallas Roundtable (2004-2006)
Member (1999 – onwards)

External Service

Rockefeller Group – Expert Service Consulting (Jan 2020)

Exhibit B.II Full-time experience in you occupation

B20250109824

B3666-8380 05/07/2025 12:32 PM Received by California Secretary of State

STATE OF CALIFORNIA
Office of the Secretary of State
ARTICLES OF INCORPORATION
CA GENERAL STOCK CORPORATION

California Secretary of State
1500 11th Street
Sacramento, California 95814
(916) 657-5448

For Office Use Only

-FILED-

File No.: B20250109824

Date Filed: 5/7/2025

Corporation Name	
Corporation Name	JESSICA ALVES DAY CARE
Initial Street Address of Principal Office of Corporation	
Principal Address	2318 22ND ST SAN FRANCISCO, CA 94110
Initial Mailing Address of Corporation	
Mailing Address	2318 22ND ST SAN FRANCISCO, CA 94110
Attention	
Agent for Service of Process	
Agent Name	JESSICA RODRIGUES ALVES
Agent Address	2318 22ND ST SAN FRANCISCO, CA 94110

Shares

The total number of shares the corporation is authorized to issue is: 10,000

Does the corporation have more than one class or series of shares? No

Purpose Statement

The purpose of the corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of California other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the California Corporations Code.

Additional information and signatures set forth on attached pages, if any, are incorporated herein by reference and made part of this filing.

Electronic Signature

☒ By checking this box, I acknowledge that I am electronically signing this document as the incorporator of the Corporation and that all information is true and correct.

JESSICA RODRIGUES ALVES — Incorporator Signature

05/07/2025 — Date

BA20251058311

B3682-2130 05/12/2025 2:23 PM Received by California Secretary of State

STATE OF CALIFORNIA
Office of the Secretary of State
STATEMENT OF INFORMATION
CORPORATION

California Secretary of State
1500 11th Street
Sacramento, California 95814
(916) 657-5448

For Office Use Only

-FILED-

File No.: BA20251058311

Date Filed: 5/12/2025

Entity Details

Corporation Name	JESSICA ALVES DAY CARE
Entity No.	B20250109824
Formed In	CALIFORNIA

Street Address of Principal Office of Corporation

Principal Address	2318 22ND ST SAN FRANCISCO, CA 94110

Mailing Address of Corporation

Mailing Address	2318 22ND ST SAN FRANCISCO, CA 94110
Attention	

Street Address of California Office of Corporation

Street Address of California Office	2318 22ND ST SAN FRANCISCO, CA 94110

Officers

Officer Name	Officer Address	Position(s)
+ JESSICA RODRIGUES ALVES	2318 22ND ST SAN FRANCISCO, CA 94110	Chief Executive Officer, Chief Financial Officer, Secretary

Additional Officers

Officer Name	Officer Address	Position	Stated Position
None Entered			

Directors

Director Name	Director Address
+ JESSICA RODRIGUES ALVES	2318 22ND ST SAN FRANCISCO, CA 94110

The number of vacancies on Board of Directors is: 1

Agent for Service of Process

Agent Name	JESSICA RODRIGUES ALVES
Agent Address	2318 22ND ST SAN FRANCISCO, CA 94110

Type of Business

Type of Business	DAY CARE

Email Notifications

Opt-in Email Notifications	No, I do NOT want to receive entity notifications via email. I prefer notifications by USPS mail.

Labor Judgment

No Officer or Director of this Corporation has an outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal therefrom is pending, for the violation of any wage order or provision of the Labor Code.

Electronic Signature

☒ By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign.

JESSICA RODRIGUES ALVES	*05/12/2025*
Signature	Date

B3682-2131 05/12/2025 2:23 PM Received by California Secretary of State

FINANCIAL CRIMES
ENFORCEMENT NETWORK

Generated: 5/13/2025

FILING SUCCESSFUL - Beneficial Ownership Information Report (BOIR) Status

Submission Information	
Status	FILING SUCCESSFUL
BOIR ID	50000016189925
Submission Tracking ID	BOIRAnol6YkGPIOnaVis
Received Timestamp (UTC)	2025-05-13T00:57:32Z
Reporting Company FinCEN ID	

Submitter Information	
First name	JOSE
Last name	MIRANDA
E-mail address	CERTIFICABAYAREA@GMAIL.COM

Validation Information	
Code	**Description**
No validation errors	

#50000016189925 - Beneficial Ownership Information Report (BOIR) Transcript

Filing Information	
Type of filing	Initial report
Date prepared (assigned upon finalization)	05/13/2025

Reporting Company Information	Back to top
Request to receive FinCEN Identifier (FinCEN ID)	
Foreign pooled investment vehicle	
Reporting Company legal name	JESSICA ALVES DAY CARE
Alternate name (e.g. trade name, DBA)	
Tax Identification type	EIN
Tax Identification number	392108146
Country/Jurisdiction (if foreign tax ID only)	
Country/Jurisdiction of formation	United States
State of formation	California
Tribal jurisdiction of formation	
Name of the other Tribe	
State of first registration	
Tribal jurisdiction of first registration	
Name of the other Tribe	
Address (number, street, and apt. or suite no.)	2318 22ND ST
City	SAN FRANCISCO
U.S. or U.S. Territory	United States
State	California
ZIP Code	94110
Existing Reporting Company	

#50000016189925 - Beneficial Ownership Information Report (BOIR) Transcript

Company Applicant Information	Back to top
FinCEN ID	
Individual's last name	RODRIGUES ALVES
First name	JESSICA
Middle name	
Suffix	
Date of birth	05/11/1994
Address type	Business address
Address (number, street, and apt. or suite no.)	2318 22ND ST
City	SAN FRANCISCO
Country/Jurisdiction	United States
State	California
ZIP/Foreign postal code	94110
Identifying document type	State-issued driver's license
Identifying document number	Y1358252
Country/Jurisdiction	United States
State	California
Local/tribal	
Other local/Tribal description	
Identifying document image	DL JESSICA RODRIGUES ALVES.JPG

#50000016189925 - Beneficial Ownership Information Report (BOIR) Transcript

Beneficial Owner Information	Back to top
Parent/Guardian information instead of minor child	
FinCEN ID	
Exempt entity	
Individuals's last name or entity's legal name	RODRIGUES ALVES
First name	JESSICA
Middle name	
Suffix	
Date of birth	05/11/1994
Address (number, street, and apt. or suite no.)	2318 22ND ST
City	SAN FRANCISCO
Country/Jurisdiction	United States
State	California
ZIP/Foreign postal code	94112
Identifying document type	State-issued driver's license
Identifying document number	Y1358252
Country/Jurisdiction	United States
State	California
Local/tribal	
Other local/Tribal description	
Identifying document image	DL JESSICA RODRIGUES ALVES.JPG

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Agreement for Provider Agencies Participating in
Early Learning San Francisco and Preschool for All Programs

July 29, 2022 - June 30, 2023

I. Purpose

This agreement is between Jessica's Day Care, the Children's Council of San Francisco and/or Wu Yee Children's Services as the Early Care and Education (ECE) Integrated Services Administrators (ISAs), and the San Francisco Department of Early Childhood (DEC) as funder.

This **Agreement** provides funding, enrollment, and programmatic guidance to **Qualified Early Learning San Francisco** funded programs.

DEC, under its sole discretion, reserves the right to make changes to this Agreement at any time in response to evolving funding, public health, and/or state or local circumstances.

II. Policy

Qualified Early Learning San Francisco programs must continue operating in strict accordance with current State and local public health orders and guidance. The public health requirements may change at any time.

III. General Information and Term

A. General Information

The City and County of San Francisco, San Francisco Department of Early Childhood (DEC) through this agreement, provides funding to support quality early care and education services through the Early Learning San Francisco (ELS) and Preschool for All (PFA) programs. A Continuing Funding Application (CFA) issued in 2022 sets forth the eligibility and requirements for agencies that applied to provide services to children birth through five years of age in licensed early care and education settings. This agreement states the programmatic assurances and standards, eligibility and enrollment requirements for the ELS/PFA

funding, and funding amounts, which are contingent based on availability of funds and/or actual enrollments.

B. Term of Agreement

The term for this Agreement is July 1, 2022 through June 30, 2023. DEC retains the option to extend the term for an additional year or increase service levels depending upon funding availability and service needs, which DEC may exercise at its sole and absolute discretion. This agreement may be terminated for cause or for lack of available funding. During the term of this agreement, it may be updated with any necessary modifications. This agreement and requirements are reviewed annually by Provider, ISAs and DEC.

C. Expansion

For current Early Learning San Francisco (ELS) programs that are expanding at the same location or adding an additional site: ELS-Qualified agency must complete the validation process for the additional site or classroom applying for city-funded child enrollments. This process allows the Department of Early Childhood (DEC) to determine the site or classroom readiness in order to meet and implement the Quality Standards for the Early Learning San Francisco program. Please refer to the Operating Guildelines for validaton steps.

IV. Role and Responsibilities

A. Integrated Service Administrators

In order to support the City's efforts to leverage federal and state resources, DEC has funded two agencies as Early Care and Education Integrated Services Administrators (ISA). Children's Council of SF (CCSF) and Wu Yee Children's Services (WYCS) both Integrated Services Administrators will administer ECE funding policies and procedures set by DEC. CCSF and WYCS will determine family eligibility and administer subsidies through direct payments to providers selected by DEC through the Early Learning San Francisco Continuing Funding Application (CFA). Neither administrator is responsible for ensuring availability of funding from DEC.

This agreement shall not render Children's Council of San Francisco and/or Wu Yee Children's Services or the San Francisco Department of Early Childhood an employer, business partner, or agent of the early care and education (ECE) provider. The (ECE) provider is, and will remain an independent contractor in his or her relationship to the aforementioned organizations and shall have no claim for vacation pay, sick leave, retirement benefits, social security, worker's compensation, health or disability benefits, unemployment insurance benefits, or employee benefits of any kind. As such, taxes are not withheld from the money reimbursed to providers for early care and education services and providers are responsible for paying any taxes owed to the IRS and/or the California Franchise Tax Board.

B. DEC Funding Agency Responsibility

DEC as the administrator of public funds is responsible to monitor policy and programmatic assurances as stipulated in this agreement and accompanying Program Operating Guidelines. DEC, in collaboration with

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ISAs, through this funding agreement provides guidance for programmatic standards, enrollment priorities, data collection, reporting, evaluation and funded services.

DEC reviews and approves any funding changes, including modifications that represent a change affecting services and/or budget modifications in excess of 10% of the funding agreement amount.

DEC is responsible for actively monitoring funded programs and services, including funding amounts. These assurances contained in this Agreement will be monitored through annual programmatic site visits, which includes announced and unannounced, to support and monitor compliance with city-funding requirements during the duration of the term of this Agreement. Please refer to the Program Operating Guidelines for further information.

V. Program Operating Guidelines and Quality Standards for the ELS Program

Qualified programs are committed to a process of continuous quality improvement and fully meeting the requirements of the ELS Participation Agreement's Programmatic Assurances and aligned Quality Standards. Below is a brief description of program requirements as a condition of receipt of city funds. Please refer to the PROGRAM OPERATING GUIDELINES and Quality Standards for the Early Learning San Francisco (ELS) Program for additional programmatic, enrollment, and funding guidelines located on the DEC website: SFOECE.org.

Provider Quality Programmatic Assurances {Please initial each box to certify agreement to implement the assurances below}

PROGRAMMATIC ASSURANCE	
DS	***Child Observation:*** Conduct observations and developmental assessments with each child using the California Department of Education (CDE), Desired Results Developmental Profile System or a researched and approved tool, which addresses attitudes to learning (self-regulation), social emotional, language and literacy, English language, Cognition (including Math and Science) and Physical Development.
DS	***Developmental Screenings & Links to Early Intervention Supports:*** Work with families to ensure screening of all children using the ASQ and ASQ-SE (as needed) within 45 days of entry and as indicated by results thereafter. Document results and linkage to services as needed in each child's file/record.

QUALIFICATIONS – Please check applicable section			
For Centers Only			
	Center Director Qualifications: Associate's degree with 24 units ECE/CD +/with 6 units management/administration and 2 units supervision or Site Supervisor Permit, and 21 hours professional development annually		***Center Lead Teacher Qualifications:*** classroom led by a teacher holding a minimum Teacher Permit (or higher), according to the State of California Commission on Teacher Credentialing.

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For Family Child Care (FCC)			
X	**FCC Owner or Full-time Teacher Qualifications:** 12 ECE units, including nine units of core classes (CDEV 53; CDEV 66; CDEV 67) & three ECE elective units for educator providing instruction and supervision to the children in progress with approval by DEC or completed by June 2023.		***PFA FCC Qualifications (for current PFA programs only):*** group led by a teacher holding a minimum Teacher Permit (or higher), according to the State of California Commission on Teacher Credentialing.
QUALITY ASSURANCE			
DS	**Continuous Quality Improvement –** develop and submit a Quality Improvement Plan annually and participate in continuous reflection and learning to increase the quality of child learning and teaching. Participate in program quality validation visits.		
DS	**Curriculum –** Adopt and implement a curricula, which aligns with either the California Department of Education *Infant/Toddler Learning & Development Foundations*, California Department of Education *California Preschool Foundations and Curriculum Frameworks (Volumes 1-3)* as appropriate to ages served, or the *Head Start Early Learning Outcomes Framework: Ages Birth to Five* **by July 1, 2023.**		
DS	**Environment -** Provide indoor and outdoor environment that demonstrates a culture of caring, competence and excellence in learning.		
DS	**Interactions –** Provide nurturing, responsive, language and cognitive rich interactions between adults and children, as demonstrated by CLASS observations.		
	Ratio and Group Size: Age category ratio and maximum class size for child care centers:		

Age Category	Ratio	Maximum Class Size*
Infant (Birth -15 months)	1:4	8
Toddler (12-36 months)	1:6	12
Preschool (30 months-5 years)	1:10	20
*CSPP programs must follow Title V guidelines, which allow for a 1:8 ratio with class size of 24 children.		

DS	**Family Child Care (FCC) programs** often care for mixed-age groups, which makes child-to-adult ratios and groups sizes vary. FCC programs in Early Learning San Francisco (ELS) should follow California Community Care Licensing guidelines for ratios and group size.
DS	**Parent Partnership & Parent-Teacher Conferences--**Implement an intentional approach to engage families, including but not limited to a minimum of two individual parent-teacher conferences each program year to discuss each child's developmental progress.
DS	**Professional Development (PD) –** Each educator must complete (once) 6 hours of training on each of the following topics: Child Development / Learning Foundations (0-5), Inclusion and Meeting the Needs of Young Children with Disabilities or Other Special Needs, and Family Engagement and Support/Strengthening Families. College units may be applicable.
DS	**Anti Bias/Equity PD Standard – Each** Educator must complete (once) 6 hours of training to implement an anti-bias, antiracist curriculum framework. Educators may choose from a menu of content, which includes but is not limited to: Understanding Implicit Bias, Anti Bias Curriculum, Supporting Dual Language Learners or the Black Joy Series.
DS	Non-Denominational Teaching Sites may not deliver any direct faith-based instruction during program time supported with DEC funds.

VI. Guidance on Enrollment Priorities for City-Funded Early Care and Education Programs

The San Francisco Department of Early Childhood (DEC) is committed to ensuring all children are ready for kindergarten. We take the stance that in-person educational experiences are essential for young children to develop the cognitive, social-emotional, and physical skills they need to succeed. Children who attend high-quality early care and education (ECE) are better prepared for school and life-long success.

As your program enrolls children for the 2022-23 program year, we strongly recommend applying the following guidelines to prioritize enrollment for all Early Learning San Francisco and/or Preschool for All spaces. DEC's priorities are aligned with City public health guidance that takes into account structural oppression and aims to focus attention on people experiencing marginalization, systemic inequity, and health inequities.

General Provisions

- If your program is subject to enrollment priorities attached to federal/state funding/subsidies, then apply those priorities before local priorities.
- Younger siblings of a previously enrolled child may be enrolled before applying the DEC enrollment priorities.
- We ask that you reserve open spaces for children in the DEC enrollment priorities to the extent that your funding from DEC allows.
- DEC expects programs to make a good faith effort enrolling children according to the DEC enrollment prioritization outlined in this agreement. DEC reserves the right to monitor ELS programs to ensure enrollment prioritization compliance.

Preference for Children in their Pre-Kindergarten Year

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- If you have openings in your program for preschool-age children, we ask that you enroll priority children who will enter kindergarten in the next year before you enroll younger children (i.e., three-year-olds).
- If your program is tailored to meeting their specific care and learning needs of infants and toddlers, you should continue offering care to those age groups.

Category 1 (Top Priority)

We ask that you grant the following groups top priority for enrollment in in-person ECE, regardless of age (in no particular order):

- Children who are clients of Family and Children's Services (FCS) or are at risk of abuse, neglect, or exploitation
- Children eligible through the Emergency Child Care Bridge Program for Foster Children
- Children experiencing homelessness
- Children of domestic violence survivors

Category 2 (Second Priority)

We ask that you grant the following groups second priority for enrollment and enroll according to lowest income first. After Category 2 families have been enrolled, other families outside these groups may be enrolled according to lowest income first:

- Black/African American children
- Latina/o/x children
- Native Americans/Indigenous children
- Pacific Islander children
- Immigrant children
- Children with disabilities or special health care needs whose individualized education programs (IEP) and/or individual family support plans (IFSP) include ECE services
- Children from low-income families, including those who receive or are eligible for free or reduced meals, Medi-Cal, SNAP (food stamps), WIC, CalWORKs, and other public assistance programs

VII. FUNDING ASSURANCES

DEC prohibits the use of its funds to cover expenses not directly related to the delivery of quality early education and care services for children and families.

VIII. INSURANCE AND LIABILITY

Types and Amounts of Coverage. Funded program shall maintain in force, during the full term of this Agreement, insurance in the following amounts and coverages:

1. Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than one million dollars ($1,000,000) each accident, injury, or illness.
2. Commercial General Liability Insurance with limits not less than $1,000,000 each occurrence and $2,000,000 general aggregate for Bodily Injury and Property Damage, including Contractual Liability,

Personal Injury, Products and Completed Operations; policy must include Abuse and Molestation coverage, and

3. Commercial General Liability and Commercial Automobile Liability insurance policies shall name as additional insured City and its officers, agents and employees, with a copy of the certificate mailed to:

Children's Council of San Francisco, 445 Church Street, San Francisco, CA 94114

Provide that such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that insurance applies separately to each insured against whom claim is made or suit is brought, except with respect to limits of liability.

Additional Requirements for All Policies. All policies shall be endorsed to provide at least thirty (30) days' advance written notice to City of cancellation of policy for any reason, nonrenewal or reduction in coverage and specific notice mailed to City's address for notices pursuant to Liability Insurance with limits not less than one million dollars ($1,000,000) each occurrence Combined Single Limit for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.

IX. Licensing Requirements

DEC-funded Centers and FCC Homes must have a current license with Community Care Licensing Division (CCLD) of the California Department of Social Services, and be 'in good standing' (per the Health and Safety Code Sections 1596.773 and 1596.886), which means they do not currently have any of the following:

- An administrative action taken or in the process of being taken (denied application, denied exemption, temporary suspension order, expedited revocation action, revocation action, non-compliance conference, or exclusion action that is being initiated, in process, or already taken place)
- A license in probationary status

DEC-funded Centers and FCC Homes are required to inform DEC and the appropriate ECE Integrated Services Administrator of Type A violations noted during a licensing visit. The DEC-funded Centers and FCC Homes shall forward, upon receipt, to DEC any licensing report, any licensing documents that document noncompliance conference between CCLD and the licensee, and/or a copy of an Accusation that indicates CCLD intent to revoke the facility's license. A full copy of the CCLD report forwarded within three (3) calendar days to DEC for review via email to: **Denise Corvino, Deputy Director, Early Learning Division**, denise.corvino@sfgov.org. Failure to provide this information may result in suspension or termination of DEC funding. DEC reserves the right to review any DEC-funded site's licensing records at any time during the terms of the Funding Agreement.

X. Employee Compensation:

Compensation – All Centers or Family Child Care Homes receiving funding from DEC must comply with all federal, state and local labor laws, including the City's Minimum Compensation Ordinance. The Minimum Compensation Ordinance (MCO) generally requires City contractors to provide to their covered employees: (1) no less than the MCO hourly wage in effect; (2) 12 paid days off per year (or cash equivalent); and (3) 10 days off without pay per year. The Minimum Compensation Ordinance rate adjusted on January 1 each year. The rates and details about the Minimum Compensation Ordinance:

http://sfgov.org/olse/minimum-compensation-ordinance-mco

XI. State/Federal funding

Providers are required to ensure maximum use of their state and federal contract funding, while also working with DEC to provide continuity for children that become ineligible for state and/or federal funding.

XII. Other Requirements

1. **Annual Financial Audit –** Centers shall be required to submit a financial audit to DEC on an annual basis. This requirement does not apply to family child care homes unless specifically stipulated in other grant agreements.
2. **Program Evaluation –** Providers shall participate in DEC-sponsored evaluation activities aimed at better understanding the impact of City-funded programs.

XIII. Reporting

Help Desk: If you need assistance in entering/recording the required child level enrollment data as instructed by DEC or its Integrated Service Agency, please contact the **Help Desk** service. The Help Desk is a team who provides on-demand technical assistance to ECE programs and CBOs through one-on-one and group supports to address any identified user needs with the following data systems: DEC designated enrollment system, Early Learning SF (ELSF), and the California Workforce Registry. Help Desk, administered by Children's Council, provides this technical support and training to ELS and PFA funded programs in multiple languages (Spanish, Cantonese, and English), in-person, by phone, email and online during the hours of 9:00 AM-5:00 PM Monday – Friday.

Enrollment Reimbursement Rates

Please refer to **APPENDIX A** of this Agreement for your agency's funding amount and/or child reimbursement rates.

A. Payments and Funding

DEC issues funding through the Integrated Services Administrators, Children's Council and Wu Yee. Each month, participating Providers receive reimbursement on actual enrollments according to the details and schedule outlined in Appendix A of this agreement, and/or the Program Operating Guidelines. Interested providers may establish direct deposit of the funds into the Provider's account. The Provider is responsible for ensuring the Integrated Services Administrators have their most up to date contact information at any point in time for payment processing.

B. Disallowance

In the event a provider claims or receives payment from DEC for funding later disallowed by DEC, the provider shall promptly refund the disallowance amount to DEC upon DEC's request. Providers shall have thirty (30) days to refund the disallowance upon written request of DEC. At its option, DEC may offset the amount disallowed from any payment due or to become due to the provider under this Agreement or any other Agreement.

C. Auditing and Inspection of Records

The Administrator shall maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its work under this Agreement. The Administrator *shall* permit City to audit, examine and make excerpts and transcripts from such books and records, and to make audits of all invoices,

materials, payrolls, records or personnel and other data related to all other matters covered by this Agreement, whether funded in whole or in part under this Agreement. The Administrator *shall* maintain such data and records in an accessible location and condition for a period of not less than five years after final payment under this Agreement or until after final audit has been resolved, whichever is later. The State of California or any federal agency having an interest in the subject matter of this Agreement *shall* have the same rights conferred upon City by this Section.

D. City of San Francisco False Claims/Fraud Policy for Submitting False Claims; Monetary Penalties

The Provider acknowledges and agrees that it is a "contractor" or subgrantee and is subject to San Francisco Administrative Code Section 21.35. Under such Section 21.35, any contractor, sub-Grantee or consultant who submits a false claim shall be liable to City for three times the amount of damages which City sustains because of the false claim. A contractor, sub-Grantee or consultant who submits a false claim shall also be liable to City for the costs, including attorney's fees, of a civil action brought to recover any of those penalties or damages, and may be liable to City for a civil penalty of up to ten thousand dollars ($10,000) for each false claim. A contractor, sub-Grantee or consultant will be deemed to have submitted a false claim to City if the contractor, sub-Grantee or consultant: (a) knowingly presents or causes to be presented to an officer or employee of City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by City; (c) conspires to defraud City by getting a false claim allowed or paid by City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to City; or (e) is a beneficiary of an inadvertent submission of a false claim to City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to City within a reasonable time after discovery of the false claim.

E. Liability of City Compliance with Laws

The Administrator *shall* keep itself fully informed and comply with all federal, state, and local laws affecting the operation of early care and education including the Fair Labor Standards Act, and other workplace regulations.

F. Indemnification

The Provider shall indemnify and save harmless the City, DEC, , Children's Council and Wu Yee and its officers, agents and employees from, and, if requested, shall defend them against any and all loss, damage, injury, liability, and claims thereof for injury to or death of a person, including employees of the Provider (Sub-Grantee) or loss of or damage to property, resulting directly or indirectly from sub-grantee's performance of this Agreement, including, but not limited to, the use of sub-grantee's facilities or equipment provided by City or others, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be unenforceable under applicable law in effect on or validly retroactive to the date of this Agreement and except where such loss, damage, injury, liability or claim is the result of the active negligence or willful misconduct of City and is not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement with sub-grantee, its agent or employee.

In addition to DEC, the provider participant obligation to indemnify the City, the Provider specifically acknowledges and agrees that it has an immediate and independent obligation to defend City from any claim which actually or potentially falls within this indemnification provision, even if the allegations are or may be

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groundless, false or fraudulent, which obligation arises at the time such claim is tendered to Sub-Grantee by city and continues at all times thereafter.
The Provider shall indemnify and hold the City harmless from all loss and liability, including attorney's fees, court costs and all other litigation expenses for any infringement of the patent rights, copyright, trade secret or any other proprietary right or trademark and all other intellectual property claims of any person or persons in consequence of the use by City, or any of its officers or agents, of articles or services to be supplied in the performance of this Agreement.

G. Liability of City

City's obligations under this agreement shall be limited to the funding to support the delivery of quality early care and education services as provided for in Section I of this Agreement. Notwithstanding any other provision of this Agreement, in no event shall City be liable, regardless of whether any clam is based on contract or tort, for any special, consequential, indirect or incidental damages, including, but not limited to, lost profits, arising out of or in connection with this Agreement or the services performed in connection with this Agreement.

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Agency Name/Family Child Care	Jessica's Day Care
Name of Agency/FCC Representative	Jessica Alves
Signature of Agency/FCC Representative	DocuSigned by: Jessica Alves 301735FDF3F7429...
Date	3/22/2023

Wu Yee Children's Services	
Name of Agency Representative	Monica Walters
Signature of Agency Representative	DocuSigned by: Monica Walters 3E9B1C388662421...
Date	3/27/2023

Children's Council of San Francisco	
Name of Agency Representative	Phillip Warner
Signature of Agency Representative	DocuSigned by: Phillip Warner C3F7C4F6D1D0448...
Date	3/27/2023

S.F. Department of Early Childhood	
Name of Representative	Denise Corvino
Signature of Representative	DocuSigned by: Denise Corvino B3004EB181B64E1...
Date	3/27/2023

NOTE: The ELS Rates for Centers and FCC's are identical.
Center - https://sfoece.org/wp-content/uploads/ELS-Center-Rates-FY22-23.pdf
FCC - https://sfoece.org/wp-content/uploads/ELS-FCC-Rates-FY22-23.pdf

Fiscal Year 2022-2023 ELS Rates

(Effective July 1, 2022 – June 30, 2023)

San Francisco Department of Early Childhood

(Effective July 1, 2022 – June 30, 2023)
(Tarifas efectivas julio 1, 2022 – junio 30, 2023)
(有效期從 2022 年 7 月 1 日到 2023 年 6 月 30 日)

ELS Family Child Care Rates Fiscal Year 2022-2023				
FCC	Full Time		Part Time	
Age Group	Monthly Rate	Annual Rate	Monthly Rate	Annual Rate
Infants	$2,799	$33,589	$1,543	$18,515
Toddlers	$2,133	$25,590	$1,184	$14,214
Preschoolers	$1,956	$23,472	$1,209	$14,509

ELS Programas de cuidado infantil en el hogar (FCC) Tarifas 2022-2023				
FCC	Tiempo Completo		Tiempo Parcial	
Edad	Tarifa Mensual	Tarifa Anual	Tarifa Mensual	Tarifa Annual
Maternal	$2,799	$33,589	$1,543	$18,515
Niños Pequeños	$2,133	$25,590	$1,184	$14,214
Prescolares	$1,956	$23,472	$1,209	$14,509

ELS 家庭托兒 费率 2022-2023				
家庭托兒	全天		半天	
年齡組別	每月費率	年費率	每月費率	年費率
嬰孩	$2,799	$33,589	$1,543	$18,515
幼兒	$2,133	$25,590	$1,184	$14,214
學齡前兒童	$1,956	$23,472	$1,209	$14,509

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Participation Agreement for San Francisco Early Learning for All
Qualified Family Child Care Homes and Center Based Programs FY 2024-2025

I. Purpose

This agreement is between ALVES, JESSICA _____, the Children's Council of San Francisco and/or Wu Yee Children's Services as the Early Care and Education (ECE) Integrated Services Agencies (ISAs), and the San Francisco Department of Early Childhood (DEC) as funder.

This **Agreement** provides funding, enrollment, and programmatic guidance to **Qualified Early Learning for All** funded programs.

DEC, under its sole discretion, reserves the right to make changes to this Agreement at any time in response to evolving funding, public health, and/or state or local circumstances.

II. Policy

Qualified Early Learning for All programs must continue operating in strict accordance with current State and local public health orders and guidance. The public health requirements may change at any time. Programs are also required to follow the ELFA Operating Guidelines in place for FY 24-25, including the enrollment requirements and access to information needed by the Department of Early Childhood and its partner Fiscal Intermediary Agencies.

III. General Information and Term

A. General Information

The City and County of San Francisco, San Francisco Department of Early Childhood (DEC) through this agreement, provides funding to support quality early care and education services through Early Learning for All (ELFA). A Continuing Funding Application (CFA) issued in 2022 sets forth the eligibility and requirements for agencies that applied to provide services to children birth through five years of age in licensed early care and education settings. This agreement states the programmatic assurances and standards, eligibility and enrollment requirements for the ELFA/DEC Tuition Credit funding, and funding amounts, which are contingent based on availability of funds and/or actual enrollments.

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B. Term of Agreement

The term for this Agreement is July 1, 2024, through June 30, 2025. DEC retains the option to extend the term for an additional year or increase service levels depending upon funding availability and service needs, which DEC may exercise at its sole and absolute discretion. This agreement may be terminated for cause or for lack of available funding. During the term of this agreement, it may be updated with any necessary modifications. This agreement and requirements are reviewed annually by Provider, ISAs and DEC.

C. Expansion

For current Early Learning for All (ELFA) programs that are expanding at the same location or adding an additional site must complete the ELFA validation process for the additional site or classroom applying for city-funded child enrollments. This process allows the Department of Early Childhood (DEC) to determine the site or classroom readiness in order to meet and implement the Quality Standards for the Early Learning for All program. Please refer to the Operating Guildelines for information regarding the ELFA validation process.

IV. Role and Responsibilities

A. Integrated Services Agencies

To support the City's efforts to leverage federal and state resources, DEC has funded two agencies as Early Care and Education Integrated Services Agencies (ISAs), Children's Council of SF (CCSF) and Wu Yee Children's Services (WYCS). Both Integrated Services Agencies will administer ECE funding policies and procedures set by DEC. Following DEC's ELFA Operating Guidelines, CCSF and WYCS will determine family eligibility and administer subsidies through direct payments to providers selected by DEC through the Early Learning for All Continuing Funding Application (CFA), or expansion process. Neither administrator is responsible for ensuring availability of funding from DEC.

This agreement shall not render Children's Council of San Francisco and/or Wu Yee Children's Services or the San Francisco Department of Early Childhood an employer, business partner, or agent of the early care and education (ECE) provider. The (ECE) provider is and will remain an independent contractor in their relationship to the aforementioned organizations and shall have no claim for vacation pay, sick leave, retirement benefits, social security, worker's compensation, health or disability benefits, unemployment insurance benefits, or employee benefits of any kind. As such, taxes are not withheld from the money reimbursed to providers for early care and education services and providers are responsible for paying any taxes owed to the IRS and/or the California Franchise Tax Board. However, Children's Council and/or Wu Yee Children's Services will issue a Form 1099 as required by current tax reporting requirements by the end of January of each calendar year.

B. DEC Funding Agency Responsibility

DEC as the administrator of public funds is responsible for monitoring policy and programmatic assurances as stipulated in this agreement and accompanying Program Operating Guidelines. DEC, in collaboration with ISAs, through this funding agreement provides guidance for programmatic standards, enrollment priorities, data collection, reporting, evaluation and funded services.

DEC reviews and approves any funding changes. DEC is responsible for actively monitoring funded programs and services, including funding amounts. These assurances contained in this Agreement will be monitored through annual programmatic site visits, which includes announced and unannounced visits, to support and monitor compliance with city-funding requirements during the duration of the term of this Agreement. Please refer to the Program Operating Guidelines for further information.

V. Program Operating Guidelines and Quality Standards for the ELFA Program

Qualified programs are committed to a process of continuous quality improvement and fully meeting the requirements of the ELFA Participation Agreement's Programmatic Assurances and aligned Quality Standards. Below is a brief description of program requirements as a condition of receipt of city funds. Please refer to the **PROGRAM OPERATING GUIDELINES** FY 2024-25 and Quality Standards for the Early Learning for All (ELFA) Program for additional programmatic, enrollment, and funding guidelines located on the DEC website: sfdec.org

Provider Quality Programmatic Assurances {Please initial each box to certify agreement to implement the assurances below}

PROGRAMMATIC ASSURANCE	
DS	***Child Observation:*** Conduct observations and developmental assessments with each child using the California Department of Education (CDE), Desired Results Developmental Profile System or a researched and approved tool, which addresses attitudes to learning (self-regulation), social emotional, language and literacy, English language, Cognition (including Math and Science) and Physical Development.
DS	***Developmental Screenings & Links to Early Intervention Supports:*** Work with families to ensure screening of all children using the ASQ and ASQ-SE (as needed) within 45 days of entry and as indicated by results thereafter. Document results and linkage to services as needed in each child's file/record.

QUALIFICATIONS – Please check applicable section			
For Centers Only			
	Center Director Qualifications: Associate's degree with 24 units ECE/CD +/with 6 units management/administration and 2 units supervision or Site Supervisor Permit, and 21 hours professional development annually.		***Center Lead Teacher Qualifications:*** Classroom led by a teacher holding a minimum Teacher Permit (or higher), according to the State of California Commission on Teacher Credentialing.
For Family Child Care (FCC)			

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<tr><td>DS</td><td>Continuous Quality Improvement – Develop and submit a Quality Improvement Plan (QIP) annually and participate in continuous reflection and learning to increase the quality of child learning and teaching. Participate in program quality validation visits.</td></tr>
<tr><td>DS</td><td>Curriculum – Adopt and implement a curriculum, which aligns with either the California Department of Education Learning & Development Foundations and Frameworks. If you don’t have an identified curriculum, please develop a (QIP) for professional development that supports site and teaching staff in implementing a curriculum.</td></tr>
<tr><td>DS</td><td>Environment - Provide indoor and outdoor environment that demonstrates a culture of caring, competence and excellence in learning.</td></tr>
<tr><td>DS</td><td>Interactions – Provide nurturing, responsive, language and cognitive rich interactions between adults and children, as demonstrated by CLASS observations.</td></tr>
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Age category ratio and maximum class size for child care centers:
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<tr><td>DS</td><td>Parent Partnership & Parent-Teacher Conferences - Implement an intentional approach to engage families, including but not limited to a minimum of two individual parent-teacher conferences each program year to discuss each child’s developmental progress.</td></tr>
</table>

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DS	**Professional Development (PD) –** Each educator must complete (once) 6 hours of training on each of the following topics: Child Development / Learning Foundations (0-5), Inclusion and Meeting the Needs of Young Children with Disabilities or Other Special Needs, and Family Engagement and Support/Strengthening Families. College units may be applicable.
DS	**Anti Bias/Equity PD Standard –** Each educator must complete (once) 6 hours of training to implement an anti-bias, antiracist curriculum framework. Educators may choose from a menu of content, which includes but is not limited to: Understanding Implicit Bias, Anti Bias Curriculum, Supporting Dual Language Learners or the Black Joy Series.
DS	**Non-Denominational Teaching -** Sites may not deliver any direct faith-based instruction during program time supported with DEC funds.

VI. Guidance on Enrollment Priorities for City-Funded Early Care and Education Programs

The San Francisco Department of Early Childhood (DEC) is committed to ensuring all children are ready for kindergarten. We take the stance that in-person educational experiences are essential for young children to develop the cognitive, social-emotional, and physical skills they need to succeed. Children who attend high-quality early care and education (ECE) are better prepared for school and life-long success.

As your program enrolls children for the 2024-25 program year you must apply the following guidelines to prioritize enrollments for all Early Learning For All and/or DEC Tuition Credit spaces. DEC's priorities are aligned with City public health guidance that takes into account structural oppression and aims to focus attention on people experiencing marginalization, systemic inequity, and health inequities.

General Provisions

- If your program is subject to enrollment priorities attached to federal/state funding/subsidies, then apply those priorities before local priorities.
- Younger siblings of a previously enrolled child may be enrolled before applying the DEC enrollment priorities.
- DEC reserves the right to monitor ELFA programs to ensure enrollment prioritization compliance.

Category 1 (First Priority)

DEC requires ELFA funded programs grant the following groups priority for enrollment regardless of age (in no particular order):

- Children who are clients of Family and Children's Services (FCS) or are at risk of abuse, neglect, or exploitation
- Children eligible through the Emergency Child Care Bridge Program for Foster Children
- Children experiencing homelessness
- Children of domestic violence survivors

Category 2 (Second Priority)

- Second priority for enrollment should be given to families with the lowest income (and longest on the list, if applicable).

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VII. FUNDING ASSURANCES

DEC prohibits the use of its funds to cover expenses not directly related to the delivery of quality early education and care services for children and families.

VIII. INSURANCE AND LIABILITY

Types and Amounts of Coverage. Funded program shall maintain in force, during the full term of this Agreement, insurance in the following amounts and coverages:

1. Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than one million dollars ($1,000,000) each accident, injury, or illness.
2. Commercial General Liability Insurance with limits not less than $1,000,000 each occurrence and $2,000,000 general aggregate for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; policy must include Abuse and Molestation coverage, and
3. Commercial General Liability and Commercial Automobile Liability insurance policies shall name as additional insured City and its officers, agents and employees, with a copy of the certificate mailed to:

Children's Council of San Francisco, 445 Church Street, San Francisco, CA 94114

Provide that such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that insurance applies separately to each insured against whom claim is made or suit is brought, except with respect to limits of liability.

Additional Requirements for All Policies. All policies shall be endorsed to provide at least thirty (30) days' advance written notice to City of cancellation of policy for any reason, nonrenewal or reduction in coverage and specific notice mailed to City's address for notices pursuant to Liability Insurance with limits not less than one million dollars ($1,000,000) each occurrence Combined Single Limit for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.

IX. Licensing Requirements

DEC-funded Centers and FCC Homes must have a current license with Community Care Licensing Division (CCLD) of the California Department of Social Services, and be 'in good standing' (per the Health and Safety Code Sections 1596.773 and 1596.886), which means they do not currently have any of the following:

- An administrative action taken or in the process of being taken (denied application, denied exemption, temporary suspension order, expedited revocation action, revocation action, non-compliance conference, or exclusion action that is being initiated, in process, or already taken place)
- A license in probationary status

DEC-funded Centers and FCC Homes are required to inform DEC and the appropriate ECE Integrated Services Agency of Type A violations noted during a licensing visit. The DEC-funded Centers and FCC Homes shall forward, upon receipt, to DEC any licensing report, any licensing documents that document noncompliance conference between CCLD and the licensee, and/or a copy of an Accusation that indicates CCLD intent to revoke the facility's

license. A full copy of the CCLD report forwarded within three (3) calendar days to DEC for review via email to: Meenoo Yashir, Deputy Director, Early Learning Division, Meenoo.Yashir@sfgov.org. Failure to provide this information may result in suspension or termination of DEC funding. DEC reserves the right to review any DEC-funded site's licensing records at any time during the terms of the Funding Agreement.

X. Employee Compensation:

Compensation – All Centers or Family Child Care Homes receiving funding from DEC must comply with all federal, state and local labor laws, including the City's Minimum Compensation Ordinance. The Minimum Compensation Ordinance (MCO) generally requires City contractors to provide to their covered employees: (1) no less than the MCO hourly wage in effect; (2) 12 paid days off per year (or cash equivalent); and (3) 10 days off without pay per year. The Minimum Compensation Ordinance rate adjusted on January 1 each year. The rates and details about the Minimum Compensation Ordinance: http://sfgov.org/olse/minimum-compensation-ordinance-mco

XI. State/Federal funding

Providers are required to ensure maximum use of their state and federal contract funding, while also working with DEC to provide continuity for children that become ineligible for state and/or federal funding.

XII. Other Requirements

1. **Annual Financial Audit –** Centers shall be required to submit a financial audit to DEC on an annual basis. This requirement does not apply to family child care homes unless specifically stipulated in other grant agreements.
2. **Program Evaluation –** Providers shall participate in DEC-sponsored **evaluation** and quality assurance monitoring **activities** aimed at better understanding the impact of City-funded programs as required by DEC.

XIII. Reporting

Please refer to the Program Operating Guidelines for details on the **Information and Enrollment Reporting Requirements.**

Help Desk: If you need assistance in entering/recording the required child level enrollment data as instructed by DEC or its Integrated Services Agency, please contact the **Help Desk** service. The Help Desk is a team who provides on-demand technical assistance to ECE programs and CBOs through one-on-one and group supports to address any identified user needs with the following data systems: DEC designated enrollment system, Early Learning SF (ELSF), and the California Workforce Registry. Help Desk, administered by Children's Council, provides this technical support and training to ELFA funded programs in multiple languages (Spanish, Cantonese, and English), in-person, by phone (415-343-4669), email (support@childrenscouncil.org) and online during the hours of 9:00 AM-5:00 PM Monday – Friday and *Wednesday evenings 5pm - 8pm.*

Enrollment Reimbursement Rates

Please refer to **APPENDIX A** of this Agreement for your agency's funding amount and/or child reimbursement rates.

A. Payments and Funding

Docusign Envelope ID: 1BAE493A-5CE0-43DD-9FFB-F2701F0F5FC6

DEC issues funding through the Integrated Services Agencies, Children's Council and Wu Yee. Each month, participating Providers receive reimbursement on actual enrollments according to the details and schedule outlined in Appendix A of this agreement, and/or the Program Operating Guidelines. Interested providers may establish direct deposit of the funds into the Provider's account. The Provider is responsible for ensuring the Integrated Services Agencies have their most up to date contact information at any point in time for payment processing.

B. Disallowance

In the event a provider claims or receives payment from DEC for funding later disallowed by DEC, the provider shall promptly refund the disallowance amount to DEC upon DEC's request. Providers shall have thirty (30) days to refund the disallowance upon written request of DEC. At its option, DEC may offset the amount disallowed from any payment due or to become due to the provider under this Agreement or any other Agreement.

C. Auditing and Inspection of Records

The Administrator shall maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its work under this Agreement. The Administrator *shall* permit City to audit, examine and make excerpts and transcripts from such books and records, and to make audits of all invoices, materials, payrolls, records or personnel and other data related to all other matters covered by this Agreement, whether funded in whole or in part under this Agreement. The Administrator *shall* maintain such data and records in an accessible location and condition for a period of not less than five years after final payment under this Agreement or until after final audit has been resolved, whichever is later. The State of California or any federal agency having an interest in the subject matter of this Agreement *shall* have the same rights conferred upon City by this Section.

D. City of San Francisco False Claims/Fraud Policy for Submitting False Claims; Monetary Penalties

The Provider acknowledges and agrees that it is a "contractor" or subgrantee and is subject to San Francisco Administrative Code Section 21.35. Under such Section 21.35, any contractor, sub-Grantee or consultant who submits a false claim shall be liable to City for three times the amount of damages which City sustains because of the false claim. A contractor, sub-Grantee or consultant who submits a false claim shall also be liable to City for the costs, including attorney's fees, of a civil action brought to recover any of those penalties or damages, and may be liable to City for a civil penalty of up to ten thousand dollars ($10,000) for each false claim. A contractor, sub-Grantee or consultant will be deemed to have submitted a false claim to City if the contractor, sub-Grantee or consultant: (a) knowingly presents or causes to be presented to an officer or employee of City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by City; (c) conspires to defraud City by getting a false claim allowed or paid by City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to City; or (e) is a beneficiary of an inadvertent submission of a false claim to City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to City within a reasonable time after discovery of the false claim.

E. Liability of City Compliance with Laws

Docusign Envelope ID: 1BAE493A-5CE0-43DD-9FFB-F2701F0F5FC6

The Administrator *shall* keep itself fully informed and comply with all federal, state, and local laws affecting the operation of early care and education including the Fair Labor Standards Act, and other workplace regulations.

F. Indemnification

The Provider shall indemnify and save harmless the City, DEC, Children's Council and Wu Yee and its officers, agents and employees from, and, if requested, shall defend them against any and all loss, damage, injury, liability, and claims thereof for injury to or death of a person, including employees of the Provider (Sub-Grantee) or loss of or damage to property, resulting directly or indirectly from sub-grantee's performance of this Agreement, including, but not limited to, the use of sub-grantee's facilities or equipment provided by City or others, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be unenforceable under applicable law in effect on or validly retroactive to the date of this Agreement and except where such loss, damage, injury, liability or claim is the result of the active negligence or willful misconduct of City and is not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement with sub-grantee, its agent or employee.

In addition to DEC, the provider participant obligation to indemnify the City, the Provider specifically acknowledges and agrees that it has an immediate and independent obligation to defend City from any claim which actually or potentially falls within this indemnification provision, even if the allegations are or may be groundless, false or fraudulent, which obligation arises at the time such claim is tendered to Sub-Grantee by city and continues at all times thereafter.

The Provider shall indemnify and hold the City harmless from all loss and liability, including attorney's fees, court costs and all other litigation expenses for any infringement of the patent rights, copyright, trade secret or any other proprietary right or trademark and all other intellectual property claims of any person or persons in consequence of the use by City, or any of its officers or agents, of articles or services to be supplied in the performance of this Agreement.

G. <u>Liability of City</u>

City's obligations under this agreement shall be limited to the funding to support the delivery of quality early care and education services as provided for in Section I of this Agreement. Notwithstanding any other provision of this Agreement, in no event shall City be liable, regardless of whether any claim is based on contract or tort, for any special, consequential, indirect or incidental damages, including, but not limited to, lost profits, arising out of or in connection with this Agreement or the services performed in connection with this Agreement.

Docusign Envelope ID: 1BAE493A-5CE0-43DD-9FFB-F2701F0F5FC6

Agency Name/Family Child Care (as it appears on the CCL document)	ALVES, JESSICA
Name of Agency/FCC Representative	Jessica Alves
Signature of Agency/FCC Representative	DocuSigned by: Jessica Alves 384795FDF3F7429...
Date	7/8/2024

Wu Yee Children's Services	
Name of Agency Representative	Easter Calvit
Signature of Agency Representative	DocuSigned by: Easter Calvit DD3CE6755181443...
Date	7/29/2024

Children's Council of San Francisco	
Name of Agency Representative	Phillip Warner
Signature of Agency Representative	DocuSigned by: Phillip Warner C3F7C4F6D1D0448...
Date	7/29/2024

Department of Early Childhood	
Name of Representative	Meenoo Yashar
Signature of Representative	DocuSigned by: Meenoo Yashar 8B8676F9F8BG4G1...
Date	8/2/2024

Docusign Envelope ID: 1BAE493A-5CE0-43DD-9FFB-F2701F0F5FC6

Appendix A

San Francisco Department of Early Childhood

Fiscal Year 2024-2025 Early Learning for All Rates
(Effective July 1, 2024 – June 30, 2025)

EARLY LEARNING FOR ALL CENTER & FCC RATES 2024-25				
Age Group	**Monthly Rate (Full Time)**	**Annual Rate (Full Time)**	**Monthly Rate (Part Time)**	**Annual Rate (Part Time)**
Infants	$3,027	$36,327	$1,669	$20,025
Toddlers	$2,306	$27,676	$1,281	$15,372
Preschoolers	$2,115	$25,385	$1,270	$15,234
EDUCACIÓN TEMPRANA PARA TODOS PROGRAMAS DE CUIDADO INFANTIL EN EL HOGAR Y CENTROS TARIFAS 2024-2025				
Edad	**Tarifa Mensual (Tiempo Completo)**	**Tarifa Anual (Tiempo Completo)**	**Tarifa Mensual (Tiempo Parcial)**	**Tarifa Anual (Tiempo Parcial)**
Maternal	$3,027	$36,327	$1,669	$20,025
Niños Pequeños	$2,306	$27,676	$1,281	$15,372
Prescolares	$2,115	$25,3852	$1,270	$15,234
全民早期教育 家庭托兒 费率 2024-2025				
年齡組別	**每月費率（全天)**	**年費率（全天)**	**每月費率 (半天)**	**年費率 (半天)**
嬰孩	$3,027	$36,327	$1,669	$20,025
幼兒	$2,306	$27,676	$1,281	$15,372
學齡前兒童	$2,115	$25,385	$1,270	$15,234

111-150% AMI ELFA Tuition Credit (50%) /crédito de matrícula/学费退费金		
Age Group/Eda/ 年齡組別	**Monthly Rate (Full Time)/ Tarifa Mensual (Tiempo Completo)/ 每月費率 (全天)**	**Annual Rate (Full Time)/ Tarifa Anual (Tiempo Completo) /年費率 (全天)**
Infants/Maternal /嬰孩	$1,513.63	$18,163.50
Toddler/ Niños Pequeños/幼兒	$1,153.17	$13,838.00
Preschoolers/ Prescolares/學齡前兒童	$1,057.71	$12,692.50

Docusign Envelope ID: 1BAE493A-5CE0-43DD-9FFB-F2701F0F5FC6

TITLE 5 ENHANCEMENT RATES 2024-25		
Age Group	**Monthly Rate (Full Time)**	**Annual Rate (Full Time)**
Infants (CCTR)	$-	$-
Toddlers (CCTR)	$-	$-
Preschoolers (CSPP)	$-	$-

November 04, 2025. San Francisco, CA.

To USCIS.

Dear Sir or Madam,

My name is Ana Paula Silva, and I am the owner and director of a licensed family-based child care program registered under my name in San Francisco, California. I have been working in the field of early childhood education for over two decades, having completed 24 academic units in Child Development (CDEV). I am also qualified to operate under all major local subsidy programs, including the Children's Council of San Francisco, the Early Learning Family Advocate (ELFA) program, and Wu Yee Children's Services, and to receive annual grants in recognition of the quality and compliance of my work.

In my current role, I manage both administrative and pedagogical aspects of the Family Child Care program. My responsibilities include curriculum planning, developmental monitoring, and ensuring alignment with subsidy program standards. I also have specialization in bilingual education and inclusive practices for children with special needs, offering tailored services to families from diverse cultural backgrounds, including immigrants and low-income households.

I first met Ms. Alves during a visit to Brazil, when I had the opportunity to observe her strong sense of responsibility and commitment in a family setting. After observing her work, I invited her to join my daycare team in San Francisco, where she worked under my supervision for approximately one year.

One of the most relevant examples of her technical abilities occurred during her work with a child showing language delay who required a bilingual and emotionally supportive approach. Ms. Alves implemented a targeted intervention plan that included visual aids, music, storytelling, and structured play in both English and Portuguese. Her strategy supported not only the child's language development but also built trust with the parents, contributing to a collaborative educational environment and reinforcing our program's commitment to inclusive and high-quality care.

The practical outcomes of her work were evident in several measurable improvements. During her time with my program, we recorded approximately a 30% increase in retention rates among immigrant and bilingual families. Additionally, her efforts in organizing classroom routines reduced the average transition time between activities by approximately 40%, resulting in a calmer and more efficient daily schedule for children and staff. She also provided vital support in the preparation of documentation required for compliance audits under subsidy programs, an area in which we maintained a flawless record throughout her collaboration.

Ms. Alves brings deep knowledge of early childhood education, with emphasis on linguistic inclusivity and individualized pedagogy. She consistently met each child's developmental needs while maintaining high standards of safety and care in compliance with state-funded program requirements.

Among the professionals I have worked with in the field, she demonstrated a level of autonomy, consistency, and strategic planning that is notably above average. She is able to tailor educational interventions with both pedagogical rigor and administrative accuracy, which positions her as a professional resource that institutions can rely on in diverse and high-demand environments. Even after obtaining her own license to operate a daycare facility, she has maintained a standard of quality aligned with what we observed during her time in my program.

The relevance of her work extends beyond individual outcomes. The integration of bilingual and inclusive early childhood education services directly supports public priorities in California and nationwide, particularly in urban areas with large immigrant populations. By offering culturally competent care and ensuring compliance in programs that serve low-income families, Ms. Alves contributes to social inclusion, educational equity, and long-term developmental health, outcomes clearly aligned with the national interest.

I am confident that Ms. Alves's continued presence and professional engagement in the United States will contribute meaningfully to the advancement of inclusive early childhood education, especially in underserved communities.

Should you need any additional details, please do not hesitate to reach out to me directly.

Sincerely,

Ana Paula Silva
Owner and Director
Ana Paula Silva Daycare
Email: anapaula81@me.com
Phone: (415) 912-0300

Form **1040** Department of the Treasury-Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2020** OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box. ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial	Last name	Your social security number
Ibson Huggo I	P Silva	App-ly-ing
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Jessica R	Alves	App-ly-ing

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.: 2811 Flores St, 4

City, town, or post office. If you have a foreign address, also complete spaces below. State: San Mateo, CA ZIP code: 94403

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

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1956 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1956 ☐ Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here ▶ ☐

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions): Child tax credit	Credit for other dependents
Miguel	Pereira Rodrigues	APPLYING	Son	☐	☒
				☐	☐
				☐	☐
				☐	☐

Attach Sch. B if required.

1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	
2a	Tax-exempt interest	2a	b Taxable interest	2b	
3a	Qualified dividends	3a	b Ordinary dividends	3b	
4a	IRA distributions	4a	b Taxable amount	4b	
5a	Pensions and annuities	5a	b Taxable amount	5b	
6a	Social security benefits	6a	b Taxable amount	6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐			7	
8	Other income from Schedule 1, line 9			8	24,077
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** ▶			9	24,077
10	Adjustments to income:				
a	From Schedule 1, line 22	10a	1,702		
b	Charitable contributions if you take the standard deduction. See instructions	10b			
c	Add lines 10a and 10b. These are your **total adjustments to income** ▶			10c	1,702
11	Subtract line 10c from line 9. This is your **adjusted gross income** ▶			11	22,375
12	**Standard deduction or itemized deductions** (from Schedule A)			12	24,800
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A			13	
14	Add lines 12 and 13			14	24,800
15	**Taxable income.** Subtract line 14 from line 11. If zero or less, enter -0-			15	0

Standard Deduction for-
- Single or Married filing separately, $12,400
- Married filing jointly or Qualifying widow(er), $24,800
- Head of household, $18,650
- If you checked any box under *Standard Deduction*, see instructions.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2020)

EEA

16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		16	0
17	Amount from Schedule 2, line 3		17	
18	Add lines 16 and 17		18	0
19	Child tax credit or credit for other dependents		19	
20	Amount from Schedule 3, line 7		20	
21	Add lines 19 and 20		21	0
22	Subtract line 21 from line 18. If zero or less, enter -0-		22	0
23	Other taxes, including self-employment tax, from Schedule 2, line 10		23	3,402
24	Add lines 22 and 23. This is your **total tax** ▶		24	3,402
25	Federal income tax withheld from:			
a	Form(s) W-2	25a		
b	Form(s) 1099	25b		
c	Other forms (see instructions)	25c		
d	Add lines 25a through 25c		25d	
26	2020 estimated tax payments and amount applied from 2019 return NO		26	
27	Earned income credit (EIC)	27		
28	Additional child tax credit. Attach Schedule 8812	28		
29	American opportunity credit from Form 8863, line 8	29		
30	Recovery rebate credit. See instructions	30	0	
31	Amount from Schedule 3, line 13	31		
32	Add lines 27 through 31. These are your **total other payments and refundable credits** ▶		32	0
33	Add lines 25d, 26, and 32. These are your **total payments** ▶		33	0
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	0
35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐		35a	0
▶b	Routing number ▶c Type: ☐ Checking ☐ Savings			
▶d	Account number			
36	Amount of line 34 you want **applied to your 2021 estimated tax** ▶	36		
37	Subtract line 33 from line 24. This is the **amount you owe now** ▶		37	3,455
	Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions) ▶	38	53	

- If you have a qualifying child, attach Sch. EIC.
- If you have nontaxable combat pay, see instructions.

Refund

Direct deposit? See instructions.

Amount You Owe

For details on how to pay, see instructions.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ▶ ☐ **Yes.** Complete below. ☒ **No**

Designee's name ▶ | Phone no. ▶ | Personal identification number (PIN) ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶
09667	03-15-2021		
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.) ▶
98796	03-15-2021		
Phone no. 628-241-5082	Email address		

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's signature	Date	PTIN	Check if:
Denise Amira	03-15-2021	P02014590	☒ Self-employed
Preparer's name Denise Amira	Phone no. 415-272-5291		
Firm's name ▶ Amiraco Tax Service			
Firm's address ▶ 2644 Appian Way Suite 205 Pinole, CA 94564		Firm's EIN ▶ 83-0623536	

SCHEDULE 1
(Form 1040)
Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074
2020
Attachment Sequence No. 01

Name(s) shown on Form 1040,1040-SR, or 1040-NR
Ibson Huggo I P Silva & Jessica Alves

Your social security number
App-ly-ing

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	24,077
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. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040,1040-SR, or 1040-NR line 8	9	24,077

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	1,702
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your **adjustments to income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	1,702

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
2020
Attachment Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
Ibson Huggo I P Silva & Jessica Alves

Your social security number
App-ly-ing

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	0

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	3,402
5	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)	8	
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your **total other taxes.** Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	10	3,402

For Paperwork Reduction Act Notice, see your tax return instructions.
Schedule 2 (Form 1040) 2020

EEA

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Go to *www.irs.gov/ScheduleC* for instructions and the latest information.

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

2020

Attachment Sequence No. 09

Name of proprietor	Social security number (SSN)
Jessica R Alves	App-ly-ing

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

B Enter code from instructions ▶ 624410

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.) ▶ 2811 Flores St APT 4

City, town or post office, state, and ZIP code: San Mateo, CA 94403

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses . . . . [X] Yes [ ] No

H If you started or acquired this business during 2020, check here . . . . ▶ [ ]

I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . [ ] Yes [X] No

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

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ [ ]	1	35,300
2	Returns and allowances	2	0
3	Subtract line 2 from line 1	3	35,300
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	35,300
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	35,300

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

8	Advertising	8	55	18	Office expense (see instructions)	18	295
9	Car and truck expenses (see instructions)	9	197	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11	390	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	247
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	9,539
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	10,723
29	Tentative profit or (loss). Subtract line 28 from line 7	29	24,577
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: 750 and (b) the part of your home used for business: 280. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	1,400
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	23,177

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.

Schedule C (Form 1040) 2020 Day Care 624410

Name(s) Jessica R Alves

SSN App-ly-ing

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . . ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation.	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	

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

43 When did you place your vehicle in service for business purposes? (month/day/year) ▶ 11-01-2020

44 Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for:

a Business 1,530 b Commuting (see instructions) _____ c Other 400

45 Was your vehicle available for personal use during off-duty hours? . . . . . ☒ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? . . . . . ☐ Yes ☒ No

47a Do you have evidence to support your deduction? . . . . . ☒ Yes ☐ No

b If "Yes," is the evidence written? . . . . . ☒ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

CPR Class And Vaccination	380
Cleaning Supplies & Laundry	450
Children Toys	2,346
Gifts for Children $25x10	250
Entertainment and holiday partys	800
Supplies and small furniture	3,459
Meals for kids	1,854

48 **Total other expenses.** Enter here and on line 27a 48 9,539

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Go to *www.irs.gov/ScheduleC* for instructions and the latest information.

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

2020

Attachment Sequence No. 09

Name of proprietor: Ibson Huggo I P Silva

Social security number (SSN): App-ly-ing

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

B Enter code from instructions ▶ 492000

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

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

E Business address (including suite or room no.) ▶ 2811 Flores St APT 4

City, town or post office, state, and ZIP code: San Mateo, CA 94403

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses . . . . [X] Yes [ ] No

H If you started or acquired this business during 2020, check here . . . . ▶ [ ]

I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . [ ] Yes [X] No

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

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ [ ]	1	1,533
2	Returns and allowances	2	0
3	Subtract line 2 from line 1	3	1,533
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	1,533
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	1,533

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	533	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	100
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	633
29	Tentative profit or (loss). Subtract line 28 from line 7	29	900
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. **Simplified method filers only:** Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	900
32	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a [ ] All investment is at risk. 32b [ ] Some investment is not at risk.	

For Paperwork Reduction Act Notice, see the separate instructions. **Schedule C (Form 1040) 2020**

EEA

Name(s) Ibson Huggo I P Silva | SSN App-ly-ing

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . . ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation.	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	

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

43 When did you place your vehicle in service for business purposes? (month/day/year) ▶ 12-01-2020

44 Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for:

a Business 830 b Commuting (see instructions) _____ c Other 1,050

45 Was your vehicle available for personal use during off-duty hours? . . . . . ☒ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? . . . . . ☒ Yes ☐ No

47a Do you have evidence to support your deduction? . . . . . ☒ Yes ☐ No

b If "Yes," is the evidence written? . . . . . ☒ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

48	**Total other expenses.** Enter here and on line 27a	48

SCHEDULE SE (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

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

OMB No. 1545-0074

2020

Attachment Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

Ibson Huggo I P Silva

Social security number of person with **self-employment** income ▶ App-ly-ing

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.

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

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

2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order		2	900
3	Combine lines 1a, 1b, and 2		3	900
4 a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3		4a	831
	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	831
5 a	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	831
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 2020		7	137,700
8 a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If $137,700 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	137,700
10	Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)		10	103
11	Multiply line 6 by 2.9% (0.029)		11	24
12	**Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4**		12	127
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 14**	13	64	

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income[1] wasn't more than $8,460, **or (b)** your net farm profits[2] were less than $6,107.

14	Maximum income for optional methods	14	5,640
15	Enter the **smaller** of: two-thirds (2/3) of gross farm income[1] (not less than zero) **or** $5,640. Also, include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits[3] were less than $6,107 and also less than 72.189% of your gross nonfarm income[4], **and (b)** you had net earnings from self-employment of at least $400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16	Subtract line 15 from line 14	16	
17	Enter the **smaller** of: two-thirds (2 /3) of gross nonfarm income[4] (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above	17	

[1] From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

[2] From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A-minus the amount you would have entered on line 1b had you not used the optional method.

[3] From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

[4] From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Part III Maximum Deferral of Self-Employment Tax Payments

If line 4c is zero, skip lines 18 through 20, and enter -0- on line 21.

18	Enter the portion of line 3 that can be attributed to March 27, 2020, through December 31, 2020	18	
19	If line 18 is more than zero, multiply line 18 by 92.35% (0.9235); otherwise, enter the amount from line 18	19	
20	Enter the portion of lines 15 and 17 that can be attributed to March 27, 2020, through December 31, 2020	20	
21	Combine lines 19 and 20	21	

If line 5b is zero, skip line 22 and enter -0- on line 23.

22	Enter the portion of line 5a that can be attributed to March 27, 2020, through December 31, 2020	22	
23	Multiply line 22 by 92.35% (0.9235)	23	
24	Add lines 21 and 23	24	
25	Enter the smaller of line 9 or line 24	25	
26	Multiply line 25 by 6.2% (0.062). Enter here and see the instructions for line 12e of Schedule 3 (Form 1040)	26	

SCHEDULE SE (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

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

OMB No. 1545-0074

2020
Attachment Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

Jessica R Alves

Social security number of person with **self-employment** income ▶ App-ly-ing

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.

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

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

2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order		2	23,177
3	Combine lines 1a, 1b, and 2		3	23,177
4 a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3		4a	21,404
	Note: If line 4a is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions.			
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here		4b	
c	Combine lines 4a and 4b. If less than $400, **stop;** you don't owe self-employment tax. **Exception:** If less than $400 and you had **church employee income,** enter -0- and continue ▶		4c	21,404
5 a	Enter your **church employee income** from Form W-2. See instructions for definition of church employee income	5a		
b	Multiply line 5a by 92.35% (0.9235). If less than $100, enter -0-		5b	
6	Add lines 4c and 5b		6	21,404
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 2020		7	137,700
8 a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If $137,700 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	137,700
10	Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)		10	2,654
11	Multiply line 6 by 2.9% (0.029)		11	621
12	**Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4**		12	3,275
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 14**	13	1,638	

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income[1] wasn't more than $8,460, **or (b)** your net farm profits[2] were less than $6,107.

14	Maximum income for optional methods	14	5,640
15	Enter the **smaller** of: two-thirds (2/3) of gross farm income[1] (not less than zero) **or** $5,640. Also, include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits[3] were less than $6,107 and also less than 72.189% of your gross nonfarm income[4], **and (b)** you had net earnings from self-employment of at least $400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16	Subtract line 15 from line 14	16	
17	Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income[4] (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above	17	

[1] From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

[2] From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A-minus the amount you would have entered on line 1b had you not used the optional method.

[3] From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

[4] From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Part III Maximum Deferral of Self-Employment Tax Payments

If line 4c is zero, skip lines 18 through 20, and enter -0- on line 21.

18	Enter the portion of line 3 that can be attributed to March 27, 2020, through December 31, 2020	18	
19	If line 18 is more than zero, multiply line 18 by 92.35% (0.9235); otherwise, enter the amount from line 18	19	
20	Enter the portion of lines 15 and 17 that can be attributed to March 27, 2020, through December 31, 2020	20	
21	Combine lines 19 and 20	21	

If line 5b is zero, skip line 22 and enter -0- on line 23.

22	Enter the portion of line 5a that can be attributed to March 27, 2020, through December 31, 2020	22	
23	Multiply line 22 by 92.35% (0.9235)	23	
24	Add lines 21 and 23	24	
25	Enter the smaller of line 9 or line 24	25	
26	Multiply line 25 by 6.2% (0.062). Enter here and see the instructions for line 12e of Schedule 3 (Form 1040)	26	

Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

► Attach to your tax return.

► Go to *www.irs.gov/Form8995* for instructions and the latest information.

OMB No. 1545-2294

2020

Attachment Sequence No. **55**

Name(s) shown on return

Ibson Huggo I P Silva & Jessica Alves

Your taxpayer identification number

App-ly-ing

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 $163,300 ($326,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Schedule C: Day Care		21,539
ii	Schedule C: Delivery Driver		836
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	22,375		
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	22,375		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	4,475
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	0		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	( )		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9	0
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10	4,475
11	Taxable income before qualified business income deduction	11	(2,425)		
12	Net capital gain (see instructions)	12	0		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	0		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	0
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ►			15	0
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	(0)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	(0)

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8995** (2020)

EEA

Amount from Form 1040, line 11	22,375
Amount from Form 1040, line 12	24,800
Line 11 above is the difference between these amounts	(2,425)

TAXABLE YEAR

FORM

2020 California Resident Income Tax Return **540**

ATTACH FEDERAL RETURN

APP-LY-ING PSIL APP-LY-ING 20 PBA 492000
IBSON HUGGO I P SILVA
JESSICA R ALVES

2811 FLORES ST APT 4
SAN MATEO CA 94403

04-24-1993 05-11-1994

Principal Residence

Enter your county at time of filing (see instructions)
San Mateo

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

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

Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.

City State ZIP code

Filing Status

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

1 [ ] Single

2 [X] Married/RDP filing jointly. See inst.

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 widow(er). Enter year spouse/RDP died.

See instructions.

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

Exemptions

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

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 [2] X $124 = $ 248

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 . . . . . 8 [ ] X $124 = $

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 . . . . . 9 [ ] X $124 = $

Your name: IBSON HUGGO I P S Your SSN or ITIN: APPLYING

Exemptions

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

	Dependent 1	Dependent 2	Dependent 3
First Name	MIGUEL A		
Last Name	PEREIRA RODRIGUES		
SSN. See instructions.	APPLYING		
Dependent's relationship to you	SON		

Total dependent exemptions . . . . . • 10 1 X $383 = $ 383

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 . . . . . 11 $ 631

Taxable Income

12	State wages from your federal Form(s) W-2, box 16 . . . . . • 12		.00
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11	13	22375 .00
14	California adjustments - subtractions. Enter the amount from Schedule CA (540), Part I, line 23, column B . . . . . •	14	.00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15	22375 .00
16	California adjustments - additions. Enter the amount from Schedule CA (540), Part I, line 23, column C . . . . . •	16	.00
17	California adjusted gross income. Combine line 15 and line 16 . . . . . •	17	22375 .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 . . . . . $4,601 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . $9,202 If Married/RDP filing separately or the box on line 6 is checked, **STOP.** See instructions •	18	9202 .00
19	Subtract line 18 from line 17. This is your **taxable income.** If less than zero, enter -0-	19	13173 .00

Tax

31	Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule • [ ] FTB 3800 • [ ] FTB 3803 . . . . . •	31	132 .00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than $203,341, see instructions	32	631 .00
33	Subtract line 32 from line 31. If less than zero, enter -0-	33	0 .00
34	Tax. See instructions. Check the box if from: • [ ] Schedule G-1 • [ ] FTB 5870A •	34	.00
35	Add line 33 and line 34	35	0 .00

Special Credits

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions . . . . . •	40	.00
43	Enter credit name [ ] code • [ ] and amount . . •	43	.00
44	Enter credit name [ ] code • [ ] and amount . . •	44	.00

Your name: IBSON HUGGO I P S Your SSN or ITIN: APPLYING

Special Credits

45	To claim more than two credits. See instructions. Attach Schedule P (540)	45		.00
46	Nonrefundable Renter's Credit. See instructions	46		.00
47	Add line 40 through line 46. These are your total credits	47	0	.00
48	Subtract line 47 from line 35. If less than zero, enter -0-	48	0	.00

Other Taxes

61	Alternative Minimum Tax. Attach Schedule P (540)	61		.00
62	Mental Health Services Tax. See instructions	62		.00
63	Other taxes and credit recapture. See instructions	63		.00
64	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions	64		.00
65	Add line 48, line 61, line 62, line 63, and line 64. This is your total tax	65	0	.00

Payments

71	California income tax withheld. See instructions	71		.00
72	2020 CA estimated tax and other payments. See instructions	72		.00
73	Withholding (Form 592-B and/or 593). See instructions	73		.00
74	Excess SDI (or VPDI) withheld. See instructions	74		.00
75	Earned Income Tax Credit (EITC)	75		.00
76	Young Child Tax Credit (YCTC). See instructions	76		.00
77	Net Premium Assistance Subsidy (PAS). 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: [X] No use tax is owed. [ ] You paid your use tax obligation directly to CDTFA.

ISR Penalty

92 Individual Shared Responsibility (ISR) Penalty. See instructions ... 92 0 .00

• [ ] Full-year health care coverage.

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, then subtract line 93 from line 92	96	0	.00

Your name: IBSON HUGGO I P S Your SSN or ITIN: APPLYING

Overpaid Tax/Tax Due

97	Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95	**97**	.00
98	Amount of line 97 you want applied to your **2021** estimated tax	**98**	.00
99	Overpaid tax available this year. Subtract line 98 from line 97	**99**	.00
100	Tax due. If line 95 is less than line 65, subtract line 95 from line 65	**100**	.00

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	400	.00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	401	.00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	403	.00
California Breast Cancer Research Voluntary Tax Contribution Fund	405	.00
California Firefighters' Memorial Voluntary Tax Contribution Fund	406	.00
Emergency Food for Families Voluntary Tax Contribution Fund	407	.00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	408	.00
California Sea Otter Voluntary Tax Contribution Fund	410	.00
California Cancer Research Voluntary Tax Contribution Fund	413	.00
School Supplies for Homeless Children Fund	422	.00
State Parks ProtectionFund/Parks Pass Purchase	423	.00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	424	.00
Keep Arts in Schools Voluntary Tax Contribution Fund	425	.00
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	431	.00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	438	.00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	439	.00
Rape Kit Backlog Voluntary Tax Contribution Fund	440	.00
Schools Not Prisons Voluntary Tax Contribution Fund	443	.00
Suicide Prevention Voluntary Tax Contribution Fund	444	.00
110 Add code 400 through code 444. This is your total contribution	110	.00

Your name: IBSON HUGGO I P S Your SSN or ITIN: APPLYING

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** 0 .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** 0 .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 99. See instructions.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** . . • **115** .00

Refund and Direct Deposit

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

• Routing number • Type ☐ Checking ☐ Savings • Account number • **116** Direct deposit amount .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

• Routing number • Type ☐ Checking ☐ Savings • Account number • **117** Direct deposit amount .00

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov/forms** and search for **1131**. To request this notice by mail, call 800.852.5711.

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 03-15-2021 | 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 628-241-5082

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) AMIRACO TAX SERVICE • PTIN P02014590

Firm's address 2644 APPIAN WAY SUITE 205 PINOLE, CA 94564 • Firm's FEIN 830623536

Do you want to allow another person to discuss this tax return with us? See instructions . . . . . • ☐ Yes ☒ No

Print Third Party Designee's Name | Telephone Number

TAXABLE YEAR

CALIFORNIA FORM

2020 Premium Assistance Subsidy 3849

Attach to your California Form 540 or Form 540NR.

Name(s) as shown on tax return	SSN or ITIN
Ibson Huggo I P Silva	App-ly-ing

◉ ☐ You are not eligible to take the Premium Assistance Subsidy (PAS) if your filing status is married filing separately unless you qualify for an exception (see instructions). If you qualify, check the box.

Part I Annual and Monthly Contribution Amount

1	Applicable household size. Enter your applicable household size. See instructions			1	3
2a	Modified AGI. Enter your modified AGI. See instructions	2a	22,375		
b	Enter the total of your dependents' modified AGI. See instructions	2b			
3	Household income. Add the amounts on lines 2a and 2b. See instructions			3	22,375
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1. See instructions			4	21,330
5	Household income as a percentage of federal poverty line. See instructions			5	104 %
6	Go to Worksheet 2 and Table 1-2 in the instructions to determine whether you should check the **"Yes"** or **"No"** below. Proceed as directed.				
	◉ ☒ **No.** Continue to line 7.				
	◉ ☐ **Yes.** You are not eligible to take the PAS. If advance payment of the PAS was made, see the instructions for how to report your excess advance PAS repayment amount.				
7	CA applicable figure. Using your line 5 percentage, locate your "CA applicable figure" from Table 2. See instructions			7	
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a			
b	Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount			8b	

Part II Premium Assistance Subsidy Claim and Reconciliation of Advance Payment of Premium Assistance Subsidy

9 Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage (see instructions)?

◉ ☐ **Yes.** Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. ◉ ☒ **No.** Continue to line 10.

10 See the instructions to determine whether you should check the **"Yes"** box or **"No"** box, and then proceed as directed.

◉ ☐ **Yes.** Continue to line 11. Compute your annual PAS. Then skip lines 12 through 23 and continue to line 24. ◉ ☒ **No.** Continue to lines 12 through 23. Compute your monthly PAS and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) FTB 3895, line 18, column a)	(b) Annual applicable SLCSP premium (Form(s) FTB 3895, line 18, column b)	(c) Annual contribution amount (line 8a)	(d) Annual federal PTC amount. See instructions.	(e) Annual maximum PAS amount (subtract (c) and (d) from (b), if zero or less, enter -0-)	(f) Annual PAS amount allowed. See instructions.	(g) Annual APAS amount (Form(s) FTB 3895, line 18, column c)
11 Annual Totals	◉	◉	◉	◉	◉	◉	◉

Monthly Calculation	(a) Monthly enrollment premiums (Form(s) FTB 3895, lines 6-17, column a)	(b) Monthly applicable SLCSP premium (Form(s) FTB 3895, lines 6-17, column b)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly federal PTC amount. See instructions.	(e) Monthly maximum PAS amount (subtract (c) and (d) from (b), if zero or less, enter -0-)	(f) Monthly PAS amount allowed. See instructions	(g) Monthly APAS amount (Form(s) FTB 3895, lines 6-17, column c)
12 January	◉	◉	◉	◉	◉	◉	◉ 0
13 February	◉	◉	◉	◉	◉	◉	◉ 0
14 March	◉	◉	◉	◉	◉	◉	◉ 0
15 April	◉	◉	◉	◉	◉	◉	◉ 0
16 May	◉	◉	◉	◉	◉	◉	◉ 0
17 June	◉	◉	◉	◉	◉	◉	◉ 0
18 July	◉	◉	◉	◉	◉	◉	◉ 0
19 August	◉	◉	◉	◉	◉	◉	◉ 0
20 September	◉	◉	◉	◉	◉	◉	◉ 0
21 October	◉	◉	◉	◉	◉	◉	◉ 0
22 November	◉	◉	◉	◉	◉	◉	◉ 0
23 December	◉	◉	◉	◉	◉	◉	◉ 0

24	Total PAS. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here	24	
25	Advance payment of PAS. Enter the amount from line 11(g) or add lines 12(g) through 23(g) and enter the total here	25	
26	Net PAS. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Form 540, line 77, or Form 540NR, line 87. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27	26	

Part III Repayment of Excess Advance Payment of the Premium Assistance Subsidy

27	Excess advance payment of PAS. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	
28	Repayment limitation. See instructions	28	
	☐ Check this box if the "Repayment cap may not apply" box on form FTB 3895 is also checked.		
29	Excess APAS repayment. Enter the smaller of line 27 or line 28 here and on Form 540, line 64, or Form 540NR, line 74	29	

Part IV Allocation of Policy Amounts

Complete the following information for up to four policy amount allocations. See instructions for allocation details.

Allocation 1

30	(a) Market-assigned policy number (Form FTB 3895)	(b) SSN or ITIN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PAS Percentage

Allocation 2

31	(a) Market-assigned policy number (Form FTB 3895)	(b) SSN or ITIN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PAS Percentage

Allocation 3

32	(a) Market-assigned policy number (Form FTB 3895)	(b) SSN or ITIN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PAS Percentage

Allocation 4

33	(a) Market-assigned policy number (Form FTB 3895)	(b) SSN or ITIN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PAS Percentage

34 Have you completed all policy amount allocations?

☐ **Yes.** Multiply the amounts on form FTB 3895 by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from forms FTB 3895, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12 through 23, columns (a), (b), and (f). Compute the amounts for lines 12 through 23, columns (c) through (e), and continue to line 24.

☐ **No.** See the instructions to report additional policy amount allocations.

Part V Alternative Calculation for Year of Marriage

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12 through 23, see the instructions for this Part V.

		(a) Alternative household size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month
35	**Alternative entries for you**				
36	**Alternative entries for your spouse/RDP**				

TAXABLE YEAR **2020**

Health Coverage Exemptions and Individual Shared Responsibility Penalty

CALIFORNIA FORM **3853**

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

Name(s) as shown on your California tax return: Ibson Huggo I P Silva

SSN or ITIN: App-ly-ing

Part I **Applicable Household Members.** List all members of your applicable household whether or not they have an exemption or an Exemption Certificate Number (ECN) granted by the Marketplace. See instructions.

	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
1	IBSON		Applying	04-24-1993	
	Last Name		ECN 1	ECN 2	ECN 3
	SILVA				
2	JESSICA		Applying	04-24-1993	
	R ALVES				
3	MIGUEL		Applying	04-24-1993	
	PEREIRA RODRIGUES				
4	Miguel	A	APPLYING	12-31-2016	
	Pereira Rodrigues				
5					
6					
7					
8					
9					
10					
11					
12					

Part II **Coverage Exemption Claimed on Your Tax Return for Your Household**

1 If you are claiming a coverage exemption because your applicable household income or gross income is below the filing threshold, check the box here. See Instructions . . . . . ☑

Your Name: Ibson Huggo I P Silva | Your SSN or ITIN: App-ly-ing

Part III **Coverage and Exemptions Claimed on Your Tax Return for Individuals.** If you and/or a member of your applicable household are reporting any coverage or are claiming exemptions for the tax year, complete Part III. See instructions.

Coverage and Exemption Codes

	First Name	Initial	Last Name	(a) Full-Year	(b) Jan	(c) Feb	(d) Mar	(e) Apr	(f) May	(g) June	(h) July	(i) Aug	(j) Sept	(k) Oct	(l) Nov	(m) Dec
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																

Part IV **Individual Shared Responsibility Penalty**

1 Your Individual Shared Responsibility Penalty. Enter on Form 540, line 92; Form 540NR, line 91; or Form 540 2EZ, line 27. See instructions . . . . . • 1. _____

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
ANA PAULA S ALVES
ANA PAULA DAY CARE
431 PARIS STREET
SAN FRANCISCO CA 94112
(415) 912-0300

OMB No. 1545-0116
2020
Form 1099-NEC

Nonemployee Compensation

Copy B
For Recipient

PAYER'S TIN	RECIPIENT'S TIN
610-13-4080	608-18-5392

RECIPIENT'S name and address
JESSICA RODRIGUES ALVES

183 MADRID ST.
SAN FRANCISCO CA 94112

1 Nonemployee compensation
$ 35300.00

2

3

4 Federal income tax withheld
$

5 State tax withheld
$
$

6 State/Payer's state no.
CA

7 State income
$
$

Account number (see instructions)

FATCA filing requirement ☐

Form 1099-NEC (keep for your records)
DXA

www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

110

☐ VOID ☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
ANA PAULA S ALVES
ANA PAULA DAY CARE
431 PARIS STREET
SAN FRANCISCO CA 94112
(415) 912-0300

OMB No. 1545-0116
2020
Form 1099-NEC

Nonemployee Compensation

Copy 2
To be filed with recipient's state income tax return, when required.

PAYER'S TIN	RECIPIENT'S TIN
610-13-4080	608-18-5392

RECIPIENT'S name and address
JESSICA RODRIGUES ALVES

183 MADRID ST.
SAN FRANCISCO CA 94112

1 Nonemployee compensation
$ 35300.00

2

3

4 Federal income tax withheld
$

5 State tax withheld
$
$

6 State/Payer's state no.
CA

7 State income
$
$

Account number (see instructions)

FATCA filing requirement ☐

Form 1099-NEC
DXA

www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

May 28, 2025

To whom it may concern,

This letter certifies that Ms. Jessica Rodrigues Alves worked at my law firm, Wanuza Silva – Lawyer, OAB (Brazilian Bar Association)/GO No. 30.644, as a legal intern/paralegal during the period from February 2013 to June 2020. From 2013 to 2018, she worked remotely, and from 2019 to June 2020, she worked directly at the law office, Wanuza Silva – Lawyer, OAB/GO No. 30.644, but with a flexible schedule.

During the time she worked with me as a legal intern/paralegal, Jessica demonstrated strong analytical, organizational, and communication skills. In all the cases she was assigned to follow, she was responsible for monitoring deadlines and preparing defenses, showing great skill in legal research and the development of legal arguments, contributing to the success of 90% of the cases entrusted to her.

Jessica has consistently demonstrated steady career progression, with increasing levels of responsibility and expertise in her field. She also possesses a strong ability to handle complex situations without compromising ethics and professionalism.

Her activities as a Legal Intern/paralegal at my law firm included the following:

- ***Drafting defenses in ongoing cases;***
- ***Conducting legal research, investigating laws, case law, and legal doctrine to support decision-making;***
- ***Drafting contracts, legal opinions, notices, and other legal documents;***
- ***Attending client meetings;***
- ***Monitoring judicial and administrative proceedings, both internal and external;***
- ***Keeping files up to date and organizing the law firm`s legal documentation;***
- ***Providing guidance on labor regulations and other specific tasks.***

Please do not hesitate to contact me by email at wanuzasilvaadv@wanuzasilvaadvogada.com.br or by phone at +55 (62) 98143-8807 should you have any further questions regarding the employment or qualifications of Ms. Jessica Rodrigues Alves.

Sincerely.

Wanuza Pereira Silva

Lawyer and owner of the law firm

WS Wanuza Silva – Lawyer

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


_____ Date: June 25, 2025.

28 de maio de 2025

A quem possa interessar,

Esta carta certifica que a Senhora Jessica Rodrigues Alves, trabalhou no meu escritório de Advocacia, Wanuza Silva – Advogada, OAB/GO nº 30.644, na condição de estagiária/assessora jurídica, durante o período de fevereiro de 2013 à junho de 2020, sendo que, durante os anos de 2013 a 2018, esta trabalhou em Home Office e, após o ano de 2019 até junho de 2020, trabalhou diretamente no escritório de Advocacia, Wanuza Silva – Advogada, OAB/GO nº 30.644, porém, com horário flexível.

Durante o tempo que trabalhou comigo, na função de estagiária/assessora jurídica, Jessica demonstrou ser uma profissional com grande capacidade de análise, organização e comunicação. Em todos os processos para qual foi nomeada para acompanhar, esta foi responsável no acompanhamento de prazos e defesas, comprovando grande habilidade em pesquisas jurídicas e desenvolvimento de teses, contribuindo para o sucesso de 90% dos processos que lhe foram atribuídos.

Jessica, sempre demonstrou uma progressão consistente na carreira, com níveis crescente de responsabilidade e expertise em sua área, além de possui uma ampla capacidade de lidar com situações complexas, sem perder a ética e profissionalismo.

Suas atividades como Estagiária/assessora Jurídica no meu escritório incluíam o seguinte:

- *Elaboração das defesas em processos já existentes;*
- *Pesquisas jurídicas com investigação de leis, jurisprudências e doutrinas para embasar a tomada de decisão;*
- *Redigir contratos, pareceres, notificações e outros documentos jurídicos;*
- *Acompanhamento de clientes em reuniões;*
- *Monitorar processos judiciais e administrativos, tanto internos quanto externos;*
- *Manter arquivos atualizados e organizar a documentação jurídica do escritório;*
- *Orientar sobre normas trabalhistas e outras funções específicas.*

Não hesite em entrar em contrato comigo pelo e-mail wanuzasilvaadv@wanuzasilvaadvogada.com.br ou telefone +55 (62) 98143-8807, caso tenha mais dúvida sobre o emprego ou as qualificações da Senhora Jessica Rodrigues Alves.

Sinceramente.

Wanuza Pereira Silva

Advogada e proprietária do escritório

WS Wanuza Silva – Advogada

INSURANCE BROKERAGE

Unimed Goiânia

www.unimedgoiania.coop.br
Avenida T-9, 276
74150-300 - Marista Sector - Goiânia - GO
Phone: (62) 3216-8700
Phone (62) 3216-8740

LETTER OF RECOMMENDATION

U.S. CITIZENSHIP AND IMMIGRATION SERVICE (USCIS)

The company **UNIMED GOIÂNIA CORRETORA DE SEGUROS LTDA**., registered under CNPJ No. 37.258.506/0001-05, headquartered at Avenida T-9, No. 276, Q G19, LT 21, Marista Sector, Goiânia-GO, Brazil, hereby recommends Ms. **JESSICA RODRIGUES ALVES**, holder of ID No. 5592886 SSP/GO and CPF No. 039.281.101-90, who was part of the company's staff from **08/13/2014**, to **09/25/2020**, having most recently held the position of Health Insurance Sales Representative.

During her time with this organization, the aforementioned employee held the following positions: Administrative Assistant from 08/13/2014, to 10/31/2016; Project Analyst from 11/01/2016, to 05/01/2019; and Health Insurance Sales Representative from 05/02/2019, to 09/25/2020.

We also declare that she performed her duties with competence, quality, commitment, dedication, and responsibility, maintaining good interpersonal relationships with colleagues, superiors, and clients. Her conduct was free from any sanction or warning, and her trajectory in the company contributed positively to the results of the team and the institution as a whole.

I am available for any clarifications that may be necessary.

Goiânia, June 2, 2025.

Sandro Spindula da Trindade
Administrative/Financial Coordinator
Unimed Goiânia – Insurance Brokerage
Unimed

----//signature//----

UNIMED GOIÂNIA CORRETORA DE SEGUROS LTDA

CNPJ: 37.258.506/0001-05

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



_____ Date: July 3, 2025.

CORRETORA Unimed Goiânia
www.unimedgoiania.coop.br
Av. T-9, 276
74150-300 - Setor Marista - Goiânia - GO
T. (62) 3216-8700
F. (62) 3216-8740

CARTA DE RECOMENDAÇÃO

U.S. CITIZENSHIP AND IMMIGRATION SERVICE (USCIS)

A empresa **UNIMED GOIANIA CORRETORA DE SEGUROS LTDA.**, inscrita no CNPJ sob o nº 37.258.506/0001-05, com sede à Avenida T-9, n° 276, Q G19, LT 21, Setor Marista, Goiânia-GO, Brasil, vem, por meio desta recomendar a Sra. **JESSICA RODRIGUES ALVES**, portadora do RG nº 5592886 SSP/GO e CPF nº 039.281.101-90, que integrou o quadro funcional da referida empresa no período de **13/08/2014 a 25/09/2020**, exercendo por último a função de Vendedora de Planos de Saúde.

Durante o tempo em que prestou serviços nesta organização, a referida colaboradora exerceu os cargos de Auxiliar Administrativo no período de 13/08/2014 a 31/10/2016, Analista de Projetos no período de 01/11/2016 a 01/05/2019, e de Vendedora de Plano de Saúde no período de 02/05/2019 a 25/09/2020.

Declaramos ainda que desempenhou suas atividades com competência, qualidade, comprometimento, dedicação e responsabilidade mantendo bom relacionamento interpessoal com colegas, superiores e clientes. Sua conduta foi isenta de qualquer sanção ou advertência, e sua trajetória na empresa contribuiu positivamente para os resultados da equipe e da instituição como um todo.

Coloco-me à disposição para eventuais esclarecimentos que se façam necessários.

Goiânia, 02 de junho de 2025.

Sandro Spindula da Trindade
Coordenador Administrativo / Financeiro
Unimed Goiânia – Corretora
Unimed

UNIMED GOIÂNIA CORRETORA DE SEGUROS LTDA

CNPJ: 37.258.506/0001-05

Exhibit B.III License to practice your profession

State of California

Department of Social Services

Facility Number: 384004759

Effective Date: 08/01/2023 **Total Capacity: 14**

In accordance with applicable provisions of the Health and Safety Code of California, and its rules and regulations; the Department of Social Services hereby issues

this License to

ALVES JESSICA

to operate and maintain a

FAMILY DAY CARE HOME

Name of Facility

ALVES, JESSICA
2318 22ND STREET
SAN FRANCISCO, CA 94110

This License is not transferable and is granted solely upon the following:

MAX. CAP(WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.

Client Groups Served:

CHILDREN

Complaints regarding services provided in this facility should be directed to:

SAN BRUNO CC RO (650) 266-8800

Kevin Gaines
Deputy Director,
Community Care Licensing Division

Authorized Representative of Licensing Agency

LIC203A (03/07) FAS
Print Date 08/02/2023

POST IN A PROMINENT PLACE

CU-TAO18b

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

FACILITY EVALUATION REPORT

SAN BRUNO CC RO, 851 TRAEGER AVE., SUITE 360
SAN BRUNO, CA 94066

Although this visit/inspection may have focused on the review of specific licensing requirements, the applicant/licensee must comply with all applicable requirements. The California Department of Social Services retains authority to issue citations or take disciplinary action for any deficiency.

FACILITY NAME:	ALVES, JESSICA		**FACILITY NUMBER:**	384004759
DIRECTOR/ADMINISTRATOR:	ALVES, JESSICA		**FACILITY TYPE:**	810
ADDRESS:	2318 22ND STREET		**TELEPHONE:**	(628) 241-5082
CITY:	SAN FRANCISCO	**STATE:** CA	**ZIP CODE:**	94110
CAPACITY: 14	**TOTAL ENROLLED CHILDREN:** 14	**CENSUS:** 6	**DATE:**	06/03/2025
TYPE OF VISIT:	Annual/Random	UNANNOUNCED	**TIME BEGAN:**	09:25 AM
MET WITH:	Licensee, Jessica Alves		**TIME ENDED:**	11:45 AM

NARRATIVE

On June 3, 2025 at approximately 9:25am, Licensing Program Analyst (LPA) Melissa Zaragoza conducted an unannounced, annual inspection. LPA was greeted and granted access by licensee, Jessica Alves. At the entrance the licensee was explained the purpose of the inspection. Present during LPA's visit included the licensee, 2 staff assistant, and 6 children (2 infants, 3 preschool, and the licensee's son, under 10 years old).

Hours of operation are Monday through Friday, 7:30am to 6:30pm. Licensee lives in a two level home with their son. All adults living in the home and staff present, working with children have fingerprint clearance on file.

The **DAY CARE AREAS** are the second floor: living room, dining room, bathroom #1, and patio. The **OFF-LIMIT AREAS** are the kitchen, bedroom #1, bedroom #2, and first level: bathroom #2, family room, and garage. All off-limit areas are made inaccessible to children in care with child safety gates installed.

LPA toured day care areas of home with the licensee. LPA observed home to be in good repair with proper temperature and ventilation. Home is equipped with a variety of toys and materials that were observed to be in good condition. LPA observed electrical outlets to be made inaccessible to children. Cleaning supplies, poisons and hazardous materials are stored in homes off limit area.

Home is equipped with a fully charged fire extinguisher and a smoke and carbon monoxide detector. Smoke and carbon monoxide detectors were tested during visit and were observed to be in working condition. LPA observed trashcans with tight fitted lids. There are no pools, and bodies of water in the premises.

Napping area was observed to be equipped with mats and playpens for napping children. Playpens were observed to be free of loose articles, bumper pads and pillows. LPA observed Playpens and mats to have mattresses with tight fitting sheets. LPA observed 15-minute sleeping logs to be maintained, notating the position the infant was sleeping in. Per licensee, parents provide the sheets and blankets, but the licensee washes sheets and blankets weekly.

(Continue Report on Page 2...)

NAME OF LICENSING PROGRAM MANAGER: Marie Rodriguez **TELEPHONE:** (650) 266-8827

NAME OF LICENSING PROGRAM ANALYST: Melissa Zaragoza **TELEPHONE:** 650-266-8800

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/03/2025

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/03/2025

This report must be available at Child Care and Group Home facilities for public review for 3 years.

FACILITY NAME: ALVES, JESSICA

FACILITY NUMBER: 384004759

VISIT DATE: 06/03/2025

NARRATIVE

(Continued, Page 2...)

Bathroom was observed to be in proper working condition. There is appropriate sanitation and toileting equipment for children in care. LPA observed one changing table used for diapering children. LPA observed children to have their own individual box, with their name on it, used for storing their diapers. Per licensee, parents provide the diapers and wipes for enrolled children.

Children eat in the living room. Children were observed to have appropriate eating utensils, tables, chairs, and highchairs. Per licensee, they provide a food service of breakfast, lunch, snack, and dinner. Per licensee, they are aware of children's allergies and dietary restrictions. LPA observed knives to be made inaccessible to children.

LPA reviewed child's record which were complete. LPA reviewed licensee's record, and staff which were complete. Licensee has a current CPR/First Aid certification and current Mandated Reporter certification. Licensee's CPR/First Aid certification will expire on 03/2026 and Mandated Reporter certification will expire 07/09/2026.

Emergency disaster drills are conducted and are appropriately documented. Last disaster drill was conducted 01/01/2025. LPA observed licensing documentation to be properly posted, made available for review. Facility maintains a childcare roster that was also made available for review. Per licensee, there are no weapons or firearms in the home.

To improve the quality and value of the new inspection process, a survey may be sent to the email address provided. Please complete the survey and share your inspection experience. If you have any questions regarding the process or CARE tools, please send email inquiries to inspectionprocess@dss.ca.gov. For additional information regarding the inspection and its tools and methods, please visit the Program website at .

Licensee was reminded that all adults 18 and over living or working in the home, including employees and volunteers, except as specified in Health and Safety Code section 1596.871, must obtain a criminal record clearance or exemption, or transfer their existing clearance or exemption, prior to initial presence in a licensed Family Child Care Home. A civil penalty of $100.00 minimum/day for a maximum of 5 days or, if the penalty is for a repeat violation, for a maximum of 30 days per person will be assessed if this regulation is violated.

(Continue Report on Page 3...)

NAME OF LICENSING PROGRAM MANAGER: Marie Rodriguez
TELEPHONE: (650) 266-8827

NAME OF LICENSING PROGRAM ANALYST: Melissa Zaragoza
TELEPHONE: 650-266-8800

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/03/2025

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/03/2025

FACILITY NAME: ALVES, JESSICA

FACILITY NUMBER: 384004759
VISIT DATE: 06/03/2025

NARRATIVE

(Continued, Page 3...)

LPA discussed the safe sleep regulations with licensee and discussed the Child Care Licensing Safe Sleep webpage at

as an additional resource. LPA also informed licensee of the importance of checking for recalled infant devices on the United States Consumer Product Safety Commission (CPSC) website at / and recommended they register all infant devices with the CPSC to be notified of any recalls on their purchased equipment.

Incidental Medical Services (IMS) policy was discussed. For IMS information see PIN 22-02-CCP. When any IMS is provided, a Plan for Providing IMS must be submitted to the Department. The following information regarding ADA was provided: US Department of Justice (USDOJ) toll-free ADA Information Line at (800) 514-0301 (voice)/ (800) 514-0383 (TTY) and link to publication: Commonly Asked Questions about Child Care Centers and the ADA, available at: .

Licensee was informed of the MyChildCarePlan.org website; a consumer education website that helps families obtain child care by connecting them to child care providers and Resource and Referral Agencies (R&Rs) throughout California.

During the exit interview, the licensee, Jessica Alves, confirmed that there are no Registered Sex Offenders living in the facility and LPA completed a Megan's Law search on 06/03/2025.

No deficiencies were issued during today's visit.

A notice of site visit was given and must remain posted for 30 days.

Exit interview conducted and report was reviewed with the licensee, Jessica Alves.

NAME OF LICENSING PROGRAM MANAGER: Marie Rodriguez
TELEPHONE: (650) 266-8827

NAME OF LICENSING PROGRAM ANALYST: Melissa Zaragoza
TELEPHONE: 650-266-8800

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/03/2025

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/03/2025

Exhibit B.IV Evidence that you commanded a salary or other remunerations

CHASE

JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

August 19, 2025 through September 17, 2025
Account Number: **000000122297930**

CUSTOMER SERVICE INFORMATION

Web site:	**Chase.com**
Service Center:	**1-800-935-9935**
Para Espanol:	1-877-312-4273
International Calls:	1-713-262-1679

We accept operator relay calls

00072489 DRE 703 219 26125 NNNNNNNNNNN 1 000000000 12 0000

JESSICA RODRIGUES ALVES
2318 22ND ST
SAN FRANCISCO CA 94110-2814

00724890101000000021

CHECKING SUMMARY

Chase Total Checking

	AMOUNT
Beginning Balance	**$22,624.57**
Deposits and Additions	32,254.53
ATM & Debit Card Withdrawals	-111.19
Electronic Withdrawals	-28,015.12
Fees	-6.00
Ending Balance	**$26,746.79**

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		**$22,624.57**
08/19	Jessica Alves Da Payroll PPD ID: 1462800242	**899.51**	23,524.08
08/19	Zelle Payment To Jesiel 25903557541	-120.00	23,404.08
08/19	Capital One Mobile Pmt CA06B9F1Adb0215 Web ID: 9279744380	-2,011.56	21,392.52
08/20	Zelle Payment To Mayra Ajudante Jpm99Bk2Hvp9	-451.50	20,941.02
08/20	Zelle Payment To Yyara Ayudante Jpm99Bk2Ivj0	-212.85	20,728.17
08/22	08/22 Payment To Chase Card Ending IN 2331	-1,982.74	18,745.43
08/25	Recurring Card Purchase 08/23 Netflix.Com 866-5797172 CA Card 8822	-24.99	18,720.44
08/25	Zelle Payment To Kent Taylor 25978006029	-5,195.00	13,525.44
09/02	Zelle Payment To Mayra Ajudante Jpm99Blob0Kk	-400.00	13,125.44
09/03	Jessica Alves Da Payroll PPD ID: 1462800242	**899.51**	14,024.95
09/03	Zelle Payment To Amor Jpm99Blso6Ml	-1,000.00	13,024.95
09/04	Non-Chase ATM Withdraw 09/04 5098 Mission Street San Francisco CA Card 8822	-63.10	12,961.85
09/04	Non-Chase ATM Fee-With	-3.00	12,958.85
09/08	09/06 Payment To Chase Card Ending IN 0826	-4,775.40	8,183.45
09/08	09/08 Online Transfer To Chk ...6671 Transaction#: 26157945779	-1,000.00	7,183.45
09/09	Zelle Payment To Pai Jpm99Bmlazee	-115.00	7,068.45
09/09	Non-Chase ATM Withdraw 09/09 5098 Mission Street San Francisco CA Card 8822	-23.10	7,045.35
09/09	Non-Chase ATM Fee-With	-3.00	7,042.35
09/15	Zelle Payment To Tia Josy Jpm99Bn2Kmik	-400.00	6,642.35
09/15	Zelle Payment To Neto Jpm99Bn56T1Q	-85.00	6,557.35
09/16	Online Transfer From Chk ...6671 Transaction#: 26241780427	**10,000.00**	16,557.35

TRANSACTION DETAIL *(continued)*

DATE	DESCRIPTION	AMOUNT	BALANCE
09/16	09/16 Payment To Chase Card Ending IN 5629	-5,972.10	10,585.25
09/16	09/16 Payment To Chase Card Ending IN 0608	-1,381.61	9,203.64
09/16	Zelle Payment To Mayra Ajudante Jpm99Bnfrrus	-419.25	8,784.39
09/16	Zelle Payment To Yyara Ayudante Jpm99Bnfr8T7	-170.11	8,614.28
09/16	Zelle Payment To Mayra Ajudante Jpm99Bnfr95M	-3.00	8,611.28
09/16	Zelle Payment To Jess Jpm99Bngbdd5	-200.00	8,411.28
09/17	Wu Yee Children Achpay01 PPD ID: 1942387002	**19,556.00**	27,967.28
09/17	Jessica Alves Da Payroll PPD ID: 1462800242	**899.51**	28,866.79
09/17	Irs Usataxpymt PPD ID: 3387702000	-2,000.00	26,866.79
09/17	Zelle Payment To Jaque Unha Daly City Jpm99Bnl0H6U	-120.00	26,746.79
	Ending Balance		**$26,746.79**

A Monthly Service Fee was **not** charged to your Chase Total Checking account. Here are the three ways you can avoid this fee during any statement period.

- **Have electronic deposits made into this account totaling $500.00 or more, such as payments from payroll providers or government benefit providers, by using (i) the ACH network, (ii) the Real Time Payment or FedNow℠ network, or (iii) third party services that facilitate payments to your debit card using the Visa or Mastercard network.**
  (Your total electronic deposits this period were $41,810.53. Note: some deposits may be listed on your previous statement)
- **OR, keep a balance at the beginning of each day of $1,500.00 or more in this account.**
- **OR, keep an average beginning day balance of $5,000.00 or more in qualifying linked deposits and investments.**

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

Call us at 1-866-564-2262 or write us at the address on the front of this statement immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number;
- A description of the error or the transaction you are unsure about, and why you think it is an error or want more information; and
- The amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will provide provisional credit to your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

For business accounts, our practice is to follow the procedures described above as detailed in your Deposit Account Agreement or other applicable agreements, but we are not legally required to do so. For example, we require you to notify us no later than 30 days after we sent you the first statement on which the error appeared. We may require you to provide us with a written statement that the disputed transaction was unauthorized. We are also not required to give provisional credit.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC FUNDS TRANSFERS: Contact us immediately if your statement is incorrect or if you need more information about any non-electronic funds transfers on this statement. For more details, see your Deposit Account Agreement or other applicable agreements that govern your account.

JPMorgan Chase Bank, N.A. Member FDIC

CHASE

JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

September 18, 2025 through October 17, 2025
Account Number: **000000122297930**

CUSTOMER SERVICE INFORMATION

Web site:	**Chase.com**
Service Center:	**1-800-935-9935**
Para Espanol:	1-877-312-4273
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We accept operator relay calls

00071981 DRE 703 219 29125 NNNNNNNNNNN 1 000000000 12 0000
JESSICA RODRIGUES ALVES
2318 22ND ST
SAN FRANCISCO CA 94110-2814

00719810201000000022

Please review our overdraft service options at the end of this statement

We've included an overview of our overdraft services and fees that are available for personal checking accounts at the end of this statement.

Please note, the following overdraft services are not available for certain accounts:

- Standard Overdraft Practice and Chase Debit Card Coverage[SM] are not available for Chase High School Checking[SM], Chase Secure Checking[SM] and Chase First Checking[SM].
- Overdraft Protection is not available for Chase Secure Checking[SM] and Chase First Checking[SM].

If you have questions, please visit **chase.com/overdraft** or call us at the number on this statement. We accept operator relay calls.

CHECKING SUMMARY

Chase Total Checking

	AMOUNT
Beginning Balance	**$26,746.79**
Deposits and Additions	22,267.02
ATM & Debit Card Withdrawals	-93.30
Electronic Withdrawals	-29,671.64
Fees	-3.00
Ending Balance	**$19,245.87**

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		**$26,746.79**
09/18	Zelle Payment To Yyara Ayudante Jpm99Bnowtf5	-100.00	26,646.79
09/19	Capital One Mobile Pmt CA00812556B8Cad Web ID: 9279744380	-502.60	26,144.19
09/22	Zelle Payment To Paulo Fofis Jpm99Bnwhgyn	-85.00	26,059.19
09/22	Zelle Payment To Ana Paula Prima 26302154010	-15.00	26,044.19
09/22	Zelle Payment To Paulo Fofis Jpm99Bo6Aqvv	-85.00	25,959.19
09/22	Zelle Payment To Wandre Driver Limo Jpm99Bo6Arho	-135.00	25,824.19
09/22	Zelle Payment To Ailton Para Driver Jpm99Bo6Axoj	-160.00	25,664.19
09/23	Zelle Payment To Nilma Jpm99Bo8Vy9X	-3,027.00	22,637.19
09/23	09/23 Payment To Chase Card Ending IN 2331	-4,568.69	18,068.50
09/23	09/23 Payment To Chase Card Ending IN 6043	-39.00	18,029.50

TRANSACTION DETAIL *(continued)*

DATE	DESCRIPTION	AMOUNT	BALANCE
09/23	Recurring Card Purchase 09/23 Netflix.Com Netflix.Com CA Card 8822	-24.99	18,004.51
09/26	Card Purchase 09/25 Shell Oil 10007811002 Campbell CA Card 8822	-3.50	18,001.01
09/26	Zelle Payment To Fernanda Cabelo Jpm99Bojx519	-500.00	17,501.01
09/30	Card Purchase With Pin 09/29 Ebay Commerce Inc. San Jose CA Card 8822	-21.71	17,479.30
10/01	Zelle Payment To Neto Jpm99Bp72Hto	-120.00	17,359.30
10/01	Zelle Payment To Amor Jpm99Bp73C9S	-1,500.00	15,859.30
10/01	Non-Chase ATM Withdraw 10/01 5098 Mission Street San Francisco CA Card 8822	-43.10	15,816.20
10/01	Non-Chase ATM Fee-With	-3.00	15,813.20
10/02	Jessica Alves Da Payroll PPD ID: 1462800242	**899.51**	16,712.71
10/02	Zelle Payment To Ailton Para Driver Jpm99Bpcq1WY	-365.00	16,347.71
10/02	Zelle Payment To Mayra Ajudante Jpm99Bpdut5M	-640.00	15,707.71
10/02	Zelle Payment To Yyara Ayudante Jpm99Bpdvfe5	-325.00	15,382.71
10/02	Zelle Payment To Fabiane Renta Jpm99Bpf67Gx	-2,620.00	12,762.71
10/03	Zelle Payment To Kecia Depilacao Jpm99Bpmovbw	-605.00	12,157.71
10/03	Zelle Payment To Ailton Para Driver Jpm99Bpmqi97	-70.00	12,087.71
10/06	Zelle Payment To Joo Gabriel Driver Paulo Jpm99Bpwf0Kf	-250.00	11,837.71
10/06	Zelle Payment To Jose Jpm99Bpz3l2Z	-400.00	11,437.71
10/06	Zelle Payment To Wandre Driver Limo Jpm99Bpz3Dmy	-70.00	11,367.71
10/06	10/06 Payment To Chase Card Ending IN 0826	-5,099.99	6,267.72
10/09	10/09 Online Transfer To Chk ...6671 Transaction#: 26521086378	-1,000.00	5,267.72
10/09	Zelle Payment To Pai Jpm99Bq8T139	-115.00	5,152.72
10/09	Zelle Payment To Jaque Unha Daly City Jpm99Bqb0W73	-190.00	4,962.72
10/10	Zelle Payment To Ana Paula Prima 26542452521	-97.00	4,865.72
10/10	Zelle Payment To Jess Jpm99Bqfpzxh	-475.00	4,390.72
10/14	Zelle Payment To Julio Pardo Limo Jpm99Bqqx3Gr	-120.00	4,270.72
10/14	Zelle Payment To Mayra Ajudante Jpm99Bquag26	-150.00	4,120.72
10/14	Zelle Payment To Jose Jpm99Bquphd8	-660.00	3,460.72
10/14	Zelle Payment To Marco Junior Careca 26579125990	-70.00	3,390.72
10/17	Wu Yee Children Achpay01 PPD ID: 1942387002	**20,468.00**	23,858.72
10/17	Jessica Alves Da Payroll PPD ID: 1462800242	**899.51**	24,758.23
10/17	10/17 Payment To Chase Card Ending IN 5629	-4,990.55	19,767.68
10/17	10/17 Payment To Chase Card Ending IN 6043	-117.00	19,650.68
10/17	10/17 Payment To Chase Card Ending IN 0608	-404.81	19,245.87
	Ending Balance		**$19,245.87**

A Monthly Service Fee was **not** charged to your Chase Total Checking account. Here are the three ways you can avoid this fee during any statement period.

- **Have electronic deposits made into this account totaling $500.00 or more, such as payments from payroll providers or government benefit providers, by using (i) the ACH network, (ii) the Real Time Payment or FedNow℠ network, or (iii) third party services that facilitate payments to your debit card using the Visa or Mastercard network.**
  (Your total electronic deposits this period were $42,722.53. Note: some deposits may be listed on your previous statement)
- **OR, keep a balance at the beginning of each day of $1,500.00 or more in this account.**
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- A description of the error or the transaction you are unsure about, and why you think it is an error or want more information; and
- The amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will provide provisional credit to your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

For business accounts, our practice is to follow the procedures described above as detailed in your Deposit Account Agreement or other applicable agreements, but we are not legally required to do so. For example, we require you to notify us no later than 30 days after we sent you the first statement on which the error appeared. We may require you to provide us with a written statement that the disputed transaction was unauthorized. We are also not required to give provisional credit.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC FUNDS TRANSFERS: Contact us immediately if your statement is incorrect or if you need more information about any non-electronic funds transfers on this statement. For more details, see your Deposit Account Agreement or other applicable agreements that govern your account.

JPMorgan Chase Bank, N.A. Member FDIC

1071981020200000062

Overdraft and Overdraft Fee Information for Your Chase Checking Account

What You Need to Know About Overdrafts and Overdraft Fees

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. Whether your account has enough money to cover a transaction is determined during our nightly processing. During our nightly processing, we take your previous end of day's balance and post credits. If there are any deposits not yet available for use or holds (such as a garnishment), these will reduce the account balance used to pay your transactions. Then we subtract any debit transactions presented during our nightly processing. The available balance shown to you during the day may not be the same amount used to pay your transactions as some transactions may not be displayed to you before nightly processing.

We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize or pay any transactions presented for payment. If we do not authorize an overdraft, your transaction will be declined. If we do not pay an overdraft, your transaction will be returned. Additional information about overdrafts and your account features can be found in the *Deposit Account Agreement*.

We can cover your overdrafts in three different ways:

1. We have a Standard Overdraft Practice that comes with your account.
2. We offer Overdraft Protection through a link to a Chase savings account, which may be less expensive than our Standard Overdraft Practice. You can contact us to learn more.
3. We also offer Chase Debit Card Coverage℠, which allows you to choose how we treat your everyday debit card transactions (e.g. groceries, gasoline or dining out), in addition to our Standard Overdraft Practice.

This notice explains our Standard Overdraft Practice and Chase Debit Card Coverage.

- **What is the Standard Overdraft Practice that comes with my account?**
  We **do** authorize and pay overdrafts for the following types of transactions:
  - Checks and other transactions made using your checking account number
  - Recurring debit card transactions (e.g. movie subscriptions or gym memberships)

- **What is Chase Debit Card Coverage?**
  If you enroll in Chase Debit Card Coverage we **may** authorize and pay overdrafts for **everyday debit card transactions** (e.g. groceries, gasoline or dining out) in addition to our Standard Overdraft Practice.

- **What fees will I be charged if Chase pays my overdraft?**
  If we authorize and pay an overdraft, we'll charge you a $34 Overdraft Fee per transaction during our nightly processing beginning with the first transaction that overdraws your account balance by more than $50 (maximum of 3 fees per business day, up to $102).

  We won't charge you an Overdraft Fee in the following circumstances:
  - With Chase Overdraft Assist℠, we won't charge an Overdraft Fee if you're overdrawn by $50 or less at the end of the business day **OR** if you're overdrawn by more than $50 and you bring your account balance to overdrawn by $50 or less at the end of the next business day (you have until 11 p.m ET (8 p.m PT) to make a deposit or transfer). Chase Overdraft Assist does not require enrollment and comes with eligible Chase checking accounts.
  - We won't charge an Overdraft Fee for transactions that are $5 or less.
  - We won't charge an Overdraft Fee if your debit card transaction was authorized when there was a sufficient available balance in your account.
  - For Chase Sapphire℠ Checking and Chase Private Client Checking℠ accounts, there are no Overdraft Fees when item(s) are presented against an account with insufficient funds on the first four business days during the current and prior 12 statement periods. On a business day when we returned item(s), this counts toward the four business days when an Overdraft Fee will not be charged.

- **What if I want Chase to authorize and pay overdrafts on my everyday debit card transactions?**
  If you or a joint account owner want Chase to authorize overdrafts on your everyday debit card transactions, please make your Chase Debit Card Coverage selection. You can change your Chase Debit Card Coverage selection at any time by signing in to chase.com or Chase Mobile® to update your account settings, calling us at 1-800-935-9935 (or at 1-713-262-1679 if outside the U.S.), or visiting a Chase branch. We accept operator relay calls.

CHASE

JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

August 30, 2025 through September 30, 2025
Account Number: **000000717516671**

CUSTOMER SERVICE INFORMATION

Web site:	**Chase.com**
Service Center:	**1-800-242-7338**
Para Espanol:	1-888-622-4273
International Calls:	1-713-262-1679

We accept operator relay calls

00431908 DRE 703 219 27425 NNNNNNNNNNN 1 000000000 64 0000
JESSICA ALVES DAY CARE
2318 22ND ST
SAN FRANCISCO CA 94110-2814

04319080201000000022

Important Update: We are extending the processing time of ACH payment claims for Chase business accounts beginning December 1, 2025

Effective **December 1**, claims for ACH payments on business accounts may require up to 75 days to finalize or reverse your provisional credit.

If you have questions, please call the number on this statement. We accept operator relay calls.

IMPORTANT UPDATE: Some fees are changing on business account(s) effective January 1, 2026

Beginning **January 1**, applicable fees will change on your account, and will be reflected on your statement for January.

- **Chase Performance Business Checking® and Chase Performance Business Checking® with Interest:**
  - **Monthly Service Fee** will increase from $30 to $40. To learn more about ways to waive this fee please review the Additional Banking Services and Fees for Business Accounts Deposit Account Agreement at **chase.com/Business/Disclosures**.
  - **Transaction Fees per month** will increase from $0.40/each to $0.50/each for transactions in excess of the number listed for the applicable account type.
  - **Cash Deposited Per Month Fee** will increase from $2.50 to $3.00 per $1,000 for all cash deposits in excess of the amount listed for the applicable account type.

- **Business Complete Checking®, Platinum Checking℠, Business Total Savings℠ and Premier Savings℠:**
  - **Transaction Fees per month** will increase from $0.40/each to $0.50/each for transactions in excess of the number listed for the applicable account type.
  - **Cash Deposited Per Month Fee** will increase from $2.50 to $3.00 per $1,000 for all cash deposits in excess of the amount listed for the applicable account type.

- **Chase Analysis Business Checking® and Chase Analysis Business Checking with Interest®:**
  - **Cash Deposited Per Month Fee** will increase from $2.50 to $3.00 per $1,000 for all cash deposits in excess of the amount listed for the applicable account type.

For more information about fees related to your Chase business account, please review the Additional Banking Services and Fees for Business Accounts Deposit Account Agreement at **chase.com/Business/Disclosures**.

We're here to help. If you have any questions, please call the number on this statement.

CHECKING SUMMARY

Chase Business Complete Checking

	INSTANCES	AMOUNT
Beginning Balance		**$12,259.51**
Deposits and Additions	2	29,926.83
ATM & Debit Card Withdrawals	1	-693.72
Electronic Withdrawals	14	-32,050.05
Ending Balance	**17**	**$9,442.57**

Your account ending in 5036 is linked to this account for overdraft protection.

Congratulations, we waived the $15 Monthly Service Fee for this statement period, based on your qualifying activity.

How to Avoid the Monthly Service Fee (MSF)
If you meet any of the following qualifying activities for this Chase Business Complete Checking℠ account in a statement period, we will waive the $15 MSF.

Here's the business activity we used to determine if you qualified for the MSF waiver:

- $2,000 Minimum Daily Ending Balance: Your lowest daily ending balance was $1,317.13.
- $2,000 Chase Payment Solutions℠ Activity: $0.00 was deposited into this account.
- $2,000 Chase Ink® Business Card Activity: $5,159.30 was your total Ink activity.

You can also avoid the MSF if you:

- Maintain a linked Chase Private Client Checking℠ account OR
- Meet Chase Military Banking requirements

For complete details on all requirements to avoid the MSF, please review the Additional Banking Services and Fees for Business Accounts at chase.com/business/disclosures or visit a Chase branch.

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
09/08	Online Transfer From Chk ...7930 Transaction#: 26157945779	$1,000.00
09/12	Orig CO Name:Children of Sf Orig ID:2942221305 Desc Date: CO Entry Descr:EDI Paymtssec:PPD Trace#:091000010231416 Eed:250912 Ind ID: Ind Name:Jessica Rodrigues Alve Trn: 2550231416Tc	28,926.83
Total Deposits and Additions		**$29,926.83**

ATM & DEBIT CARD WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
09/15	Card Purchase 09/14 Redwood Credit Union 707-576-5170 CA Card 6826	$693.72
Total ATM & Debit Card Withdrawals		**$693.72**

ATM & DEBIT CARD SUMMARY

Jessica Rodrigues Alves Card 6826

Total ATM Withdrawals & Debits	$0.00
Total Card Purchases	$693.72
Total Card Deposits & Credits	$0.00

ATM & Debit Card Totals

Total ATM Withdrawals & Debits	$0.00
Total Card Purchases	$693.72
Total Card Deposits & Credits	$0.00

ELECTRONIC WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
09/03	Orig CO Name:Intuit 69455030 Orig ID:4462800242 Desc Date:250903 CO Entry Descr:Payroll Sec:CCD Trace#:111000024661662 Eed:250903 Ind ID:19387595 Ind Name:Jessica Alves Day Care Trn: 2464661662Tc	$1,567.78
09/03	Orig CO Name:Intuit 69455030 Orig ID:4462800242 Desc Date:250903 CO Entry Descr:Payroll Sec:CCD Trace#:111000024661663 Eed:250903 Ind ID:19387595 Ind Name:Jessica Alves Day Care Trn: 2464661663Tc	1,492.43
09/03	Orig CO Name:Intuit 69455030 Orig ID:4462800242 Desc Date:250903 CO Entry Descr:Payroll Sec:CCD Trace#:111000024661664 Eed:250903 Ind ID:19387595 Ind Name:Jessica Alves Day Care Trn: 2464661664Tc	899.51
09/03	Orig CO Name:Intuit 32263830 Orig ID:4462800242 Desc Date:250903 CO Entry Descr:Tax Sec:CCD Trace#:111000023337636 Eed:250903 Ind ID:19387595 Ind Name:Jessica Alves Day Care Trn: 2463337636Tc	864.19
09/09	09/08 Payment To Chase Card Ending IN 2948	7,118.47
09/16	09/16 Online Transfer To Chk ...7930 Transaction#: 26241780427	10,000.00
09/16	Zelle Payment To Contador Jose 26245676766	300.00
09/17	Orig CO Name:Intuit 70682091 Orig ID:4462800242 Desc Date:250917 CO Entry Descr:Payroll Sec:CCD Trace#:111000025493168 Eed:250917 Ind ID:19387595 Ind Name:Jessica Alves Day Care Trn: 2605493168Tc	1,567.78
09/17	Orig CO Name:Intuit 70682091 Orig ID:4462800242 Desc Date:250917 CO Entry Descr:Payroll Sec:CCD Trace#:111000025493169 Eed:250917 Ind ID:19387595 Ind Name:Jessica Alves Day Care Trn: 2605493169Tc	1,492.43
09/17	Orig CO Name:Intuit 70682091 Orig ID:4462800242 Desc Date:250917 CO Entry Descr:Payroll Sec:CCD Trace#:111000025493167 Eed:250917 Ind ID:19387595 Ind Name:Jessica Alves Day Care Trn: 2605493167Tc	899.51
09/17	Orig CO Name:Intuit 83661125 Orig ID:4462800242 Desc Date:250917 CO Entry Descr:Tax Sec:CCD Trace#:111000025498010 Eed:250917 Ind ID:19387595 Ind Name:Jessica Alves Day Care Trn: 2605498010Tc	840.44
09/26	Zelle Payment To Kent Taylor 26362324443	4,635.00
09/29	Orig CO Name:Sfpuc Orig ID:7946000417 Desc Date:SEP 25 CO Entry Descr:Web_Pay Sec:Web Trace#:042000011204225 Eed:250929 Ind ID:10908624092625 Ind Name:Jessica Alves Trn: 2721204225Tc	372.50
09/30	Orig CO Name:Intuit 98715707 Orig ID:4462800242 Desc Date:250930 CO Entry Descr:Tax Sec:CCD Trace#:111000027221574 Eed:250930 Ind ID:19387595 Ind Name:Jessica Alves Day Care Trn: 2737221574Tc	0.01
Total Electronic Withdrawals		**$32,050.05**

DAILY ENDING BALANCE

DATE	AMOUNT
09/03	$7,435.60
09/08	8,435.60
09/09	1,317.13
09/12	30,243.96
09/15	29,550.24
09/16	19,250.24
09/17	14,450.08
09/26	9,815.08
09/29	9,442.58
09/30	9,442.57

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

Call us at 1-866-564-2262 or write us at the address on the front of this statement immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number;
- A description of the error or the transaction you are unsure about, and why you think it is an error or want more information; and
- The amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will provide provisional credit to your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

For business accounts, our practice is to follow the procedures described above as detailed in your Deposit Account Agreement or other applicable agreements, but we are not legally required to do so. For example, we require you to notify us no later than 30 days after we sent you the first statement on which the error appeared. We may require you to provide us with a written statement that the disputed transaction was unauthorized. We are also not required to give provisional credit.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC FUNDS TRANSFERS: Contact us immediately if your statement is incorrect or if you need more information about any non-electronic funds transfers on this statement. For more details, see your Deposit Account Agreement or other applicable agreements that govern your account.

JPMorgan Chase Bank, N.A. Member FDIC

Form **1040** Department of the Treasury-Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2020** OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box. ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial	Last name	Your social security number
Ibson Huggo I	P Silva	App-ly-ing
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Jessica R	Alves	App-ly-ing

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.: 2811 Flores St, 4

City, town, or post office. If you have a foreign address, also complete spaces below. State: San Mateo, CA ZIP code: 94403

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

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1956 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1956 ☐ Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here ▶ ☐

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions): Child tax credit	Credit for other dependents
Miguel	Pereira Rodrigues	APPLYING	Son	☐	☒
				☐	☐
				☐	☐
				☐	☐

Attach Sch. B if required.

1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	
2a	Tax-exempt interest	2a	b Taxable interest	2b	
3a	Qualified dividends	3a	b Ordinary dividends	3b	
4a	IRA distributions	4a	b Taxable amount	4b	
5a	Pensions and annuities	5a	b Taxable amount	5b	
6a	Social security benefits	6a	b Taxable amount	6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐			7	
8	Other income from Schedule 1, line 9			8	24,077
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** ▶			9	24,077
10	Adjustments to income:				
a	From Schedule 1, line 22	10a	1,702		
b	Charitable contributions if you take the standard deduction. See instructions	10b			
c	Add lines 10a and 10b. These are your **total adjustments to income** ▶			10c	1,702
11	Subtract line 10c from line 9. This is your **adjusted gross income** ▶			11	22,375
12	**Standard deduction or itemized deductions** (from Schedule A)			12	24,800
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A			13	
14	Add lines 12 and 13			14	24,800
15	**Taxable income.** Subtract line 14 from line 11. If zero or less, enter -0-			15	0

Standard Deduction for-
- Single or Married filing separately, $12,400
- Married filing jointly or Qualifying widow(er), $24,800
- Head of household, $18,650
- If you checked any box under *Standard Deduction*, see instructions.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2020)

EEA

16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		16	0
17	Amount from Schedule 2, line 3		17	
18	Add lines 16 and 17		18	0
19	Child tax credit or credit for other dependents		19	
20	Amount from Schedule 3, line 7		20	
21	Add lines 19 and 20		21	0
22	Subtract line 21 from line 18. If zero or less, enter -0-		22	0
23	Other taxes, including self-employment tax, from Schedule 2, line 10		23	3,402
24	Add lines 22 and 23. This is your **total tax** ▶		24	3,402
25	Federal income tax withheld from:			
a	Form(s) W-2	25a		
b	Form(s) 1099	25b		
c	Other forms (see instructions)	25c		
d	Add lines 25a through 25c		25d	
26	2020 estimated tax payments and amount applied from 2019 return NO		26	
27	Earned income credit (EIC)	27		
28	Additional child tax credit. Attach Schedule 8812	28		
29	American opportunity credit from Form 8863, line 8	29		
30	Recovery rebate credit. See instructions	30	0	
31	Amount from Schedule 3, line 13	31		
32	Add lines 27 through 31. These are your **total other payments and refundable credits** ▶		32	0
33	Add lines 25d, 26, and 32. These are your **total payments** ▶		33	0
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	0
35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐		35a	0
▶b	Routing number ▶c Type: ☐ Checking ☐ Savings			
▶d	Account number			
36	Amount of line 34 you want **applied to your 2021 estimated tax** ▶	36		
37	Subtract line 33 from line 24. This is the **amount you owe now** ▶		37	3,455
	Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions) ▶	38	53	

● If you have a qualifying child, attach Sch. EIC.
● If you have nontaxable combat pay, see instructions.

Refund

Direct deposit? See instructions.

Amount You Owe

For details on how to pay, see instructions.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ▶ ☐ **Yes.** Complete below. ☒ **No**

Designee's name ▶ | Phone no. ▶ | Personal identification number (PIN) ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶
09667	03-15-2021		
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.) ▶
98796	03-15-2021		
Phone no. 628-241-5082	Email address		

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's signature Denise Amira	Date 03-15-2021	PTIN P02014590	Check if: ☒ Self-employed
Preparer's name Denise Amira	Phone no. 415-272-5291		
Firm's name ▶ Amiraco Tax Service			
Firm's address ▶ 2644 Appian Way Suite 205 Pinole, CA 94564		Firm's EIN ▶ 83-0623536	

SCHEDULE 1
(Form 1040)
Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074
2020
Attachment Sequence No. 01

Name(s) shown on Form 1040,1040-SR, or 1040-NR
Ibson Huggo I P Silva & Jessica Alves

Your social security number
App-ly-ing

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	24,077
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. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040,1040-SR, or 1040-NR line 8	9	24,077

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	1,702
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your **adjustments to income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	1,702

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
2020
Attachment Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: Ibson Huggo I P Silva & Jessica Alves

Your social security number: App-ly-ing

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	0

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	3,402
5	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)	8	
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your **total other taxes.** Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	10	3,402

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

Schedule 2 (Form 1040) 2020

EEA

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Go to *www.irs.gov/ScheduleC* for instructions and the latest information.

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

2020

Attachment Sequence No. 09

Name of proprietor	Social security number (SSN)
Jessica R Alves	App-ly-ing

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

B Enter code from instructions ▶ 624410

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.) ▶ 2811 Flores St APT 4

City, town or post office, state, and ZIP code: San Mateo, CA 94403

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses . . . . [X] Yes [ ] No

H If you started or acquired this business during 2020, check here . . . . ▶ [ ]

I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . [ ] Yes [X] No

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

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ [ ]	1	35,300
2	Returns and allowances	2	0
3	Subtract line 2 from line 1	3	35,300
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	35,300
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	35,300

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

8	Advertising	8	55	18	Office expense (see instructions)	18	295
9	Car and truck expenses (see instructions)	9	197	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11	390	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	247
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	9,539
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	10,723
29	Tentative profit or (loss). Subtract line 28 from line 7	29	24,577
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: 750 and (b) the part of your home used for business: 280. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	1,400
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	23,177

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.

Schedule C (Form 1040) 2020 Day Care 624410

Name(s) Jessica R Alves | SSN App-ly-ing

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . . ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation.	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	

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

43 When did you place your vehicle in service for business purposes? (month/day/year) ▶ 11-01-2020

44 Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for:

a Business 1,530 b Commuting (see instructions) _____ c Other 400

45 Was your vehicle available for personal use during off-duty hours? . . . . . ☒ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? . . . . . ☐ Yes ☒ No

47a Do you have evidence to support your deduction? . . . . . ☒ Yes ☐ No

b If "Yes," is the evidence written? . . . . . ☒ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

CPR Class And Vaccination	380
Cleaning Supplies & Laundry	450
Children Toys	2,346
Gifts for Children $25x10	250
Entertainment and holiday partys	800
Supplies and small furniture	3,459
Meals for kids	1,854

48 **Total other expenses.** Enter here and on line 27a 48 9,539

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Go to *www.irs.gov/ScheduleC* for instructions and the latest information.

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

2020

Attachment Sequence No. 09

Name of proprietor: Ibson Huggo I P Silva

Social security number (SSN): App-ly-ing

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

B Enter code from instructions ▶ 492000

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

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

E Business address (including suite or room no.) ▶ 2811 Flores St APT 4

City, town or post office, state, and ZIP code: San Mateo, CA 94403

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses . . . . [X] Yes [ ] No

H If you started or acquired this business during 2020, check here . . . . ▶ [ ]

I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . [ ] Yes [X] No

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

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ [ ]	1	1,533
2	Returns and allowances	2	0
3	Subtract line 2 from line 1	3	1,533
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	1,533
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	1,533

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	533	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	100
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	633
29	Tentative profit or (loss). Subtract line 28 from line 7	29	900
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. **Simplified method filers only:** Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	900
32	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a [ ] All investment is at risk. 32b [ ] Some investment is not at risk.	

For Paperwork Reduction Act Notice, see the separate instructions. Schedule C (Form 1040) 2020

EEA

Name(s) Ibson Huggo I P Silva | SSN App-ly-ing

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . . ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation.	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	

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

43 When did you place your vehicle in service for business purposes? (month/day/year) ▶ 12-01-2020

44 Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for:

a Business 830 b Commuting (see instructions) _____ c Other 1,050

45 Was your vehicle available for personal use during off-duty hours? . . . . . ☒ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? . . . . . ☒ Yes ☐ No

47a Do you have evidence to support your deduction? . . . . . ☒ Yes ☐ No

b If "Yes," is the evidence written? . . . . . ☒ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

48	**Total other expenses.** Enter here and on line 27a	48

SCHEDULE SE (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

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

OMB No. 1545-0074

2020

Attachment Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

Ibson Huggo I P Silva

Social security number of person with **self-employment** income ▶ App-ly-ing

Part I Self-Employment Tax

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

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

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

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

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

2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2	900
3	Combine lines 1a, 1b, and 2	3	900
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	831
	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	831
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	831
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 2020	7	137,700
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 $137,700 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	137,700
10	Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)	10	103
11	Multiply line 6 by 2.9% (0.029)	11	24
12	**Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4**	12	127
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 14** — 13 — 64		

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income[1] wasn't more than $8,460, **or (b)** your net farm profits[2] were less than $6,107.

14	Maximum income for optional methods	14	5,640
15	Enter the **smaller** of: two-thirds (2/3) of gross farm income[1] (not less than zero) **or** $5,640. Also, include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits[3] were less than $6,107 and also less than 72.189% of your gross nonfarm income[4], **and (b)** you had net earnings from self-employment of at least $400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16	Subtract line 15 from line 14	16	
17	Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income[4] (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above	17	

[1] From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

[2] From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A-minus the amount you would have entered on line 1b had you not used the optional method.

[3] From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

[4] From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Part III Maximum Deferral of Self-Employment Tax Payments

If line 4c is zero, skip lines 18 through 20, and enter -0- on line 21.

18	Enter the portion of line 3 that can be attributed to March 27, 2020, through December 31, 2020	18	
19	If line 18 is more than zero, multiply line 18 by 92.35% (0.9235); otherwise, enter the amount from line 18	19	
20	Enter the portion of lines 15 and 17 that can be attributed to March 27, 2020, through December 31, 2020	20	
21	Combine lines 19 and 20	21	

If line 5b is zero, skip line 22 and enter -0- on line 23.

22	Enter the portion of line 5a that can be attributed to March 27, 2020, through December 31, 2020	22	
23	Multiply line 22 by 92.35% (0.9235)	23	
24	Add lines 21 and 23	24	
25	Enter the smaller of line 9 or line 24	25	
26	Multiply line 25 by 6.2% (0.062). Enter here and see the instructions for line 12e of Schedule 3 (Form 1040)	26	

SCHEDULE SE (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

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

OMB No. 1545-0074

2020
Attachment Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

Jessica R Alves

Social security number of person with **self-employment** income ▶ App-ly-ing

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.

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

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

2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2	23,177
3	Combine lines 1a, 1b, and 2	3	23,177
4 a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	21,404
	Note: If line 4a is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions.		
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c	Combine lines 4a and 4b. If less than $400, **stop;** you don't owe self-employment tax. **Exception:** If less than $400 and you had **church employee income,** enter -0- and continue ▶	4c	21,404
5 a	Enter your **church employee income** from Form W-2. See instructions for definition of church employee income — 5a		
b	Multiply line 5a by 92.35% (0.9235). If less than $100, enter -0-	5b	
6	Add lines 4c and 5b	6	21,404
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 2020	7	137,700
8 a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If $137,700 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	137,700
10	Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)	10	2,654
11	Multiply line 6 by 2.9% (0.029)	11	621
12	**Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4**	12	3,275
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 14** — 13	1,638	

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income[1] wasn't more than $8,460, **or (b)** your net farm profits[2] were less than $6,107.

14	Maximum income for optional methods	14	5,640
15	Enter the **smaller** of: two-thirds (2/3) of gross farm income[1] (not less than zero) **or** $5,640. Also, include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits[3] were less than $6,107 and also less than 72.189% of your gross nonfarm income[4], **and (b)** you had net earnings from self-employment of at least $400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16	Subtract line 15 from line 14	16	
17	Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income[4] (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above	17	

[1] From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

[2] From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A-minus the amount you would have entered on line 1b had you not used the optional method.

[3] From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

[4] From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Part III Maximum Deferral of Self-Employment Tax Payments

If line 4c is zero, skip lines 18 through 20, and enter -0- on line 21.

18	Enter the portion of line 3 that can be attributed to March 27, 2020, through December 31, 2020	18	
19	If line 18 is more than zero, multiply line 18 by 92.35% (0.9235); otherwise, enter the amount from line 18	19	
20	Enter the portion of lines 15 and 17 that can be attributed to March 27, 2020, through December 31, 2020	20	
21	Combine lines 19 and 20	21	

If line 5b is zero, skip line 22 and enter -0- on line 23.

22	Enter the portion of line 5a that can be attributed to March 27, 2020, through December 31, 2020	22	
23	Multiply line 22 by 92.35% (0.9235)	23	
24	Add lines 21 and 23	24	
25	Enter the smaller of line 9 or line 24	25	
26	Multiply line 25 by 6.2% (0.062). Enter here and see the instructions for line 12e of Schedule 3 (Form 1040)	26	

Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

► Attach to your tax return.

► Go to *www.irs.gov/Form8995* for instructions and the latest information.

OMB No. 1545-2294

2020

Attachment Sequence No. **55**

Name(s) shown on return: **Ibson Huggo I P Silva & Jessica Alves**

Your taxpayer identification number: **App-ly-ing**

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 $163,300 ($326,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Schedule C: Day Care		21,539
ii	Schedule C: Delivery Driver		836
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	22,375		
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	22,375		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	4,475
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	0		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	( )		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9	0
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10	4,475
11	Taxable income before qualified business income deduction	11	(2,425)		
12	Net capital gain (see instructions)	12	0		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	0		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	0
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ►			15	0
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	(0)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	(0)

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8995** (2020)

EEA

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Amount from Form 1040, line 11.............  22,375
Amount from Form 1040, line 12.............  24,800

Line 11 above is the difference between these amounts.....  (2,425)
```

TAXABLE YEAR

FORM

2020 California Resident Income Tax Return **540**

ATTACH FEDERAL RETURN

APP-LY-ING PSIL APP-LY-ING 20 PBA 492000
IBSON HUGGO I P SILVA
JESSICA R ALVES

2811 FLORES ST APT 4
SAN MATEO CA 94403

04-24-1993 05-11-1994

Principal Residence

Enter your county at time of filing (see instructions)

San Mateo

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

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

Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.

City State ZIP code

Filing Status

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

1 Single

2 X Married/RDP filing jointly. See inst.

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 widow(er). Enter year spouse/RDP died.

See instructions.

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

Exemptions

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

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 2 X $124 = $ 248

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 . . . . . 8 X $124 = $

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 . . . . . 9 X $124 = $

Your name: IBSON HUGGO I P S Your SSN or ITIN: APPLYING

Exemptions

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

	Dependent 1	Dependent 2	Dependent 3
First Name	MIGUEL A		
Last Name	PEREIRA RODRIGUES		
SSN. See instructions.	APPLYING		
Dependent's relationship to you	SON		

Total dependent exemptions . . . . . • 10 1 X $383 = $ 383

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 . . . . . 11 $ 631

Taxable Income

12	State wages from your federal Form(s) W-2, box 16 . . . . . • 12		.00
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 13	22375	.00
14	California adjustments - subtractions. Enter the amount from Schedule CA (540), Part I, line 23, column B . . . . . • 14		.00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15	22375	.00
16	California adjustments - additions. Enter the amount from Schedule CA (540), Part I, line 23, column C . . . . . • 16		.00
17	California adjusted gross income. Combine line 15 and line 16 . . . . . • 17	22375	.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 . . . . . $4,601 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . $9,202 If Married/RDP filing separately or the box on line 6 is checked, **STOP.** See instructions • 18	9202	.00
19	Subtract line 18 from line 17. This is your **taxable income.** If less than zero, enter -0- 19	13173	.00

Tax

31	Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule • [ ] FTB 3800 • [ ] FTB 3803 . . . . . • 31	132	.00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than $203,341, see instructions 32	631	.00
33	Subtract line 32 from line 31. If less than zero, enter -0- 33	0	.00
34	Tax. See instructions. Check the box if from: • [ ] Schedule G-1 • [ ] FTB 5870A • 34		.00
35	Add line 33 and line 34 35	0	.00

Special Credits

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions . . . . . • 40		.00
43	Enter credit name [ ] code • [ ] and amount . . • 43		.00
44	Enter credit name [ ] code • [ ] and amount . . • 44		.00

Your name: IBSON HUGGO I P S Your SSN or ITIN: APPLYING

Special Credits

45	To claim more than two credits. See instructions. Attach Schedule P (540)	45		.00
46	Nonrefundable Renter's Credit. See instructions	46		.00
47	Add line 40 through line 46. These are your total credits	47	0	.00
48	Subtract line 47 from line 35. If less than zero, enter -0-	48	0	.00

Other Taxes

61	Alternative Minimum Tax. Attach Schedule P (540)	61		.00
62	Mental Health Services Tax. See instructions	62		.00
63	Other taxes and credit recapture. See instructions	63		.00
64	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions	64		.00
65	Add line 48, line 61, line 62, line 63, and line 64. This is your total tax	65	0	.00

Payments

71	California income tax withheld. See instructions	71		.00
72	2020 CA estimated tax and other payments. See instructions	72		.00
73	Withholding (Form 592-B and/or 593). See instructions	73		.00
74	Excess SDI (or VPDI) withheld. See instructions	74		.00
75	Earned Income Tax Credit (EITC)	75		.00
76	Young Child Tax Credit (YCTC). See instructions	76		.00
77	Net Premium Assistance Subsidy (PAS). 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: [X] No use tax is owed. [ ] You paid your use tax obligation directly to CDTFA.

ISR Penalty

92 Individual Shared Responsibility (ISR) Penalty. See instructions ... 92 0 .00

• [ ] Full-year health care coverage.

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, then subtract line 93 from line 92	96	0	.00

Your name: IBSON HUGGO I P S Your SSN or ITIN: APPLYING

Overpaid Tax/Tax Due

97	Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95	⊙ **97**	.00
98	Amount of line 97 you want applied to your **2021** estimated tax	• **98**	.00
99	Overpaid tax available this year. Subtract line 98 from line 97	• **99**	.00
100	Tax due. If line 95 is less than line 65, subtract line 95 from line 65	⊙ **100**	.00

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	• **400**	.00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	• **401**	.00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	• **403**	.00
California Breast Cancer Research Voluntary Tax Contribution Fund	• **405**	.00
California Firefighters' Memorial Voluntary Tax Contribution Fund	• **406**	.00
Emergency Food for Families Voluntary Tax Contribution Fund	• **407**	.00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	• **408**	.00
California Sea Otter Voluntary Tax Contribution Fund	• **410**	.00
California Cancer Research Voluntary Tax Contribution Fund	• **413**	.00
School Supplies for Homeless Children Fund	• **422**	.00
State Parks ProtectionFund/Parks Pass Purchase	• **423**	.00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	• **424**	.00
Keep Arts in Schools Voluntary Tax Contribution Fund	• **425**	.00
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	• **431**	.00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	• **438**	.00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	• **439**	.00
Rape Kit Backlog Voluntary Tax Contribution Fund	• **440**	.00
Schools Not Prisons Voluntary Tax Contribution Fund	• **443**	.00
Suicide Prevention Voluntary Tax Contribution Fund	• **444**	.00
110 Add code 400 through code 444. This is your total contribution	• **110**	.00

Your name: IBSON HUGGO I P S Your SSN or ITIN: APPLYING

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 0 .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** 0 .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 99. See instructions.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** . . • **115** .00

Refund and Direct Deposit

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

• Routing number • Type ☐ Checking ☐ Savings • Account number • **116** Direct deposit amount .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

• Routing number • Type ☐ Checking ☐ Savings • Account number • **117** Direct deposit amount .00

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov/forms** and search for **1131**. To request this notice by mail, call 800.852.5711.

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 03-15-2021 | 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 628-241-5082

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) AMIRACO TAX SERVICE • PTIN P02014590

Firm's address 2644 APPIAN WAY SUITE 205 PINOLE, CA 94564 • Firm's FEIN 830623536

Do you want to allow another person to discuss this tax return with us? See instructions . . . . . • ☐ Yes ☒ No

Print Third Party Designee's Name | Telephone Number

TAXABLE YEAR

CALIFORNIA FORM

2020 Premium Assistance Subsidy 3849

Attach to your California Form 540 or Form 540NR.

Name(s) as shown on tax return	SSN or ITIN
Ibson Huggo I P Silva	App-ly-ing

◉ ☐ You are not eligible to take the Premium Assistance Subsidy (PAS) if your filing status is married filing separately unless you qualify for an exception (see instructions). If you qualify, check the box.

Part I Annual and Monthly Contribution Amount

1	Applicable household size. Enter your applicable household size. See instructions		1	3
2a	Modified AGI. Enter your modified AGI. See instructions	2a 22,375		
b	Enter the total of your dependents' modified AGI. See instructions	2b		
3	Household income. Add the amounts on lines 2a and 2b. See instructions		3	22,375
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1. See instructions		4	21,330
5	Household income as a percentage of federal poverty line. See instructions		5	104 %
6	Go to Worksheet 2 and Table 1-2 in the instructions to determine whether you should check the **"Yes"** or **"No"** below. Proceed as directed.			
	◉ ☒ **No.** Continue to line 7.			
	◉ ☐ **Yes.** You are not eligible to take the PAS. If advance payment of the PAS was made, see the instructions for how to report your excess advance PAS repayment amount.			
7	CA applicable figure. Using your line 5 percentage, locate your "CA applicable figure" from Table 2. See instructions		7	
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a		
b	Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount		8b	

Part II Premium Assistance Subsidy Claim and Reconciliation of Advance Payment of Premium Assistance Subsidy

9 Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage (see instructions)?

◉ ☐ **Yes.** Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. ◉ ☒ **No.** Continue to line 10.

10 See the instructions to determine whether you should check the **"Yes"** box or **"No"** box, and then proceed as directed.

◉ ☐ **Yes.** Continue to line 11. Compute your annual PAS. Then skip lines 12 through 23 and continue to line 24. ◉ ☒ **No.** Continue to lines 12 through 23. Compute your monthly PAS and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) FTB 3895, line 18, column a)	(b) Annual applicable SLCSP premium (Form(s) FTB 3895, line 18, column b)	(c) Annual contribution amount (line 8a)	(d) Annual federal PTC amount. See instructions.	(e) Annual maximum PAS amount (subtract (c) and (d) from (b), if zero or less, enter -0-)	(f) Annual PAS amount allowed. See instructions.	(g) Annual APAS amount (Form(s) FTB 3895, line 18, column c)
11 Annual Totals	◉	◉	◉	◉	◉	◉	◉

Monthly Calculation	(a) Monthly enrollment premiums (Form(s) FTB 3895, lines 6-17, column a)	(b) Monthly applicable SLCSP premium (Form(s) FTB 3895, lines 6-17, column b)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly federal PTC amount. See instructions.	(e) Monthly maximum PAS amount (subtract (c) and (d) from (b), if zero or less, enter -0-)	(f) Monthly PAS amount allowed. See instructions	(g) Monthly APAS amount (Form(s) FTB 3895, lines 6-17, column c)
12 January	◉	◉	◉	◉	◉	◉	◉ 0
13 February	◉	◉	◉	◉	◉	◉	◉ 0
14 March	◉	◉	◉	◉	◉	◉	◉ 0
15 April	◉	◉	◉	◉	◉	◉	◉ 0
16 May	◉	◉	◉	◉	◉	◉	◉ 0
17 June	◉	◉	◉	◉	◉	◉	◉ 0
18 July	◉	◉	◉	◉	◉	◉	◉ 0
19 August	◉	◉	◉	◉	◉	◉	◉ 0
20 September	◉	◉	◉	◉	◉	◉	◉ 0
21 October	◉	◉	◉	◉	◉	◉	◉ 0
22 November	◉	◉	◉	◉	◉	◉	◉ 0
23 December	◉	◉	◉	◉	◉	◉	◉ 0

24	Total PAS. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here	24	
25	Advance payment of PAS. Enter the amount from line 11(g) or add lines 12(g) through 23(g) and enter the total here	25	
26	Net PAS. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Form 540, line 77, or Form 540NR, line 87. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27	26	

Part III Repayment of Excess Advance Payment of the Premium Assistance Subsidy

27	Excess advance payment of PAS. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	
28	Repayment limitation. See instructions	28	
	☐ Check this box if the "Repayment cap may not apply" box on form FTB 3895 is also checked.		
29	Excess APAS repayment. Enter the smaller of line 27 or line 28 here and on Form 540, line 64, or Form 540NR, line 74	29	

Part IV Allocation of Policy Amounts

Complete the following information for up to four policy amount allocations. See instructions for allocation details.

Allocation 1

30	(a) Market-assigned policy number (Form FTB 3895)	(b) SSN or ITIN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PAS Percentage

Allocation 2

31	(a) Market-assigned policy number (Form FTB 3895)	(b) SSN or ITIN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PAS Percentage

Allocation 3

32	(a) Market-assigned policy number (Form FTB 3895)	(b) SSN or ITIN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PAS Percentage

Allocation 4

33	(a) Market-assigned policy number (Form FTB 3895)	(b) SSN or ITIN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PAS Percentage

34 Have you completed all policy amount allocations?

☐ **Yes.** Multiply the amounts on form FTB 3895 by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from forms FTB 3895, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12 through 23, columns (a), (b), and (f). Compute the amounts for lines 12 through 23, columns (c) through (e), and continue to line 24.

☐ **No.** See the instructions to report additional policy amount allocations.

Part V Alternative Calculation for Year of Marriage

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12 through 23, see the instructions for this Part V.

		(a) Alternative household size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month
35	**Alternative entries for you**				
36	**Alternative entries for your spouse/RDP**				

TAXABLE YEAR **2020**

Health Coverage Exemptions and Individual Shared Responsibility Penalty

CALIFORNIA FORM **3853**

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

Name(s) as shown on your California tax return	SSN or ITIN
Ibson Huggo I P Silva	App-ly-ing

Part I **Applicable Household Members.** List all members of your applicable household whether or not they have an exemption or an Exemption Certificate Number (ECN) granted by the Marketplace. See instructions.

	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
1	IBSON		Applying	04-24-1993	
	Last Name		ECN 1	ECN 2	ECN 3
	SILVA				
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
2	JESSICA		Applying	04-24-1993	
	Last Name		ECN 1	ECN 2	ECN 3
	R ALVES				
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
3	MIGUEL		Applying	04-24-1993	
	Last Name		ECN 1	ECN 2	ECN 3
	PEREIRA RODRIGUES				
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
4	Miguel	A	APPLYING	12-31-2016	
	Last Name		ECN 1	ECN 2	ECN 3
	Pereira Rodrigues				
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
5					
	Last Name		ECN 1	ECN 2	ECN 3
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
6					
	Last Name		ECN 1	ECN 2	ECN 3
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
7					
	Last Name		ECN 1	ECN 2	ECN 3
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
8					
	Last Name		ECN 1	ECN 2	ECN 3
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
9					
	Last Name		ECN 1	ECN 2	ECN 3
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
10					
	Last Name		ECN 1	ECN 2	ECN 3
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
11					
	Last Name		ECN 1	ECN 2	ECN 3
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
12					
	Last Name		ECN 1	ECN 2	ECN 3

Part II **Coverage Exemption Claimed on Your Tax Return for Your Household**

1 If you are claiming a coverage exemption because your applicable household income or gross income is below the filing threshold, check the box here. See Instructions . . . . . ☑

Your Name: Ibson Huggo I P Silva Your SSN or ITIN: App-ly-ing

Part III **Coverage and Exemptions Claimed on Your Tax Return for Individuals.** If you and/or a member of your applicable household are reporting any coverage or are claiming exemptions for the tax year, complete Part III. See instructions.

Coverage and Exemption Codes

	First Name / Initial / Last Name	(a) Full-Year	(b) Jan	(c) Feb	(d) Mar	(e) Apr	(f) May	(g) June	(h) July	(i) Aug	(j) Sept	(k) Oct	(l) Nov	(m) Dec
1	First Name / Initial	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name		◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
2	First Name / Initial	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name		◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
3	First Name / Initial	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name		◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
4	First Name / Initial	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name		◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
5	First Name / Initial	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name		◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
6	First Name / Initial	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name		◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
7	First Name / Initial	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name		◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
8	First Name / Initial	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name		◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
9	First Name / Initial	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name		◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
10	First Name / Initial	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name		◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
11	First Name / Initial	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name		◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
12	First Name / Initial	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name		◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉

Part IV **Individual Shared Responsibility Penalty**

1 Your Individual Shared Responsibility Penalty. Enter on Form 540, line 92; Form 540NR, line 91; or Form 540 2EZ, line 27. See instructions . . . . . • 1. _____

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
ANA PAULA S ALVES
ANA PAULA DAY CARE
431 PARIS STREET
SAN FRANCISCO CA 94112
(415) 912-0300

PAYER'S TIN: 610-13-4080
RECIPIENT'S TIN: 608-18-5392

RECIPIENT'S name and address
JESSICA RODRIGUES ALVES

183 MADRID ST.
SAN FRANCISCO CA 94112

Account number (see instructions)
FATCA filing requirement

OMB No. 1545-0116
2020
Form 1099-NEC

1 Nonemployee compensation: $ 35300.00
2
3
4 Federal income tax withheld: $
5 State tax withheld: $
6 State/Payer's state no.: CA
7 State income: $

Nonemployee Compensation

Copy B
For Recipient

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Form 1099-NEC
DXA

(keep for your records)

www.irs.gov/Form1099NEC

Department of the Treasury - Internal Revenue Service

VOID CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
ANA PAULA S ALVES
ANA PAULA DAY CARE
431 PARIS STREET
SAN FRANCISCO CA 94112
(415) 912-0300

PAYER'S TIN: 610-13-4080
RECIPIENT'S TIN: 608-18-5392

RECIPIENT'S name and address
JESSICA RODRIGUES ALVES

183 MADRID ST.
SAN FRANCISCO CA 94112

Account number (see instructions)
FATCA filing requirement

OMB No. 1545-0116
2020
Form 1099-NEC

1 Nonemployee compensation: $ 35300.00
2
3
4 Federal income tax withheld: $
5 State tax withheld: $
6 State/Payer's state no.: CA
7 State income: $

Nonemployee Compensation

Copy 2

To be filed with recipient's state income tax return, when required.

Form 1099-NEC
DXA

www.irs.gov/Form1099NEC

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	Social security number
IBSON I PEREIRA SILVA	977-96-2940
Spouse's name	**Spouse's social security number**
JESSICA RODRIGUES ALVES	977-96-2937

Part I Tax Return Information — Tax Year Ending December 31, 2021 (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	41,752.
2	Total tax	2	7,064.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	
4	Amount you want refunded to you	4	
5	Amount you owe	5	7,192.

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 CONNY PRADO INCOME TAX (ERO firm name) to enter or generate my PIN 6 2 9 4 0 (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

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

Your signature ▶ X Date ▶ 3/7/22

Spouse's PIN: check one box only

☒ I authorize CONNY PRADO INCOME TAX (ERO firm name) to enter or generate my PIN 6 2 9 3 7 (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

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

Spouse's signature ▶ Jessica Alves Date ▶ 3/7/22

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. 9 4 3 1 7 6 1 2 3 4 5 (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 ▶ Date ▶ 3/7/22

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

Form **9465** (Rev. September 2020)
Department of the Treasury
Internal Revenue Service

Installment Agreement Request

▶ Go to *www.irs.gov/Form9465* for instructions and the latest information.
▶ If you are filing this form with your tax return, attach it to the front of the return.
▶ See separate instructions.

OMB No. 1545-0074

Tip: If you owe $50,000 or less, you may be able to avoid filing Form 9465 and establish an installment agreement online, even if you haven't yet received a tax bill. Go to *www.irs.gov/OPA* to apply for an Online Payment Agreement. If you establish your installment agreement using the Online Payment Agreement application, the user fee that you pay will be lower than it would be with Form 9465.

Part I Installment Agreement Request

This request is for Form(s) (for example, Form 1040 or Form 941) ▶ FORM 1040

Enter tax year(s) or period(s) involved (for example, 2018 and 2019, or January 1, 2019, to June 30, 2019) ▶ 2021

1a Your first name and initial: IBSON I	Last name: PEREIRA SILVA	Your social security number: 977-96-2940
If a joint return, spouse's first name and initial: JESSICA	Last name: RODRIGUES ALVES	Spouse's social security number: 977-96-2937

Current address (number and street). If you have a P.O. box and no home delivery, enter your box number. — Apt. number

5087 MISSION ST.

City, town or post office, state, and ZIP code. If a foreign address, also complete the spaces below (see instructions).

SAN FRANCISCO CA 94112-3417

Foreign country name | Foreign province/state/county | Foreign postal code

1b If this address is new since you filed your last tax return, check here . . . . . ▶ ☐

2 Name of your business (must no longer be operating) — Employer identification number (EIN)

3 (628)241-5089 (Your home phone number) 9:00AM (Best time for us to call)

4 (Your work phone number) (Ext.) (Best time for us to call)

5	Enter the total amount you owe as shown on your tax return(s) (or notice(s))	5	7,192.
6	If you have any additional balances due that aren't reported on line 5, enter the amount here (even if the amounts are included in an existing installment agreement)	6	
7	Add lines 5 and 6 and enter the result	7	7,192.
8	Enter the amount of any payment you're making with this request. See instructions	8	750.
9	Amount owed. Subtract line 8 from line 7 and enter the result	9	6,442.
10	Divide the amount on line 9 by 72.0 and enter the result	10	89.
11a	Enter the amount you can pay each month. Make your payment as large as possible to limit interest and penalty charges, **as these charges will continue to accrue until you pay in full.** If you have an existing installment agreement, this amount should represent your total proposed monthly payment amount for all your liabilities. **If no payment amount is listed on line 11a, a payment will be determined for you by dividing the balance due on line 9 by 72 months**	11a	$ 700.
b	If the amount on line 11a is less than the amount on line 10 and you're able to increase your payment to an amount that is equal to or greater than the amount on line 10, enter your *revised* monthly payment	11b	$

- If you can't increase your payment on line 11b to more than or equal to the amount shown on line 10, check the box. Also, complete and attach Form 433-F, Collection Information Statement . . . . . ☐
- If the amount on line 11a (or 11b, if applicable) is more than or equal to the amount on line 10 and the amount you owe is over $25,000 but not more than $50,000, then you don't have to complete Form 433-F. However, if you don't complete Form 433-F, then you must complete either line 13 or 14.
- If the amount on line 9 is greater than $50,000, complete and attach Form 433-F.

12 Enter the date you want to make your payment each month. **Don't** enter a date later than the 28th — 12: 20

13 If you want to make your payments by direct debit from your checking account, see the instructions and fill in lines 13a and 13b. This is the most convenient way to make your payments and it will ensure that they are made on time.

▶ a Routing number ☐ ▶ b Account number ☐

I authorize the U.S. Treasury and its designated Financial Agent to initiate a monthly ACH debit (electronic withdrawal) entry to the financial institution account indicated for payments of my federal taxes owed, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke payment, I must contact the U.S. Treasury Financial Agent at 1-800-829-1040 no later than 14 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payments of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payments.

c **Low-income taxpayers only.** If you're unable to make electronic payments through a debit instrument by providing your banking information on lines 13a and 13b, check this box and your user fee will be reimbursed upon completion of your installment agreement. See instructions . . . . . ☐

14 If you want to make payments by payroll deduction, check this box and attach a completed Form 2159 . . . . . ☐

By signing and submitting this form, I authorize the IRS to contact third parties and to disclose my tax information to third parties in order to process this request and administer the agreement over its duration. I also agree to the terms of this agreement, as provided in the instructions, if it's approved by the IRS.

Your signature	Date	Spouse's signature. If a joint return, both must sign.	Date
x	3/7/22	[signature]	3/7/22

Part II Additional Information

Complete this Part only if all three conditions below apply:

1. You defaulted on an installment agreement in the past 12 months;
2. You owe more than $25,000 but not more than $50,000; and
3. The amount on line 11a (or 11b, if applicable) is less than line 10.

Note: If you owe more than $50,000, also complete and attach Form 433-F.

15 In which county is your primary residence? _____

16a Marital status:
- ☐ Single. Skip question 16b and go to question 17.
- ☐ Married. Go to question 16b.

b Do you share household expenses with your spouse?
- ☐ Yes.
- ☐ No.

17 How many dependents will you be able to claim on this year's tax return? 17

18 How many people in your household are 65 or older? 18

19 How often are you paid?
- ☐ Once a week.
- ☐ Once every 2 weeks.
- ☐ Once a month.
- ☐ Twice a month.

20 What is your net income per pay period (take home pay)? . . . . . 20 $

Note: Complete lines 21 and 22 only if you have a spouse and meet certain conditions (see instructions). If you don't have a spouse, go to line 23.

21 How often is your spouse paid?
- ☐ Once a week.
- ☐ Once every 2 weeks.
- ☐ Once a month.
- ☐ Twice a month.

22 What is your spouse's net income per pay period (take home pay)? . . . . . 22 $

23 How many vehicles do you own? 23

24 How many car payments do you have each month? 24

25a Do you have health insurance?
- ☐ Yes. Go to question 25b.
- ☐ No. Skip question 25b and go to question 26a.

b Are your health insurance premiums deducted from your paycheck?
- ☐ Yes. Skip question 25c and go to question 26a.
- ☐ No. Go to question 25c.

c How much are your monthly health insurance premiums? . . . . . 25c $

26a Do you make court-ordered payments?
- ☐ Yes. Go to question 26b.
- ☐ No. Go to question 27.

b Are your court-ordered payments deducted from your paycheck?
- ☐ Yes. Go to question 27.
- ☐ No. Go to question 26c.

c How much are your court-ordered payments each month? . . . . . 26c $

27 Not including any court-ordered payments for child and dependent support, how much do you pay for child or dependent care each month? . . . . . 27 $

Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2021** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box. ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial	Last name	Your social security number
IBSON I	PEREIRA SILVA	977-96-2940
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
JESSICA	RODRIGUES ALVES	977-96-2937

Home address (number and street). If you have a P.O. box, see instructions. 5087 MISSION ST. Apt. no.

City, town, or post office. If you have a foreign address, also complete spaces below. SAN FRANCISCO State CA ZIP code 941123417

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

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? ☐ Yes ☒ No

Standard Deduction Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☐ Were born before January 2, 1957 ☐ Are blind Spouse: ☐ Was born before January 2, 1957 ☐ Is blind

Dependents (see instructions):

If more than four dependents, see instructions and check here ▶ ☐	(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions): Child tax credit	Credit for other dependents
	MIGUEL A PEREIRA RODRIGUES	979-95-0305	Son	☐	☒
				☐	☐
				☐	☐
				☐	☐

Attach Sch. B if required.

1	Wages, salaries, tips, etc. Attach Form(s) W-2				1	
2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐				7	
8	Other income from Schedule 1, line 10				8	44,927.
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶				9	44,927.
10	Adjustments to income from Schedule 1, line 26				10	3,175.
11	Subtract line 10 from line 9. This is your adjusted gross income ▶				11	41,752.
12a	**Standard deduction or itemized deductions** (from Schedule A)		12a	25,100.		
b	Charitable contributions if you take the standard deduction (see instructions)		12b			
c	Add lines 12a and 12b				12c	25,100.
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	3,330.
14	Add lines 12c and 13				14	28,430.
15	**Taxable income.** Subtract line 14 from line 11. If zero or less, enter -0-				15	13,322.

Standard Deduction for—
- Single or Married filing separately, $12,550
- Married filing jointly or Qualifying widow(er), $25,100
- Head of household, $18,800

If you checked any box under *Standard Deduction*, see instructions.

16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		16	1,333.
17	Amount from Schedule 2, line 3		17	
18	Add lines 16 and 17		18	1,333.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812		19	500.
20	Amount from Schedule 3, line 8		20	118.
21	Add lines 19 and 20		21	618.
22	Subtract line 21 from line 18. If zero or less, enter -0-		22	715.
23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	6,349.
24	Add lines 22 and 23. This is your total tax		24	7,064.
25	Federal income tax withheld from:			
a	Form(s) W-2	25a		
b	Form(s) 1099	25b		
c	Other forms (see instructions)	25c		
d	Add lines 25a through 25c		25d	
26	2021 estimated tax payments and amount applied from 2020 return		26	
27a	Earned income credit (EIC)	27a		
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions ☐			
b	Nontaxable combat pay election	27b		
c	Prior year (2019) earned income	27c		
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28		
29	American opportunity credit from Form 8863, line 8	29		
30	Recovery rebate credit. See instructions	30		
31	Amount from Schedule 3, line 15	31		
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits		32	
33	Add lines 25d, 26, and 32. These are your total payments		33	

If you have a qualifying child, attach Sch. EIC.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid		34	
35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ☐		35a	
b	Routing number X X X X X X X X X ▶ c Type: ☐ Checking ☐ Savings			
d	Account number 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 2022 estimated tax	36		

Direct deposit? See instructions.

Amount You Owe

37	**Amount you owe.** Subtract line 33 from line 24. For details on how to pay, see instructions		37	7,192.
38	Estimated tax penalty (see instructions)	38	128.	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ Yes. Complete below. ☒ No

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶
		CHILD CARE	
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.) ▶
Jessica Alves		CHILD CARE	
Phone no.	Email address		

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
Conny Prado		03/07/2022	P00437693	☒ Self-employed
Firm's name ▶ CONNY PRADO INCOME TAX			Phone no. (415) 826-1530	
Firm's address ▶ 3462 MISSION ST SAN FRANCISCO CA 94110			Firm's EIN ▶	

SCHEDULE 1 (Form 1040)
Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074
2021
Attachment Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
IBSON I PEREIRA SILVA & JESSICA RODRIGUES ALVES

Your social security number
977-96-2940

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	44,927.
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 income	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ( )		
e	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	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	8k		
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
o	Section 461(l) excess business loss adjustment	8o		
p	Taxable distributions from an ABLE account (see instructions)	8p		
z	Other income. List type and amount ▶	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	44,927.

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	3,175.
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 8k 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 8l 24c		
d	Reforestation amortization and expenses 24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974 24e		
f	Contributions to section 501(c)(18)(D) pension plans 24f		
g	Contributions by certain chaplains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations 24i		
j	Housing deduction from Form 2555 24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) 24k		
z	Other adjustments. List type and amount ▶ 24z		
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your **adjustments to income**. Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	3,175.

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

2021

Attachment Sequence No. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: IBSON I PEREIRA SILVA & JESSICA RODRIGUES ALVES

Your social security number: 977-96-2940

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	6,349.
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	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over $150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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 in 2021, 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	Additional tax from Schedule 8812		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, 18, and 19. These are your **total other taxes.** Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	6,349.

SCHEDULE 3 (Form 1040)
Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074
2021
Attachment Sequence No. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
IBSON I PEREIRA SILVA & JESSICA RODRIGUES ALVES

Your social security number
977-96-2940

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441		2	118.
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5	Residential energy credits. Attach Form 5695		5	
6	Other nonrefundable credits:			
a	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
c	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
e	Alternative motor vehicle credit. Attach Form 8910	6e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
l	Amount on Form 8978, line 14. See instructions	6l		
z	Other nonrefundable credits. List type and amount ▶ _____	6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20		8	118.

(continued on page 2)

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions)		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
a	Form 2439	13a		
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b		
c	Health coverage tax credit from Form 8885	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
e	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13g		
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h		
z	Other payments or refundable credits. List type and amount ▶ _____	13z		
14	Total other payments or refundable credits. Add lines 13a through 13z		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31		15	

SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Go to *www.irs.gov/ScheduleC* for instructions and the latest information.

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074

2021

Attachment Sequence No. 09

Name of proprietor	Social security number (SSN)
IBSON I PEREIRA SILVA & JESSICA RODRIGUES ALVES	977-96-2940

A Principal business or profession, including product or service (see instructions): CHILD CARE SERVICES

B Enter code from instructions ▶ 624410

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.) ▶ 5087 MISSION ST.

City, town or post office, state, and ZIP code SAN FRANCISCO, CA 94112-3417

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

G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses . ☒ Yes ☐ No

H If you started or acquired this business during 2021, check here . . . ▶ ☐

I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions . ☐ Yes ☒ No

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

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ ☐	1	112,146.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	112,146.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	112,146.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6 ▶	7	112,146.

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

8	Advertising	8	255.	18	Office expense (see instructions)	18	1,375.
9	Car and truck expenses (see instructions)	9	2,088.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	4,291.	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	70.
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	30,726.
				b	Reserved for future use	27b	

28	Total expenses before expenses for business use of home. Add lines 8 through 27a ▶	28	38,805.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	73,341.
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	28,414.
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	44,927.
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.	

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . . ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	

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

43 When did you place your vehicle in service for business purposes? (month/day/year) ▶ .....

44 Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:

a Business ..... b Commuting (see instructions) ..... c Other .....

45 Was your vehicle available for personal use during off-duty hours? . . . . . ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? . . . . . ☐ Yes ☐ No

47a Do you have evidence to support your deduction? . . . . . ☐ Yes ☐ No

b If "Yes," is the evidence written? . . . . . ☐ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

OCASSIONAL HELPERS(1)	590.
FOOD EXPENSES FOR THE DAY CARE OF CHILDREN	14,430.
TOYS FOR CHILDREN	4,853.
GIFT FOR CHILDREN	500.
CLEANING SUPPLIES AND LAUNDRY	2,316.
CELLULAR PHONE FOR BUSINESS ONLY	1,050.
CABLE TV, INTERNET & LAND LINE PHONE	1,415.
CPR CLASSES	550.
See Line 48 Other Expenses	5,022.
48 **Total other expenses.** Enter here and on line 27a 48	30,726.

SCHEDULE SE (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

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

OMB No. 1545-0074

2021

Attachment Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

IBSON I PEREIRA SILVA

Social security number of person with **self-employment income** ▶ 977-96-2940

Part I Self-Employment Tax

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

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

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

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

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

2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2	22,464.
3	Combine lines 1a, 1b, and 2	3	22,464.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	20,746.
	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	20,746.
5a	Enter your **church employee income** from Form W-2. See instructions for definition of church employee income — 5a		
b	Multiply line 5a by 92.35% (0.9235). If less than $100, enter -0-	5b	0.
6	Add lines 4c and 5b	6	20,746.
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 2021	7	142,800
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 $142,800 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	142,800.
10	Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)	10	2,573.
11	Multiply line 6 by 2.9% (0.029)	11	602.
12	**Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040),** line 4	12	3,175.
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	13	1,588.

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if (a) your gross farm income[1] wasn't more than $8,820, or (b) your net farm profits[2] were less than $6,367.

14	Maximum income for optional methods	14	5,880
15	Enter the **smaller** of: two-thirds (⅔) of gross farm income[1] (not less than zero) or $5,880. Also, include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if (a) your net nonfarm profits[3] were less than $6,367 and also less than 72.189% of your gross nonfarm income,[4] **and** (b) you had net earnings from self-employment of at least $400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16	Subtract line 15 from line 14	16	
17	Enter the **smaller** of: two-thirds (⅔) of gross nonfarm income[4] (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17	

[1] From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

[2] From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

[3] From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

[4] From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

SCHEDULE SE (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

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

OMB No. 1545-0074

2021

Attachment Sequence No. 17

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

JESSICA RODRIGUES ALVES

Social security number of person with self-employment income ▶ 977-96-2937

Part I Self-Employment Tax

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

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

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

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

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

2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2	22,463.
3	Combine lines 1a, 1b, and 2	3	22,463.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	20,745.
	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	20,745.
5a	Enter your **church employee income** from Form W-2. See instructions for definition of church employee income — 5a		
b	Multiply line 5a by 92.35% (0.9235). If less than $100, enter -0-	5b	0.
6	Add lines 4c and 5b	6	20,745.
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 2021	7	142,800
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 $142,800 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	142,800.
10	Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)	10	2,572.
11	Multiply line 6 by 2.9% (0.029)	11	602.
12	**Self-employment tax.** Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4	12	3,174.
13	**Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1** (Form 1040), line 15 — 13	1,587.	

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income[1] wasn't more than $8,820, **or (b)** your net farm profits[2] were less than $6,367.

14	Maximum income for optional methods	14	5,880
15	Enter the **smaller** of: two-thirds (⅔) of gross farm income[1] (not less than zero) or $5,880. Also, include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits[3] were less than $6,367 and also less than 72.189% of your gross nonfarm income,[4] **and (b)** you had net earnings from self-employment of at least $400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16	Subtract line 15 from line 14	16	
17	Enter the **smaller** of: two-thirds (⅔) of gross nonfarm income[4] (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17	

[1] From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

[2] From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

[3] From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

[4] From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Form **2441**

Department of the Treasury
Internal Revenue Service (99)

Child and Dependent Care Expenses

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

▶ Go to *www.irs.gov/Form2441* for instructions and the latest information.

1040 / 1040-SR / 1040-NR → 2441

OMB No. 1545-0074

2021

Attachment Sequence No. 21

Name(s) shown on return	Your social security number
IBSON I PEREIRA SILVA & JESSICA RODRIGUES ALVES	977-96-2940

A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box . ☐

B For 2021, your credit for child and dependent care expenses is refundable if you, or your spouse if married filing jointly, had a principal place of abode in the United States for more than half of 2021. If you meet these requirements, check this box . . . ☐

Part I **Persons or Organizations Who Provided the Care**—You **must** complete this part. If you have more than three care providers, see the instructions and check this box . . . . . ☐

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Check here if the care provider is your household employee (see instructions)	(e) Amount paid (see instructions)
MISSION CHILD CARE CONSORTIUM INC.	4750 MISSION STREET SAN FRANCISCO CA 94112	94-1748344	☐	235.
			☐	
			☐	

Did you receive **dependent care benefits?** — No → Complete only Part II below. — Yes → Complete Part III on page 2 next.

Caution: If the care was provided in your home, you may owe employment taxes. For details, see the instructions for Schedule H (Form 1040). If you incurred care expenses in 2021 but didn't pay them until 2022, or if you prepaid in 2021 for care to be provided in 2022, don't include these expenses in column (c) of line 2 for 2021. See the instructions.

Part II **Credit for Child and Dependent Care Expenses**

2 Information about your **qualifying person(s).** If you have more than three qualifying persons, see the instructions and check this box . . . . . ☐

(a) Qualifying person's name First	Last	(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2021 for the person listed in column (a)
MIGUEL A	PEREIRA RODRIGUES	979-95-0305	235.

3	Add the amounts in column (c) of line 2. **Don't** enter more than $8,000 if you had one qualifying person or $16,000 if you had two or more persons. If you completed Part III, enter the amount from line 31	3	235.
4	Enter your **earned income.** See instructions	4	20,876.
5	If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others,** enter the amount from line 4	5	20,876.
6	Enter the **smallest** of line 3, 4, or 5	6	235.
7	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 . 7 41,752.		
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7. • If line 7 is $125,000 or less, enter .50 on line 8. • If line 7 is over $125,000 and no more than $438,000, see the instructions for line 8 for the amount to enter. • If line 7 is over $438,000, don't complete line 8. Enter zero on line 9a. You may be able to claim a credit on line 9b.	8	X .50
9a	Multiply line 6 by the decimal amount on line 8	9a	118.
b	If you paid 2020 expenses in 2021, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, go to line 10	9b	
10	Add lines 9a and 9b and enter the result. If you checked the box on line B above, this is your **refundable credit for child and dependent care expenses;** enter the amount from this line on Schedule 3 (Form 1040), line 13g, and don't complete line 11. If you didn't check the box on line B above, go to line 11	10	118.
11	**Nonrefundable credit for child and dependent care expenses.** If you didn't check the box on line B above, your credit is nonrefundable and limited by the amount of your tax; see the instructions to figure the portion of line 10 that you can claim and enter that amount here and on Schedule 3 (Form 1040), line 2	11	118.

SCHEDULE 8812 (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Credits for Qualifying Children and Other Dependents

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

▶ Go to *www.irs.gov/Schedule8812* for instructions and the latest information.

1040 1040-SR 1040-NR 8812

OMB No. 1545-0074

2021

Attachment Sequence No. 47

Name(s) shown on return: IBSON I PEREIRA SILVA & JESSICA RODRIGUES ALVES

Your social security number: 977-96-2940

Part I-A Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR			1	41,752.
2a	Enter income from Puerto Rico that you excluded	2a			
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.		
c	Enter the amount from line 15 of your Form 4563	2c			
d	Add lines 2a through 2c			2d	0.
3	Add lines 1 and 2d			3	41,752.
4a	Number of qualifying children under age 18 with the required social security number	4a	0.		
b	Number of children included on line 4a who were under age 6 at the end of 2021	4b	0.		
c	Subtract line 4b from line 4a	4c	0.		
5	If line 4a is more than zero, enter the amount from the **Line 5 Worksheet**; otherwise, enter -0-			5	
6	Number of other dependents, including any qualifying children who are not under age 18 or who do not have the required social security number	6	1.		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4a.				
7	Multiply line 6 by $500			7	500.
8	Add lines 5 and 7			8	500.
9	Enter the amount shown below for your filing status. • Married filing jointly—$400,000 • All other filing statuses—$200,000			9	400,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of $1,000, enter the next multiple of $1,000. For example, if the result is $425, enter $1,000; if the result is $1,025, enter $2,000, etc.			10	0.
11	Multiply line 10 by 5% (0.05)			11	0.
12	Subtract line 11 from line 8. If zero or less, enter -0-			12	500.
13	Check all the boxes that apply to you (or your spouse if married filing jointly).				
	A Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United States for more than half of 2021				☒
	B Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021				☐

Part I-B Filers Who Check a Box on Line 13

Caution: If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C.

14a	Enter the smaller of line 7 or line 12	14a	500.
b	Subtract line 14a from line 12	14b	0.
c	If line 14a is zero, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet A	14c	1,215.
d	Enter the smaller of line 14a or line 14c	14d	500.
e	Add lines 14b and 14d	14e	500.
f	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0-	14f	0.
	Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.		
g	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III	14g	500.
h	Enter the smaller of line 14d or line 14g. **This is your credit for other dependents.** Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR	14h	500.
i	Subtract line 14h from line 14g. **This is your refundable child tax credit.** Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR	14i	0.

Part I-C Filers Who Do Not Check a Box on Line 13

Caution: If you checked a box on line 13, do not complete Part I-C.

15a	Enter the amount from the **Credit Limit Worksheet A**	15a	
b	Enter the smaller of line 12 or line 15a	15b	
	Additional child tax credit. Complete Parts II-A through II-C if you meet each of the following items. 1. You are not filing Form 2555. 2. Line 4a is more than zero. 3. Line 12 is more than line 15a.		
c	If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0-	15c	
d	Add lines 15b and 15c	15d	
e	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0-	15e	
	Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.		
f	Subtract line 15e from line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III	15f	
g	Enter the smaller of line 15b or line 15f. **This is your nonrefundable child tax credit and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR**	15g	
h	Subtract line 15g from line 15f. **This is your additional child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR**	15h	

Part II-A Additional Child Tax Credit (use only if completing Part I-C)

Caution: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.

Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.

16a	Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27			16a	
b	Number of qualifying children under 18 with the required social security number: _____ x $1,400. Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27			16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4a.				
17	Enter the **smaller** of line 16a or line 16b			17	
18a	Earned income (see instructions)		18a		
b	Nontaxable combat pay (see instructions)	18b			
19	Is the amount on line 18a more than $2,500? ☐ **No.** Leave line 19 blank and enter -0- on line 20. ☐ **Yes.** Subtract $2,500 from the amount on line 18a. Enter the result		19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result			20	
	Next. On line 16b, is the amount $4,200 or more? ☐ **No.** If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. ☐ **Yes.** If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.				

Part II-B Certain Filers Who Have Three or More Qualifying Children

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions	21		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22		
23	Add lines 21 and 22	23		
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.	24		
25	Subtract line 24 from line 23. If zero or less, enter -0-		25	
26	Enter the **larger** of line 20 or line 25		26	
	Next, enter the **smaller** of line 17 or line 26 on line 27.			

Part II-C Additional Child Tax Credit

27	Enter this amount on line 15c	27	

Part III Additional Tax (use only if line 14g or line 15f, whichever applies, is zero)

28a	Enter the amount from line 14f or line 15e, whichever applies	28a	
b	Enter the amount from line 14e or line 15d, whichever applies	28b	
29	Excess advance child tax credit payments. Subtract line 28b from line 28a. If zero, stop; you do not owe the additional tax	29	
30	Enter the number of qualifying children taken into account in determining the annual advance amount you received for 2021. See your Letter 6419 for this number. If you are missing your Letter 6419, you are filing a joint return, or you received more than one Letter 6419, see the instructions before entering a number on this line	30	
	Caution: If the amount on this line doesn't match the number of qualifying children reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.		
31	Enter the smaller of line 4a or line 30	31	
32	Subtract line 31 from line 30. If zero, skip to line 40 and enter the amount from line 29; otherwise, continue to line 33	32	
33	Enter the amount shown below for your filing status. • Married filing jointly or Qualifying widow(er)—$60,000 • Head of household—$50,000 • All other filing statuses—$40,000	33	
34	Subtract line 33 from line 3. If zero or less, enter -0-	34	
35	Enter the amount from line 33	35	
36	Divide line 34 by line 35. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	36	
37	Multiply line 32 by $2,000	37	
38	Multiply line 37 by line 36	38	
39	Subtract line 38 from line 37	39	
40	Subtract line 39 from line 29. If zero or less, enter -0-. This is your additional tax. If more than zero, enter this amount on Schedule 2 (Form 1040), line 19	40	

Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction
Simplified Computation

▶ Attach to your tax return.

▶ Go to *www.irs.gov/Form8995* for instructions and the latest information.

OMB No. 1545-2294

2021

Attachment Sequence No. **55**

Name(s) shown on return: IBSON I PEREIRA SILVA & JESSICA RODRIGUES ALVES

Your taxpayer identification number: 977-96-2940

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 $164,900 ($164,925 if married filing separately; $329,800 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	IBSON I PEREIRA SILVA	977-96-2940	41,752.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	41,752.		
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	41,752.		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	8,350.
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	8,350.
11	Taxable income before qualified business income deduction (see instructions)	11	16,652.		
12	Net capital gain (see instructions)	12	0.		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	16,652.		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	3,330.
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	3,330.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	(0.)

Form **8867**

(Rev. December 2021)

Department of the Treasury
Internal Revenue Service

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

▶ **To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.**
▶ **Go to *www.irs.gov/Form8867* for instructions and the latest information.**

OMB No. 1545-0074

Attachment Sequence No. 70

Taxpayer name(s) shown on return	Taxpayer identification number
IBSON I PEREIRA SILVA & JESSICA RODRIGUES ALVES	977-96-2940

Enter preparer's name and PTIN

Conny Prado P00437693

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I–V for the benefit(s) claimed (check all that apply). ☐ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☐ HOH

		Yes	No	N/A
1	Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.)	☒	☐	
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	☒	☐	☐
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	☒	☐	
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	☐	☒	
a	Did you make reasonable inquiries to determine the correct, complete, and consistent information?	☐	☐	
b	Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	☐	☐	
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: HEALTH INSURANCE RECORDS AND CHILD CARE RECORDS OF QUALIFYING DEPENDENT CHILD.	☒	☐	
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	☒	☐	
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	☒	☐	☐
a	Did you complete the required recertification Form 8862?	☐	☐	☐
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	☒	☐	☐

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

		Yes	No	N/A
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? **(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)**	☐	☐	
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	☐	☐	
c	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	☐	☐	☐

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

		Yes	No	N/A
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	☒	☐	
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	☒	☐	☐
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	☒	☐	☐

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

		Yes	No
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	☐	☐

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

		Yes	No
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	☐	☐

Part VI Eligibility Certification

▶ **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);

B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;

C. Submit Form 8867 in the manner required; and

D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention.*

1. A copy of this Form 8867.
2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

▶ **If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).**

		Yes	No
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	☒	☐

Form **8829**

Department of the Treasury
Internal Revenue Service (99)

Expenses for Business Use of Your Home

▶ File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.

▶ Go to *www.irs.gov/Form8829* for instructions and the latest information.

OMB No. 1545-0074

2021

Attachment Sequence No. 176

Name(s) of proprietor(s): IBSON I PEREIRA SILVA & JESSICA RODRIGUES ALVES

Your social security number: 977-96-2940

Part I Part of Your Home Used for Business — CHILD CARE SERVICES

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)		1	4
2	Total area of home		2	5
3	Divide line 1 by line 2. Enter the result as a percentage		3	80.00 %
	For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4 hr.		
5	If you started or stopped using your home for daycare during the year, see instructions; otherwise, enter 8,760	5 8,760 hr.		
6	Divide line 4 by line 5. Enter the result as a decimal amount	6		
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3 ▶		7	80.00 %

Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, **plus** any gain derived from the business use of your home, **minus** any loss from the trade or business not derived from the business use of your home. See instructions.		8	73,341.
	See instructions for columns (a) and (b) before completing lines 9–22.	(a) Direct expenses / (b) Indirect expenses		
9	Casualty losses (see instructions)	9		
10	Deductible mortgage interest (see instructions)	10		
11	Real estate taxes (see instructions)	11		
12	Add lines 9, 10, and 11	12		
13	Multiply line 12, column (b), by line 7	13		
14	Add line 12, column (a), and line 13		14	
15	Subtract line 14 from line 8. If zero or less, enter -0-		15	73,341.
16	Excess mortgage interest (see instructions)	16		
17	Excess real estate taxes (see instructions)	17		
18	Insurance	18	228.	
19	Rent	19	32,340.	
20	Repairs and maintenance	20		
21	Utilities	21	2,949.	
22	Other expenses (see instructions)	22		
23	Add lines 16 through 22	23	35,517.	
24	Multiply line 23, column (b), by line 7	24	28,414.	
25	Carryover of prior year operating expenses (see instructions)	25		
26	Add line 23, column (a), line 24, and line 25		26	28,414.
27	Allowable operating expenses. Enter the **smaller** of line 15 or line 26		27	28,414.
28	Limit on excess casualty losses and depreciation. Subtract line 27 from line 15		28	44,927.
29	Excess casualty losses (see instructions)	29		
30	Depreciation of your home from line 42 below	30		
31	Carryover of prior year excess casualty losses and depreciation (see instructions)	31		
32	Add lines 29 through 31		32	
33	Allowable excess casualty losses and depreciation. Enter the **smaller** of line 28 or line 32		33	
34	Add lines 14, 27, and 33		34	28,414.
35	Casualty loss portion, if any, from lines 14 and 33. Carry amount to Form 4684. See instructions		35	
36	**Allowable expenses for business use of your home.** Subtract line 35 from line 34. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions. ▶		36	28,414.

Part III Depreciation of Your Home

37	Enter the **smaller** of your home's adjusted basis or its fair market value. See instructions	37	
38	Value of land included on line 37	38	
39	Basis of building. Subtract line 38 from line 37	39	
40	Business basis of building. Multiply line 39 by line 7	40	
41	Depreciation percentage (see instructions)	41	%
42	Depreciation allowable (see instructions). Multiply line 40 by line 41. Enter here and on line 30 above	42	

Part IV Carryover of Unallowed Expenses to 2022

43	Operating expenses. Subtract line 27 from line 26. If less than zero, enter -0-	43	0.
44	Excess casualty losses and depreciation. Subtract line 33 from line 32. If less than zero, enter -0-	44	

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

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.
▶ Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172

2021

Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
IBSON I PEREIRA SILVA & JESSICA RODRIGUES ALVES	Sch C CHILD CARE SERVICES	977-96-2940

Part I **Election To Expense Certain Property Under Section 179**
Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,050,000.
2	Total cost of section 179 property placed in service (see instructions)	2	4,291.
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,050,000.

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
VACUUM CLEANER	440.	440.
See Additional Section 179 Property Statement		3,851.

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	4,291.
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	4,291.
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	49,218.
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	4,291.
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 ▶	13	0.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II **Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III **MACRS Depreciation (Don't include listed property. See instructions.)**

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year			12 yrs.		S/L
c	30-year			30 yrs.	MM	S/L
d	40-year			40 yrs.	MM	S/L

Part IV **Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	4,291.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☒ Yes ☐ No | **24b** If "Yes," is the evidence written? ☒ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions .					25			
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
2012 HYUNDAI ELANTRA	01/02/2021	24.00 %				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .					28			
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles) .	3,600					
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven	11,400					
33 Total miles driven during the year. Add lines 30 through 32	15,000					

	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?	X											
35 Was the vehicle used primarily by a more than 5% owner or related person? . .	X											
36 Is another vehicle available for personal use?		X										

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . .		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions.		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2021 tax year (see instructions):					
43 Amortization of costs that began before your 2021 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

Additional information from your 2021 Federal Tax Return

Schedule C (CHILD CARE SERVICES): Profit or Loss from Business

Line 18 Itemization Statement

Description	Amount
OFFICE SUPPLIE(TONER,PAPER,BINDERS,ETC)	893.
PRINTING OF FORMS FOR CHILDREN	482.
Total	**1,375.**

Schedule C (CHILD CARE SERVICES): Profit or Loss from Business

Line 23 Itemization Statement

Description	Amount
BUSINESS LICENSE	70.
Total	**70.**

Schedule C (CHILD CARE SERVICES): Profit or Loss from Business

Line 48 Other Expenses Continuation Statement

Description	Amount
PARTIES, BIRTHDAYS, ENTERTAINMENT FOR CHILDREN	2,480.
CARPET SERVICE CLEANING	780.
PAINTING OF INSIDE AREA USED FOR DAYCARE & REPAIRS	1,080.
KITCHEN SUPPLIES FOR DAYCARE	682.
Total	5,022.

Schedule C (CHILD CARE SERVICES): Profit or Loss from Business -- Form 8829: Exp for Business Use of Home

Line 21b Itemization Statement

Description	Amount
PG&E SERVICE	1,541.88
WATER SERVICE	807.
GARBAGE SERVICE	599.94
Total	**2,949.**

Schedule C (CHILD CARE SERVICES): Profit or Loss from Business -- Form 4562 (Sch C CHILD CARE SERVICES): Depreciation and Amortization

Line 6 Additional Section 179 Property Statement Continuation Statement

(a) Description of Property	(b) Cost (bus use only)	(c) Elected Cost
APPLE TABLET	480.	480.
APPLE COMPUTER	1,881.	1,881.
SAMSUNG TV	700.	700.
MICROWAVE OVEN	400.	400.
SOFA	390.	390.
Total		3,851.

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2021** | FORM **8879**

California e-file Signature Authorization for Individuals

Your name	Your SSN or ITIN
IBSON I PEREIRA SILVA	977-96-2940
Spouse's/RDP's name	**Spouse's/RDP's SSN or ITIN**
JESSICA RODRIGUES ALVES	977-96-2937

Part I Tax Return Information (whole dollars only)

1	California adjusted gross income (AGI). See instructions	1 41,752.
2	Amount You Owe. See instructions	2
3	Refund or No Amount Due. See instructions	3 0.

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, 2021, 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 CONNY PRADO INCOME TAX to enter my PIN 6 2 9 4 0
ERO firm name — Do not enter all zeros

as my signature on my 2021 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2021 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 ▶ 3/7/22

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

☒ I authorize CONNY PRADO INCOME TAX to enter my PIN 6 2 9 3 7
ERO firm name — Do not enter all zeros

as my signature on my 2021 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2021 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 ▶ Jessica Alves Date ▶ 3/7/22

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.

9 4 3 1 7 6 1 2 3 4 5
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2021 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, 2021 Handbook for Authorized e-file Providers.

ERO's signature ▶ _____ Date ▶ 03/07/2022

TAXABLE YEAR

FORM

2021 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

977-96-2940 PERE 977-96-2937 21 PBA 624410
IBSON I PEREIRA SILVA
JESSICA RODRIGUES ALVES

5087 MISSION ST
SAN FRANCISCO CA 94112-3417

04-24-1993 05-11-1994

Principal Residence

Enter your county at time of filing (see instructions)

SAN FRANCISCO

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

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

Street address (number and street) (If foreign address, see instructions.) | Apt. no/ste. no.

City | State | ZIP code

Filing Status

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

1 [ ] Single

2 [X] Married/RDP filing jointly. See inst.

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 widow(er). Enter year spouse/RDP died. [ ]
See instructions.

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

Exemptions

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

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 [2] X $129 = $ 258

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. . . . . 8 [ ] X $129 = $

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 $129 = $

Your name: PEREIRA SILVA Your SSN or ITIN: 977-96-2940

Exemptions

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

	Dependent 1	Dependent 2	Dependent 3
First Name	MIGUEL A		
Last Name	PEREIRA RODRIGUES		
SSN. See instructions.	979950305		
Dependent's relationship to you	SON		

Total dependent exemptions ..... 10 [1] X $400 = $ 400

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 ..... 11 $ 658

Taxable Income

12	State wages from your federal Form(s) W-2, box 16 12	.00
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 13	41752 .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	41752 .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	41752 .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 ..... $4,803 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) .... $9,606 If Married/RDP filing separately or the box on line 6 is checked, **STOP**. See instructions 18	9606 .00
19	Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- 19	32146 .00

Tax

31	Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule • [ ] FTB 3800 • [ ] FTB 3803 31	456 .00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than $212,288, see instructions. 32	658 .00
33	Subtract line 32 from line 31. If less than zero, enter -0- 33	0 .00
34	Tax. See instructions. Check the box if from: • [ ] Schedule G-1 • [ ] FTB 5870A .. 34	.00
35	Add line 33 and line 34 35	0 .00

Special Credits

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. 40	21 .00
43	Enter credit name [ ] code • [ ] and amount ... 43	.00
44	Enter credit name [ ] code • [ ] and amount ... 44	.00

Your name: PEREIRA SILVA Your SSN or ITIN: 977-96-2940

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	21 .00
48	Subtract line 47 from line 35. If less than zero, enter -0-	48	0 .00

Other Taxes

61	Alternative Minimum Tax. Attach Schedule P (540)	61	.00
62	Mental Health Services Tax. See instructions	62	.00
63	Other taxes and credit recapture. See instructions	63	.00
64	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions.	64	.00
65	Add line 48, line 61, line 62, line 63, and line 64. This is your total tax	65	0 .00

Payments

71	California income tax withheld. See instructions	71	.00
72	2021 CA estimated tax and other payments. See instructions	72	.00
73	Withholding (Form 592-B and/or 593). See instructions	73	.00
74	Excess SDI (or VPDI) withheld. See instructions	74	.00
75	Earned Income Tax Credit (EITC)	75	.00
76	Young Child Tax Credit (YCTC). See instructions	76	.00
77	Net Premium Assistance Subsidy (PAS). 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	0 .00

If line 91 is zero, check if: [X] No use tax is owed. [ ] You paid your use tax obligation directly to CDTFA.

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	0 .00

Overpaid Tax or 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, then subtract line 93 from line 92.	96	0 .00

Your name: PEREIRA SILVA Your SSN or ITIN: 977-96-2940

Overpaid Tax/Tax Due

97	Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95	97	.00
98	Amount of line 97 you want applied to your 2022 estimated tax	98	.00
99	Overpaid tax available this year. Subtract line 98 from line 97	99	.00
100	Tax due. If line 95 is less than line 65, subtract line 95 from line 65	100	0 .00

	Code	Amount
California Seniors Special Fund. See instructions	400	.00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	401	.00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	403	.00
California Breast Cancer Research Voluntary Tax Contribution Fund	405	.00
California Firefighters' Memorial Voluntary Tax Contribution Fund	406	.00
Emergency Food for Families Voluntary Tax Contribution Fund	407	.00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	408	.00
California Sea Otter Voluntary Tax Contribution Fund	410	.00
California Cancer Research Voluntary Tax Contribution Fund	413	.00
School Supplies for Homeless Children Voluntary Tax Contribution Fund	422	.00
State Parks Protection Fund/Parks Pass Purchase	423	.00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	424	.00
Keep Arts in Schools Voluntary Tax Contribution Fund	425	.00
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	431	.00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	438	.00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	439	.00
Rape Kit Backlog Voluntary Tax Contribution Fund	440	.00
Schools Not Prisons Voluntary Tax Contribution Fund	443	.00
Suicide Prevention Voluntary Tax Contribution Fund	444	.00
Mental Health Crisis Prevention Voluntary Tax Contribution Fund	445	.00
California Community and Neighborhood Tree Voluntary Tax Contribution Fund	446	.00
110 Add code 400 through code 446. This is your total contribution	110	.00

Your name: PEREIRA SILVA Your SSN or ITIN: 977-96-2940

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 0 .00

Refund and Direct Deposit

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

Routing number | Type: ☐ Checking ☐ Savings | Account number | 116 Direct deposit amount .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Routing number | Type: ☐ Checking ☐ Savings | Account number | 117 Direct deposit amount .00

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

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

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature | Date | Spouse's/RDP's signature (if a joint tax return, both must sign)

Sign Here

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

Joint tax return? (See instructions)

Your email address. Enter only one email address. | Preferred phone number

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

Firm's name (or yours, if self-employed): CONNY PRADO INCOME TAX | PTIN: P00437693

Firm's address: 3462 MISSION ST SAN FRANCISCO CA 94110 | Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions ..... ☐ Yes ☒ No

Print Third Party Designee's Name | Telephone Number

TAXABLE YEAR

CALIFORNIA FORM

2021 Child and Dependent Care Expenses Credit

3506

Attach to your California Form 540 or Form 540NR.

Name(s) as shown on tax return

I I PEREIRA SILVA & J RODRIGUES ALV

SSN or ITIN

977962940

Part I Unearned Income and Other Funds Received in 2021. See instructions.

Source of Income/Funds	Amount	Source of Income/Funds	Amount

Part II Persons or Organizations Who Provided the Care in California – You must complete this part. See instructions.

1 Enter the following information for each person or organization that provided care in California. Only care provided in California qualifies for the credit. If you need more space, attach a separate sheet.

	Provider	Provider
a. Care provider's name	MISSION CHILD CARE CONSORTIUM INC.	
b. Care provider's address (number, street, apt. no., city, state, and ZIP code)	4750 MISSION STREET SAN FRANCISCO CA 94112	
c. Care provider's telephone number	415-586-6139	
d. Is provider a person or organization?	☐ Person ☒ Organization	☐ Person ☐ Organization
e. Identification number (SSN, ITIN, or FEIN)	94-1748344	
f. Address where care was provided (number, street, apt. no., city, state, and ZIP code) PO Box not acceptable.	4750 MISSION STREET SAN FRANCISCO CA 94112	
g. Amount paid for care provided	235.	

Did you receive dependent care benefits? ▶▶▶▶▶ No. Complete Part III below.
Yes. Complete Part IV on Side 2 before you complete Part III.

Part III Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s)**. See instructions.

(a) Qualifying person's name First	Last	(b) Qualifying person's social security number (SSN) (See instructions)	(c) Qualifying person's date of birth (DOB – mm/dd/yyyy) or disability status	(d) Percentage of physical custody (See instructions)	(e) Qualified expenses you incurred and paid in 2021 for the qualifying person's care in California
MIGUEL	PEREIRA RODRIGUES	979-95-0305	DOB:12/31/2016 Disabled ☐ Yes	100	235.
			DOB: Disabled ☐ Yes		
			DOB: Disabled ☐ Yes		

3	Add the amounts in column (e) of line 2. **Do not** enter more than $3,000 for one qualifying person or $6,000 for two or more qualifying persons. If you completed Side 2, Part IV, enter the amount from line 33	3	235. 00
4	Enter YOUR **earned income**. See instructions.	4	20,876. 00
	Nonresidents: Enter only your earned income **from California sources**. If you do not have earned income from California sources, **stop**, you **do not** qualify for the credit. Military servicemembers, see instructions. **Part-year residents:** Enter the total of (1) your earned income **from California sources** received while you were a nonresident and (2) all earned income received while you were a resident. Military servicemembers, see instructions.		
5	If married or an RDP filing a joint return, enter YOUR SPOUSE'S/RDP's earned income. (If your spouse/RDP was a student or was disabled, see the instructions.) If you are not filing a joint tax return, enter the amount from line 4	5	20,876. 00
	Nonresidents: Enter only your spouse's/RDP's earned income **from California sources**. If your spouse/RDP does not have earned income from California sources, **stop**, you **do not** qualify for the credit. Military servicemembers, see line 4 instructions. **Part-year residents:** Enter the total of (1) your spouse's/RDP's earned income **from California sources** received while he or she was a nonresident and (2) all earned income your spouse/RDP received while he or she was a resident. Military servicemembers, see line 4 instructions.		
6	Enter the **smallest** of line 3, line 4, or line 5	6	235. 00
7	Enter the decimal amount shown in the chart of the instructions for line 7	7	0.21
8	Multiply line 6 by the decimal amount on line 7	8	49. 00
9	Enter the decimal amount listed in the chart of the instructions for line 9	9	0.43
10	Multiply the amount on line 8 by the decimal amount on line 9	10	21. 00
11	Credit for prior year expenses paid in 2021. See instructions	11	00
12	Add line 10 and line 11. Enter the amount here and on Form 540, line 40; or Form 540NR, line 50	12	21. 00

TAXABLE YEAR **2021**

Health Coverage Exemptions and Individual Shared Responsibility Penalty

CALIFORNIA FORM **3853**

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

Name(s) as shown on your California tax return: I I PEREIRA SILVA & J RODRIGUES ALV

SSN or ITIN: 977-96-2940

Part I Applicable Household Members. List all members of your applicable household whether or not they have an exemption or an Exemption Certificate Number (ECN) granted by the Marketplace. See instructions.

	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
1	IBSON	I	977-96-2940	04/24/1993	41,752.
	Last Name		ECN 1	ECN 2	ECN 3
	PEREIRA SILVA				
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
2	JESSICA		977-96-2937	05/11/1994	0.
	Last Name		ECN 1	ECN 2	ECN 3
	RODRIGUES ALVES				
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
3	MIGUEL	A	979-95-0305	12/31/2016	0.
	Last Name		ECN 1	ECN 2	ECN 3
	PEREIRA RODRIGUES				
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
4					
	Last Name		ECN 1	ECN 2	ECN 3
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
5					
	Last Name		ECN 1	ECN 2	ECN 3
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
6					
	Last Name		ECN 1	ECN 2	ECN 3
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
7					
	Last Name		ECN 1	ECN 2	ECN 3
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
8					
	Last Name		ECN 1	ECN 2	ECN 3
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
9					
	Last Name		ECN 1	ECN 2	ECN 3
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
10					
	Last Name		ECN 1	ECN 2	ECN 3
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
11					
	Last Name		ECN 1	ECN 2	ECN 3
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
12					
	Last Name		ECN 1	ECN 2	ECN 3

Part II Coverage Exemption Claimed on Your Tax Return for Your Household

If you are claiming a coverage exemption because your applicable household income or gross income is below the filing threshold, check the box here. See instructions. ☐

Part III Coverage and Exemptions Claimed on Your Tax Return for Individuals. If you and/or a member of your applicable household are reporting any coverage or are claiming exemptions for the tax year, complete Part III. See instructions.

Coverage and Exemption Codes

			(a) Full-year	(b) Jan	(c) Feb	(d) Mar	(e) Apr	(f) May	(g) June	(h) July	(i) Aug	(j) Sept	(k) Oct	(l) Nov	(m) Dec
1	First Name	Initial	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name			◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
2	First Name	Initial	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name			◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
3	First Name	Initial	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name			◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
4	First Name	Initial	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name			◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
5	First Name	Initial	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name			◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
6	First Name	Initial	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name			◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
7	First Name	Initial	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name			◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
8	First Name	Initial	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name			◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
9	First Name	Initial	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name			◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
10	First Name	Initial	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name			◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
11	First Name	Initial	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name			◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
12	First Name	Initial	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name			◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉

Part IV ***Individual Shared Responsibility Penalty***

1 Your Individual Shared Responsibility Penalty. Enter on Form 540, line 92; Form 540NR, line 91; or Form 540 2EZ, line 27. See instructions . . . . . ◉ 1. 0.

California Copy

Form 8829 Expenses for Business Use of Your Home

▶ File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.

▶ Go to www.irs.gov/Form8829 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service (99)

OMB No. 1545-0074

2021

Attachment Sequence No. 176

Name(s) of proprietor(s): J J PEREIRA SILVA & J RODRIGUES ALV

Your social security number: 977-96-2940

Part I Part of Your Home Used for Business — CHILD CARE SERVICES

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	4
2	Total area of home	2	5
3	Divide line 1 by line 2. Enter the result as a percentage	3	80.00 %

For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.

4	Multiply days used for daycare during year by hours used per day	4 hr.	
5	If you started or stopped using your home for daycare during the year, see instructions; otherwise, enter 8,760	5 8,760 hr.	
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3 ▶	7	80.00 %

Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, **plus** any gain derived from the business use of your home, **minus** any loss from the trade or business not derived from the business use of your home. See instructions.			8	73,341.
	See instructions for columns (a) and (b) before completing lines 9–22.	(a) Direct expenses	(b) Indirect expenses		
9	Casualty losses (see instructions)	9			
10	Deductible mortgage interest (see instructions)	10			
11	Real estate taxes (see instructions)	11			
12	Add lines 9, 10, and 11	12			
13	Multiply line 12, column (b), by line 7		13		
14	Add line 12, column (a), and line 13			14	
15	Subtract line 14 from line 8. If zero or less, enter -0-			15	73,341.
16	Excess mortgage interest (see instructions)	16			
17	Excess real estate taxes (see instructions)	17			
18	Insurance	18	228.		
19	Rent	19	32,340.		
20	Repairs and maintenance	20			
21	Utilities	21	2,949.		
22	Other expenses (see instructions)	22			
23	Add lines 16 through 22	23	35,517.		
24	Multiply line 23, column (b), by line 7		24	28,414.	
25	Carryover of prior year operating expenses (see instructions)		25		
26	Add line 23, column (a), line 24, and line 25			26	28,414.
27	Allowable operating expenses. Enter the **smaller** of line 15 or line 26			27	28,414.
28	Limit on excess casualty losses and depreciation. Subtract line 27 from line 15			28	44,927.
29	Excess casualty losses (see instructions)		29		
30	Depreciation of your home from line 42 below		30		
31	Carryover of prior year excess casualty losses and depreciation (see instructions)		31		
32	Add lines 29 through 31			32	
33	Allowable excess casualty losses and depreciation. Enter the **smaller** of line 28 or line 32			33	
34	Add lines 14, 27, and 33			34	28,414.
35	Casualty loss portion, if any, from lines 14 and 33. Carry amount to **Form 4684**. See instructions			35	
36	**Allowable expenses for business use of your home.** Subtract line 35 from line 34. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions. ▶			36	28,414.

Part III Depreciation of Your Home

37	Enter the **smaller** of your home's adjusted basis or its fair market value. See instructions	37	
38	Value of land included on line 37	38	
39	Basis of building. Subtract line 38 from line 37	39	
40	Business basis of building. Multiply line 39 by line 7	40	
41	Depreciation percentage (see instructions)	41	%
42	Depreciation allowable (see instructions). Multiply line 40 by line 41. Enter here and on line 30 above	42	

Part IV Carryover of Unallowed Expenses to 2022

43	Operating expenses. Subtract line 27 from line 26. If less than zero, enter -0-	43	0.
44	Excess casualty losses and depreciation. Subtract line 33 from line 32. If less than zero, enter -0-	44	

July 25, 2024

JESSICA RODRIGUES ALVES
2318 22ND ST
San Francisco, CA 94110

Please find enclosed a copy of your 2023 federal income tax return for your records. Your federal return was electronically transmitted to the IRS on ; therefore, do not mail your federal Form 1040 to the IRS.

The amount you owe on your federal return is $14,286. You have completed an installment payment request on Form 9465 and indicated that you cannot make a payment with your return.

If you have any questions about your tax return, please contact us. Thank you for letting us be of service to you.

Sincerely,

Certifica Inc.
72 Scott Street
Apt 01
San Bruno, CA 94066
(415)571-7970 or (415)571-7970

client copy

July 25, 2024

JESSICA RODRIGUES ALVES
2318 22ND ST
San Francisco, CA 94110

Please find enclosed a copy of your 2023 California income tax return for your records. Your California income tax return was electronically transmitted to the FTB on ; therefore, do not mail your California income tax return to the Franchise Tax Board. Mail your payment and California payment voucher (Form 3582) to:

FRANCHISE TAX BOARD
P.O. BOX 942867
SACRAMENTO, CA 94267-0008

The amount you owe on your California income tax return is $1,599. Make your check or money order payable to 'Franchise Tax Board'. Write '2023 FTB 3582' and your social security number on your check.

If you have any questions about your tax return, please contact us. Thank you for letting us be of service to you.

Sincerely,

Certifica Inc.
72 Scott Street
Apt 01
San Bruno, CA 94066
(415)571-7970 or (415)571-7970

client copy

2023

Income Tax Return

Prepared For:

JESSICA RODRIGUES ALVES
2318 22ND ST
San Francisco, CA 94110
(628)241-5082

Prepared By:

Certifica Inc.
72 Scott Street
Apt 01
San Bruno, CA 94066
Telephone: (415)571-7970 or (415)571-7970
FAX: (628)227-8184
Email: CERTIFICABAYAREA@GMAIL.COM

client copy

Form **1040** Department of the Treasury-Internal Revenue Service **U.S. Individual Income Tax Return** **2023** OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____ See separate instructions.

Your first name and middle initial	Last name	Your social security number
JESSICA	RODRIGUES ALVES	977-96-2937
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
		977-96-2940

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
2318 22ND ST

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
San Francisco CA 94110

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status Check only one box.
☐ Single ☐ Head of household (HOH)
☐ Married filing jointly (even if only one had income)
☒ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: IBSON I PEREIRA SILVA

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) . . ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1959 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1959 ☐ Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here . . ☐

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions): Child tax credit	Credit for other dependents
MIGUEL ALVES PEREIRA RODRIGUES	979-95-0305	Son	☐	☒
			☐	☐
			☐	☐
			☐	☐

Income

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

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	
b	Household employee wages not reported on Form(s) W-2				1b	
c	Tip income not reported on line 1a (see instructions)				1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	
e	Taxable dependent care benefits from Form 2441, line 26				1e	
f	Employer-provided adoption benefits from Form 8839, line 29				1f	
g	Wages from Form 8919, line 6				1g	
h	Other earned income (see instructions)				1h	
i	Nontaxable combat pay election (see instructions)	1i				
z	Add lines 1a through 1h				1z	
2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	
8	Additional income from Schedule 1, line 10				8	68,334.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income.**				9	68,334.
10	Adjustments to income from Schedule 1, line 26				10	4,828.
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	63,506.
12	**Standard deduction or itemized deductions** (from Schedule A)				12	13,850.
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	9,931.
14	Add lines 12 and 13				14	23,781.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	39,725.

Attach Sch. B if required.

Standard Deduction for-
- Single or Married filing separately, $13,850
- Married filing jointly or Qualifying surviving spouse, $27,700
- Head of household, $20,800
- If you checked any box under *Standard Deduction,* see instructions.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2023)
UYA

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Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	4,547.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	4,547.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	500.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	500.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	4,047.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	9,655.
	24	Add lines 22 and 23. This is your **total tax**	24	13,702.
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a		
	b	Form(s) 1099 — 25b		
	c	Other forms (see instructions) — 25c		
	d	Add lines 25a through 25c	25d	
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC) 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	50.	
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**	32	50.
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	50.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	0.
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐	35a	0.
Direct deposit? See instructions.	b	Routing number XXXXXX c Type: ☐ Checking ☐ Savings		
	d	Account number XXXXXX		
	36	Amount of line 34 you want **applied to your 2024 estimated tax** — 36		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	14,286.
	38	Estimated tax penalty (see instructions) — 38	634.	

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 **JOSE A RODRIGUES MIRANDA** Phone no. **415-571-7970** Personal identification number (PIN) **94066**

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.)
		SELF-EMPLOYED	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. **(628)241-5082**	Email address		

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's signature	Date	PTIN	Check if:
		P03054034	☒ Self-employed
Preparer's name **JOSE A RODRIGUES MIRANDA**	Phone no. **(415)571-7970**		
Firm's name **Certifica Inc.**			
Firm's address **72 Scott Street , San Bruno, CA, 94066**		Firm's EIN	**92-2969531**

Go to *www.irs.gov/Form1040* for instructions and the latest information. Form **1040** (2023)

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SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2023

Attachment Sequence No. **01**

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

JESSICA RODRIGUES ALVES

Your social security number

977-96-2937

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	68,334.
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
a	Net operating loss	8a	( )		
b	Gambling	8b			
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	( )		
e	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l			
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
o	Section 951A(a) inclusion (see instructions)	8o			
p	Section 461(l) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	( )		
t	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
z	Other income. List type and amount:	8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. This is your **additional income**. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			10	68,334.

For Paperwork Reduction Act Notice, see your tax return instructions. **Schedule 1 (Form 1040) 2023**

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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**	**4,828.**
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**	**4,828.**

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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

2023

Attachment Sequence No. **02**

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

JESSICA RODRIGUES ALVES

Your social security number

977-96-2937

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	0.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE		4	9,655.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6		
7	Total additional social security and Medicare tax. Add lines 5 and 6		7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐		8	
9	Household employment taxes. Attach Schedule H		9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required		10	
11	Additional Medicare Tax. Attach Form 8959		11	
12	Net investment income tax. Attach Form 8960		12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12		13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares		14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over $150,000		15	
16	Recapture of low-income housing credit. Attach Form 8611		16	

(continued on page 2)

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Part II **Other Taxes** *(continued)*

17	Other additional taxes:				
a	Recapture of other credits. List type, form number, and amount: _____	**17a**			
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	**17b**			
c	Additional tax on HSA distributions. Attach Form 8889	**17c**			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	**17d**			
e	Additional tax on Archer MSA distributions. Attach Form 8853	**17e**			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	**17f**			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	**17g**			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	**17h**			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	**17i**			
j	Section 72(m)(5) excess benefits tax	**17j**			
k	Golden parachute payments	**17k**			
l	Tax on accumulation distribution of trusts	**17l**			
m	Excise tax on insider stock compensation from an expatriated corporation	**17m**			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	**17n**			
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	**17o**			
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	**17p**			
q	Any interest from Form 8621, line 24	**17q**			
z	Any other taxes. List type and amount: _____	**17z**			
18	Total additional taxes. Add lines 17a through 17z			**18**	
19	Reserved for future use			**19**	
20	Section 965 net tax liability installment from Form 965-A	**20**			
21	Add lines 4, 7 through 16, and 18. These are your **total other taxes.** Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			**21**	**9,655.**

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SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2023

Attachment Sequence No. **03**

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

JESSICA RODRIGUES ALVES

Your social security number

977-96-2937

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required			**1**	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441			**2**	
3	Education credits from Form 8863, line 19			**3**	
4	Retirement savings contributions credit. Attach Form 8880			**4**	
5a	Residential clean energy credit from Form 5695, line 15			**5a**	
b	Energy efficient home improvement credit from Form 5695, line 32			**5b**	
6	Other nonrefundable credits:				
a	General business credit. Attach Form 3800	**6a**			
b	Credit for prior year minimum tax. Attach Form 8801	**6b**			
c	Adoption credit. Attach Form 8839	**6c**			
d	Credit for the elderly or disabled. Attach Schedule R	**6d**			
e	Reserved for future use	**6e**			
f	Clean vehicle credit. Attach Form 8936	**6f**			
g	Mortgage interest credit. Attach Form 8396	**6g**			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	**6h**			
i	Qualified electric vehicle credit. Attach Form 8834	**6i**			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	**6j**			
k	Credit to holders of tax credit bonds. Attach Form 8912	**6k**			
l	Amount on Form 8978, line 14. See instructions	**6l**			
m	Credit for previously owned clean vehicles. Attach Form 8936	**6m**			
z	Other nonrefundable credits. List type and amount: _____	**6z**			
7	Total other nonrefundable credits. Add lines 6a through 6z			**7**	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20			**8**	**0.**

(continued on page 2)

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Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962			**9**	
10	Amount paid with request for extension to file (see instructions)			**10**	**50.**
11	Excess social security and tier 1 RRTA tax withheld			**11**	
12	Credit for federal tax on fuels. Attach Form 4136			**12**	
13	Other payments or refundable credits:				
a	Form 2439	**13a**			
b	Credit for repayment of amounts included in income from earlier years	**13b**			
c	Elective payment election amount from Form 3800, Part III, line 6, column (i)	**13c**			
d	Deferred amount of net 965 tax liability (see instructions)	**13d**			
z	Other payments or refundable credits. List type and amount:	**13z**			
14	Total other payments or refundable credits. Add lines 13a through 13z			**14**	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31			**15**	**50.**

UYA **Schedule 3 (Form 1040) 2023**

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SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2023

Attachment Sequence No. **09**

Name of proprietor: **JESSICA RODRIGUES ALVES**

Social security number (SSN): **977-96-2937**

A Principal business or profession, including product or service (see instructions): **CHILDCARE SERVICES**

B Enter code from instructions: **624410**

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.): **2318 22ND ST**
City, town or post office, state, and ZIP code: **SAN FRANCISCO, CA 94110**

F Accounting method: **(1)** [X] Cash **(2)** [ ] Accrual **(3)** [ ] Other (specify)

G Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses . . . . [X] Yes [ ] No

H If you started or acquired this business during 2023, check here . . . . [ ]

I Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . . . . [ ] Yes [X] No

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

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked [ ]	1	244,067.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	244,067.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	244,067.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6	7	244,067.

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

8	Advertising	8	3,600.	18	Office expense (see instructions)	18	1,654.
9	Car and truck expenses (see instructions)	9	6,893.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11	41,068.	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	10,613.
15	Insurance (other than health)	15	2,336.	23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	1,500.
b	Other	16b		b	Deductible meals (see instructions)	24b	15,603.
17	Legal and professional services	17	1,500.	25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	8,524.
				b	Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
28	**Total expenses** before expenses for business use of home. Add lines 8 through 27b					28	93,291.
29	Tentative profit or (loss). Subtract line 28 from line 7					29	150,776.
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	82,442.
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	68,334.
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.	

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Part III **Cost of Goods Sold** (see instructions)

33 Method(s) used to value closing inventory: **a** ☐ Cost **b** ☐ Lower of cost or market **c** ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	0.

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

43 When did you place your vehicle in service for business purposes? (month/day/year) 01/01/2023

44 Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle for:

a Business 10524 **b** Commuting (see instructions) 1254 **c** Other 2147

45 Was your vehicle available for personal use during off-duty hours? ☒ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☒ No

47a Do you have evidence to support your deduction? ☒ Yes ☐ No

b If "Yes," is the evidence written? ☒ Yes ☐ No

Part V **Other Expenses.** List below business expenses not included on lines 8-26, line 27b, or line 30.

cellular phone for business only	1,524.
ocassional helpers (5)	2,500.
gift for children	4,500.

48	**Total other expenses.** Enter here and on line 27a	48	8,524.

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SCHEDULE SE (Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

OMB No. 1545-0074

2023
Attachment Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)
JESSICA RODRIGUES ALVES

Social security number of person with **self-employment** income **977-96-2937**

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	68,334.
3	Combine lines 1a, 1b, and 2	3	68,334.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	63,106.
	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	63,106.
5a	Enter your **church employee income** from Form W-2. See instructions for definition of church employee income — 5a		
b	Multiply line 5a by 92.35% (0.9235). If less than $100, enter -0-	5b	0.
6	Add lines 4c and 5b	6	63,106.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2023	7	160,200
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If $160,200 or more, skip lines 8b through 10, and go to line 11 — 8a		
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	160,200.
10	Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)	10	7,825.
11	Multiply line 6 by 2.9% (0.029)	11	1,830.
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	9,655.
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	13	4,828.

For Paperwork Reduction Act Notice, see your tax return instructions. **Schedule SE (Form 1040) 2023**

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Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income[1] wasn't more than $9,840, **or (b)** your net farm profits[2] were less than $7,103.

14	Maximum income for optional methods	**14**	6,560
15	Enter the **smaller** of: two-thirds (2/3) of gross farm income[1] (not less than zero) **or** $6,560. Also, include this amount on line 4b above	**15**	

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits[3] were less than $7,103 and also less than 72.189% of your gross nonfarm income[4], **and (b)** you had net earnings from self-employment of at least $400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16	Subtract line 15 from line 14	**16**	
17	Enter the **smaller** of: two-thirds (2 /3) of gross nonfarm income[4] (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above	**17**	

[1] From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

[2] From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A-minus the amount you would have entered on line 1b had you not used the optional method.

[3] From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

[4] From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

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SCHEDULE 8812 (Form 1040)

Department of the Treasury
Internal Revenue Service

Credits for Qualifying Children and Other Dependents

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

Go to *www.irs.gov/Schedule8812* for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **47**

Name(s) shown on return

JESSICA RODRIGUES ALVES

Your social security number

977-96-2937

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR			1	63,506.
2a	Enter income from Puerto Rico that you excluded	2a			
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b			
c	Enter the amount from line 15 of your Form 4563	2c			
d	Add lines 2a through 2c			2d	
3	Add lines 1 and 2d			3	63,506.
4	Number of qualifying children under age 17 with the required social security number	4	0		
5	Multiply line 4 by $2,000			5	
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	1		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by $500			7	500.
8	Add lines 5 and 7			8	500.
9	Enter the amount shown below for your filing status. • Married filing jointly—$400,000 • All other filing statuses—$200,000			9	200,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of $1,000, enter the next multiple of $1,000. For example, if the result is $425, enter $1,000; if the result is $1,025, enter $2,000, etc.			10	
11	Multiply line 10 by 5% (0.05)			11	
12	Is the amount on line 8 more than the amount on line 11?			12	500.
	☐ **No. STOP.** You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.				
	☒ **Yes.** Subtract line 11 from line 8. Enter the result.				
13	Enter the amount from **Credit Limit Worksheet A**			13	4,547.
14	Enter the smaller of line 12 or 13. **This is your child tax credit and credit for other dependents**			14	500.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.				

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

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

Schedule 8812 (Form 1040) 2023

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Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15 Check this box if you **do not** want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . ☐

16a Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . **16a**

b Number of qualifying children under 17 with the required social security number: 0 x $1,600. Enter the result. If zero, **stop here;** you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . **16b**

TIP: The number of children you use for this line is the same as the number of children you used for line 4.

17 Enter the **smaller** of line 16a or line 16b . . . **17**

18a Earned income (see instructions) . . . **18a**

b Nontaxable combat pay (see instructions) . . . **18b**

19 Is the amount on line 18a more than $2,500?

☐ **No.** Leave line 19 blank and enter -0- on line 20.

☐ **Yes.** Subtract $2,500 from the amount on line 18a. Enter the result . . . **19**

20 Multiply the amount on line 19 by 15% (0.15) and enter the result . . . **20**

Next. On line 16b, is the amount $4,800 or more?

☐ **No.** If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the **smaller** of line 17 or line 20 on line 27.

☐ **Yes.** If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bonna fide resident of Puerto Rico, see instructions . . . **21**

22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . . . **22**

23 Add lines 21 and 22 . . . **23**

24 **1040 and**

1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11.

1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. **24**

25 Subtract line 24 from line 23. If zero or less, enter -0- . . . **25**

26 Enter the **larger** of line 20 or line 25 . . . **26**

Next, enter the **smaller** of line 17 or line 26 on line 27.

Part II-C Additional Child Tax Credit

27 **This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28** . . . **27**

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Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to *www.irs.gov/Form8995* for instructions and the latest information.

OMB No. 1545-2294

2023

Attachment Sequence No. **55**

Name(s) shown on return: **JESSICA RODRIGUES ALVES**

Your taxpayer identification number: **977-96-2937**

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

Use this form if your taxable income, before your qualified business income deduction, is at or below $182,100 ($364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	**(a)** Trade, business, or aggregation name	**(b)** Taxpayer identification number	**(c)** Qualified business income or (loss)
i	JESSICA RODRIGUES ALVES	977-96-2937	63,506.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	63,506.		
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	63,506.		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	12,701.
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	12,701.
11	Taxable income before qualified business income deduction (see instructions)	11	49,656.		
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	49,656.		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	9,931.
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	9,931.
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** (2023)

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07/26/2024 10:14:00AM

Form **8958**
(Rev. November 2023)
Department of the Treasury
Internal Revenue Service

Allocation of Tax Amounts Between Certain Individuals in Community Property States

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to *www.irs.gov/Form8958* for the latest information.**

OMB No. 1545-0074

Attachment Sequence No. **63**

Your first name and initial	Your last name	Your social security number (SSN)
JESSICA	**RODRIGUES ALVES**	**977-96-2937**
Spouse's or partner's first name and initial	**Spouse's or partner's last name**	**Spouse's or partner's SSN**
IBSON I	**PEREIRA SILVA**	**977-96-2940**

	A Total Amount	B Allocated to Spouse or RDP SSN 977-96-2937	C Allocated to Spouse or RDP SSN 977-96-2940
1 Wages (each employer)			
2 Interest income (each payer)			
3 Dividends (each payer)			
4 State income tax refund			
5 Self-employment income (see instructions)			
Business income or (loss)	**68,334.**	**68,334.**	
6 Capital gains and losses			
7 Pension income			
8 Rents, royalties, partnerships, estates, trusts			

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	A Total Amount	B Allocated to Spouse or RDP SSN **977-96-2937**	C Allocated to Spouse or RDP SSN **977-96-2940**
9 Deductible part of self-employment tax (see instructions) **Deductible part of SE tax**	**4,828.**	**4,828.**	
10 Self-employment tax (see instructions) **Self-employment tax**	**9,655.**	**9,655.**	
11 Taxes withheld			
12 Other items such as social security benefits, unemployment compensation, deductions, credits, etc.			

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Form **8867**

(Rev. November 2023)

Department of the Treasury
Internal Revenue Service

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to*www.irs.gov/Form8867* for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **70**

Taxpayer name(s) shown on return	Taxpayer identification number
JESSICA RODRIGUES ALVES	**977-96-2937**
Preparer's name	**Preparer tax identification number**
JOSE A RODRIGUES MIRANDA	**P03054034**

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I –V for the benefit(s) claimed (check all that apply). ☐ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☐ HOH

		Yes	No	N/A
1	Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	☒	☐	
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	☒	☐	☐
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	☒	☐	
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If **"Yes,"** answer questions 4a and 4b. If **"No,"** go to question 5.)	☐	☒	
a	Did you make reasonable inquiries to determine the correct, complete, and consistent information?	☐	☐	
b	Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	☐	☐	
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	☒	☐	
	List those documents provided by the taxpayer, if any, that you relied on: **SSN, 1099 NEC, PROFIT & LOSS**			
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	☒	☐	
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? **(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)**	☒	☐	☐
a	Did you complete the required recertification Form 8862?	☐	☐	☒
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	☒	☐	☐

For Paperwork Reduction Act Notice, see separate instructions. Form **8867** (Rev. 11-2023)

UYA

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07/26/2024 10:14:00AM

Part II **Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

		Yes	No	N/A
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? **(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)**	☐	☐	
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	☐	☐	
c	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	☐	☐	☐

Part III **Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

		Yes	No	N/A
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	☒	☐	
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	☒	☐	☐
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	☒	☐	☐

Part IV **Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

		Yes	No
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	☐	☐

Part V **Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

		Yes	No
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	☐	☐

Part VI **Eligibility Certification**

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);

B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;

C. Submit Form 8867 in the manner required; **and**

D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention.*

1. A copy of this Form 8867.
2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

		Yes	No
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	☒	☐

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Form **9465**
(Rev. September 2020)
Department of the Treasury
Internal Revenue Service

Installment Agreement Request

Go to *www.irs.gov/Form9465* for instructions and the latest information.
If you are filing this form with your tax return, attach it to the front of the return.
See separate instructions.

OMB No. 1545-0074

Tip: If you owe $50,000 or less, you may be able to avoid filing Form 9465 and establish an installment agreement online, even if you haven't yet received a tax bill. Go to *www.irs.gov/OPA* to apply for an Online Payment Agreement. If you establish your installment agreement using the Online Payment Agreement application, the user fee that you pay will be lower than it would be with Form 9465.

Part I Installment Agreement Request

This request is for Form(s) (for example, Form 1040 or Form 941) **FORM 1040**

Enter tax year(s) or period(s) involved (for example, 2021 and 2022, or January 1, 2022, to June 30, 2022) **2023**

1a Your first name and initial: **JESSICA** | Last name: **RODRIGUES ALVES** | **Your social security number:** **977-96-2937**

If a joint return, spouse's first name and initial: **IBSON I** | Last name | **Spouse's social security number**

Current address (number and street). If you have a P.O. box and no home delivery, enter your box number.: **2318 22ND ST** | Apt. number

City, town or post office, state, and ZIP code. If a foreign address, also complete the spaces below (see instructions).: **San Francisco, CA 94110**

Foreign country name | Foreign province/state/county | Foreign postal code

1b If this address is new since you filed your last tax return, check here . . . . . ▶ [X]

2 Name of your business (must no longer be operating) | Employer identification number (EIN)

3 **(628)241-5082** Your home phone number | **02:00 PM** Best time for us to call

4 Your work phone number | Ext. | Best time for us to call

5	Enter the total amount you owe as shown on your tax return(s) (or notice(s))	**5**	**14,286.**
6	If you have any additional balances due that aren't reported on line 5, enter the amount here (even if the amounts are included in an existing installment agreement)	**6**	
7	Add lines 5 and 6 and enter the result	**7**	**14,286.**
8	Enter the amount of any payment you're making with this request. See instructions	**8**	
9	Amount owed. Subtract line 8 from line 7 and enter the result	**9**	**14,286.**
10	Divide the amount on line 9 by 72.0 and enter the result	**10**	**198.**
11a	Enter the amount you can pay each month. Make your payment as large as possible to limit interest and penalty charges, **as these charges will continue to accrue until you pay in full.** If you have an existing installment agreement, this amount should represent your total proposed monthly payment amount for all your liabilities. **If no payment amount is listed on line 11a, a payment will be determined for you by dividing the balance due on line 9 by 72 months**	**11a**	$ **1,600.**
b	If the amount on line 11a is less than the amount on line 10 and you're able to increase your payment to an amount that is equal to or greater than the amount on line 10, enter your *revised* monthly payment	**11b**	$

- If you can't increase your payment on line 11b to more than or equal to the amount shown on line 10, check the box. Also, complete and attach Form 433-F, Collection Information Statement . . . . . ☐
- If the amount on line 11a (or 11b, if applicable) is more than or equal to the amount on line 10 and the amount you owe is over $25,000 but not more than $50,000, then you don't have to complete Form 433-F. However, if you don't complete Form 433-F, then you must complete either line 13 or 14.
- If the amount on line 9 is greater than $50,000, complete and attach Form 433-F.

12 Enter the date you want to make your payment each month. **Don't** enter a date later than the 28th — **12** **14**

13 If you want to make your payments by direct debit from your checking account, see the instructions and fill in lines 13a and 13b. This is the most convenient way to make your payments and it will ensure that they are made on time.

a Routing number **322271627** **b** Account number **122297930**

I authorize the U.S. Treasury and its designated Financial Agent to initiate a monthly ACH debit (electronic withdrawal) entry to the financial institution account indicated for payments of my federal taxes owed, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke payment, I must contact the U.S. Treasury Financial Agent at **1-800-829-1040** no later than 14 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payments of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payments.

c **Low-income taxpayers only.** If you're unable to make electronic payments through a debit instrument by providing your your banking information on lines 13a and 13b, check this box and your user fee will be reimbursed upon completion of your installment agreement. See instructions . . . . . ☐

14 If you want to make payments by payroll deduction, check this box and attach a completed Form 2159 . . . . . ☐

By signing and submitting this form, I authorize the IRS to contact third parties and to disclose my tax information to third parties in order to process this request and administer the agreement over its duration. I also agree to the terms of this agreement, as provided in the instructions, if it's approved by the IRS.

Your signature	Date	Spouse's signature. If a joint return, **both** must sign.	Date

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Part II Additional information

Complete this Part only if all three conditions below apply:

1. You defaulted on an installment agreement in the past 12 months;
2. You owe more than $25,000 but not more than $50,000; and
3. The amount on line 11a (or 11b, if applicable) is less than line 10.

Note: If you owe more than $50,000, also complete and attach Form 433-F.

15 In which county is your primary residence? _____

16a Marital status:

- ☐ Single. Skip question 16b and go to question 17.
- ☐ Married. Go to question 16b.

b Do you share household expenses with your spouse?

- ☐ Yes.
- ☐ No.

17 How many dependents will you be able to claim on this year's tax return? **17** 0

18 How many people in your household are 65 or older? **18** 0

19 How often are you paid?

- ☐ Once a week.
- ☐ Once every 2 weeks.
- ☐ Once a month.
- ☐ Twice a month.

20 What is your net income per pay period (take home pay)? . . . . . **20** $

Note: Complete lines 21 and 22 only if you have a spouse and meet certain conditions (see instructions). If you don't have a spouse, go to line 23.

21 How often is your spouse paid?

- ☐ Once a week.
- ☐ Once every 2 weeks.
- ☐ Once a month.
- ☐ Twice a month.

22 What is your spouse's net income per pay period (take home pay)? . . . . . **22** $

23 How many vehicles do you own? **23** 0

24 How many car payments do you have each month? **24** 0

25a Do you have health insurance?

- ☐ Yes. Go to question 25b.
- ☐ No. Skip question 25b and go to question 26a.

b Are your health insurance premiums deducted from your paycheck?

- ☐ Yes. Skip question 25c and go to question 26a.
- ☐ No. Go to question 25c.

c How much are your monthly health insurance premiums? . . . . . **25c** $

26a Do you make court-ordered payments?

- ☐ Yes. Go to question 26b.
- ☐ No. Go to question 27.

b Are your court-ordered payments deducted from your paycheck?

- ☐ Yes. Go to question 27.
- ☐ No. Go to question 26c.

c How much are your court-ordered payments each month? . . . . . **26c** $

27 Not including any court-ordered payments for child and dependent support, how much do you pay for child or dependent care each month? . . . . . **27** $

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Form **8829**

Department of the Treasury
Internal Revenue Service

Expenses for Business Use of Your Home

File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.

Go to *www.irs.gov/Form8829* for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **176**

Name(s) of proprietor(s)

JESSICA RODRIGUES ALVES

Your social security number

977-96-2937

Part I Part of Your Home Used for Business

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)			1	0
2	Total area of home			2	0
3	Divide line 1 by line 2. Enter the result as a percentage			3	%
	For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.				
4	Multiply days used for daycare during year by hours used per day	4	2349 hr.		
5	If you started or stopped using your home for daycare during the year, see instructions; otherwise, enter 8,760	5	8760 hr.		
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	.2682		
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3			7	89.54%

Part II Figure Your Allowable Deduction

See attached computation

8	Enter the amount from Schedule C, line 29, **plus** any gain derived from the business use of your home, **minus** any loss from the trade or business not derived from the business use of your home. See instructions.			8	150,776.
	See instructions for columns (a) and (b) before completing lines 9-22.	**(a)** Direct expenses	**(b)** Indirect expenses		
9	Casualty losses (see instructions)	9			
10	Deductible mortgage interest (see instructions)	10			
11	Real estate taxes (see instructions)	11			
12	Add lines 9, 10, and 11	12			
13	Multiply line 12, column (b), by line 7	13			
14	Add line 12, column (a), and line 13			14	
15	Subtract line 14 from line 8. If zero or less, enter -0-			15	150,776.
16	Excess mortgage interest (see instructions)	16			
17	Excess real estate taxes (see instructions)	17			
18	Insurance	18			
19	Rent	19		50,000.	
20	Repairs and maintenance	20	20,682.	6,122.	
21	Utilities	21		12,853.	
22	Other expenses (see instructions)	22			
23	Add lines 16 through 22	23	20,682.	68,975.	
24	Multiply line 23, column (b), by line 7	24	61,760.		
25	Carryover of prior year operating expenses (see instructions)	25			
26	Add line 23, column (a), line 24, and line 25			26	82,442.
27	Allowable operating expenses. Enter the **smaller** of line 15 or line 26			27	82,442.
28	Limit on excess casualty losses and depreciation. Subtract line 27 from line 15			28	68,334.
29	Excess casualty losses (see instructions)	29			
30	Depreciation of your home from line 42 below	30			
31	Carryover of prior year excess casualty losses and depreciation (see instructions)	31			
32	Add lines 29 through 31			32	
33	Allowable excess casualty losses and depreciation. Enter the **smaller** of line 28 or line 32			33	
34	Add lines 14, 27, and 33			34	82,442.
35	Casualty loss portion, if any, from lines 14 and 33. Carry amount to **Form 4684.** See instructions.			35	
36	**Allowable expenses for business use of your home.** Subtract line 35 from line 34. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions			36	82,442.

Part III Depreciation of Your Home

37	Enter the **smaller** of your home's adjusted basis or its fair market value. See instructions	37	
38	Value of land included on line 37	38	
39	Basis of building. Subtract line 38 from line 37	39	
40	Business basis of building. Multiply line 39 by line 7	40	
41	Depreciation percentage (see instructions)	41	2.461%
42	Depreciation allowable (see instr.). Multiply line 40 by line 41. Enter here and on line 30 above	42	0.

Part IV Carryover of Unallowed Expenses to 2024

43	Operating expenses. Subtract line 27 from line 26. If less than zero, enter -0-	43	0.
44	Excess casualty losses and depreciation. Subtract line 33 from line 32. If less than zero, enter -0-	44	0.

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

Form **8829** (2023)

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2023 Special Computation for Certain Daycare Facilities for Form 8829, Line 7

Name(s) shown on Form 1040	Your social security number
JESSICA RODRIGUES ALVES	**977-96-2937**

1.	Total area of home	**1.**	**1400**
2.	Area used exclusively for daycare	**2.**	**1200**
3.	Exclusive use percentage. Divide line 2 by line 1	**3.**	**85.71%**
4.	Area used partly for daycare	**4.**	**200**
5.	Divide line 4 by line 1	**5.**	**.1429**
6.	Multiply days used for daycare during the year by hours used per day	**6.**	**2349**
7.	Total hours available for use during the year	**7.**	**8760**
8.	Divide line 6 by line 7	**8.**	**.2682**
9.	Partly used percentage. Multiply line 8 by line 5	**9.**	**03.83%**
10.	Business percentage. Add lines 3 and 9	**10.**	**89.54%**

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Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**

▶ **Go to *www.irs.gov/Form8879* for the latest information.**

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
JESSICA RODRIGUES ALVES	**977-96-2937**
Spouse's name	**Spouse's social security number**

Part I Tax Return Information—Tax Year Ending December 31, 2023 (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	63,506.
2	Total tax	2	13,702.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	
4	Amount you want refunded to you	4	
5	Amount you owe	5	14,286.

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 **Certifica Inc.** (ERO firm name) to enter or generate my PIN **94110** (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

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

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

☐ I authorize _____ (ERO firm name) to enter or generate my PIN _____ (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. **94835294066** (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 of the Practitioner PIN method and **Pub. 1345,** Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

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

Client Copy

Voucher at bottom of page.

Do not mail a paper copy of your tax return with the payment voucher.

If amount of payment is zero, do not mail this voucher.

When to pay:
Calendar Year – File and pay by April 15, 2024

When a due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day

Pay online: Go Green! Enjoy the ease and secure options for online payments
You can make an immediate payment or schedule a payment up to a year in advance.

- **Bank Account - Web Pay** (free)
- **Credit Card** (service fee)

Go to **ftb.ca.gov/pay** for more information.
Do not mail this voucher if you pay online

Where to pay: Using black or blue ink, make your check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and 2023 FTB 3582 on the check or money order. Detach the voucher below. Enclose, but **do not** staple, payment with the voucher and mail to:

FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0008

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

----- DETACH HERE ---------- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER ---------- DETACH HERE -----

CAUTION: You may be required to pay electronically. See instructions.

TAXABLE YEAR **2023**

Payment Voucher for Individual e-filed Returns

CALIFORNIA FORM **3582 (e-file)**

977-96-2937 RODR 977-96-2940 23
JESSICA RODRIGUES ALVES

2318 22ND ST
SAN FRANCISCO CA 94110

Amount of payment 1599.

For Privacy Notice, get FTB 1131 EN-SP. 031 1251236 FTB 3582 2023

client copy

TAXABLE YEAR [redacted] FORM

2023 California Resident Income Tax Return 540

ATTACH FEDERAL RETURN

977-96-2937 RODR 977-96-2940 23 PBA 624410
JESSICA RODRIGUES ALVES

2318 22ND ST
SAN FRANCISCO CA 94110

04-24-1993

client copy

Principal Residence

Enter your county at time of filing (see instructions)
SAN FRANCISCO

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

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

Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.

City State ZIP code

Filing Status

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

1 [ ] Single

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

3 [X] Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here. IBSON I PEREIRA SILVA

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

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

See instructions.

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

Exemptions

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

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 [1] X $144 = $ 144

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions . . . . . 8 [ ] X $144 = $

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions . . . . . 9 [ ] X $144 = $

Your name: RODRIGUES ALVES Your SSN or ITIN: 977962937

Exemptions

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

	Dependent 1	Dependent 2	Dependent 3
First Name	MIGUEL		
Last Name	ALVES PEREIRA ROD		
SSN. See instructions.	979950305		
Dependent's relationship to you	SON		

Total dependent exemptions . . . . . 10 1 X $446 = $ 446

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 . . . . . 11 $ 590

Taxable Income

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

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 . . . . . 13 63,506 .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 63,506 .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 63,506 .00

18 Enter the **larger** of:
- Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR**
- Your California **standard deduction** shown below for your filing status:
  - Single or Married/RDP filing separately $5,363
  - Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP . . $10,72

If Married/RDP filing separately or the box on line 6 is checked, **STOP.** See instructions. . . 18 5,363 .00

19 Subtract line 18 from line 17. This is your **taxable income.** If less than zero, enter -0- . . . . . 19 58,143 .00

Tax

31 Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule
[ ] FTB 3800 [ ] FTB 3803 . . . . . 31 2,189 .00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than $237,035, see instructions . . . . . 32 590 .00

33 Subtract line 32 from line 31. If less than zero, enter -0- . . . . . 33 1,599 .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 1,599 .00

Special Credits

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. . . . . 40 .00

43 Enter credit name [ ] code [ ] and amount . . . 43 .00

44 Enter credit name [ ] code [ ] and amount . . . 44 .00

client copy

Your name: RODRIGUES ALVES Your SSN or ITIN: 977962937

Special Credits

45	To claim more than two credits, see instructions. Attach Schedule P (540)	45		.00
46	Nonrefundable Renter's Credit. See instructions	46		.00
47	Add line 40 through line 46. These are your total credits	47	0	.00
48	Subtract line 47 from line 35. If less than zero, enter -0-	48	1,599	.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	1,599	.00

Payments

71	California income tax withheld. See instructions	71		.00
72	2023 California estimated tax and other payments. See instructions	72		.00
73	Withholding (Form 592-B and/or Form 593). See instructions	73		.00
74	Excess SDI (or VPDI) withheld. See instructions	74		.00
75	Earned Income Tax Credit (EITC). See instructions	75		.00
76	Young Child Tax Credit (YCTC). See instructions	76		.00
77	Foster Youth Tax Credit (FYTC). See instructions	77		.00
78	Add line 71 through line 77. These are your total payments. See instructions	78	0	.00

Use Tax

91 **Use Tax.** Do not leave blank. See instructions . . . . . 91 0 .00

If line 91 is zero, check if: ⊙ [X] No use tax is owed. ⊙ [ ] You paid your use tax obligation directly to CDTFA.

ISR Penalty

92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. If you did not check the box, see instructions . . . . . [X]

Individual Shared Responsibility (ISR) Penalty. See instructions 92 0 .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

client copy

Your name: RODRIGUES ALVES Your SSN or ITIN: 977962937

Overpaid Tax/Tax Due

98	Amount of line 97 you want applied to your **2024** estimated tax	**98**		.00
99	Overpaid tax available this year. Subtract line 98 from line 97	**99**		.00
100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	**100**	1,599	.00

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	**400**	.00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	**401**	.00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	**403**	.00
California Breast Cancer Research Voluntary Tax Contribution Fund	**405**	.00
California Firefighters' Memorial Voluntary Tax Contribution Fund	**406**	.00
Emergency Food for Families Voluntary Tax Contribution Fund	**407**	.00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	**408**	.00
California Sea Otter Voluntary Tax Contribution Fund	**410**	.00
California Cancer Research Voluntary Tax Contribution Fund	**413**	.00
School Supplies for Homeless Children Voluntary Tax Contribution Fund	**422**	.00
State Parks Protection Fund/Parks Pass Purchase	**423**	.00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	**424**	.00
Keep Arts in Schools Voluntary Tax Contribution Fund	**425**	.00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	**438**	.00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	**439**	.00
Rape Kit Backlog Voluntary Tax Contribution Fund	**440**	.00
Suicide Prevention Voluntary Tax Contribution Fund	**444**	.00
Mental Health Crisis Prevention Voluntary Tax Contribution Fund	**445**	.00
110 Add amounts in code 400 through code 445. This is your total contribution	**110**	.00

client copy

Your name: RODRIGUES ALVES Your SSN or ITIN: 977962937

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** 1,599 .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** 1,599 .00

Refund and Direct Deposit

115 **REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** . . . **115** 0 .00

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

Routing number	Type	Account number	**116** Direct deposit amount
	☐ Checking ☐ Savings		.00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Routing number	Type	Account number	**117** Direct deposit amount
	☐ Checking ☐ Savings		.00

Voter Info.

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

Health Care Coverage Info.

Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions . . . . . ◉ Yes ☐ No

Sign your tax return on Side 6

client copy

Your name: RODRIGUES ALVES Your SSN or ITIN: 977962937

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

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

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature | Date | Spouse's/RDP's signature (if a joint tax return, both must sign)

Sign Here

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

Joint tax return? See instructions.

(•) Your email address. Enter only one email address.
JESSICAALVESDAYCARE@GMAIL.COM

(•) Preferred phone number
628-241-5082

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)
CERTIFICA INC.

• PTIN
P03054034

Firm's address
72 SCOTT STREET SAN BRUNO, CA 94066

• Firm's FEIN
922969531

Do you want to allow another person to discuss this tax return with us? See instructions. . . . • [X] Yes [ ] No

Print Third Party Designee's Name
JOSE RODRIGUES MIRANDA

Telephone Number
415-571-7970

client copy

CALIFORNIA

Form **8829**

Department of the Treasury
Internal Revenue Service

Expenses for Business Use of Your Home

File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.

Go to *www.irs.gov/Form8829* for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **176**

Name(s) of proprietor(s)

JESSICA RODRIGUES ALVES

Your social security number

977-96-2937

Part I Part of Your Home Used for Business

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)			1	0
2	Total area of home			2	0
3	Divide line 1 by line 2. Enter the result as a percentage			3	%
	For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.				
4	Multiply days used for daycare during year by hours used per day	4	2349 hr.		
5	If you started or stopped using your home for daycare during the year, see instructions; otherwise, enter 8,760	5	8760 hr.		
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	.2682		
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3			7	89.54%

Part II Figure Your Allowable Deduction

See attached computation

8	Enter the amount from Schedule C, line 29, **plus** any gain derived from the business use of your home, **minus** any loss from the trade or business not derived from the business use of your home. See instructions.			8	150,776.
	See instructions for columns (a) and (b) before completing lines 9-22.	**(a)** Direct expenses	**(b)** Indirect expenses		
9	Casualty losses (see instructions)	9			
10	Deductible mortgage interest (see instructions)	10			
11	Real estate taxes (see instructions)	11			
12	Add lines 9, 10, and 11	12			
13	Multiply line 12, column (b), by line 7	13			
14	Add line 12, column (a), and line 13			14	
15	Subtract line 14 from line 8. If zero or less, enter -0-			15	150,776.
16	Excess mortgage interest (see instructions)	16			
17	Excess real estate taxes (see instructions)	17			
18	Insurance	18			
19	Rent	19		50,000.	
20	Repairs and maintenance	20	20,682.	6,122.	
21	Utilities	21		12,853.	
22	Other expenses (see instructions)	22			
23	Add lines 16 through 22	23	20,682.	68,975.	
24	Multiply line 23, column (b), by line 7	24	61,760.		
25	Carryover of prior year operating expenses (see instructions)	25			
26	Add line 23, column (a), line 24, and line 25			26	82,442.
27	Allowable operating expenses. Enter the **smaller** of line 15 or line 26			27	82,442.
28	Limit on excess casualty losses and depreciation. Subtract line 27 from line 15			28	68,334.
29	Excess casualty losses (see instructions)	29			
30	Depreciation of your home from line 42 below	30			
31	Carryover of prior year excess casualty losses and depreciation (see instructions)	31			
32	Add lines 29 through 31			32	
33	Allowable excess casualty losses and depreciation. Enter the **smaller** of line 28 or line 32			33	
34	Add lines 14, 27, and 33			34	82,442.
35	Casualty loss portion, if any, from lines 14 and 33. Carry amount to **Form 4684.** See instructions.			35	
36	**Allowable expenses for business use of your home.** Subtract line 35 from line 34. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions			36	82,442.

Part III Depreciation of Your Home

37	Enter the **smaller** of your home's adjusted basis or its fair market value. See instructions	37	
38	Value of land included on line 37	38	
39	Basis of building. Subtract line 38 from line 37	39	
40	Business basis of building. Multiply line 39 by line 7	40	
41	Depreciation percentage (see instructions)	41	2.461%
42	Depreciation allowable (see instr.). Multiply line 40 by line 41. Enter here and on line 30 above	42	0.

Part IV Carryover of Unallowed Expenses to 2024

43	Operating expenses. Subtract line 27 from line 26. If less than zero, enter -0-	43	0.
44	Excess casualty losses and depreciation. Subtract line 33 from line 32. If less than zero, enter -0-	44	0.

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

Form **8829** (2023)

UYA

Client copy

2023 Special Computation for Certain Daycare Facilities for Form 8829, Line 7

Name(s) shown on Form 1040	Your social security number
JESSICA RODRIGUES ALVES	**977-96-2937**

1.	Total area of home	**1.**	**1400**
2.	Area used exclusively for daycare	**2.**	**1200**
3.	Exclusive use percentage. Divide line 2 by line 1	**3.**	**85.71%**
4.	Area used partly for daycare	**4.**	**200**
5.	Divide line 4 by line 1	**5.**	**.1429**
6.	Multiply days used for daycare during the year by hours used per day	**6.**	**2349**
7.	Total hours available for use during the year	**7.**	**8760**
8.	Divide line 6 by line 7	**8.**	**.2682**
9.	Partly used percentage. Multiply line 8 by line 5	**9.**	**03.83%**
10.	Business percentage. Add lines 3 and 9	**10.**	**89.54%**

client copy

031

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2023**

California e-file Signature Authorization for Individuals

FORM **8879**

Your name	Your SSN or ITIN
JESSICA RODRIGUES ALVES	977-96-2937
Spouse's/RDP's name	**Spouse's/RDP's SSN or ITIN**
IBSON I PEREIRA SILVA	977-96-2940

Part I Tax Return Information (whole dollars only)

1	California adjusted gross income (AGI). See instructions	63,506.
2	Amount you owe. See instructions	1,599.
3	Refund or no amount due. See instructions	

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent** . If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize CERTIFICA INC. to enter my PIN 9 4 1 1 0

ERO firm name **Do not enter all zeros**

as my signature on my 2023 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

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

☐ I authorize _____ to enter my PIN

ERO firm name **Do not enter all zeros**

as my signature on my 2023 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature ▶ _____ Date ▶ _____

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.

9 4 8 3 5 2 9 4 0 6 6

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2023 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers.

ERO's signature ▶ _____ Date ▶ _____

For Privacy Notice, get FTB 1131 EN-SP. FTB 8879 2023

client copy

March 26, 2025

JESSICA RODRIGUES ALVES
2318 22ND ST
San Francisco, CA 94110

Please find enclosed a copy of your 2024 federal income tax return for your records. Your federal return was electronically transmitted to the IRS on ; therefore, do not mail your federal Form 1040 to the IRS.

The amount you owe on your federal return is $26,928. You have completed an installment payment request on Form 9465 and indicated that you cannot make a payment with your return.

If you have any questions about your tax return, please contact us. Thank you for letting us be of service to you.

Sincerely,

Certifica Inc.
72 Scott Street
Apt 01
San Bruno, CA 94066
(415)571-7970 or (415)571-7970

March 26, 2025

JESSICA RODRIGUES ALVES
2318 22ND ST
San Francisco, CA 94110

Please find enclosed a copy of your 2024 California income tax return for your records. Your California income tax return was electronically transmitted to the FTB on ; therefore, do not mail your California income tax return to the Franchise Tax Board.

The amount you owe on your California income tax return is $3,579. Your payment is scheduled to be withdrawn from your bank account on April 9, 2025.

If you have any questions about your tax return, please contact us. Thank you for letting us be of service to you.

Sincerely,

Certifica Inc.
72 Scott Street
Apt 01
San Bruno, CA 94066
(415)571-7970 or (415)571-7970

2024
Income Tax Return

Prepared For:

JESSICA RODRIGUES ALVES
2318 22ND ST
San Francisco, CA 94110
(628)241-5082

Prepared By:

Certifica Inc.
72 Scott Street
Apt 01
San Bruno, CA 94066
Telephone: (415)571-7970 or (415)571-7970
FAX: (628)227-8184
Email: CERTIFICABAYAREA@GMAIL.COM

Form **1040** Department of the Treasury-Internal Revenue Service **U.S. Individual Income Tax Return** **2024** OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

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

Your first name and middle initial	Last name	Your social security number
JESSICA	RODRIGUES ALVES	977-96-2937
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
2318 22ND ST

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
San Francisco CA 94110

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status Check only one box.
☐ Single ☒ Head of household (HOH)
☐ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____
☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter name (see instructions and attach statement if required): _____

Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1960 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1960 ☐ Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here ☐

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions): Child tax credit	Credit for other dependents
MIGUEL ALVES PEREIRA RODRIGUES	979-95-0305	Son	☐	☒
			☐	☐
			☐	☐
			☐	☐

Income

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

1a	Total amount from Form(s) W-2, box 1 (see instructions)			1a	
b	Household employee wages not reported on Form(s) W-2			1b	
c	Tip income not reported on line 1a (see instructions)			1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)			1d	
e	Taxable dependent care benefits from Form 2441, line 26			1e	
f	Employer-provided adoption benefits from Form 8839, line 29			1f	
g	Wages from Form 8919, line 6			1g	
h	Other earned income (see instructions)			1h	
i	Nontaxable combat pay election (see instructions)	1i			
z	Add lines 1a through 1h			1z	
2a	Tax-exempt interest 2a		b Taxable interest	2b	
3a	Qualified dividends 3a		b Ordinary dividends	3b	
4a	IRA distributions 4a		b Taxable amount	4b	
5a	Pensions and annuities 5a		b Taxable amount	5b	
6a	Social security benefits 6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐				
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐			7	
8	Additional income from Schedule 1, line 10			8	122,146.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income.**			9	122,146.
10	Adjustments to income from Schedule 1, line 26			10	8,629.
11	Subtract line 10 from line 9. This is your **adjusted gross income**			11	113,517.
12	**Standard deduction or itemized deductions** (from Schedule A)			12	21,900.
13	Qualified business income deduction from Form 8995 or Form 8995-A			13	18,323.
14	Add lines 12 and 13			14	40,223.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**			15	73,294.

Attach Sch. B if required.

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

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2024)
UYA

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	9,480.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	9,480.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	500.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	500.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	8,980.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	17,258.
	24	Add lines 22 and 23. This is your **total tax**	24	26,238.
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a		
	b	Form(s) 1099 — 25b		
	c	Other forms (see instructions) — 25c		
	d	Add lines 25a through 25c	25d	
If you have a qualifying child, attach Sch. EIC.	26	2024 estimated tax payments and amount applied from 2023 return	26	
	27	Earned income credit (EIC) 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	0.
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	0.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	0.
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐	35a	0.
Direct deposit? See instructions.	b	Routing number XXXXXX **c** Type: ☐ Checking ☐ Savings		
	d	Account number XXXXXX		
	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	26,928.
	38	Estimated tax penalty (see instructions) — 38 690.		

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 JOSE A RODRIGUES MIRANDA Phone no. 415-571-7970 Personal identification number (PIN) 94066

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.)
		SELF-EMPLOYED	
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.)

Joint return? See instructions. Keep a copy for your records.

Phone no. (628)241-5082 Email address

Paid Preparer Use Only

Preparer's signature	Date	PTIN	Check if:
		P03054034	☒ Self-employed
Preparer's name JOSE A RODRIGUES MIRANDA	Phone no. (415)571-7970		
Firm's name Certifica Inc.			
Firm's address 72 Scott Street , San Bruno, CA, 94066		Firm's EIN	92-2969531

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2024

Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: **JESSICA RODRIGUES ALVES**

Your social security number: 977-96-2937

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	122,146.
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
a	Net operating loss	8a	( )		
b	Gambling	8b			
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	( )		
e	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l			
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
o	Section 951A(a) inclusion (see instructions)	8o			
p	Section 461(l) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	( )		
t	Pension or annuity from a nonqualifed 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	122,146.

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	8,629.
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	8,629.

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074

2024

Attachment Sequence No. **02**

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

JESSICA RODRIGUES ALVES

Your social security number

977-96-2937

Part I Tax

1	Additions to tax:				
a	Excess advance premium tax credit repayment. Attach Form 8962	**1a**			
b	Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)	**1b**			
c	Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)	**1c**			
d	Recapture of net EPE from Form 4255, line 2a, column (l)	**1d**			
e	Excessive payments (EP) from Form 4255. Check applicable box and enter amount. **(i)** ☐ Line 1a, column (n) **(ii)** ☐ Line 1c, column (n) **(iii)** ☐ Line 1d, column (n) **(iv)** ☐ Line 2a, column (n)	**1e**			
f	20% EP from Form 4255. Check applicable box and enter amount. See instructions. **(i)** ☐ Line 1a, column (o) **(ii)** ☐ Line 1c, column (o) **(iii)** ☐ Line 1d, column (o) **(iv)** ☐ Line 2a, column (o)	**1f**			
y	Other additions to tax (see instructions): _____	**1y**			
z	Add lines 1a through 1y			**1z**	
2	Alternative minimum tax. Attach Form 6251			**2**	
3	Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17			**3**	0.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE			**4**	17,258.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	**5**			
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	**6**			
7	Total additional social security and Medicare tax. Add lines 5 and 6			**7**	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐			**8**	
9	Household employment taxes. Attach Schedule H			**9**	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required			**10**	
11	Additional Medicare Tax. Attach Form 8959			**11**	
12	Net investment income tax. Attach Form 8960			**12**	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12			**13**	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares			**14**	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over $150,000			**15**	
16	Recapture of low-income housing credit. Attach Form 8611			**16**	

(continued on page 2)

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, and 18. These are your **total other taxes.** Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			**21**	17,258.

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2024

Attachment Sequence No. **09**

Name of proprietor	Social security number (SSN)
JESSICA RODRIGUES ALVES	977-96-2937

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

B Enter code from instructions: 624410

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.): 2318 22ND ST

City, town or post office, state, and ZIP code: SAN FRANCISCO, CA 94110

F Accounting method: **(1)** [X] Cash **(2)** [ ] Accrual **(3)** [ ] Other (specify)

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

H If you started or acquired this business during 2024, check here . . . . . [ ]

I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions . . . . . [X] Yes [ ] No

J If "Yes," did you or will you file required Form(s) 1099? . . . . . [X] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked [ ]	1	449,548.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	449,548.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	449,548.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6	7	449,548.

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

8	Advertising	8	4,102.	18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9	10,616.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11	158,886.	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	10,665.
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	10,896.
15	Insurance (other than health)	15	2,451.	23	Taxes and licenses	23	6,351.
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	3,542.
b	Other	16b		b	Deductible meals (see instructions)	24b	25,854.
17	Legal and professional services	17	2,250.	25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	18,976.
				b	Energy efficient commercial bldgs deduction (attach Form 7205)	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27b	28	254,589.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	194,959.
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	72,813.
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	122,146.
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.	

Part III **Cost of Goods Sold** (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	0.

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

43 When did you place your vehicle in service for business purposes? (month/day/year) 01/01/2023

44 Of the total number of miles you drove your vehicle during 2024, enter the number of miles you used your vehicle for:

a Business 15845 b Commuting (see instructions) 2021 c Other 2251

45 Was your vehicle available for personal use during off-duty hours? ☒ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☒ No

47a Do you have evidence to support your deduction? ☒ Yes ☐ No

b If "Yes," is the evidence written? ☒ Yes ☐ No

Part V **Other Expenses.** List below business expenses not included on lines 8-26, line 27b, or line 30.

cellular phone for business only	1,854.
ocassional helpers (5)	5,547.
gift for children	2,896.
kids birthday party	2,859.
new furniture	1,542.
new cameras instaltion	4,278.

48 **Total other expenses.** Enter here and on line 27a . . . 48 18,976.

SCHEDULE SE (Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

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

OMB No. 1545-0074

2024

Attachment Sequence No. **17**

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

JESSICA RODRIGUES ALVES

Social security number of person with **self-employment** income 977-96-2937

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	122,146.
3	Combine lines 1a, 1b, and 2		3	122,146.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3		4a	112,802.
	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	112,802.
5a	Enter your **church employee income** from Form W-2. See instructions for definition of church employee income	5a		
b	Multiply line 5a by 92.35% (0.9235). If less than $100, enter -0-		5b	0.
6	Add lines 4c and 5b		6	112,802.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2024		7	168,600
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If $168,600 or more, skip lines 8b through 10, and go to line 11	8a		
b	Unreported tips subject to social security tax from Form 4137, line 10	8b		
c	Wages subject to social security tax from Form 8919, line 10	8c		
d	Add lines 8a, 8b, and 8c		8d	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11		9	168,600.
10	Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)		10	13,987.
11	Multiply line 6 by 2.9% (0.029)		11	3,271.
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	17,258.
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	8,629.	

For Paperwork Reduction Act Notice, see your tax return instructions. **Schedule SE (Form 1040) 2024**

UYA

Part II **Optional Methods To Figure Net Earnings** (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income[1] wasn't more than $10,380, **or (b)** your net farm profits[2] were less than $7,493.

14	Maximum income for optional methods	**14**	6,920
15	Enter the **smaller** of: two-thirds (2/3) of gross farm income[1] (not less than zero) **or** $6,920. Also, include this amount on line 4b above	**15**	

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits[3] were less than $7,493 and also less than 72.189% of your gross nonfarm income,[4] **and (b)** you had net earnings from self-employment of at least $400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16	Subtract line 15 from line 14	**16**	
17	Enter the **smaller** of: two-thirds (2 /3) of gross nonfarm income[4] (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above	**17**	

[1] From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

[2] From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.

[3] From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

[4] From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

SCHEDULE 8812 (Form 1040)

Department of the Treasury
Internal Revenue Service

Credits for Qualifying Children and Other Dependents

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

Go to *www.irs.gov/Schedule8812* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **47**

Name(s) shown on return: JESSICA RODRIGUES ALVES

Your social security number: 977-96-2937

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR			1	113,517.
2a	Enter income from Puerto Rico that you excluded	2a			
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b			
c	Enter the amount from line 15 of your Form 4563	2c			
d	Add lines 2a through 2c			2d	
3	Add lines 1 and 2d			3	113,517.
4	Number of qualifying children under age 17 with the required social security number	4	0		
5	Multiply line 4 by $2,000			5	
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	1		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by $500			7	500.
8	Add lines 5 and 7			8	500.
9	Enter the amount shown below for your filing status. • Married filing jointly—$400,000 • All other filing statuses—$200,000			9	200,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of $1,000, enter the next multiple of $1,000. For example, if the result is $425, enter $1,000; if the result is $1,025, enter $2,000, etc.			10	
11	Multiply line 10 by 5% (0.05)			11	
12	Is the amount on line 8 more than the amount on line 11?			12	500.
	☐ **No. STOP.** You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.				
	☒ **Yes.** Subtract line 11 from line 8. Enter the result.				
13	Enter the amount from **Credit Limit Worksheet A**			13	9,480.
14	Enter the smaller of line 12 or 13. **This is your child tax credit and credit for other dependents** **Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.**			14	500.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15 Check this box if you **do not** want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 ☐

16a Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 — **16a**

b Number of qualifying children under age 17 with the required social security number: 0 x $1,700. Enter the result. If zero, **stop here;** you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 — **16b**

TIP: The number of children you use for this line is the same as the number of children you used for line 4.

17 Enter the **smaller** of line 16a or line 16b — **17**

18a Earned income (see instructions) — **18a**

b Nontaxable combat pay (see instructions) — **18b**

19 Is the amount on line 18a more than $2,500?

☐ **No.** Leave line 19 blank and enter -0- on line 20.

☐ **Yes.** Subtract $2,500 from the amount on line 18a. Enter the result — **19**

20 Multiply the amount on line 19 by 15% (0.15) and enter the result — **20**

Next. On line 16b, is the amount $5,100 or more?

☐ **No.** If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the **smaller** of line 17 or line 20 on line 27.

☐ **Yes.** If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions — **21**

22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 — **22**

23 Add lines 21 and 22 — **23**

24 **1040 and**

1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11.

1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. — **24**

25 Subtract line 24 from line 23. If zero or less, enter -0- — **25**

26 Enter the **larger** of line 20 or line 25 — **26**

Next, enter the **smaller** of line 17 or line 26 on line 27.

Part II-C Additional Child Tax Credit

27 **This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28** — **27**

Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to *www.irs.gov/Form8995* for instructions and the latest information.

OMB No. 1545-2294

2024

Attachment Sequence No. **55**

Name(s) shown on return: **JESSICA RODRIGUES ALVES**

Your taxpayer identification number: **977-96-2937**

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

Use this form if your taxable income, before your qualified business income deduction, is at or below $191,950 ($383,900 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	JESSICA RODRIGUES ALVES	977-96-2937	113,517.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	113,517.		
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	113,517.		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	22,703.
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	22,703.
11	Taxable income before qualified business income deduction (see instructions)	11	91,617.		
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	91,617.		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	18,323.
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	18,323.
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** (2024)

UYA

Form **8867**

(Rev. November 2024)

Department of the Treasury
Internal Revenue Service

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, or 1040-SS.

Go to *www.irs.gov/Form8867* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **70**

Taxpayer name(s) shown on return	Taxpayer identification number
JESSICA RODRIGUES ALVES	977-96-2937
Preparer's name	**Preparer tax identification number**
JOSE A RODRIGUES MIRANDA	P03054034

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I –V for the benefit(s) claimed (check all that apply). ☐ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☒ HOH

		Yes	No	N/A
1	Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	☒	☐	
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	☒	☐	☐
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	☒	☐	
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If **"Yes,"** answer questions 4a and 4b. If **"No,"** go to question 5.)	☐	☒	
a	Did you make reasonable inquiries to determine the correct, complete, and consistent information?	☐	☒	
b	Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	☐	☒	
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: SSN, ITIN, 1099 NEC, SUMMARY BUSINESS EXPENSE	☒	☐	
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	☒	☐	
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? **(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)**	☒	☐	☐
a	Did you complete the required recertification Form 8862?	☐	☐	☒
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	☒	☐	☐

For Paperwork Reduction Act Notice, see separate instructions. Form **8867** (Rev. 11-2024)

UYA

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

		Yes	No	N/A
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? **(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)**	☐	☐	
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	☐	☐	
c	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	☐	☐	☐

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

		Yes	No	N/A
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	☒	☐	
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	☒	☐	☐
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	☒	☐	☐

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

		Yes	No
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	☐	☐

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

		Yes	No
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	☒	☐

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);

B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;

C. Submit Form 8867 in the manner required; **and**

D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention.*

1. A copy of this Form 8867.
2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

		Yes	No
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	☒	☐

Form **9465**
(Rev. September 2020)
Department of the Treasury
Internal Revenue Service

Installment Agreement Request

Go to *www.irs.gov/Form9465* for instructions and the latest information.
If you are filing this form with your tax return, attach it to the front of the return.
See separate instructions.

OMB No. 1545-0074

Tip: If you owe $50,000 or less, you may be able to avoid filing Form 9465 and establish an installment agreement online, even if you haven't yet received a tax bill. Go to *www.irs.gov/OPA* to apply for an Online Payment Agreement. If you establish your installment agreement using the Online Payment Agreement application, the user fee that you pay will be lower than it would be with Form 9465.

Part I Installment Agreement Request

This request is for Form(s) (for example, Form 1040 or Form 941) FORM 1040

Enter tax year(s) or period(s) involved (for example, 2021 and 2022, or January 1, 2022, to June 30, 2022) 2024

1a Your first name and initial: JESSICA | Last name: RODRIGUES ALVES | **Your social security number**: 977-96-2937

If a joint return, spouse's first name and initial | Last name | **Spouse's social security number**

Current address (number and street). If you have a P.O. box and no home delivery, enter your box number. | Apt. number

2318 22ND ST

City, town or post office, state, and ZIP code. If a foreign address, also complete the spaces below (see instructions).

San Francisco, CA 94110

Foreign country name | Foreign province/state/county | Foreign postal code

1b If this address is new since you filed your last tax return, check here ▶ ☐

2 Name of your business (must no longer be operating) | Employer identification number (EIN)

3 (628)241-5082 Your home phone number | 02:00 PM Best time for us to call | **4** Your work phone number | Ext. | Best time for us to call

5	Enter the total amount you owe as shown on your tax return(s) (or notice(s))	**5**	26,928.
6	If you have any additional balances due that aren't reported on line 5, enter the amount here (even if the amounts are included in an existing installment agreement)	**6**	3,200.
7	Add lines 5 and 6 and enter the result	**7**	30,128.
8	Enter the amount of any payment you're making with this request. See instructions	**8**	
9	Amount owed. Subtract line 8 from line 7 and enter the result	**9**	30,128.
10	Divide the amount on line 9 by 72.0 and enter the result	**10**	418.
11a	Enter the amount you can pay each month. Make your payment as large as possible to limit interest and penalty charges, **as these charges will continue to accrue until you pay in full.** If you have an existing installment agreement, this amount should represent your total proposed monthly payment amount for all your liabilities. **If no payment amount is listed on line 11a, a payment will be determined for you by dividing the balance due on line 9 by 72 months**	**11a**	$ 2,000.
b	If the amount on line 11a is less than the amount on line 10 and you're able to increase your payment to an amount that is equal to or greater than the amount on line 10, enter your *revised* monthly payment	**11b**	$

- If you can't increase your payment on line 11b to more than or equal to the amount shown on line 10, check the box. Also, complete and attach Form 433-F, Collection Information Statement ☐
- If the amount on line 11a (or 11b, if applicable) is more than or equal to the amount on line 10 and the amount you owe is over $25,000 but not more than $50,000, then you don't have to complete Form 433-F. However, if you don't complete Form 433-F, then you must complete either line 13 or 14.
- If the amount on line 9 is greater than $50,000, complete and attach Form 433-F.

12 Enter the date you want to make your payment each month. **Don't** enter a date later than the 28th **12** 17

13 If you want to make your payments by direct debit from your checking account, see the instructions and fill in lines 13a and 13b. This is the most convenient way to make your payments and it will ensure that they are made on time.

a Routing number 322271627 **b** Account number 122297930

I authorize the U.S. Treasury and its designated Financial Agent to initiate a monthly ACH debit (electronic withdrawal) entry to the financial institution account indicated for payments of my federal taxes owed, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke payment, I must contact the U.S. Treasury Financial Agent at **1-800-829-1040** no later than 14 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payments of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payments.

c **Low-income taxpayers only.** If you're unable to make electronic payments through a debit instrument by providing your your banking information on lines 13a and 13b, check this box and your user fee will be reimbursed upon completion of your installment agreement. See instructions ☐

14 If you want to make payments by payroll deduction, check this box and attach a completed Form 2159 ☐

By signing and submitting this form, I authorize the IRS to contact third parties and to disclose my tax information to third parties in order to process this request and administer the agreement over its duration. I also agree to the terms of this agreement, as provided in the instructions, if it's approved by the IRS.

Your signature	Date	Spouse's signature. If a joint return, **both** must sign.	Date

Part II Additional information

Complete this Part only if all three conditions below apply:

1. You defaulted on an installment agreement in the past 12 months;
2. You owe more than $25,000 but not more than $50,000; and
3. The amount on line 11a (or 11b, if applicable) is less than line 10.

Note: If you owe more than $50,000, also complete and attach Form 433-F.

15 In which county is your primary residence? _____

16a Marital status:

- ☐ Single. Skip question 16b and go to question 17.
- ☐ Married. Go to question 16b.

b Do you share household expenses with your spouse?

- ☐ Yes.
- ☐ No.

17 How many dependents will you be able to claim on this year's tax return? **17** 0

18 How many people in your household are 65 or older? **18** 0

19 How often are you paid?

- ☐ Once a week.
- ☐ Once every 2 weeks.
- ☐ Once a month.
- ☐ Twice a month.

20 What is your net income per pay period (take home pay)? . . . . . **20** $

Note: Complete lines 21 and 22 only if you have a spouse and meet certain conditions (see instructions). If you don't have a spouse, go to line 23.

21 How often is your spouse paid?

- ☐ Once a week.
- ☐ Once every 2 weeks.
- ☐ Once a month.
- ☐ Twice a month.

22 What is your spouse's net income per pay period (take home pay)? . . . . . **22** $

23 How many vehicles do you own? **23** 0

24 How many car payments do you have each month? **24** 0

25a Do you have health insurance?

- ☐ Yes. Go to question 25b.
- ☐ No. Skip question 25b and go to question 26a.

b Are your health insurance premiums deducted from your paycheck?

- ☐ Yes. Skip question 25c and go to question 26a.
- ☐ No. Go to question 25c.

c How much are your monthly health insurance premiums? . . . . . **25c** $

26a Do you make court-ordered payments?

- ☐ Yes. Go to question 26b.
- ☐ No. Go to question 27.

b Are your court-ordered payments deducted from your paycheck?

- ☐ Yes. Go to question 27.
- ☐ No. Go to question 26c.

c How much are your court-ordered payments each month? . . . . . **26c** $

27 Not including any court-ordered payments for child and dependent support, how much do you pay for child or dependent care each month? . . . . . **27** $

Form **8829**

Department of the Treasury
Internal Revenue Service

Expenses for Business Use of Your Home

File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.
Go to *www.irs.gov/Form8829* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **176**

Name(s) of proprietor(s)

JESSICA RODRIGUES ALVES

Your social security number

977-96-2937

Part I Part of Your Home Used for Business

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)			1	0
2	Total area of home			2	0
3	Divide line 1 by line 2. Enter the result as a percentage			3	%
	For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.				
4	Multiply days used for daycare during year by hours used per day	4	4437 hr.		
5	If you started or stopped using your home for daycare during the year, see instructions; otherwise, enter 8,784	5	8784 hr.		
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	.5051		
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3			7	78.65%

Part II Figure Your Allowable Deduction

See attached computation

8	Enter the amount from Schedule C, line 29, **plus** any gain derived from the business use of your home, **minus** any loss from the trade or business not derived from the business use of your home. See instructions.			8	194,959.
	See instructions for columns (a) and (b) before completing lines 9-22.	**(a)** Direct expenses	**(b)** Indirect expenses		
9	Casualty losses (see instructions)	9			
10	Deductible mortgage interest (see instructions)	10			
11	Real estate taxes (see instructions)	11			
12	Add lines 9, 10, and 11	12			
13	Multiply line 12, column (b), by line 7	13			
14	Add line 12, column (a), and line 13			14	
15	Subtract line 14 from line 8. If zero or less, enter -0-			15	194,959.
16	Excess mortgage interest (see instructions)	16			
17	Excess real estate taxes (see instructions)	17			
18	Insurance	18	1,254.		
19	Rent	19	72,340.		
20	Repairs and maintenance	20			
21	Utilities	21	12,000.		
22	Other expenses (see instructions)	22	6,985.		
23	Add lines 16 through 22	23	92,579.		
24	Multiply line 23, column (b), by line 7	24	72,813.		
25	Carryover of prior year operating expenses (see instructions)	25			
26	Add line 23, column (a), line 24, and line 25			26	72,813.
27	Allowable operating expenses. Enter the **smaller** of line 15 or line 26			27	72,813.
28	Limit on excess casualty losses and depreciation. Subtract line 27 from line 15			28	122,146.
29	Excess casualty losses (see instructions)	29			
30	Depreciation of your home from line 42 below	30			
31	Carryover of prior year excess casualty losses and depreciation (see instructions)	31			
32	Add lines 29 through 31			32	
33	Allowable excess casualty losses and depreciation. Enter the **smaller** of line 28 or line 32			33	
34	Add lines 14, 27, and 33			34	72,813.
35	Casualty loss portion, if any, from lines 14 and 33. Carry amount to **Form 4684.** See instructions.			35	
36	**Allowable expenses for business use of your home.** Subtract line 35 from line 34. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions			36	72,813.

Part III Depreciation of Your Home

37	Enter the **smaller** of your home's adjusted basis or its fair market value. See instructions	37	
38	Value of land included on line 37	38	
39	Basis of building. Subtract line 38 from line 37	39	
40	Business basis of building. Multiply line 39 by line 7	40	
41	Depreciation percentage (see instructions)	41	2.564%
42	Depreciation allowable (see instr.). Multiply line 40 by line 41. Enter here and on line 30 above	42	0.

Part IV Carryover of Unallowed Expenses to 2025

43	Operating expenses. Subtract line 27 from line 26. If less than zero, enter -0-	43	0.
44	Excess casualty losses and depreciation. Subtract line 33 from line 32. If less than zero, enter -0-	44	0.

2024 Special Computation for Certain Daycare Facilities for Form 8829, Line 7

Name(s) shown on Form 1040	Your social security number
JESSICA RODRIGUES ALVES	977-96-2937

1.	Total area of home	**1.**	1400
2.	Area used exclusively for daycare	**2.**	1000
3.	Exclusive use percentage. Divide line 2 by line 1	**3.**	71.43%
4.	Area used partly for daycare	**4.**	200
5.	Divide line 4 by line 1	**5.**	.1429
6.	Multiply days used for daycare during the year by hours used per day	**6.**	4437
7.	Total hours available for use during the year	**7.**	8784
8.	Divide line 6 by line 7	**8.**	.5051
9.	Partly used percentage. Multiply line 8 by line 5	**9.**	07.22%
10.	Business percentage. Add lines 3 and 9	**10.**	78.65%

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**

▶ **Go to *www.irs.gov/Form8879* for the latest information.**

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
JESSICA RODRIGUES ALVES	977-96-2937
Spouse's name	Spouse's social security number

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	113,517.
2	Total tax	2	26,238.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	
4	Amount you want refunded to you	4	
5	Amount you owe	5	26,928.

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 Certifica Inc. (ERO firm name) to enter or generate my PIN 94110 (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

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

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

☐ I authorize _____ (ERO firm name) to enter or generate my PIN _____ (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 94835294066 (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 of the Practitioner PIN method and **Pub. 1345,** Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

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

TAXABLE YEAR | FORM

2024 California Resident Income Tax Return 540

ATTACH FEDERAL RETURN

977-96-2937 RODR 24 PBA 624410
JESSICA RODRIGUES ALVES

2318 22ND ST
SAN FRANCISCO CA 94110

04-24-1993

Principal Residence

Enter your county at time of filing (see instructions)

SAN FRANCISCO

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

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

Street address (number and street) (If foreign address, see instructions.) | Apt. no/ste. no.

City | State | ZIP code

Filing Status

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

1 ☐ Single

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

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

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

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

See instructions.

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

Exemptions

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

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 [1] X $149 = $ 149

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions . . . . . 8 [ ] X $149 = $

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions . . . . . 9 [ ] X $149 = $

Your name: RODRIGUES ALVES Your SSN or ITIN: 977962937

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

Exemptions

	Dependent 1	Dependent 2	Dependent 3
First Name	MIGUEL		
Last Name	ALVES PEREIRA ROD		
SSN. See instructions.	979950305		
Dependent's relationship to you	SON		

Total dependent exemptions . . . . . 10 1 X $461 = $ 461

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 . . . . . 11 $ 610

Taxable Income

12	State wages from your federal Form(s) W-2, box 16	12	.00
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11	13	113,517 .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	113,517 .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	113,517 .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	11,080 .00
19	Subtract line 18 from line 17. This is your **taxable income.** If less than zero, enter -0-	19	102,437 .00

Tax

31	Tax. Check the box if from: ☐ Tax Table ☒ Tax Rate Schedule ☐ FTB 3800 ☐ FTB 3803	31	4,100 .00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than $244,857, see instructions	32	610 .00
33	Subtract line 32 from line 31. If less than zero, enter -0-	33	3,490 .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	3,490 .00

Special Credits

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions.	40	.00
43	Enter credit name ____ code ____ and amount . .	43	.00
44	Enter credit name ____ code ____ and amount . .	44	.00

Your name: RODRIGUES ALVES Your SSN or ITIN: 977962937

Special Credits

45	To claim more than two credits, see instructions. Attach Schedule P (540)	45	.00
46	Nonrefundable Renter's Credit. See instructions	46	.00
47	Add line 40 through line 46. These are your total credits	47	0 .00
48	Subtract line 47 from line 35. If less than zero, enter -0-	48	3,490 .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	3,490 .00

Payments

71	California income tax withheld. See instructions	71	.00
72	2024 California estimated tax and other payments. See instructions	72	.00
73	Withholding (Form 592-B and/or Form 593). See instructions	73	.00
74	Reserved for future use	74	.
75	Earned Income Tax Credit (EITC). See instructions	75	.00
76	Young Child Tax Credit (YCTC). See instructions	76	.00
77	Foster Youth Tax Credit (FYTC). See instructions	77	.00
78	Add line 71 through line 77. These are your total payments. See instructions	78	0 .00

Use Tax

91 **Use Tax.** Do not leave blank. See instructions . . . . . 91 0 .00

If line 91 is zero, check if: [X] No use tax is owed. [ ] You paid your use tax obligation directly to CDTFA.

ISR Penalty

92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage . . . . . [X]
If you did not check the box, see instructions

Individual Shared Responsibility (ISR) Penalty. See instructions 92 0 .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: RODRIGUES ALVES Your SSN or ITIN: 977962937

Overpaid Tax/Tax Due

98	Amount of line 97 you want applied to your **2025** estimated tax	**98**		.00
99	Overpaid tax available this year. Subtract line 98 from line 97	**99**		.00
100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	**100**	3,490	.00

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	**400**	.00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	**401**	.00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	**403**	.00
California Breast Cancer Research Voluntary Tax Contribution Fund	**405**	.00
California Firefighters' Memorial Voluntary Tax Contribution Fund	**406**	.00
Emergency Food for Families Voluntary Tax Contribution Fund	**407**	.00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	**408**	.00
California Sea Otter Voluntary Tax Contribution Fund	**410**	.00
California Cancer Research Voluntary Tax Contribution Fund	**413**	.00
School Supplies for Homeless Children Voluntary Tax Contribution Fund	**422**	.00
State Parks Protection Fund/Parks Pass Purchase	**423**	.00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	**424**	.00
Keep Arts in Schools Voluntary Tax Contribution Fund	**425**	.00
Prevention of Animal Homelessness & Cruelty Voluntary Tax Contribution Fund	**431**	.00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	**438**	.00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	**439**	.00
Mental Health Crisis Prevention Voluntary Tax Contribution Fund	**445**	.00
California ALS Research Network Voluntary Tax Contribution Fund	**447**	.00
110 Add amounts in code 400 through code 447. This is your total contribution	**110**	.00

Your name: RODRIGUES ALVES Your SSN or ITIN: 977962937

Amount You Owe

111 AMOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001**
Pay Online - Go to **ftb.ca.gov/pay** for more information. . . . **111** 3,490 .00

Interest and Penalties

112 Interest, late return penalties, and late payment penalties . . . . . **112** .00

113 Underpayment of estimated tax.
Check the box: [X] **FTB 5805 attached** [ ] **FTB 5805F attached** . . . . . **113** 89 .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment . . . . . **114** 3,579 .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** . . . **115** 0 .00

Refund and Direct Deposit

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

Routing number | Type: [ ] Checking [ ] Savings | Account number | **116** Direct deposit amount .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Routing number | Type: [ ] Checking [ ] Savings | Account number | **117** Direct deposit amount .00

Voter Info.

For voter registration information, check the box and go to **sos.ca.gov/elections**. See instructions . . . [ ]

Health Care Coverage Info.

Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions . . . . . [ ] Yes [ ] No

Sign your tax return on Side 6

Your name: RODRIGUES ALVES Your SSN or ITIN: 977962937

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

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

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature | Date | Spouse's/RDP's signature (if a joint tax return, both must sign)

Sign Here

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

Joint tax return? See instructions.

Your email address. Enter only one email address.: JESSICAALVESDAYCARE@GMAIL.COM

Preferred phone number: 628-241-5082

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): CERTIFICA INC.

PTIN: P03054034

Firm's address: 72 SCOTT STREET SAN BRUNO, CA 94066

Firm's FEIN: 922969531

Do you want to allow another person to discuss this tax return with us? See instructions . . . . [X] Yes [ ] No

Print Third Party Designee's Name: JOSE RODRIGUES MIRANDA

Telephone Number: 415-571-7970

TAXABLE YEAR

CALIFORNIA FORM

2024 Head of Household Filing Status Schedule 3532

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

Name(s) as shown on tax return: JESSICA RODRIGUES ALVES

SSN or ITIN: 977-96-2937

Part I Marital Status

1 Check one box below to identify your marital status. See instructions.

- **a** Not legally married/RDP during 2024 . . . **1a** [X]
- **b** Surviving spouse/RDP (my spouse/RDP died before 01/01/2024) . . . **1b** [ ]
- **c** Marriage/RDP was annulled . . . **1c** [ ]
- **d** Received final decree of divorce, legal separation, dissolution, or termination of marriage/RDP by 12/31/2024 . . . **1d** [ ]
- **e** Legally married/RDP and did not live with spouse/RDP during 2024 . . . **1e** [ ]
- **f** Legally married/RDP and lived with spouse/RDP during 2024. List the beginning and ending dates for each period when you lived together . . . **1f** [ ]

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

Part II Qualifying Person

2 Check one box below to identify the relationship of the person that qualifies you for the head of household filing status. See instructions.

- **a** Son, daughter, stepson, or stepdaughter . . . **2a** [X]
- **b** Grandchild, brother, sister, half brother, half sister, stepbrother, stepsister, nephew, or niece . . . **2b** [ ]
- **c** Eligible foster child . . . **2c** [ ]
- **d** Father, mother, stepfather, or stepmother . . . **2d** [ ]
- **e** Grandfather, grandmother, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, uncle, or aunt . . . **2e** [ ]

Part III Qualifying Person Information

3 Information about your qualifying person. See instructions.

First Name . . . MIGUEL

Last Name . . . ALVES PEREIRA

SSN . . . 979-95-0305

DOB (mm/dd/yyyy) If your qualifying person is age 19 or older in 2024, go to line 3a. If not, go to line 4 . . . 12/31/2016

- **a** Was your qualifying person a full time student under age 24 in 2024? . . . **3a** [X] Yes [ ] No
- **b** Was your qualifying person permanently and totally disabled in 2024? . . . **3b** [ ] Yes [X] No

4 Enter qualifying person's gross income in 2024. See instructions . . . 0

5 Number of days your qualifying person lived with you during 2024. See instructions . . . 365

When calculating the total number of days your qualifying person lived with you, you may include any days your qualifying person was temporarily absent from your home. For example, illness, education, business, vacations, military service, and incarceration. In the event of a birth or death of your qualifying person during the year, enter 365 days (or 366 days if it is a leap year). See instructions.

TAXABLE YEAR **2024**

Underpayment of Estimated Tax by Individuals and Fiduciaries

CALIFORNIA FORM **5805**

Attach this form to the **back** of your Form 540, Form 540NR, or Form 541. Also, check the box for underpayment of estimated tax located on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44, whichever applies.

Name(s) as shown on return	SSN, ITIN, or FEIN
JESSICA RODRIGUES ALVES	977-96-2937

IMPORTANT: In most cases, the Franchise Tax Board (FTB) can figure the penalty for you and you do not have to complete this form. See General Information B.

If you meet **any** of the following conditions, you do not owe a penalty for underpayment of estimated tax. **Do not complete or file this form if:**

- ☐ The amount of your tax liability (not including tax on lump-sum distributions and accumulation distribution of trusts) less credits (including the withholding credit) but not including estimated tax payments for either 2023 or 2024 was less than $500 (or less than $250 if married/RDP filing a separate return).
- ☐ Your 2023 return was for a full 12 months (or would have been if you were required to file) and you did not have any tax liability on that return.
- ☐ The amount of your withholding plus your estimated tax payments, **if paid in the required installments,** is at least 90% of the tax shown on your 2024 return or 100% of the tax shown on your 2023 return (110% if California adjusted gross income (AGI) was more than $150,000 or $75,000 if married/RDP filing a separate return) **and** you are not using the annualized income installment method. Taxpayers with California AGI equal to or greater than $1,000,000 (or $500,000 if married/RDP filing a separate return) must use the tax shown on their 2024 tax return if they do not meet one of the two conditions above.

Part I Questions. All filers must complete this part. Estates and Trusts, see General information E.

1 Are you requesting a waiver of the penalty? If "Yes," provide an explanation below and be sure to check the box on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44. If you need additional space, attach a statement. See General Information C . . . . . **1** ☐ Yes ☒ No

2 Did you use the annualized income installment method? If "Yes," see instructions for Part III and be sure to check the box on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44 . . . . . **2** ☐ Yes ☒ No

3 Was your California withholding not withheld in equal installments and are you able to show the actual amounts withheld per period and the actual dates withheld? . . . . . **3** ☐ Yes ☒ No ☐ N/A

If "Yes," enter the **actual uneven amounts withheld** on the spaces provided below. The total of the four amounts must equal the total withholding reported on Form 540, line 71 and line 73; Form 540NR, line 81 and line 83; or Form 541, line 29 and line 31.

4/15/24 $; 6/15/24 $;

9/15/24 $; 1/15/25 $.

4 For estates and trusts: Was the date of death less than two years from the end of the taxable year? See General Information E . . . . . **4** ☐ Yes ☐ No

[redacted]

977-96-2937

Part II Required Annual Payment. All filers must complete this part.

1	Current year tax. Enter your 2024 tax after credits. See instructions	1	3,490.00
2	Multiply line 1 by 90% (.90)	2	3,141.00
3	Withholding taxes. **Do not** include any estimated tax payments on this line. See instructions	3	.00
4	Subtract line 3 from line 1. If less than $500 (or less than $250 if married/RDP filing a separate return), stop here. You do not owe the penalty. **Do not** file form FTB 5805	4	3,490.00
5	Enter the tax shown on your 2023 tax return. See instructions. (110% (1.10) of that amount if the adjusted gross income shown on that return is more than $150,000, or if married/RDP filing a separate return for 2024, more than $75,000)	5	1,599.00
6	Required annual payment. Enter the **smaller** of line 2 or line 5. (If your California AGI is equal to or greater than $1,000,000/$500,000 for married/RDP filing a separate return, use line 2)	6	1,599.00

Short Method

Caution: See the instructions to find out if you can use the short method. If you answered "Yes" to Question 2 in Part I, skip this part and go to Part III. If you answered "No" to Question 2 in Part I **and** you cannot use the short method, go to Worksheet II, Regular Method to Figure Your Underpayment and Penalty, on page 4 of the instructions.

7	Enter the amount, if any, from Part II, line 3 above	7	.00
8	Enter the total amount, if any, of estimated tax payments you made	8	.00
9	Add line 7 and line 8	9	.00
10	**Total underpayment for the year.** Subtract line 9 from line 6. If zero or less, stop here. You do not owe the penalty. **Do not** file form FTB 5805	10	1,599.00
11	Multiply line 10 by .05576573	11	89.00
12	[redacted] If the amount on line 10 was paid **on or after** 4/15/25, enter -0-. If the amount on line 10 was paid **before** 4/15/25, enter the result of the following computation: Amount on line 10 X Number of days paid before 4/15/25 X .00022	12	.00
13	**PENALTY.** Subtract line 12 from line 11. Enter the result here and on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44. Also, check the box for "FTB 5805." [redacted]	13	89.00

CALIFORNIA

Form **8829**

Department of the Treasury
Internal Revenue Service

Expenses for Business Use of Your Home

File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.

Go to *www.irs.gov/Form8829* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **176**

Name(s) of proprietor(s): **JESSICA RODRIGUES ALVES**

Your social security number: **977-96-2937**

Part I Part of Your Home Used for Business

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)			1	0
2	Total area of home			2	0
3	Divide line 1 by line 2. Enter the result as a percentage			3	%
	For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.				
4	Multiply days used for daycare during year by hours used per day	4	4437 hr.		
5	If you started or stopped using your home for daycare during the year, see instructions; otherwise, enter 8,784	5	8784 hr.		
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	.5051		
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3			7	78.65%

Part II Figure Your Allowable Deduction

See attached computation

8	Enter the amount from Schedule C, line 29, **plus** any gain derived from the business use of your home, **minus** any loss from the trade or business not derived from the business use of your home. See instructions.			8	194,959.
	See instructions for columns (a) and (b) before completing lines 9-22.	**(a)** Direct expenses	**(b)** Indirect expenses		
9	Casualty losses (see instructions)	9			
10	Deductible mortgage interest (see instructions)	10			
11	Real estate taxes (see instructions)	11			
12	Add lines 9, 10, and 11	12			
13	Multiply line 12, column (b), by line 7	13			
14	Add line 12, column (a), and line 13			14	
15	Subtract line 14 from line 8. If zero or less, enter -0-			15	194,959.
16	Excess mortgage interest (see instructions)	16			
17	Excess real estate taxes (see instructions)	17			
18	Insurance	18	1,254.		
19	Rent	19	72,340.		
20	Repairs and maintenance	20			
21	Utilities	21	12,000.		
22	Other expenses (see instructions)	22	6,985.		
23	Add lines 16 through 22	23	92,579.		
24	Multiply line 23, column (b), by line 7	24	72,813.		
25	Carryover of prior year operating expenses (see instructions)	25			
26	Add line 23, column (a), line 24, and line 25			26	72,813.
27	Allowable operating expenses. Enter the **smaller** of line 15 or line 26			27	72,813.
28	Limit on excess casualty losses and depreciation. Subtract line 27 from line 15			28	122,146.
29	Excess casualty losses (see instructions)	29			
30	Depreciation of your home from line 42 below	30			
31	Carryover of prior year excess casualty losses and depreciation (see instructions)	31			
32	Add lines 29 through 31			32	
33	Allowable excess casualty losses and depreciation. Enter the **smaller** of line 28 or line 32			33	
34	Add lines 14, 27, and 33			34	72,813.
35	Casualty loss portion, if any, from lines 14 and 33. Carry amount to **Form 4684.** See instructions.			35	
36	**Allowable expenses for business use of your home.** Subtract line 35 from line 34. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions			36	72,813.

Part III Depreciation of Your Home

37	Enter the **smaller** of your home's adjusted basis or its fair market value. See instructions	37	
38	Value of land included on line 37	38	
39	Basis of building. Subtract line 38 from line 37	39	
40	Business basis of building. Multiply line 39 by line 7	40	
41	Depreciation percentage (see instructions)	41	2.564%
42	Depreciation allowable (see instr.). Multiply line 40 by line 41. Enter here and on line 30 above	42	0.

Part IV Carryover of Unallowed Expenses to 2025

43	Operating expenses. Subtract line 27 from line 26. If less than zero, enter -0-	43	0.
44	Excess casualty losses and depreciation. Subtract line 33 from line 32. If less than zero, enter -0-	44	0.

2024 Special Computation for Certain Daycare Facilities for Form 8829, Line 7

Name(s) shown on Form 1040	Your social security number
JESSICA RODRIGUES ALVES	977-96-2937

1.	Total area of home	**1.**	1400
2.	Area used exclusively for daycare	**2.**	1000
3.	Exclusive use percentage. Divide line 2 by line 1	**3.**	71.43%
4.	Area used partly for daycare	**4.**	200
5.	Divide line 4 by line 1	**5.**	.1429
6.	Multiply days used for daycare during the year by hours used per day	**6.**	4437
7.	Total hours available for use during the year	**7.**	8784
8.	Divide line 6 by line 7	**8.**	.5051
9.	Partly used percentage. Multiply line 8 by line 5	**9.**	07.22%
10.	Business percentage. Add lines 3 and 9	**10.**	78.65%

031

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2024**

California e-file Signature Authorization for Individuals

FORM **8879**

Your name	Your SSN or ITIN
JESSICA RODRIGUES ALVES	977-96-2937
Spouse's/RDP's name	Spouse's/RDP's SSN or ITIN

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income (AGI). See instructions . . . . . 1 113,517.

2 Amount you owe. See instructions . . . . . 2 3,490.

3 Refund or no amount due. See instructions 3

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 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 CERTIFICA INC. to enter my PIN 9 4 1 1 0

ERO firm name **Do not enter all zeros**

as my signature on my 2024 e-filed California individual income tax return.

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

Your signature ▶ _____ Date ▶ _____

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

☐ I authorize _____ to enter my PIN

ERO firm name **Do not enter all zeros**

as my signature on my 2024 e-filed California individual income tax return.

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

Spouse's/RDP's signature ▶ _____ Date ▶ _____

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. 9 4 8 3 5 2 9 4 0 6 6

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 ▶ _____

For Privacy Notice, get FTB 1131 EN-SP. FTB 8879 2024

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.

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

OMB No. 1545-0074

2024

Attachment Sequence No. **09**

Name of proprietor	Social security number (SSN)
JESSICA RODRIGUES ALVES	977-96-2937

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

B Enter code from instructions: 624410

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.): 2318 22ND ST

City, town or post office, state, and ZIP code: SAN FRANCISCO, CA 94110

F Accounting method: **(1)** [X] Cash **(2)** [ ] Accrual **(3)** [ ] Other (specify)

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

H If you started or acquired this business during 2024, check here . . . . . [ ]

I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions . . . . . [X] Yes [ ] No

J If "Yes," did you or will you file required Form(s) 1099? . . . . . [X] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked [ ]	1	449,548.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	449,548.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	449,548.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6	7	449,548.

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

8	Advertising	8	4,102.	18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9	10,616.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11	158,886.	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	10,665.
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	10,896.
15	Insurance (other than health)	15	2,451.	23	Taxes and licenses	23	6,351.
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	3,542.
b	Other	16b		b	Deductible meals (see instructions)	24b	25,854.
17	Legal and professional services	17	2,250.	25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	18,976.
				b	Energy efficient commercial bldgs deduction (attach Form 7205)	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27b	28	254,589.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	194,959.
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	72,813.
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	122,146.

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.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	0.

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

43 When did you place your vehicle in service for business purposes? (month/day/year) 01/01/2023

44 Of the total number of miles you drove your vehicle during 2024, enter the number of miles you used your vehicle for:

a Business 15845 b Commuting (see instructions) 2021 c Other 2251

45 Was your vehicle available for personal use during off-duty hours? ☒ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☒ No

47a Do you have evidence to support your deduction? ☒ Yes ☐ No

b If "Yes," is the evidence written? ☒ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26, line 27b, or line 30.

cellular phone for business only	1,854.
ocassional helpers (5)	5,547.
gift for children	2,896.
kids birthday party	2,859.
new furniture	1,542.
new cameras instaltion	4,278.

48 **Total other expenses.** Enter here and on line 27a . . . 48 18,976.

CDSS

JENNIFER TROIA
DIRECTOR

CALIFORNIA HEALTH & HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • *www.cdss.ca.gov*

GAVIN NEWSOM
GOVERNOR

03/05/2025

ALVES, JESSICA
2318 22ND STREET
SAN FRANCISCO, CA 94110

RO #: 05
Facility #: 384004759
PIN: 855105

NOTICE OF COMMUNITY CARE LICENSING FEES
These fees are non-refundable and are due no later than: 06/22/2025.

Annual Fee		$ 140.00
Total amount due on or before 06/22/2025:		$ 140.00
Late fee assessed AFTER 06/22/2025:	$ 70.00	
Total amount due if paid after 06/22/2025:	$ 210.00	

To ensure proper credit of your payment write your facility number in the Memo section of the check. If paying for multiple facilities, enclose a list of facility numbers and the amount you want to applied to each. You may pay your fees on-line with your credit or debit card by visiting our website at
http://www.cdss.ca.gov/inforesources/Community-Care/Licensing-Fees.
On-line payment requires the PIN number located in the upper right corner of this notice.
Send this notice and a check/money order payable to:
Department of Social Services
MS 9-3-67
PO Box 944243
Sacramento CA 94244-2430
NOTE: PAYMENTS ARE APPLIED TO THE OLDEST OUTSTANDING DEBT.

Please make the necessary corrections to the facility information below:
Facility Name: ALVES, JESSICA 384004759
Licensed Capacity: 14 Facility Type: FAMILY DAY CARE
Facility Address: 2318 22ND STREET
SAN FRANCISCO, CA 94110
Mailing Address,
if different:
Telephone Number: (628) 241-5082 Email Address: JESSICAALVESDAYCARE@GMAIL.COM
Name of Administrator/Director: ALVES, JESSICA

indeed

Build a career you'll love

What: Program director

Where: United States

Search

Home Career Explorer Program Director Salary

Program director salary in United States

How much does a Program Director make in the United States?

Average base salary

$73,270 Pay per: Year



The average salary for a program director is $73,270 per year in the United States. 10.6k salaries taken from job postings on Indeed in the past 36 months (updated February 16, 2026).

Program Director job openings in United States

See more jobs →

Day Program Director
Heart to Heart **2.5** .
Sewell, NJ
$60,000 - $70,000 a year
Full-time
50 minutes ago

Non-Residential Program Director
Unity House of Troy **2.8** .
Troy, NY
$24.59 - $25.78 an hour
Full-time
15 hours ago

Director of Auxiliary and Summer Programs
St. Anne's Belfield School **3.4** .
Charlottesville, VA
Full-time
15 hours ago

1 / 2

Highest paying companies for Program Director in United States

Average year pay is based on job postings on Indeed in the past 36 months.

Los Robles Hospital and Medica...
$520,000 per year
View company

Circulo de la Hispanidad

$468,000 per year
View company

Sound Physicians
$447,200 per year
View company

Medrina
$425,000 per year
View company

Whitecap Search
$412,500 per year
View company

Apogee Physicians
$404,855 per year
View company

Highest paying cities for Program Directors near United States

Sacramento, CA $101,033 per year	New York, NY $88,892 per year	Atlanta, GA $86,410 per year
Boston, MA $86,161 per year	Queens, NY $80,137 per year	Baltimore, MD $78,991 per year
Philadelphia, PA $76,413 per year	Miami, FL $72,030 per year	Austin, TX $70,941 per year

Where can a Program Director earn more?

Compare salaries for Program Directors in different locations

Enter first location

Enter a location

vs

Enter second location

Enter a location

Compare

How much do similar professions as Program Director get paid in United States?

Senior Program Director
Job openings
Average $99,282 per year

Explore Indeed

Career Explorer
Hiring Lab
Career advice
Browse jobs
Browse companies
Salaries
Indeed Events
Work at Indeed
Countries
About
Help
ESG at Indeed

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indeed

Build a career you'll love

What: Daycare

Where: United States

Search

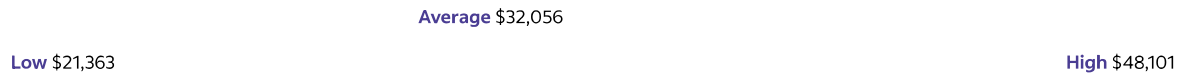
Home Career Explorer Daycare Salary

Daycare salary in United States

How much does a Daycare make in the United States?

Average base salary

$32,056 Pay per: Year



The average salary for a daycare is $32,056 per year in the United States. 2.2k salaries taken from job postings on Indeed in the past 36 months (updated February 16, 2026).

Daycare job openings in United States

See more jobs →

Midshift Daycare Cook
Kad Akademy LLC
Dyer, IN
$14 - $15 an hour
Full-time
2 hours ago

Daycare Cook
Kiddie Kollege Daycare 3.3 .
South Charleston, WV
$11 - $12 an hour
Full-time
3 hours ago

Director of Daycare
Kids Grow Inc 2.6 .
Maple Grove, MN
$23 - $25 an hour
Full-time
3 hours ago

1 / 2

Highest paying companies for Daycare in United States

Average year pay is based on job postings on Indeed in the past 36 months.

Delta Dental
$101,920 per year
View company

Brookside Multicare

$98,800 per year
View company

Brownstone NYC

$95,000 per year

View company

LeaderStat

$93,750 per year

View company

Home Away From Home

$93,600 per year

View company

Career Strategies

$91,000 per year

View company

Highest paying cities for Daycares near United States

Staten Island, NY $54,225 per year	Chicago, IL $40,369 per year	Philadelphia, PA $36,943 per year
St. Louis, MO $36,535 per year	Springfield, PA $34,648 per year	San Antonio, TX $33,746 per year
Columbus, OH $30,493 per year	Indianapolis, IN $28,088 per year	Valparaiso, IN $27,101 per year

Where can a Daycare earn more?

Compare salaries for Daycares in different locations

Enter first location

Enter a location

vs

Enter second location

Enter a location

Compare

Explore Indeed

Career Explorer
Hiring Lab
Career advice
Browse jobs
Browse companies
Salaries
Indeed Events
Work at Indeed
Countries
About
Help
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Exhibit B.V Membership in a professional association

YES! "I want to join with child care providers throughout California to make my voice heard by voting for Child Care Providers United in our union election. Together, as a strong union with a seat at the table, providers have the power to raise rates, win benefits, improve training, expand access and affordability, and strengthen our communities."

CHILD CARE PROVIDERS UNITED MEMBERSHIP APPLICATION

I request and voluntarily authorize Child Care Providers United California (CCPU-CA), a joint partnership of AFSCME and SEIU, to act as my representative in collective bargaining with respect to my subsidy payments, and other terms and conditions of my work as a child care provider, and as my exclusive representative where authorized by law. I also request and voluntarily accept membership in CCPU-CA, UDW, AFSCME Local 3930 (UDW). This means I will receive the benefits and abide by the obligations of membership set forth in the Constitutions and Bylaws of CCPU-CA, UDW, and the American Federation of State, County and Municipal Employees, AFL-CIO ("AFSCME"). I know that membership in CCPU-CA and UDW is voluntary and is not a condition of my work as a child care provider, and that I can decline to join without reprisal.

FIRST NAME	LAST NAME	
Jessica	Alves	
STREET ADDRESS	**CITY**	**STATE/ZIP**
5087 Mission st	San Francisco	94112
HOME PHONE	**CELL PHONE***	**WORK PHONE**
	6282415082	

Jessica Alves daycare 384004427

BUSINESS NAME AND LICENSE #

jessicaalvesdaycare@gmail.com **Registered to vote?** ☒ Yes ☐ No

EMAIL ADDRESS

Want to volunteer? ☒ Yes ☐ No **Language:** ☐ English ☒ Spanish ☐ Other: _____

jessica alves
jessica alves (Mar 20, 2023 09:18 PDT)

SIGNATURE

**By providing your cell phone number you consent to receive calls (including recorded or autodialed calls, or texts) at that number from CCPU-CA/UDW, AFSCME and its affiliated labor, political and charitable organizations on any subject matter. Your carrier's rates may apply. You may modify your preferences by emailing familyccpu@udwa.org or calling CCPU-CA/UDW at 1-888-226-7510.*

☐ **I'll pay my dues now at udwa.org/childcare**

OR

☐ **Bill me later at:** ☐ $10 once a month ☐ $60 twice a year ☒ $120 once a year

PAYROLL DEDUCTION AUTHORIZATION

If CCPU-CA is elected as the certified provider organization for family child care providers in California, I request and voluntarily authorize the State to begin to deduct from my earnings and to pay to CCPU-CA/UDW an amount equal to the regular monthly CCPU-CA/UDW membership dues, instead of by the direct dues payment method described above. This authorization shall remain in effect unless I revoke it by sending written notice to UDW's headquarters during the fifteen (15) day period before the anniversary date of this authorization. This authorization shall be automatically renewed from year to year unless I revoke it in writing during a window period, even if I have resigned my membership. This authorization shall continue if I leave the program and then re-enter as a provider.

This authorization is voluntary and is not a condition of my work as a child care provider, and I can decline to agree to it without reprisal. I understand that all members benefit from everyone's commitments because they help to build a strong union that is able to plan for the future.

jessica alves
jessica alves (Mar 20, 2023 09:18 PDT)

SIGNATURE DATE

Payments to the Union are not deductible as charitable donations for federal income tax purposes. However, state law may extend favored tax treatment.

CHILD CARE PROVIDERS UNITED UDW AFSCME LOCAL 3930

Child Care Providers United California Representation Authorization and Membership Card

Final Audit Report 2023-03-20

Created:	2022-11-16
By:	E Signature (e-signature@udwa.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAf6UgdOun5vTWIc8QjDrQBrY2KuSgR_t5

"Child Care Providers United California Representation Authorization and Membership Card" History

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Agreement completed.

2023-03-20 - 4:18:34 PM GMT

Names and email addresses are entered into the Acrobat Sign service by Acrobat Sign users and are unverified unless otherwise noted.

AFSCME LOCAL 3930
UDW

April 23, 2025

Jessica Rodrigues Alves
2318 22nd St
San Francisco CA 94110
WID#5623065

Dear Jessica,

Attached you will find your check for $ 6.87 for the dues reimbursement. If you have any questions, please, do not hesitate to contact us.

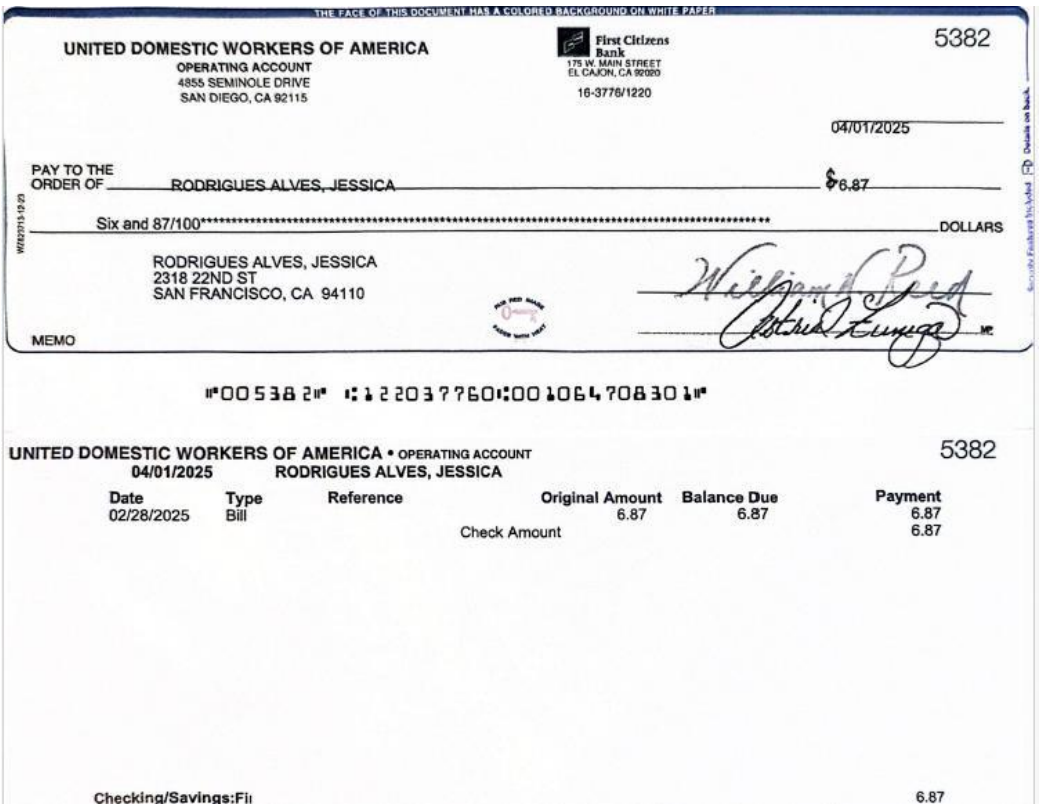
Thank you for being a UDW member, Jessica. As members, we have access to benefits such as free training, low-cost dental insurance, and help with IHSS scheduling and advocacy. However, what is even more important is that we have a stronger voice to fight for caregivers and our clients.

Sincerely,

Member Resource Center
United Domestic Workers of America – UDW/AFSCME Local 3930
4855 Seminole Drive
San Diego, CA 92115
1-800-621-5016 (toll-free)

Attachment: Check (1)

FIGHTING FOR WORKERS
AND OUR COMMUNITIES
4855 Seminole Drive, San Diego, CA 92115
UDW.org
facebook.com/UDW



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

UNITED DOMESTIC WORKERS OF AMERICA
OPERATING ACCOUNT
4855 SEMINOLE DRIVE
SAN DIEGO, CA 92115

First Citizens Bank
175 W. MAIN STREET
EL CAJON, CA 92020
16-3776/1220

5382

04/01/2025

PAY TO THE ORDER OF RODRIGUES ALVES, JESSICA $6.87

Six and 87/100********** DOLLARS

RODRIGUES ALVES, JESSICA
2318 22ND ST
SAN FRANCISCO, CA 94110

MEMO

⑈005382⑈ ⑆122037760⑆001064708301⑈

UNITED DOMESTIC WORKERS OF AMERICA • OPERATING ACCOUNT 5382
04/01/2025 RODRIGUES ALVES, JESSICA

Date	Type	Reference	Original Amount	Balance Due	Payment
02/28/2025	Bill		6.87	6.87	6.87
		Check Amount			6.87

Checking/Savings:Fi 6.87

I, Teodoro Daniel Larsen, 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 9, 2026.

AFSCME LOCAL 3930

UDW

23 de abril de 2025

Jessica Rodrigues Alves
2318 22nd St
San Francisco CA 94110
WID#5623065

Estimada Jessica:

Adjunto encontrará su cheque por $6.87 para el reembolso de las cuotas. No dude en contactarnos si tiene alguna pregunta.

Gracias por ser miembro de la UDW, Jessica. Como miembros, tenemos acceso a beneficios como capacitación gratuita, seguro dental de bajo costo y ayuda con el horario y la defensa de IHSS. Pero lo que es aún más importante es que tenemos una voz más fuerte para luchar por los cuidadores y nuestros clientes.

Atentamente,

Member Resource Center
United Domestic Workers of America – UDW/AFSCME Local 3930
4855 Seminole Drive
San Diego, CA 92115
1-800-621-5016 (toll-free)

Adjunto: Cheque (1)

FIGHTING FOR WORKERS
AND OUR COMMUNITIES

4855 Seminole Drive, San Diego, CA 92115
UDW.org
Facebook.com/UDW



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

UNITED DOMESTIC WORKERS OF AMERICA
OPERATING ACCOUNT
4855 SEMINOLE DRIVE
SAN DIEGO, CA 92115

First Citizens Bank
175 W. MAIN STREET
EL CAJON, CA 92020
16-3776/1220

5382

04/01/2025

PAY TO THE ORDER OF RODRIGUES ALVES, JESSICA $6.87

Six and 87/100********** DOLLARS

W7623713-12-23

RODRIGUES ALVES, JESSICA
2318 22ND ST
SAN FRANCISCO, CA 94110

RUB RED IMAGE FADES WITH HEAT

MEMO

Details on back. Security Features Included

⑈005382⑈ ⑆122037760⑆00106470830 1⑈

UNITED DOMESTIC WORKERS OF AMERICA • OPERATING ACCOUNT 5382
04/01/2025 RODRIGUES ALVES, JESSICA

Date	Type	Reference	Original Amount	Balance Due	Payment
02/28/2025	Bill		6.87	6.87	6.87
		Check Amount			6.87

Checking/Savings:Fi 6.87

UDW | FIGHTING FOR WORKERS AND OUR COMMUNITIES
AFSCME LOCAL 3930

November 13, 2023

Dear UDW member,

I'm writing about a new and exciting benefit for UDW members.
Earlier this year, we announced a historical partnership, the first of its type, with California Community Colleges to create free and low-cost higher education for UDW members.
From certifications to Bachelor's degree programs, UDW members, their spouses, and dependents will be eligible for classes and finish degrees through community colleges at a very low cost to you, with support for essential items, such as portable computers, wi-fi access points, and more.

We are developing this new benefit thinking about you; that's why we are asking all UDW members to take a short survey at **udwa.org/collegesurvey** or by scanning the QR code below. Your answers to the survey will help us design programs that meet your needs so that you can make your dreams come true!

Your opinion is important! Ensure that your voice is heard while we work in the development of this benefit and be alert to more updates.

One more thing: if you don't want to share your name and contact details with California Community Colleges, fill out this form: htpps://bit.ly/3SiynEf. Note that opting out may make it more difficult for you to know the opportunities available to you through this association. Your participation in our survey and the information we collect from it are extremely important to us as we make progress to build the best program possible for all UDW members.

In solidarity,

Editha Adams
UDW President and IHSS Provider



4855 SEMINOLE DRIVE, SAN DIEGO, CA 9215
1-800-621-5016 | WWW.UDWA.ORG

I, Teodoro Daniel Larsen, 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 9, 2026.

UDW | FIGHTING FOR WORKERS AND OUR COMMUNITIES
AFSCME LOCAL 3930

November 13, 2023

Estimado miembro de UDW,

Le escribo acerca de un nuevo y emocionante beneficio para los miembros de UDW. A principios de este año, anunciamos una asociación histórica, la primera de su tipo, con los Colegios Comunitarios de California para crear oportunidades y programas de educación superior gratuitos o de bajo costo para los miembros de UDW. Desde certificaciones hasta licenciaturas, los miembros de UDW, sus cónyuges y dependientes serán elegibles para tomar clases y completar títulos a través de los colegios comunitarios a un costo muy bajo para usted, con apoyo para elementos esenciales como computadoras portátiles, puntos de acceso wifi y más.

Estamos desarrollando este nuevo beneficio pensando en usted, por lo que les pedimos a todos los miembros de UDW que completen una breve encuesta en **udwa.org/collegesurvey** o escaneando el código QR a continuación. ¡Sus respuestas a la encuesta nos ayudarán a diseñar programas que satisfagan sus necesidades para que pueda alcanzar sus sueños!

Su opinión es importante. Asegúrese de que su voz sea escuchada mientras trabajamos en el desarrollo de este beneficio y esté atento a más actualizaciones.

Una cosa más: Si no desea compartir su nombre e información de contacto con los Colegios Comunitarios de California, complete este formulario aquí: **https://bit.ly/3SiynEf**. Tenga en cuenta que optar por no participar puede hacer que sea más difícil para usted conocer las oportunidades disponibles para usted a través de esta asociación. Su participación en nuestra encuesta, y los datos que recopilamos de ella, son extremadamente importantes para nosotros a medida que avanzamos para construir el mejor programa posible para los miembros de UDW.

En solidaridad,

Editha Adams,
Presidenta de UDW y proveedora de IHSS

LLENE LA ENCUESTA HOY:
udwa.org/collegesurvey

4855 SEMINOLE DRIVE, SAN DIEGO, CA 9215
1-800-621-5016 | WWW.UDWA.ORG

UNITED DOMESTIC WORKERS
ATTN ELECTION COMMITTEE
4855 SEMINOLE DRIVE
SAN DIEGO, CA 92116

42426.1916322.01.98.3

01030
JESSICA RODRIGUES ALVES
2318 22ND ST
SAN FRANCISCO CA 94110

42426.19163

NOTICE OF ELECTIONS FOR
UDW PRINCIPAL OFFICERS AND
DISTRICT BOARD OFFICERS

To comply with the AFSCME Election Rules and UDW Constitution, the election date will be changed to May 29, 2025. Ballots will be e-mailed on April 28, 2025 or paper ballots if you have already requested one or if UDW has no e-mail address or phone number file for you.

***You are not voting at this time.**

The following offices are to be voted for:

UDW PRINCIPAL OFFICERS
PRESIDENT
VICE-PRESIDENT
SECRETARY – TREASURER

DISTRICT BOARD MEMBERS*
DISTRICT CHAIR**
DISTRICT VICE CHAIR***
RECORDING SECRETARY
2 AREA REPRESENTATIVES****

*Child Care District 8 has three regions: North, Central, and South. Each region elects these 5 board members.
**The chair elected by each district shall serve as a UDW Executive Board member by virtue of their election to their district office.

For Districts 1, 2, 3, and 5, the vice chair elected by each of those districts shall serve as a UDW Executive Board member by virtue of their election to their district office.

If you live in a district with 2 areas, you can only vote for the representative of the area in which you live. You cannot vote for the area representative of the other area in your district.

If you are both an IHSS Provider and a family child care provider, you can only vote once for the principal officers and for all positions in the two districts you belong to.

TERM OF OFFICE/INSTALLATION

Candidates elected in the 2025 officer election will be installed on June 1, 2025. All officers shall be elected for a term of three years.

ELECTION This election will be conducted primarily electronically. You will receive an email with a special unique link to vote online. If you wish to request a paper ballot mailed to you, please contact: **udw@electionbuddy.com.**

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As there is only one candidate per office in Districts 4 and 7, those districts shall not conduct an election for their district board. Members of Districts 4 and 7 shall only vote in the statewide election for Principal Officers.

The deadline to request a paper ballot is 5 p.m. on April 16, 2025. Ballots will be e-mailed or mailed on April 28, 2025 to all eligible members in good standing. All members who have paid dues in March 2025 will be eligible to vote in this election. Paper ballots will be picked up from the post office located at 6401 El Cajon Blvd, San Diego, CA 92115, at approximately 11:00 a.m. on Thursday, May 29, 2025, and returned to 4855 Seminole Ave, San Diego, CA 92115 for the tally.

Each candidate is also entitled to name one Official Observer who may be present at both the post office location and the tally location in San Diego. They can also observe the electronic vote tally via Zoom. Electronic ballots will be tallied on May 29, 2025, as well. No candidates will be allowed at the count, and no candidate may serve as an observer. Bios and pictures of candidates who sent such items to UDW are on the election website, and election results will be posted at (www.udw.org/election/) by June 1, 2025.

ELECTION PROTEST

Any member in good standing may protest the conduct of the election for valid cause. All election protests should be filed with the Election Committee no later than June 8, 2025, in writing and mailed directly to: Election Committee at 4855 Seminole Ave, San Diego, CA 92115, faxed to 1-619-550-3105 or emailed to ElectionCommittee2025@udw.org. The decisions of the Election Committee concerning all eligibility challenges are final.

RUN-OFF ELECTION

If no candidate for these positions receives a majority, there will be a run-off election for that office. Ballots for the run-off will be emailed or mailed on June 13, 2025, and tallied on June 14, 2025. Election information will be continuously posted on the union website at www.udw.org/election/.

UDW Districts and Areas:

UDW District:	**Counties and areas (if applicable):**
District 1 IHSS	San Diego
District 2 IHSS	Orange
District 3 IHSS	Riverside
District 4 IHSS	**Area 1:** Alpine, Stanislaus, Tuolumne **Area 2:** Madera, Mariposa, Merced, Mono
District 5 IHSS	**Area 1:** Kern **Area 2:** San Luis Obispo, Santa Barbara

District 6 IHSS	**Area 1:** El Dorado, Nevada, Placer **Area 2:** Butte, Plumas, Sierra, Sutter
District 7 IHSS	Imperial
District 8-N Child Care (North)	**Area 1:** Bay Area counties: Colusa, Contra Costa, Glenn, Lake, Marin, Mendocino, Napa, San Francisco, San Mateo, Solano, Sonoma, Yolo; and **Area 2:** Northern counties: Butte, Del Norte, El Dorado, Humbolt, Lassen, Modoc, Nevada, Placer, Plumas, Sacramento, Shasta, Siskiyou, Sutter, Tehama, Trinity, Yuba
District 8-C Child Care (Central)	**Area 1:** Inyo, Merced, Mono, Stanislaus **Area 2:** San Luis Obispo, Santa Barbara, Ventura
District 8-S Child Care (South)	**Area 1:** Imperial, San Diego **Area 2:** Orange, Riverside

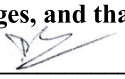
*Child Care District 8 has three regions: North, Central, and South. Each region elects these 5 board members.
**The chair elected by each district shall serve as a UDW Executive Board member by virtue of their election to their district office.

For Districts 1, 2, 3, and 5, the vice chair elected by each of those districts shall serve as a UDW Executive Board member by virtue of their election to their district office because they have over 10,000 members.

IIf you live in a district with 2 areas, you can only vote for the representative of the area in which you live. You cannot vote for the area representative of the other area in your district.

E-mail address: ElectionCommittee2025@udw.org
Mailing address: Comité Electoral
4855 Seminole Drive
San Diego, CA 92115
Fax: 1-619-550-3105
If you have any questions, you can contact 619-8147-3326.

I, Teodoro Daniel Larsen, 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 9, 2026.

UNITED DOMESTIC WORKERS
ATTN ELECTION COMMITTEE
4855 SEMINOLE DRIVE
SAN DIEGO, CA 92115

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01030
JESSICA RODRIGUES ALVES
2318 22ND ST
SAN FRANCISCO CA 94110

42426.10163

UDW

AVISO DE ELECCIONES PARA LOS FUNCIONARIOS PRINCIPALES DE UDW Y FUNCIONARIOS DE LA JUNTA DE DISTRITO

Con el fin de cumplir con las Reglas Electorales de AFSCME y la Constitución de UDW, vamos a cambiar la fecha de las elecciones al 29 de mayo de 2025. Las boletas se enviarán el 28 de abril de 2025 electrónicamente o como una boleta de papel si usted la solicitó o si UDW no tiene una dirección de correo electrónico ni un número de teléfono para usted.

***Usted no va a votar en este momento.**

Los siguientes son los cargos para los que se va a votar:

FUNCIONARIOS PRINCIPALES DE UDW
PRESIDENTE
VICEPRESIDENTE
SECRETARIO – TESORERO

MIEMBROS DE LA JUNTA DE DISTRITO*
PRESIDENTE DE DISTRITO**
VICEPRESIDENTE DE DISTRITO***
SECRETARIO DE ACTAS
2 REPRESENTANTES DE ÁREA****

*El Distrito 8 de Cuidado Infantil tiene tres regiones: Norte, Centro y Sur. Cada región elige a estos 5 miembros de la junta.
** El presidente elegido por cada distrito servirá como miembro de la Mesa Directiva de UDW en virtud de su elección para su cargo de distrito.

Para los Distritos 1, 2, 3, y 5, el vicepresidente elegido por cada uno de esos distritos servirá como miembro de la Mesa Directiva de UDW en virtud de su elección para su cargo distrital porque tiene más de 10,000 miembros en su distrito.

Si usted vive en un distrito con 2 áreas, solo puede votar por el representante del área en el área en la que vive. No puede votar por el representante de área de la otra área en su distrito

Si usted es un proveedor de IHSS y un proveedor de cuidado infantil familiar, solo puede votar una vez para los funcionarios principales y para todos los puestos en los dos distritos a los que pertenece.

DURACIÓN DEL MANDATO/TOMA DEL CARGO
Los candidatos elegidos en las elecciones de funcionarios de 2025 prestarán juramento al cargo el 1 de junio de 2025. Todos los funcionarios serán elegidos por un período de tres años.

LA ELECCIÓN se llevará a cabo principalmente de forma electrónica. Recibirá un correo electrónico con un enlace único especial para votar en línea. Si desea solicitar que se le envíe una boleta de papel por correo, por favor comuníquese con: udw@electionbuddy.com.

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UDW

AVISO DE ELECCIONES PARA LOS FUNCIONARIOS PRINCIPALES DE UDW Y FUNCIONARIOS DE LA JUNTA DE DISTRITO

Debido a que solo hay un candidato por cargo en los Distritos 4 y 7, esos distritos no tendrán una elección para su junta de distrito. Los miembros de los Distritos 4 y 7 solo votarán en la elección de los Funcionarios Principales a nivel estatal.

La fecha y hora límite para solicitar una boleta de papel es las 5 p.m. del 16 de abril de 2025. Las boletas se enviarán por correo electrónico o correo postal el 28 de abril de 2025 a todos los miembros elegibles que estén al corriente. Todos los miembros que pagaron cuotas en el mes de marzo de 2025 serán elegibles para votar en esta elección. Las boletas de papel se recogerán de la oficina de correos ubicada en 6401 El Cajon Blvd, San Diego, CA 92115 aproximadamente a las 11:00 a.m. del jueves 29 de mayo de 2025 y se devolverán a 4855 Seminole Drive, San Diego, CA 92115 para el conteo.

Cada candidato también tiene derecho a nombrar a un Observador Oficial que puede estar presente tanto en la oficina de correos como en el lugar de conteo en San Diego. También pueden observar el conteo electrónico de votos a través de Zoom. Las boletas electrónicas también se contarán el 29 de mayo de 2025. No se permitirá la presencia de candidatos en el conteo, y ningún candidato podrá actuar como observador. Las biografías y fotos de los candidatos que enviaron esos artículos a UDW están en la página web de las elecciones, y los resultados de las elecciones se publicarán en esa página web www.udw.org/election/ para el 1 de junio de 2025.

PROTESTA ELECTORAL

Cualquier miembro que esté al corriente puede protestar la realización de la elección por causa válida. Todas las protestas electorales deben presentarse ante el Comité Electoral a más tardar el 8 de junio de 2025, por escrito y enviarse directamente a: Comité Electoral en 4855 Seminole Drive, San Diego, CA 92115, por fax al 1-619-550-3105 o por correo electrónico a ElectionCommittee2025@udw.org. Las decisiones del Comité Electoral con respecto a todas las impugnaciones de elegibilidad son definitivas.

SEGUNDA VUELTA

Si ningún candidato para estos cargos recibe la mayoría, habrá una segunda vuelta electoral para ese cargo. Las boletas para la segunda vuelta se enviarán por correo electrónico o correo el 13 de junio de 2025 y se contarán el 14 de junio de 2025. La información electoral se publicará de forma continua en el sitio web del sindicato en www.udw.org/election/

Distritos y Áreas de UDW:

Distrito UDW:	Condados y áreas (si corresponde):
Distrito 1 IHSS	San Diego
Distrito 2 IHSS	Orange
Distrito 3 IHSS	Riverside
Distrito 4 IHSS	**Área 1:** Alpine, Stanislaus, Tuolumne **Área 2:** Madera, Mariposa, Merced, Mono
Distrito 5 IHSS	**Área 1:** Kern **Área 2:** San Luis Obispo, Santa Bárbara

AFSCME LOCAL 3930

UDW

AVISO DE ELECCIONES PARA LOS FUNCIONARIOS PRINCIPALES DE UDW Y FUNCIONARIOS DE LA JUNTA DE DISTRITO

Distrito 6 IHSS	**Área 1:** El Dorado, Nevada, Placer **Área 2:** Butte, Plumas, Sierra, Sutter
Distrito 7 IHSS	Imperial
Distrito 8-N (Norte) de Cuidado Infantil	**Área 1:** Condados del Área de la Bahía: Colusa, Contra Costa, Glenn, Lake, Marín, Mendocino, Napa, San Francisco, San Mateo, Solano, Sonoma, Yolo; y **Área 2:** Condados del norte: Butte, Del Norte, El Dorado, Humbolt, Lassen, Modoc, Nevada, Placer, Plumas, Sacramento, Shasta, Siskiyou, Sutter, Tehama, Trinity, Yuba
Distrito 8-C (Central) de Cuidado Infantil	**Área 1:** Inyo, Merced, Mono, Stanislaus **Área 2:** San Luis Obispo, Santa Bárbara, Ventura
Distrito 8-S (Sur) de Cuidado Infantil	**Área 1:** Imperial, San Diego **Área 2:** Orange, Riverside

*El Distrito 8 de Cuidado Infantil tiene tres regiones: Norte, Centro y Sur. Cada región elige a estos 5 miembros de la junta.

** El presidente elegido por cada distrito servirá como miembro de la Mesa Directiva de UDW en virtud de su elección para su cargo de distrito.

Para los Distritos 1, 2, 3, y 5, el vicepresidente elegido por cada uno de esos distritos servirá como miembro de la Mesa Directiva de UDW en virtud de su elección para su cargo de distrito porque tiene más de 10,000 miembros.

Si usted vive en un distrito con 2 áreas, solo puede votar por el representante de área en el área en la que vive. No puede votar por el representante de área de la otra área en su distrito.

Correo electrónico: ElectionCommittee2025@udw.org
Correo postal: Comité Electoral
4855 Seminole Drive
San Diego, CA 92115
Fax: 1-619-550-3105
Si tiene preguntas, puede llamar al 619-814-3326.

42426.1016322.01.00.3.1

LEGAL INTERN IDENTIFICATION CARD
NAME
JESSICA RODRIGUES ALVES
FILIATION
EDMAR FRANCISCO ALVES
TATIANE CLAUDINA RODRIGUES ALVES
PLACE OF BIRTH
GOIÂNIA-GOIÁS
ID Number
057540637 81 - DETRAN-GOIÁS
ORGAN AND TISSUE DONOR
NO
REGISTRATION NUMBER
273626
LÚCIO FLÁVIO SIQUEIRA DE PAIVA
PRESIDENT

MANDATORY USE
CIVIL IDENTIFICATION FOR ALL LEGAL PURPO
(Article 13 of Law No. 8,906/94)
HOLDER'S SIGNATURE

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



_____ Date: January 02, 2026

ORDEM DOS ADVOGADOS DO BRASIL

CONSELHO SECCIONAL DE GOIÁS
IDENTIDADE DE ESTAGIÁRIA

NOME

JESSICA RODRIGUES ALVES

INSCRIÇÃO 270612E

294

FILIAÇÃO

EDMAR FRANCISCO ALVES

TATIANE CLAUDINA RODRIGUES ALVES

NATURALIDADE

GOIÂNIA-GO

DATA DE NASCIMENTO

11/05/1994

RG

05754063781 - DETRAN-GO

CPF

039.821.101-90

DOADOR DE ORGÃOS E TECIDOS

NÃO

VIA

01

EXPEDIDO EM

10/04/2019

LÚCIO FLÁVIO SIQUEIRA DE PAIVA
PRESIDENTE

USO OBRIGATÓRIO
IDENTIDADE CIVIL PARA TODOS OS FINS LEGAIS
(Art. 13 da Lei nº 8.935/94)

TEM FÉ PÚBLICA EM TODO O TERRITÓRIO NACIONAL 15401412

24/04/2021

Exhibit B.VI Letters of Support

October 30, 2025

Dear Immigration Officer,

I am Wanuza Pereira Silva, an attorney and the owner of WS Advocacia (Goiania, Brazil). I hold a Bachelor of Laws (2008, Uni-Goiás) and a postgraduate specialization in Labor Law and Consumer Law (2012, Uni-Goiás). I have practiced law for over sixteen years with extensive experience in litigation and negotiation across labor and consumer matters, having represented clients in over 699 cases and maintained a successful outcome rate of approximately 80%.

I first met Ms. Jéssica Rodrigues Alves through our professional interactions at my law firm, where she first served as an assistant and later as a legal intern under my supervision. During this period, I directly observed her exceptional organizational skills, ability to manage client relationships, and commitment to high-quality service.

Although her role at my firm was in the legal field, the competencies Ms. Alves demonstrated, effective communication, documentation control, schedule coordination, and client retention, are precisely the skills that now define her success in managing her licensed childcare center in California. Her systematic approach to record-keeping and communication reflects the same professionalism she exhibited in legal practice, now applied to ensure regulatory compliance and parental trust in her educational program.

At my firm, her work improved client satisfaction and helped increase our recurring portfolio by approximately 35%. I have since followed her professional development and seen how she applies the same strategic and ethical discipline to build a sustainable, family-oriented childcare service that benefits low-income and immigrant families in the United States.

Based on her strong administrative and interpersonal skills and her proven ability to build programs that combine structure, empathy, and measurable results, I fully support Ms. Alves's petition for permanent residency under the EB-2 National Interest Waiver. Her work in early childhood education contributes directly to expanding high-quality, inclusive childcare options that align with community and public interest in the U.S.

Please feel free to contact me should you have any questions.

Sincerely,



Wanuza Pereira Silva
Attorney, WS Advocacia
Goiânia, GO, Brazil
Email: wanuzasilvaadv@wanuzasilvaadvogada.com.br
Phone: +55 (62) 98143-8807

November 04, 2025. San Francisco, CA.

To USCIS.

Dear Sir or Madam,

My name is Ana Paula Silva, and I am the owner and director of a licensed family-based child care program registered under my name in San Francisco, California. I have been working in the field of early childhood education for over two decades, having completed 24 academic units in Child Development (CDEV). I am also qualified to operate under all major local subsidy programs, including the Children's Council of San Francisco, the Early Learning Family Advocate (ELFA) program, and Wu Yee Children's Services, and to receive annual grants in recognition of the quality and compliance of my work.

In my current role, I manage both administrative and pedagogical aspects of the Family Child Care program. My responsibilities include curriculum planning, developmental monitoring, and ensuring alignment with subsidy program standards. I also have specialization in bilingual education and inclusive practices for children with special needs, offering tailored services to families from diverse cultural backgrounds, including immigrants and low-income households.

I first met Ms. Alves during a visit to Brazil, when I had the opportunity to observe her strong sense of responsibility and commitment in a family setting. After observing her work, I invited her to join my daycare team in San Francisco, where she worked under my supervision for approximately one year.

One of the most relevant examples of her technical abilities occurred during her work with a child showing language delay who required a bilingual and emotionally supportive approach. Ms. Alves implemented a targeted intervention plan that included visual aids, music, storytelling, and structured play in both English and Portuguese. Her strategy supported not only the child's language development but also built trust with the parents, contributing to a collaborative educational environment and reinforcing our program's commitment to inclusive and high-quality care.

The practical outcomes of her work were evident in several measurable improvements. During her time with my program, we recorded approximately a 30% increase in retention rates among immigrant and bilingual families. Additionally, her efforts in organizing classroom routines reduced the average transition time between activities by approximately 40%, resulting in a calmer and more efficient daily schedule for children and staff. She also provided vital support in the preparation of documentation required for compliance audits under subsidy programs, an area in which we maintained a flawless record throughout her collaboration.

Ms. Alves brings deep knowledge of early childhood education, with emphasis on linguistic inclusivity and individualized pedagogy. She consistently met each child's developmental needs while maintaining high standards of safety and care in compliance with state-funded program requirements.

Among the professionals I have worked with in the field, she demonstrated a level of autonomy, consistency, and strategic planning that is notably above average. She is able to tailor educational interventions with both pedagogical rigor and administrative accuracy, which positions her as a professional resource that institutions can rely on in diverse and high-demand environments. Even after obtaining her own license to operate a daycare facility, she has maintained a standard of quality aligned with what we observed during her time in my program.

The relevance of her work extends beyond individual outcomes. The integration of bilingual and inclusive early childhood education services directly supports public priorities in California and nationwide, particularly in urban areas with large immigrant populations. By offering culturally competent care and ensuring compliance in programs that serve low-income families, Ms. Alves contributes to social inclusion, educational equity, and long-term developmental health, outcomes clearly aligned with the national interest.

I am confident that Ms. Alves's continued presence and professional engagement in the United States will contribute meaningfully to the advancement of inclusive early childhood education, especially in underserved communities.

Should you need any additional details, please do not hesitate to reach out to me directly.

Sincerely,

Ana Paula Silva
Owner and Director
Ana Paula Silva Daycare
Email: anapaula81@me.com
Phone: (415) 912-0300

Veronica Carrasco
2700 Aurelios Walker Dr. San Francisco 94110
(415)377-4308

I learned about the daycare through the program Wu Yee and chose this daycare because from the beginning I found it to be very professional and well organized. My son jorel adapted quickly and is always happy to go. I've seen progress in his development and feel reassured knowing he's in a safe and loving environment. I appreciate the care, patience, and dedication this business provides him every day.

Veronica Carrasco



06/2/2025

To Whom It May Concern,

I am pleased to write a few words about Jessica Alves, who has been an exceptional daycare worker. Jessica's dedication, kindness, and professionalism are apparent in everything she does. She consistently goes above and beyond to ensure the children in her care feel safe, engaged, and supported. Her warm and patient manner helps foster a positive environment where children can thrive and parents can feel confident. Jessica's ability to connect with both children and families sets her apart as a truly valued member of the daycare team.

I found Jessica Alves' daycare through a recommendation from a close friend who spoke very highly of her care and dedication. After hearing about the positive experiences other families had with Jessica, I decided to visit the daycare myself. From the moment I arrived, I was impressed by the warm and welcoming environment, as well as Jessica's genuine kindness toward the children. It was clear that she creates a nurturing and supportive space where kids are happy and engaged. Choosing Jessica's daycare has been one of the best decisions for my child's early years.

My daughter truly loves going to Jessica Alves's daycare. Each morning, she looks forward to seeing Jessica and her friends, and she always comes home with a big smile and stories about her day. She feels happy, safe, and understood in Jessica's care, and the activities and routines there are a constant source of joy and learning for her. It's clear that Jessica's warmth and creativity make every day special, and as a parent, it's wonderful to see my child so excited to go to daycare.

My daughter, who is on the autism spectrum, has been attending Jessica Alves's daycare for two years now, and the experience has been wonderful from the very beginning. Jessica has shown remarkable patience, understanding, and expertise in meeting her unique needs. She creates a calm and structured environment that allows my daughter to feel secure and confident. Under Jessica's care, she has made incredible progress in her communication, social interaction, and self-regulation skills. Jessica's inclusive and compassionate approach has made all the difference for our family.

My daughter has been attending Jessica Alves's daycare for two years now, and the experience has been wonderful from the very beginning. Over this time, she has grown more confident, formed close friendships, and developed a passion for learning and exploring new things. Jessica's caring approach and the welcoming environment she creates have played a big part in my daughter's

happiness and development. I am grateful for the consistency and support Jessica has provided to our family.

Jessica Alves's daycare is always exceptionally clean and well-organized. From the moment you walk in, it's clear that Jessica takes great pride in maintaining a tidy and welcoming environment for the children. Toys and learning materials are neatly arranged, surfaces are spotless, and every area feels fresh and safe. As a parent, I appreciate the attention to cleanliness, which gives me peace of mind knowing my child is cared for in such a healthy and nurturing space.

When our time at Jessica Alves's daycare comes to an end, we know we will truly miss being part of such a warm and caring community. Jessica has created a place where our child has felt happy, safe, and valued every single day. We'll miss the joyful mornings, the learning adventures, and the genuine kindness that Jessica brings to everything she does. Saying goodbye will be bittersweet, but we will always be grateful for the wonderful memories and positive impact she has had on our family. We love you, Jessica.

Sincerely,

Zoe Nachbar & Zayda Ricks-Wynne
636 Bush St 101 San Francisco 94108
(415) 885-9612

November 5, 2025.

Dear USCIS Officer,

My name is Fernando Quinonez, and I offer this statement regarding Ms. Jéssica Rodrigues Alves based on direct professional collaboration and observation of her work in provider training and quality improvement. I have operated a licensed Family Child Care program in California for more than ten years, overseeing staff supervision, educational programming, and compliance with state and subsidy requirements for diverse families, including those with children receiving specialized supports.

I first engaged Ms. Alves through our professional network of licensed providers. In subsequent collaborations, she led several internal trainings for my team on developmental screening, documentation for subsidized programs, and mandated reporter responsibilities. She also played a key role in specialized sessions on the identification and prevention of child abuse (Training Abuse Reporter), demonstrating both technical expertise and a strong sense of ethical responsibility. Her sessions were practical, clear, and immediately applicable to daily work.

Through these trainings and the adoption of the related procedures, approximately five team members became proficient in executing screening steps with greater consistency, maintaining records to subsidy-program standards, and escalating concerns appropriately. As these practices took hold, the time required to assemble and verify required paperwork fell by roughly 50%, which improved workflow reliability and reduced administrative exposure during reviews and audits.

Building on that foundation, Ms. Alves helped us turn standards into daily routines by creating clear procedures, coaching staff to apply them consistently, and linking documentation to decision-making so that observations translated into timely actions and recorded results. In critical areas, such as early indicators of risk, she reinforced professionalism and discretion, always aligned with state reporting requirements.

From an operational standpoint, the gains realized, more accurate child assessments, cleaner records, and faster preparation of subsidy documentation, directly supported program quality and safeguarded compliance, while also

freeing educators to devote more time to instruction and family engagement rather than rework or corrective documentation, a tangible benefit for children and the households served.

In my professional judgment, Ms. Alves brings capabilities that strengthen licensed childcare programs in the United States: staff readiness, documentation integrity, screening and referral execution, and process efficiency; these are the factors that keep quality and compliance consistent over time.

I strongly support Ms. Jéssica Rodrigues Alves's EB2-NIW petition, based on the results I have seen and her ability to raise standards in licensed childcare programs serving diverse families.

If a detailed account of the trainings, procedures, or results would be useful, I will gladly provide it upon request. Email: fernando.quinonez@gmail.com / Phone: +1 (415) 279-4750.

Respectfully,

Fernando Quinonez
Licensed Family Child Care Provider, California


California USA DRIVER LICENSE
DL B4644206
CLASS CM1
EXP 06/14/2024
END NONE
LN QUINONEZ
FN FERNANDO
562 MADRID ST
SAN FRANCISCO, CA 94112
DOB 06/14/1975
RSTR NONE
06141975
DONOR
SEX M
HAIR BLK
EYES BRN
HGT 5'-07"
WGT 175 lb
ISS
DD 04/11/2019593A5/CCFD/24
04/11/2019

My name is Fany Chavez and I am writing this letter to support Jessica Alves in her process. I'm not a person that writes fancy letters nor anything like that, but I speak from my heart and from my experience as a mother that has seen Jessica's work with my own daughters.

I met Jessica several years ago, when she worked in her stepmother's daycare center. She was the first one to welcome me, showed me around and explained everything very patiently and dearly. From that day on, I trusted her. When Jessica opened her own daycare center, I didn't hesitate for a second and followed her, because when a mother finds someone who takes care of her children as if they were her own, she never lets that person go.

Jessica was the first person to notice that my daughter Madeline had behaviors that needed medical attention. At the beginning, it was hard for me to accept the situation, I felt sad and scared, but Jessica was there for me all the way. She talked to me, calmed me down, explained things with patience. Thanks to her, my daughter was able to receive medical care, be diagnosed, and go to a special school, in addition to psychological and psychiatric support. This changed our life completely. I alone wouldn't have known what to do or where to begin.

Jessica has taken care of my daughters for five years, even at night when I had to work. She was always there, supporting me without complaining. For me, taking care of children is not only watching over them, it's loving them, being patient, observing, and understanding. And Jessica has a gift for this. My daughter loves her so much that, even though it's hard for her to speak, she always says "my aunt Jessy". That says it all.

Jessica is responsible, loving, dedicated and very patient, especially with children with special needs. I recommend her without hesitation. I'd trust her a thousand times more if it were necessary. She has been a blessing for my family, and I know that she can help many families like mine more if she is given the opportunity to keep growing here in this country.

Thank you for reading my words.



Respectfully,
Fany Chavez
San Francisco, CA
fanychavez1946@hotmail.com
(415) 240-8832

I, Teodoro Daniel Larsen, 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 the three languages, and that the following is an accurate and complete translation of the document.

_____ Date: November 14, 2025.

Mi nombre es Fany Chavez y escribo esta carta para apoyar a Jessica Alves en su proceso. Yo no soy una persona que escribe cartas elegantes ni nada así, pero hablo desde mi corazón y desde mi experiencia como madre que ha visto el trabajo de Jessica con mis propias hijas.

Conocí a Jessica hace varios años, cuando ella trabajaba en la guardería de su madrastra. Ella fue la primera que me recibió, me enseñó el lugar y me explicó todo con mucha paciencia y cariño. Desde ese día confié en ella. Cuando Jessica abrió su propia guardería, yo no dudé ni un segundo y me fui con ella, porque cuando una madre encuentra a alguien que cuida a sus hijos como si fueran suyos, no la suelta nunca.

Jessica fue la primera persona que notó que mi hija Madeline tenía comportamientos que necesitaban atención médica. Al principio me costó aceptar la situación, me sentí triste y con miedo, pero Jessica estuvo conmigo en cada paso. Ella me habló, me calmó, me explicó las cosas con paciencia. Gracias a ella mi hija pudo recibir ayuda médica, diagnóstico y entrar a una escuela especial, además de apoyo psicológico y psiquiátrico. Eso cambió nuestra vida completamente. Yo sola no hubiera sabido qué hacer ni dónde empezar.

Jessica ha cuidado a mis hijas por cinco años, incluso de noche cuando yo tenía que trabajar. Ella siempre estuvo ahí, apoyándome sin quejarse. Para mí cuidar niños no es solo vigilar, es amar, tener paciencia, observar y entender. Y Jessica tiene un don para eso. Mi hija la quiere tanto que, aunque le cuesta hablar, siempre dice "mi tía Jessy". Eso lo dice todo.

Jessica es responsable, amorosa, dedicada y muy paciente, especialmente con niños con necesidades especiales. Yo la recomiendo con los ojos cerrados. Confiaría en ella mil veces más si hiciera falta. Ella ha sido una bendición para mi familia, y sé que puede ayudar a muchas más familias como la mía si le dan la oportunidad de seguir creciendo aquí en este país.

Gracias por leer mis palabras.

fany chavez

Con respeto,
Fany Chavez
San Francisco, CA
fanychavez1946@hotmail.com
(415) 240-8832

To Whom It May Concern,

My name is Jessica Ortiz, and I am pleased to offer this letter of support on behalf of Jessica Alves and her EB2-NIW petition. I currently reside in San Francisco, California, and I am a student in the Human Resources program at City College of San Francisco. I am also a mother of three children, and for the past several years, I have had the privilege of entrusting my children to Ms. Alves' care and educational environment.

I first met Jessica almost five years ago while looking for a trustworthy childcare provider for my daughters, Génesis and Genelle. After extensive searching, finding her daycare felt like a blessing. From the moment we walked in, it was clear that Jessica operates her program with professionalism, warmth, and an exceptional level of dedication. She not only welcomed my children but also became a vital part of our family's support system.

Jessica has played a fundamental role in my children's early development. My youngest daughter began attending her program at just six months old. The nurturing atmosphere, combined with the high-quality educational structure Jessica provides, helped my daughters build strong emotional, social, and academic foundations. They learned letters, writing, and early literacy skills under her care, entering kindergarten with confidence and advanced readiness compared to many peers. Beyond academics, she instilled values such as kindness, empathy, respect, and bilingual appreciation, which are essential to raising well-rounded children.

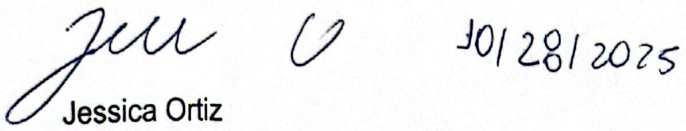
What sets Jessica apart is not only her ability to care for children, but her genuine passion and calling for early childhood education. She creates a stable, safe, and emotionally supportive environment for families and children, especially those navigating life transitions or challenges. Her professionalism, patience, and heart for service are evident every single day. As a mother, I could not have asked for a better role model and educator for my children.

I firmly believe Jessica's continued work in early childhood education is not only beneficial but necessary for our community. She has already made a measurable impact, and her ongoing commitment to expand her expertise and support families shows clear long-term value for children and the local workforce. I am confident that Jessica contributes meaningfully to the educational landscape and represents the kind of dedicated, mission-driven professional that strengthens the future of this country.

I strongly and wholeheartedly support Jessica Alves' EB2-NIW petition. I would trust her with my children's care and education a thousand times over, and I encourage you to recognize the significant value she brings to the United States as an educator, entrepreneur, and advocate for children and families.

Thank you for your time and consideration.

Sincerely,



Jessica Ortiz

San Francisco, CA

Email: jessicaortiz1415@icloud.com

Phone: (415) 652-2109

Lauren Melnikoff
2054 Alemany Blvd.
San Francisco, CA 94112
laurenmelnikoff@gmail.com
650-219-4197
October 3, 2025

To Whom It May Concern,

I am writing this letter in support of Jessica Rodrigues, who has played an important role in my family's life. As a new mother, finding someone I could fully trust to care for my sons was not easy. Before meeting Jessica, we had tried two different childcare providers, but the moment we found her, it felt like a weight had been lifted.

Jessica welcomed my children with genuine warmth and treated them as though they were her own. She often shared small updates, like videos of them laughing, playing, or learning, which gave me such comfort throughout the day. When I picked them up, they were always in great spirits, a reflection of the safe and nurturing environment she created. My boys came home full of stories about what they did with her, which made it clear how much they enjoyed their time in her care.

Beyond her natural ability with children, Jessica has always been reliable, flexible, and communicative. The open two-way communication built a strong sense of trust that meant the world to me as a parent.

Jessica is someone I would describe as compassionate, dependable, and trustworthy. I would not hesitate to recommend her to anyone seeking a safe and caring environment for their children.

Lauren Melnikoff



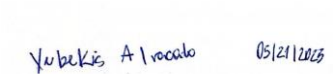
To whom it may concern,

I am writing on behalf of Jessica Alves. I won't lie, finding a daycare for my toddler was very challenging. There are many daycares in San Francisco and I was quite overwhelmed with how to find the right one. My husband and I visited many, and sometimes I felt like I was never going to find a good fit. I was so relieved once I found Jessica. The minute she opened the door and welcomed me inside, I could tell she genuinely loved the kids she cared for. Her daycare was warm, clean and full of love. She has a way with the kids that made my son instantly love being around her and the other children. My child looked forward to going to daycare and seeing his friends and I looked forward to getting updates on how he was doing throughout the day. He would smile going up the stairs when I dropped him off and already had friends and was socializing at 18 months! Jessica made my son feel happiness in ways he still carries today. I can tell the dedication Jessica has at her daycare really shines through with the attitude and personality of the children attending. There is genuine care and love that fills the day at her daycare. Getting over 10 kids to all get along and play together is not an easy feat but she makes it look easy. She is a very dedicated worker and makes sure the kids she cares for are loved and in an amazing learning environment. I grew up in the Bay Area and in Lima when I was a toddler and there was something very comforting about her strong presence and love and care that make her day care unique. I hope she continues to share her care in the Bay area and the community is lucky to have her. She feels like family and I can say my son will tell me how much he loves her once he starts saying more words but I can already say he feels that way by the smile on his face.

10/26/2025

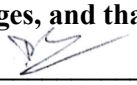
Marcella Gries
Mother of Grian Reving-Gries
Marcellagries@gmail.com
415) 424-5808

Hello. My name is Yubelkis Siquera Alvarado. I met Ms **Jessica Rodrigues** through a recommendation from the Children's Council. She has done an excellent job with my daughter Kiara. She has been an angel that we found because thanks to her my daughter has learned a lot of things... She has helped us here in the United States so that we didn't feel alone... We've always counted on her and she has never told us no. Thanks to her, my daughter has grown up with values, has learned to be tidy and share her toys, to go to the toilet by herself, to be more loving and wait until her time comes for everything.
When Ms Jessica moved the daycare center, it was very far from my place, but it's a pleasure for me to follow Ms Jessica to any address, she will always be a part of my family. Jessica is a person of values and works a lot to always be more capable of caring for and supporting children's development.



Yubekis Alvarado
4132 Mission St, San Francisco, 94112
(415) 879-7099

I, Teodoro Daniel Larsen, 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 the three languages, and that the following is an accurate and complete translation of the document.



_____ Date: November 14, 2025.

Hola mi nombre es Yubelkis Siquera Alvarado conoci doña **Jessica Rodrigues**, por recomendacion del Childrens Council ella ha hecho un excelente trabajo con mi hija Kiara ha sido un ángel que hemos encontrado en el camino xk gracias a ella mi hija ha aprendido muchas cosas... nos ha ayudado acá en Estados Unidos para no sentirnos solo... siempre contamos con ella y jamás nos ha dicho que no.
Gracias a ella mi hija a crecido con valores, a aprendido ha ser más ordenada a compartir sus juguetes , a ir al baño sola, a ser más cariñosa y esperar su turno para todo.
Cuando doña Jessica cambio la direccion del daycare estaba muy lejos de mi casa pero yo hago mucho gusto de acompanar doña Jessica a cualquier direccion, siempre va hacer parte de mi familia.
Jessica es una persona de muchos valores y trabaja demasiado para siempre estar mas competente para cuidar e ayudar en el desarollo de los ninos.

Yubekis Alvarado 05/21/2023

Yubekis Alvarado
4132 Mission St, San Francisco, 94112
(415) 879-7099

Jensy Fuentes
Jensifuentes28@gmail.com
1198 Treat St San francisco
(650)296-1801

My name is Jensi Fuentes, I'm Jhoandry Henry Fuentes' mother. I met Jessica a year ago referred by the Children's Council's program.

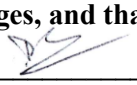
From the first moment I saw her, I trusted her to take care of my son and knew he'd be fine with her. And so has it been. Jessica takes care of him with much love and respect. He is always very excited to go to daycare because he feels the love he's given there. I'm very grateful to her for taking care of my baby because, as a parent, you can't be always present due to work and, nonetheless, Jessica gives him unconditional love.

It is obvious that Jessica loves her job because my son always comes back home happy and having learned new things. He has learned to greet, to say words he didn't say. She is excellent at her job: she performs activities with the children, plays with them and gets involved in their development. I have no complaints. She is an excellent professional and a great person.

Thank you, Jessica, for taking care of my little boy with so much love. I will always trust you and how nice you are to my son. I'm here for whatever you need. If I could give you 1,000 stars, I would without even thinking!



I, Teodoro Daniel Larsen, 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 the three languages, and that the following is an accurate and complete translation of the document.



_____ Date: November 14, 2025.

JENSY FUENTES
jensifuentes28@gmail.com
1198 Treat St San francisco
(650)296-1801

Mi nombre es Jensi Fuentes, soy mamá de Jhoandry Henry Fuentes. Conocí a Jessica hace un año, por referencia del programa Children's Council.

Desde el primer momento en que la vi, confié en ella para cuidar de mi hijo y supe que con ella estaría bien. Y así ha sido. Jessica lo cuida con mucho cariño y respeto. Él mismo se desespera por irse al daycare porque siente el amor que le dan allí. Le agradezco muchísimo por cuidar a mi bebé, ya que uno como padre muchas veces no puede estar presente por motivos de trabajo, y sin embargo, Jessica le da un amor incondicional.

Se nota que Jessica ama su trabajo, porque mi hijo siempre regresa contento y con cosas nuevas aprendidas. Ha aprendido a saludar, a decir palabras que antes no decía. Ella es excelente en su trabajo: hace actividades con los niños, juega con ellos y se involucra en su desarrollo. No tengo ninguna queja. Es una excelente profesional y una gran persona.

Gracias, Jessica, por cuidar de mi pequeño con tanto amor. Siempre confiaré en ti y en lo amable que eres con mi hijo. Aquí estoy para lo que necesites. Si pudiera darte 1000 estrellas, ¡te las daría sin pensarlo!



05/20/2025

Exhibit B.VII Supporting Evidence for the Eligibility Criteria

I am a student. I am a candidate. I am a teacher



SIGN UP NOW

History

UNIVERSO celebrates 50 years of tradition in education with a commitment to preparing its students not only to conquer their place in society, but also to become competent professionals with social responsibility.

The journey towards becoming an increasingly solid and qualified institution has made **UNIVERSO** a benchmark throughout the country. This recognition was achieved thanks to various projects and investments in its infrastructure, including modern laboratories, libraries, and cutting-edge technology, as well as a highly qualified faculty, aiming to meet the needs of the competitive job market.

The history of **UNIVERSO** began in the state of Rio de Janeiro in 1959 with the creation of the Dom Hélder Câmara School in the Trindade neighborhood of São Gonçalo. Many changes occurred until, in 1976, the first higher education courses were created at the Faculty of Education, Sciences and Letters of São Gonçalo.

In 1985, the institution had ten courses and became the Integrated Faculties of São Gonçalo. With the approval of the letter of intent in 1990, the process of creating the University of São Gonçalo began, which was completed after 3 years. On September 9, 1993, **UNIVERSO** was founded . At the time, the institution had two campuses (São Gonçalo and Niterói) in Rio de Janeiro and offered postgraduate courses in various states of the Federation.

Based on its Expansion Plan and Bylaws, **UNIVERSO** opened campuses in Campos dos Goytacazes, Rio de Janeiro, and Goiânia, Goiás, starting in 1996. In 2000, the Centro Universo Recife campus was created in Pernambuco. In July 2003, it began operations at the Centro Universo Juiz de Fora campus in Minas Gerais. In 2004, the institution arrived in the capital of Minas Gerais with the opening of the Belo Horizonte campus. In 2005, it inaugurated its second campus in the Northeast region, located in the city of Salvador. In July of the same year, it held its first entrance exam in the capital of Bahia.

In 2019, the institutions in Goiânia, Recife, Juiz de Fora, and Salvador became University Centers, each specifically known as Centro Universo. That same year, we also arrived in the nation's capital, inaugurating our first college, Faculdade Universo Brasília, and consolidating our mission of expansion with the aim of delivering quality education throughout Brazil.

Towards an increasingly competent and promising future, **UNIVERSO** believes in education as the only factor capable of transforming society.

Contact us

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E-mail

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SELECT THE UNIT

Subject

Message

I agree to receive information and updates via WhatsApp, SMS, or email.

TO SEND!

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ABOUT CITY COLLEGE OF SAN FRANCISCO

Section Menu

Of the People, for the People of San Francisco

San Francisco has always seen itself as a leader in innovation, personal freedom, and self-determination. Perhaps no institution captures those values better than City College of San Francisco.

With 6 active locations woven throughout our city, it has evolved into a multicultural, accessible, and affordable provider of higher education of the highest quality. With an unparalleled selection of classes and accomplished faculty, City College offers over 250 degrees and certificates, transferable credits, online courses, and career advancement classes.

Related Links

Our Locations

Accreditation

CCSF Administration

Marketing & Public Information

We've put the community in community college since 1935.

With campuses and centers throughout the city, CCSF is woven into the fabric of our community.

Our quality education and programs deliver graduates who contribute back to their community, comple
virtuous circle. We are a reflection of San Francisco's brightest and most creative — artists, inventors, mu

Hi, I am Rocky. How can I help you? X

Access and Opportunity for All

City College reflects the diversity and culture of San Francisco at its best. We believe in the power of education to create a more just and equitable society and enable all San Franciscans to realize the American Dream. Our programs are a testament to the social justice values we were built on and work diligently to uphold.

Free City

The first of its kind in the nation, free college tuition or the equivalent is given to all City College students who are San Francisco Residents

Nonprofit leadership

Ties to community-based organizations

Dreamers Welcomed

DACA students welcomed and we are committed to empowering their academic journey in a safe environment

Sanctuary College

We are a Sanctuary College in a Sanctuary City in a Sanctuary State

Community Matters

We proudly offered the first LGBT Studies Major and first Cannabis Studies Associate or Arts degree in the nation.

Covering Costs

The CCSF Foundation Promise Scholarship is merit scholarship that helps CCSF students access a great secondary education

Hi, I am Rocky. How can I help you?

AB540

Accreditation

Federal CARES Act

Voter Approved Initiatives

Community Development

Title IX

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Academic Excellence Since 1935

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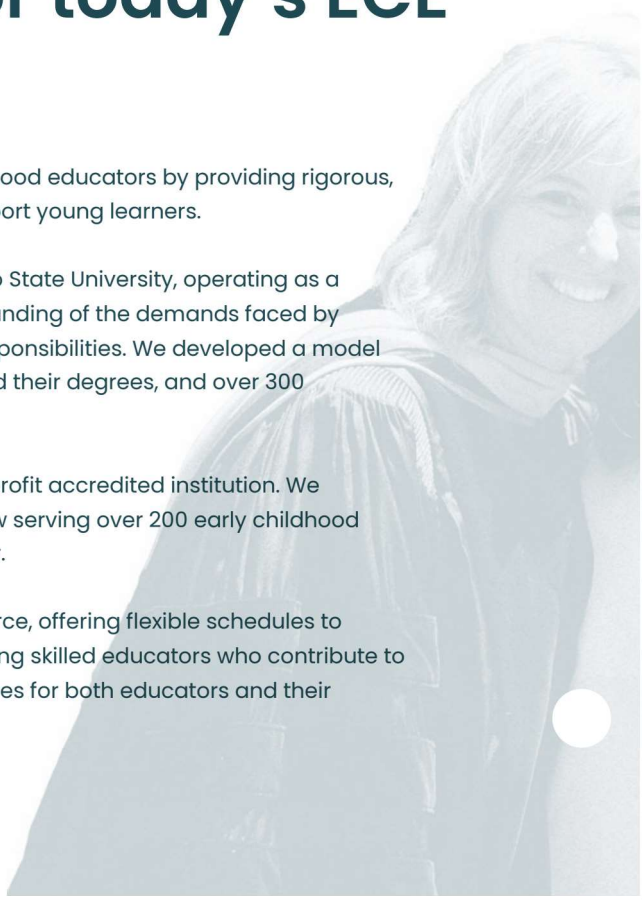
Hi, I am Rocky. How can I help you?

OUR STORY

A new institution for today's ECE workforce.



EDvance College transforms higher education for early childhood educators by providing rigorous, flexible programs that equip them with essential skills to support young learners.

Our journey began in 2009 as a program within San Francisco State University, operating as a "school within a school." This experience shaped our understanding of the demands faced by working educators balancing professional and academic responsibilities. We developed a model that delivers strong outcomes: 90% of our students completed their degrees, and over 300 graduates have become leaders in their communities.

In Fall 2022, EDvance College became an independent, non-profit accredited institution. We celebrated our first graduating class in May 2024 and are now serving over 200 early childhood educators across the Bay Area in the 2024-25 academic year.

Our programs are tailored to the needs of today's ECE workforce, offering flexible schedules to support professional growth. EDvance is dedicated to preparing skilled educators who contribute to the success of the children they teach, ensuring brighter futures for both educators and their students.

Sign up for our newsletter to receive our latest updates!

Subscribe

CAMPUS (BY APPOINTMENT)
580 Market Street, Ste 150
San Francisco, CA 94104

EMAIL
info@edvance.edu

FAX
(650) 446-4644

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BA Degree in ECS

Teacher Permit Certificate

Student Services

Student Resources

My EDvance Accounts

Academic Calendar

Student Handbook & Policies

Resources

News & Events

Publications

EDvance Careers

FAQ

Faculty & Employee Handbook

Contact Us

EDvance College is accredited by the WASC Senior College and University Commission(WSCUC), 1080 Marina Village Parkway, Suite 500, Alameda, CA 94501, 510.748.9001.

Candid-approved nonprofit organization.

Privacy Policy | Terms & Conditions

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Ana Paula Silva

San Francisco, CA 94112

Unclaimed **Claim Listing** Contact us

Home-Based Daycare Call for Fees Capacity 14

Programs: Daycare

At Ana Paula Silva, we are dedicated to providing a lifelong impact on your child's future! Here at Ana Paula Silva, our staff has designed an education-based platform so that your child may reach their highest potential. Located in San Francisco, our daycare is focused on enhancing your child's skills and mental development. With education, fun, and lots of activities as the core of our programs, it comes as no surprise we are the best choice for families in San Francisco. Our daycare provides a safe and stimulating space where your child can explore, grow, and flourish, guided by our compassionate and skilled educators. All while provide a nourishing and enlightening space where your little ones can grow.

Finding the best preschool or child care center in San Francisco requires careful planning and consideration. Using Daycare. com is a great way to do this! Your child deserves a welcoming environment with experienced caregivers, engaging activities, and a strong focus on safety and cleanliness. Look for centers that offer social interaction with other children, convenient payment options, and a location that works with your schedule. Ana Paula Silva checks all of these boxes and provides top-quality childcare services. Reach out to us anytime to schedule a tour or to get more details about our daycare facility.



* Stock image- Not supplied by nor representative of business listed

Find more care in San Francisco

Request information

Is This Your Business?

Claim Your Free Business Page Today!

Claim your free listing to boost visibility and connect with families searching for Ana Paula Silva

Attract families actively searching for childcare in your area

Boost your visibility in Google search results

Showcase openings, waitlist availability, and what makes your daycare unique

Claim My Business Page Today!

Daycare

Age

Call For Info

Days Open

Call For Info

Hours

Call For Info

Call for Fees

Contact us

Ana Paula Silva
San Francisco, CA 94112

Contact us

Facility License

Ana Paula Silva

License #384004143

Maximum Capacity: 14

Building Kidz of Millbrae Daycare

Verified

Openings Available Center Daycare Capacity 48

At Building Kidz Of Millbrae, we are dedicated to providing a lifelong impact on your child's future! Here at Building Kidz Of Millbrae, our staff has...**Read More**

Programs: Pre-K

Little Bee

Verified

Center Daycare Capacity 32

Welcome to Little Bee, the best choice for child care in San Francisco. For several years, our center has been serving the community by providing a sa...**Read More**

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Looking for a daycare or childcare center in San Francisco can be a smooth and straightforward process, especially when you use Daycare.com, the best website for this purpose. Start by determining your needs and preferences, such as location, budget, and specific care requirements. Whether you need a place close to your home or your workplace, Daycare.com offers an extensive database of childcare options throughout San Francisco, making it easy to find a spot that fits your criteria. Use the easy-to-navigate search function to filter results by various factors like age group, hours of operation, and special programs. This ensures that you can quickly hone in on the most suitable daycare centers and childcare providers for your child. Additionally, Daycare.com provides detailed profiles for each listed daycare and childcare center, including user reviews, licensing information, and staff qualifications. This allows you to

gain a comprehensive understanding of what each facility offers, helping you to make an informed decision. For added peace of mind, you can read testimonials from other parents and check the facility's compliance with local regulations and standards. Visit potential centers in person to observe the environment, meet the caregivers, and ask questions about their daily routines and safety protocols. With Daycare.com, you can easily compare different options and shortlist the ones that best meet your needs, ensuring a high-quality, nurturing environment for your child.

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Mission District, California
San Frncisco, California
Western Addition, California
Richmond District, California
Potrero District, California
Sunset District, California

Gyms with Childcare
Mission District, California
San Frncisco, California
Western Addition, California
Richmond District, California
Potrero District, California
Sunset District, California

Daycare Franchise
Mission District, California
San Frncisco, California
Western Addition, California
Richmond District, California
Potrero District, California
Sunset District, California

24 Hour Daycare
Mission District, California
San Frncisco, California
Western Addition, California
Richmond District, California
Potrero District, California
Sunset District, California

24 Hour Childcare
Mission District, California
San Frncisco, California
Western Addition, California
Richmond District, California
Potrero District, California
Sunset District, California

Childcare Jobs
Mission District, California
San Frncisco, California
Western Addition, California
Richmond District, California
Potrero District, California
Sunset District, California

Goddard Schools
Mission District, California
San Frncisco, California
Western Addition, California
Richmond District, California
Potrero District, California
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Home Daycare
Mission District, California

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Potrero District, California
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For Parents

How to Find the Best Daycare
Home-based or Childcare Center?
Why is Daycare So Expensive?
Questions When Touring a Daycare
Government Programs for Childcare Aid
Nanny, Babysitter, or Per-Hour Daycare?
Daycare Philosophies in a Nutshell
Helping Your Child Adjust to Daycare
Keeping the Most Fearless Toddlers Safe
Daycare Safety Checklist
More...

For Providers

Have No Blank Spaces on Your Waitlist
The Secret to Daycare Marketing
How to Get More Childcare Enrollments
When Children Need to Calm Down
Programs for Children with Disabilities
Benefits of Outdoor Play for Children
How to Make a Great First Impression
Role of Play in Childhood Development
Using STEM in Daycare Curriculum
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Mission

To promote health through excellent services, generating value and satisfaction for our cooperative physicians and clients, fulfilling our socio-environmental role with respect for cooperative principles.

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Our Story

Following the example of the 28 weavers of Rochdale, who almost 171 years ago created the world's first cooperative as a safe option for generating work, income, and promoting social justice, 49 doctors from Goiás, with the medical professional and the practice of social medicine as the main elements, created Unimed Goiânia Cooperativa de Trabalho Médico (Unimed Goiânia Medical Work Cooperative) on February 21, 1978. This initiative aimed to counter the group medicine that mediated the physician's workforce and to seek an alternative for generating work and income for the category, based on the practice of medicine guided by the ethical principles that govern the profession.

Since then, 47 years have passed, and Unimed Goiânia proves the effectiveness of Cooperativism as a mechanism capable of generating work and promoting social justice , as exemplified by the initiative of the 28 weavers of Rochdale.

Unimed Goiânia Cooperativa de Trabalho Médico was created to value the medical professional and allow the practice of social and humanized medicine. This associative initiative of Goiânia's doctors also came to combat the commodification of medicine for profit, treating illness as a commodity to the detriment of human rights.

As part of the Unimed National System and representing the largest genuinely Brazilian health plan operator, throughout its 47 years, Unimed Goiânia has faced and continues to face numerous challenges sponsored by economic groups and the federal government itself.

But at no time has it jeopardized or compromised the practice of social medicine and the provision of humanized, quality healthcare to the community. This was, is, and will continue to be the greatest commitment of the 2,914 cooperative doctors who are part of Unimed Goiânia .

And to reinforce this raison d'être of Cooperativism, our, your Medical Work Cooperative of Goiânia, has strengthened its social responsibility actions, but above all for the entire Goiânia community. For this and other reasons, we are constantly committed to providing medical, hospital, and laboratory care to you and your family.

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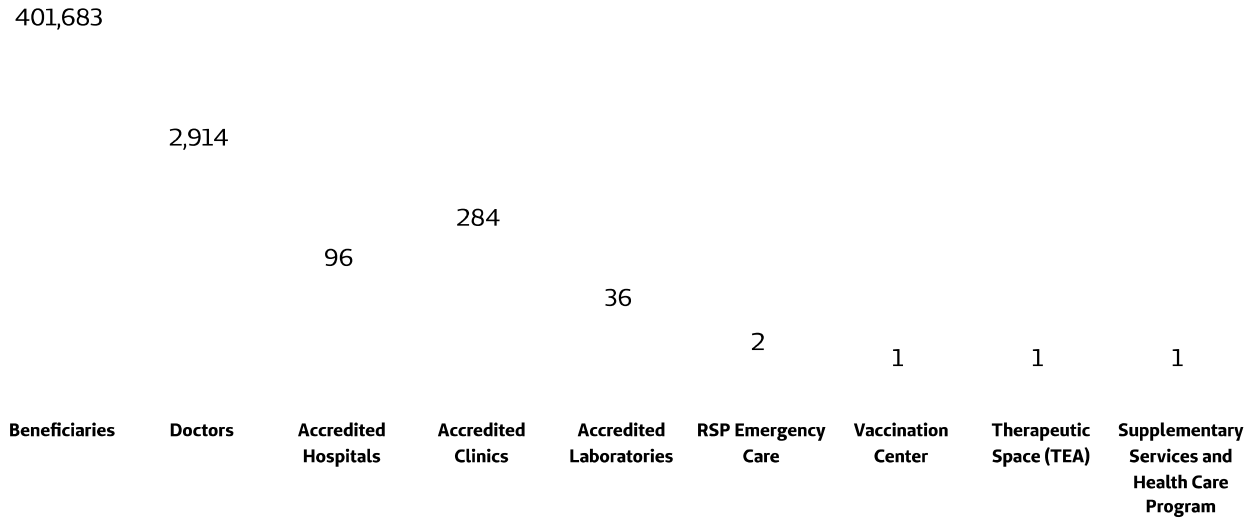
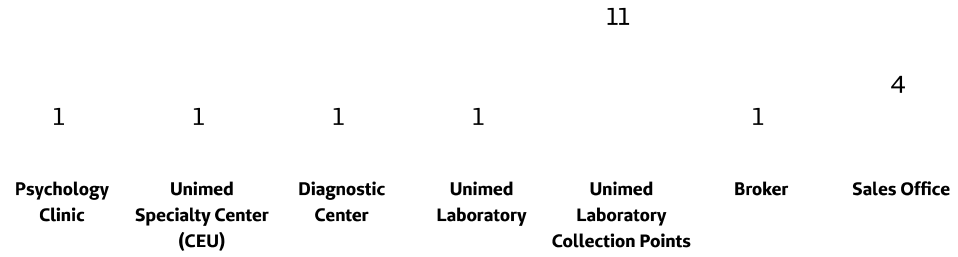
Unimed Numbers





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WE ARE HERE FOR EACH OTHER

334

OUR IDEOLOGY

CHILD CARE PROVIDERS UNITED
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Small steps add up to big changes in the field of child care.

335

We Work Together

CCPU exists to unite child care providers like us, amplifying our ideas, desires, and needs. Every day, we wake up determined to improve our lives and our work in every way possible!

We lift each other up.

Our union's strength comes from all of us! We work side by side, helping each other navigate the child care system, sharing resources, and being a shoulder to lean on when it's needed most— because we've all had those days.

We Believe in You

It takes an amazing person to juggle all the responsibilities of early childhood care and development. We're inspired by people like you, who are building a better future for all of us through your daily work.

"Being part of the union means to me so much because I feel like I have more of a backbone and support in the things that have been a struggle as a provider."

—Lori Christie, Imperial Beach

336

OUR MISSION

Caring for California Kids, Raising Up Our Profession

(https://childcareprovidersunited.org

Child Care Providers United brings together thousands of family child care providers throughout California to improve our profession and ensure every child has access to quality early learning and care. As union members, child care providers have a powerful voice to improve our livelihoods and the services we provide, for working families whether white, Black, Asian, or brown. We are working for child care for all and unions for all.

Together, we've already been able to win rate increases, improved state funding for early care and education, more secured training for providers, healthcare and retirement funds, and additional child care slots for families.

We're stronger when we're united.

At CCPU, we advocate for

Fair pay for quality care

Our work is impacting the future of our country, and it should be valued appropriately.

Access to advanced training

We must stay informed about advances and discoveries in child care and education.

A voice in state-level policy

We are many, and we deserve a voice in how our state's child care system is shaped.

The respect our work deserves

The work of child care and the expertise it requires should be made visible to all.



CHILD CARE PROVIDERS UNITED

(https://childcareprovidersunited.org)

English

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Improved state funding for early care and education

Increased funding means child care access for more families and a stronger economy.

Healthcare funds

We proudly offer our members funds toward healthcare, but we can still push for more.

Retirement funds

In 2024 our negotiation team achieved a first-of-its-kind retirement fund for caregivers.

Training funds

Educating ourselves is a career-long process, so funds that cover training are a necessity.









OUR TEAM

Meet our CCPU Leaders

Leadership Team



Max Arias
CCPU Chairperson and Chief Negotiator



Johanna Puno-Hester
Vice-Chair CCPU



Riko Mendez
CCPU Secretary-Treasurer



Alexa Frankenberg
CCPU Executive Director

Our 2024/25 Bargaining Team

Our bargaining team, a state-wide group elected by CCPU members to represent all of us, make all our work possible. Their work raises our collective voices and makes our victories possible. Click here to see your local union office information (https://childcareprovidersunited.org/find-your-local-office/).



Deotina Agustin



Miren Algorri



Maria Ivonne Bejar



Leidy Maribel Milla Bernasconi



Shaunte Brown



Isabel Cardenas



Maria Cisneros



Deborah Corley



Paloma Corona



Guillermina Garduno



Marcella Graves



Gabriela Guerrero



Regina Hamilton



Nancy Harvey



Sylvya Hernandez de Lopez



Saul Hurtado



Iris Magana



Yessika Magdaleno



Maria Elena Millings



Patricia Moran



Charlotte Neal



Naomy Nevarez



Pamela Rocha



Blanca Sanchez



Zonnia Sanchez



Yolanda Thomas



Horace Turner



Ana Valentino



Anita Vicini

California Child Care Providers Unite

From rallies in the streets of the capitol to hosting local representatives, we're looking for ways that enable everyone to participate — because that's the only way change happens.

Become a Member
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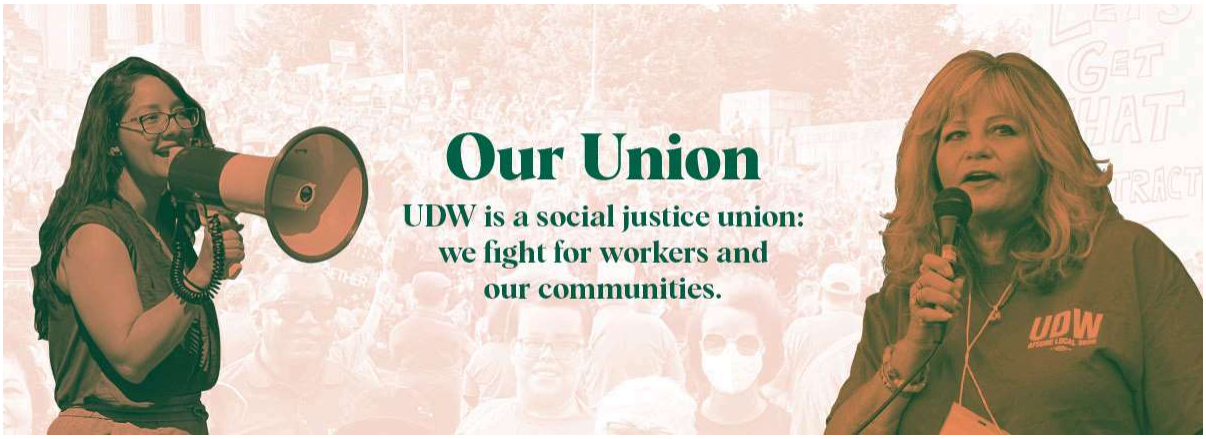
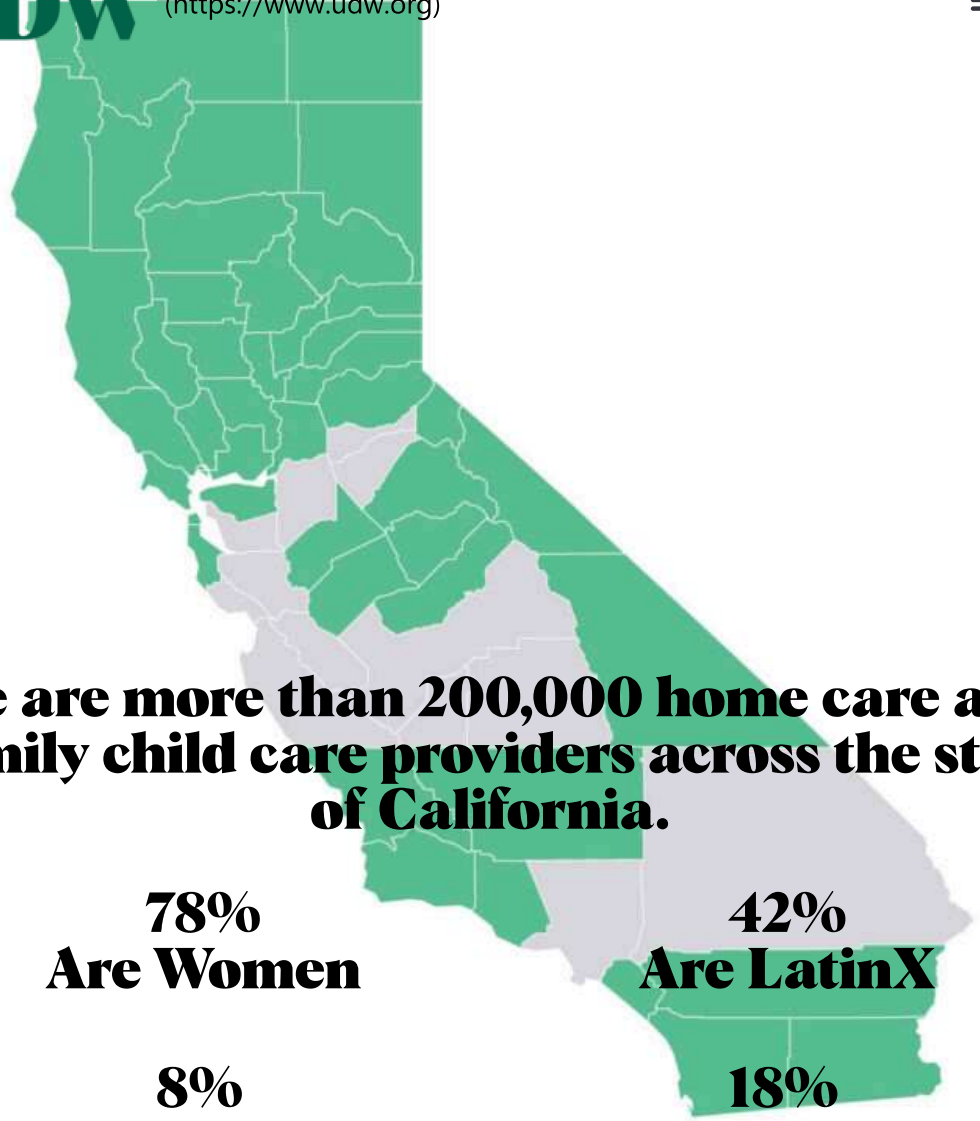
344

UDW (https://www.udw.org)



- Who We Are
- Our History
- Social Justice
- Our Leaders
- Our Constitution

We are committed to ending systemic inequality and building better lives for our members, their families, and the people they serve.



We are more than 200,000 home care and family child care providers across the state of California.

78%
Are Women

42%
Are LatinX

8%
Are Black

18%
Are Asian

Our union was founded by followers of Cesar Chavez in 1977.

UDW (https://www.udw.org)

1977

Founding of UDW



1980

We win our first contract



2000

We win collective bargaining for IHSS providers



2012

We protect IHSS from a 20% percent cut



English

UDW (https://www.udw.org)

2015

We win overtime and paid sick leave for caregivers



We won collective bargaining for child care providers



2019

2020

We win access to PPE, federal paid sick leave, and other protections during the COVID-19 pandemic



We end the 7% cut to IHSS hours - for good

2021

English



2023

We win a second contract with the state and retirement benefits for family child care providers & 5 days of paid sick leave for IHSS providers



We win Cost of Care Plus Rate Payment for family child care providers and critical state and local elections to protect

2024



As a union of women and people of color, we fight for the issues that impact our families and communities: racial justice, disability justice, gender equity, immigrants' rights, affordable housing, and communities free of police violence.

Our Leaders

Our union is led by our members. Our leaders are voted on by the membership every three years.



Astrid Zuniga

President

Astrid Zuniga lives in Modesto where she cares for her adult son, Manuel. Astrid is a strong legislative policy advocate for people, like Manuel, with developmental and cognitive disabilities. Astrid has led UDW's efforts to increase safety during interactions between

people with disabilities and law enforcement, serving as UDW's lead spokesperson for the successful passage of AB 392 and AB 911. Astrid was elected Chair of the California



Rosa Beltran

Vice President

Rosa Beltran from Riverside County became an IHSS provider in 2013. She cared for both of her parents until they passed away in 2021. Now, Rosa's in-home care journey continues with other clients within her community. Rosa joined the union after seeing the difficulties other providers faced and how the union helped them overcome the challenges. She is ecstatic to serve the members of Riverside County and she hopes to grow membership to strengthen our union power and inspire members to take a stand for what they deserve.



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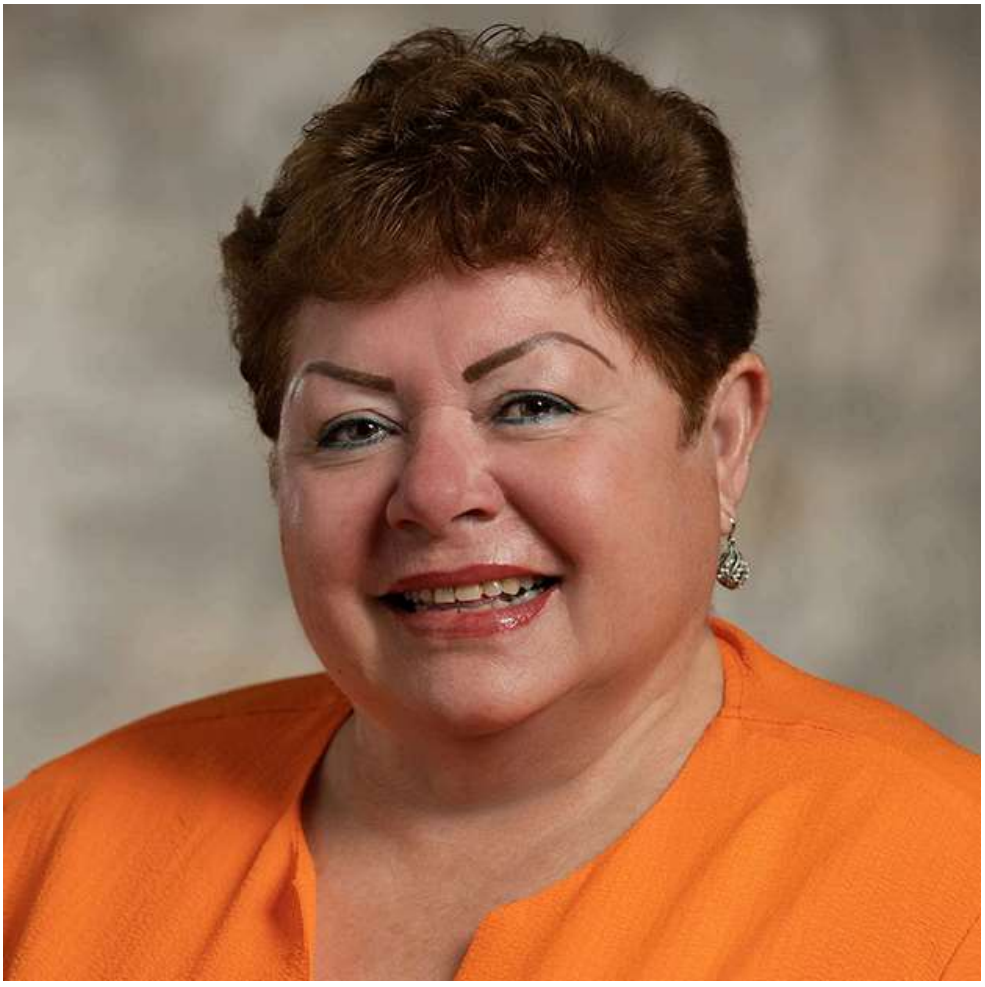
Sabrina D Bishop

English

Sabrina Bishop is from San Diego and became an IHSS provider to her mom in 2019. When her mom passed away in 2022, Sabrina decided that she wanted to honor her mom by continuing to provide care to those who need it and by serving her term as an elected leader of UDW. Sabrina is looking forward to continuing to fight to increase care providers' wages, raise awareness of the IHSS program, and come together in-person to do the work that builds a stronger union.



Maria Esthela Garza

District 1 Vice Chair

Maria Esthela Garza became involved in UDW because she saw that she could be her mother's voice and help her receive the hours of care her mother needed. She found more than just IHSS advocacy—she found a supportive community of fellow providers that helped her navigate life as a caregiver. Now she is a focused union activist and leader, helping with community events like food drives and PPE distributions and volunteering to help elect leaders who protect our clients and families.

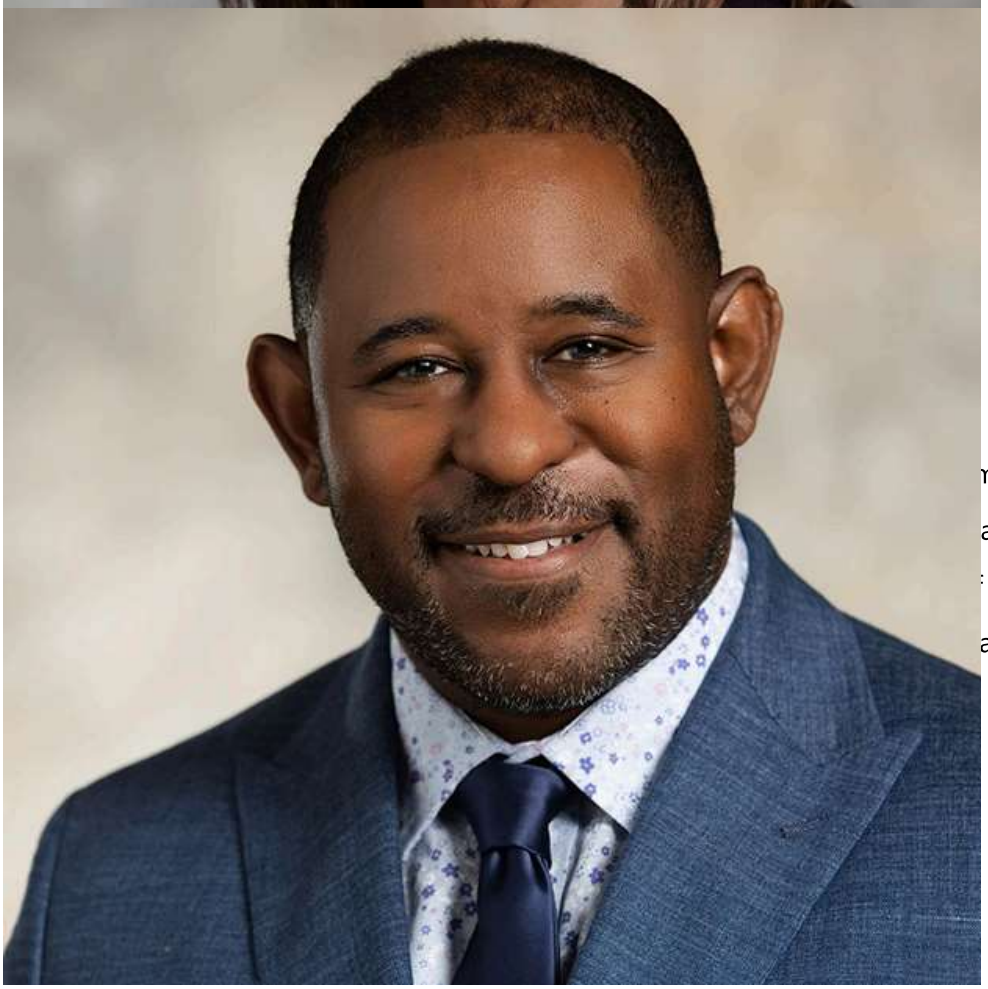


Angie Nguyen

District 2 Chair

Angie Nguyen lives in Garden Grove where she cares for her mother and aunt who are in their 80s. She grew up in Vietnam, moving to California in 1993 when her family started a new life with help from the Humanitarian Operation Program. Angie has been a UDW member since 2008 and believes that the strength of our collective voices will make a difference for IHSS providers, our clients, and our communities.





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Desmond Prescott

District 3 Chair

Desmond is from Riverside County and has been providing in-home care since 2015. He joined UDW when he saw firsthand how undervalued IHSS providers were. A Passionate advocate for social, racial, and economic justice, Desmond leads with his heart and is proud to serve members of the Riverside County.



Andrea D Dudley

District 3 Vice Chair

Andrea Dudley has been a home care provider since 2010, caring for her son. As a single mother navigating autism and complex medical needs, she has become a resourceful advocate, ensuring access to therapy and support services. Andrea joined UDW to strengthen her voice, fight for fair pay and benefits, and help other caregivers. She is passionate about building a workforce where caregivers are respected, supported, and able to provide quality care without sacrificing their own health or security.





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Sarah Ilenstine
District 5 Chair

Sarah lives in Santa Maria and cared for two of her daughters with disabilities since birth. Once her daughters grew up, Sarah worked as a Certified Nurse Assistant (CNA), and later became a caregiver to her granddaughter and other community members living with disabilities. She joined UDW thirteen years ago and is proud of her work as a bargaining team member and her role in helping attain pay increases for providers throughout the state.



Precious J Henley

District 5 Vice Chair

Precious Henley has been a home care provider in Kern County for over 20 years, caring for clients with complex medical needs and helping them live safely and independently. A UDW member since 2008, she has grown into a union leader through the Leadership Academy and statewide conferences. Precious is passionate about advocating for racial equity, fair treatment, and respect for caregivers. Her work is driven by empathy, community care, and a commitment to ensuring home care providers are valued and supported.



Martha L Ruiz

District 6 Chair

Martha L. Ruiz of Sutter County, who currently cares for her parents, is a lifelong caregiver who fights to make democracy work for the people who live in her communities. Martha is proud of the work she and her fellow Sutter County UDW members have done to build constructive relationships with elected officials and is committed to continuing to fight to protect the rights of providers and to build economic and social justice for all.





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Charlotte Neal

District 8 North Chair

Charlotte Neal is a second-generation family child care provider who has cared for children in Sacramento County for nearly 20 years. She began her career working with youth in the criminal justice system and was inspired to focus on early intervention and supporting

Children's growth. Charlotte runs a 24-hour child care program and is passionate about ensuring providers are recognized as essential workers, valued for their dedication, and



Maria Elena Millings

District 8 Central Chair

Maria Elena Millings has over 26 years as a family child care provider in Ventura County, creating safe, nurturing, and educational environments. She is President of the Latin American Child Care Provider Association and President of the Central Area Executive Board. She advocates for fair pay, benefits, and recognition for child care providers, and her passion is empowering them to defend our rights, our families, and the children in our care.



Yessika Magdaleno



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Johanna Puno Hester

English

Johanna Puno Hester

Deputy Executive Director (https://www.udw.org)

Johanna Puno Hester is the Deputy Executive Director of the United Domestic Workers /AFSCME, Local 3930 representing more than 220,000 home care and family child care providers in 39 counties in California. She serves as an elected AFSCME International Vice President, Vice-President for the California Labor Federation, and Housing Commissioner for the City of San Diego Housing Commission. In April, she was appointed as a commissioner on the California Commission on Asian Pacific Islander American Affairs (CCAPIAA). Today, Johanna also serves as the Vice Chair of the Child Care Providers United representing family child care providers who have won historic collective bargaining rights and in the midst of the pandemic in 2020, won healthcare and retirement funds for the 40,000 providers across California. The fighting spirit of providers, most of whom are immigrants and women of color continue to inspire her. Johanna is a graduate of the Senior Executives in State and Local Government program at the Harvard Kennedy School. She also completed a 2-year fellowship with the Mel King Community Fellows Program at the Massachusetts Institute of Technology (MIT) CoLab and participated in the National Labor Leaders Initiative (NLLI) through Cornell University's School of International Labor Relations (ILR).



Doug Moore

Doug Moore
Executive Director (https://www.udw.org)

Under Doug Moore's leadership, UDW has led successful campaigns to extend historic rights and protections to workers and better our communities through innovative organizing strategies and strong political and legislative advocacy. A California native and award-winning labor movement veteran, Doug is an AFSCME International Vice President and President of the San Diego and Imperial Counties Labor Council. He serves on numerous local, national, and international boards and task forces to empower workers everywhere and win justice for all.

Our Constitution

You can read our Constitution in English (https://udw.canto.com/direct/document/t4311d4r5l5tb7rdut0s648m70/SItalDdxFcfefn5ZhKOGNGioKh8/or content-type=application%2Fpdf&name=UDW_2024_Constitution_Eng.pdf), Spanish (https://udw.canto.com/direct/document/dlobIclv4h38tb3025v3mu8k7o/netv7IRFl0Os4Tm6zBJwLxMj7mw/ content-type=application%2Fpdf&name=UDW_Constitution_2024_SPA.pdf), and Vietnamese (https://udw.canto.com/direct/document/gi04ijfjjd48jdboqs1vdg4t2p/TpqKDP4tiHpkQW6HVol8vKXFPfc/or content-type=application%2Fpdf&name=UDW_Constitution_2024_+VIET.pdf)

Join Us!

Exhibit C.I - First Prong - Substancial Merit and National Importance

2026

BUSINESS PLAN



Prepared by

Nextus Plan

Contents

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1.0 Executive Summary

Aunt Jessy Center will be established in San Francisco, California, as a privately operated early childhood education center focused on delivering high-quality, affordable, and flexible childcare services to families in high-demand urban markets. The company will build upon the operational success of an existing licensed home daycare managed by its founder, Mrs. Jessica Rodrigues Alves, and will expand its capacity to meet sustained market demand for licensed childcare services in the Bay Area.

The center will be led by Mrs. Alves, a licensed childcare professional with extensive experience in early childhood education program administration, operational management, and regulatory compliance. Over several years, she has successfully operated a licensed daycare with consistently high enrollment levels, demonstrating strong demand that exceeds current capacity. This expansion reflects a market-driven opportunity to increase licensed childcare availability in one of California's most supply-constrained metropolitan areas.

The new facility will offer a comprehensive early childhood education service portfolio, including full-time and part-time care options, extended-hour services for working families, bilingual instructional strategies, specialized educational support for children with developmental needs, and structured parent engagement initiatives. This diversified service model allows the company to maximize enrollment flexibility while maintaining operational efficiency and educational quality.

Aunt Jessy Center will operate as an independent private enterprise, fully compliant with all applicable federal, state, and local childcare regulations, while responding directly to documented market demand for licensed childcare services. The business is designed to expand licensed service capacity, professionalize childcare operations, and contribute to workforce participation by enabling parents to maintain stable employment through reliable childcare access.

An initial investment of $190,000 will be allocated to facility lease and renovation, classroom equipment, licensing and compliance requirements, staffing, and working capital. In its first year of operation, the center is projected to employ eight to nine professionals, including a General Manager and Program Director, lead and assistant teachers, a special education specialist, a bilingual education coordinator, a family engagement coordinator, an administrative assistant, and part-time operational support. Staffing levels will scale progressively as enrollment grows, ensuring service quality, regulatory compliance, and financial sustainability.

San Francisco represents a strategically advantageous location due to its high workforce participation rates, population density, and persistent shortage of licensed childcare providers.[1] By expanding private-sector childcare capacity, creating skilled employment opportunities, and

[1] https://www.sfcitizen.com/understanding-demographics-san-francisco-population-and-trends/

implementing a scalable operational model, Aunt Jessy Center will contribute to local economic activity, job creation, and long-term service availability within the early childhood education market in California.

1.1 Nature and Scope of the Business

Aunt Jessy Center will be established in San Francisco, California, as a privately operated early childhood education company designed to expand licensed childcare capacity in a high-demand urban market. The business will focus on delivering high-quality, affordable, and flexible early childhood education services to families seeking reliable childcare solutions that support modern work schedules and household needs.

San Francisco represents a strategically advantageous location for the company's operations due to its high population density, strong workforce participation rates, and persistent shortage of licensed childcare providers. These market conditions create sustained demand for professionally managed childcare services and present a clear opportunity for a private enterprise capable of expanding service availability while maintaining regulatory compliance and educational quality.

The company will operate within all applicable federal, state, and local childcare regulations, ensuring safety, quality standards, and licensing requirements are consistently met. Aunt Jessy Center's scope of operations is structured around a diversified service portfolio that allows for enrollment flexibility, operational efficiency, and scalable growth.

The company's core services will include:

- **Full-Time Daycare Program:** Structured early childhood education provided during standard business hours, supporting children's cognitive, social, and emotional development through age-appropriate learning activities.
- **Extended Hours Program:** Childcare services offered beyond regular operating hours to accommodate families with non-traditional or extended work schedules.
- **Part-Time Care Program:** Flexible enrollment options for families requiring reduced schedules while maintaining consistent educational standards.
- **Specialized Educational Support:** Targeted educational services designed to support children with developmental learning needs through individualized instructional strategies.
- **Bilingual Learning Program:** An English–Spanish instructional approach that supports early language development and communication skills in a linguistically diverse market.
- **Parent Engagement Initiatives:** Structured programs that promote consistent communication between educators and families, supporting student progress and service continuity.

Under the leadership of Mrs. Jessica Rodrigues Alves, a licensed childcare professional with extensive experience in early childhood education administration, operational management, and regulatory compliance, Aunt Jessy Center will deliver professionally managed educational services that respond directly to market demand. The company's operations will contribute to licensed service expansion, skilled job creation, and private-sector economic activity within California's early childhood education market.

By increasing licensed childcare capacity, implementing standardized operational practices, and building a scalable service model, Aunt Jessy Center will establish a strong foundation for sustainable growth while maintaining high standards of care and educational delivery.

1.2 Mrs. Jessica Rodrigues Alves' Expertise

Mrs. Jessica Rodrigues Alves is the Founder and Executive Director of Aunt Jessy Center. She is a licensed childcare professional with extensive experience in early childhood education, daycare administration, program coordination, and community engagement. Over the course of her career, she has developed a strong reputation for operational excellence, regulatory compliance, and inclusive educational practices, with a particular focus on serving low-income families.

Since June 2021, Mrs. Alves has been the **Owner and Program Director of Jessica Alves Day Care**, located in San Francisco, California. In this role, she is licensed by the California Department of Social Services to operate a **Family Child Care Home** serving up to 14 children simultaneously. Her core responsibilities include overseeing day-to-day operations, planning educational activities, evaluating children's cognitive and emotional development, and ensuring strict compliance with state childcare safety regulations. She leads a team of three childcare professionals and manages all aspects of the business, including parent communications, administrative processes, staff coordination, and program quality assurance.

Her role also involves working closely with public programs that support families. Jessica Alves Day Care actively participates in **Children's Council of San Francisco**, **Wu Yee**, and **ELFA** (Early Learning for All), ensuring that children from low-income households receive access to early education. Mrs. Alves is responsible for drafting and managing contracts with families and staff, coordinating staff schedules, acquiring educational materials, maintaining facility compliance, and managing license renewals. She also designs monthly activity plans with a focus on cultural inclusion, bilingual development, and social-emotional learning, while fostering strong relationships with families and community partners.

Prior to founding her own daycare, Mrs. Alves gained administrative and operational experience as a Manager at Ana Paula Silva Day Care in San Francisco between October 2020 and May 2021. In this role, she coordinated staff activities, handled budget planning, supervised compliance with licensing requirements, and managed administrative documentation. This early U.S.

experience allowed her to develop a strong understanding of the operational and regulatory environment of licensed childcare programs in California.

Mrs. Alves built a solid professional foundation in the private sector in Brazil, with a focus on client relations, compliance, and administrative processes. From 2018 to 2020, she worked as a Health Insurance Broker at Unimed Goiânia, a leading healthcare company, where she was responsible for acquiring new clients, analyzing eligibility for corporate health plans, managing contracts, and leading strategic sales initiatives. She was recognized with performance awards for her results in corporate sales.

From 2015 to 2018, she served as a Market Analyst at Unimed Goiânia, where she conducted market trend analysis, managed institutional relationships with the National Regulatory Agency for Private Health Insurance and Plans (ANS), and coordinated regional expansion projects, including the "Unimed Aqui" initiative. Prior to that, between 2014 and 2015, she worked as a Sales Support Specialist, managing documentation and contracts and supporting the implementation of corporate health plans.

In addition to her private sector background, Mrs. Alves also held a legal support role at WN Advocacia, where she worked as a Legal Analyst from 2013 to 2020, drafting and reviewing contracts, preparing legal documents, and assisting corporate clients across multiple legal areas. Her early professional development also included an internship at the Municipal Housing Department of Goiânia in 2013, where she provided legal and administrative support to the department's operations.

Mrs. Alves's educational background reflects her interdisciplinary expertise. She earned a Bachelor's Degree in Law from Universidade Salgado de Oliveira in Goiânia, Brazil, in December 2018. After relocating to the United States, she pursued specialized education in early childhood development, completing the **Associate Teacher Certificate** at the **City College of San Francisco** in July 2022. She is currently enrolled in a **Bachelor's in Early Childhood Education at EDAdvance College**, California, with classes scheduled to begin in the Fall of 2025, supported by the Child Care Providers United (CCPU) program.

In addition to her formal education, Mrs. Alves has completed several professional training programs relevant to early childhood education, including Child Abuse & Neglect Mandated Reporter Training (2022), Preventive Health and Safety Training (2021), Curriculum Exploration for Family Child Care Providers (2024), DRDP Child Care Provider (2022), and ASQ-3/ASQ:SE-2 Child Development & Special Needs (2022). She is also a certified member of professional organizations, including United Domestic Workers (UDW) and Child Care Providers United (CCPU), which support and advocate for the childcare workforce in California.

Mrs. Alves is fluent in Spanish and proficient in English, with ongoing advanced language training to enhance her professional communication skills. Her legal background, combined with operational childcare expertise and a strong understanding of California's childcare system,

uniquely positions her to lead Aunt Jessy Center with strategic vision, regulatory awareness, and a commitment to quality early education.

2.0 The Company

Aunt Jessy Center will be strategically structured to ensure the effective delivery of its early childhood education programs and support the company's long-term expansion strategy in California. This team structure is projected for **Year 5**, when the center will operate at full capacity with a **staff of 15 employees** distributed across key functional areas including education, special education services, bilingual learning, family engagement, administration, and operations. This organizational framework will provide the operational strength, specialized expertise, and service quality necessary to support sustained growth and meet the needs of an expanded student population.

- **General Manager & Program Director – 1 employee:** Responsible for strategic leadership, operational oversight, regulatory compliance, licensing, and quality assurance.
- **Lead Teacher – 2 employees:** Develops and implements the educational curriculum, supervises assistant teachers, evaluates child development progress, and ensures compliance with early learning standards.
- **Assistant Teachers – 5 employees:** Provides daily classroom support, supervises children, assists with educational activities, maintains classroom organization, and contributes to a safe and nurturing learning environment.
- **Special Education Specialists – 3 employees:** Delivers targeted support to children with developmental delays or special needs, coordinates individualized learning plans, conducts assessments, and collaborates with families and external specialists.
- **Bilingual Education Coordinator – 1 employee:** Oversees the development and implementation of bilingual (English–Spanish) curriculum, supports language development initiatives, and provides training to teaching staff.
- **Family Engagement Coordinator – 1 employee:** Builds and maintains strong relationships with parents, organizes educational workshops, assists families with access to programs, and fosters community partnerships.
- **Administrative Assistant – 1 employee:** Manages administrative processes, record keeping, enrollment coordination, scheduling, and supports the operational needs of the center.
- **Cook (part-time) – 1 employee:** Prepares and serves nutritious meals and snacks, ensuring compliance with food safety regulations and child nutrition standards.

Each position will play a critical role in advancing the center's mission to provide inclusive, high-quality, and accessible early childhood education to families in San Francisco. This well-defined Year 5 structure will allow Aunt Jessy Center to maintain operational efficiency, ensure

compliance with federal and state childcare regulations, and deliver educational programs that support children's development and family well-being, while sustaining a financially viable and scalable model.

2.1 Company's Expansion

By Year 5, Aunt Jessy Center will strategically expand its operations beyond its original location in San Francisco, California, to key regions across the Bay Area and other parts of the state. This expansion strategy focuses on establishing a regional network of early childhood education centers that respond to California's growing demand for affordable, high-quality, and inclusive childcare. The objective is to increase the company's capacity, strengthen its presence in communities with limited childcare access, and enhance its role as a trusted partner in the state's early education ecosystem.

Expansion efforts will prioritize cities and regions that demonstrate a high concentration of working families, and existing childcare shortages. Initial locations will include:

- **Oakland** – to increase access to early education programs in a diverse urban area with significant demand for subsidized childcare services.
- **San Jose** – to serve a large population of working families, particularly in technology and service industries, and support the growing need for bilingual early education programs.
- **Sacramento** – to expand into a major metropolitan area with strong state-level program infrastructure and a documented shortage of licensed childcare providers.
- **Los Angeles** – to extend the company's presence to Southern California, tapping into a broad population base and robust childcare funding mechanisms.

This geographic expansion will allow Aunt Jessy Center to:

- Provide localized, high-quality early education and childcare services to families in high-demand areas.
- Build strategic partnerships with state agencies, county-level education departments, and community-based organizations.
- Enhance service delivery through regionally dedicated teams and standardized quality frameworks.
- Increase visibility across the state and strengthen its position as a trusted and community-centered childcare provider.

Through this expansion strategy, the company aims to amplify its educational and social impact within California, creating new employment opportunities, supporting workforce participation, and increasing the number of licensed childcare seats in families seeking affordable, high-quality, and flexible early childhood education options. By Year 5, Aunt Jessy Center intends to

be recognized as a regional leader in early childhood education, with a network of centers that uphold high standards of care, inclusion, and community engagement.

2.2 Needs for the Company's Services

The demand for Aunt Jessy Center's services is driven by a persistent structural imbalance between the supply of licensed childcare providers and the demand for childcare services in California, especially in high-density regions such as the Bay Area. According to the U.S. Census Bureau, many urban areas have a higher concentration of children under five than available licensed childcare slots, creating ongoing capacity constraints within the private childcare market.[2]

California has one of the highest concentrations of families with young children in the nation, yet licensed childcare availability has not kept pace with population growth and workforce participation trends. This imbalance is recognized in public reports on childcare supply and demand, which describe areas with limited licensed provider availability and significant gaps in licensed capacity.

The operational context for early childhood education in California is defined by regulatory frameworks that establish health and safety standards, licensing requirements, and quality benchmarks for childcare providers. For example:

- The **California Department of Social Services, Early Learning and Care Division (ELCD)** oversees childcare licensing standards, provider compliance, and the enforcement of quality and safety requirements for childcare facilities operating in the state.[3]
- At the national level, the **Child Care and Development Fund (CCDF)** establishes federal health, safety, and quality requirements for licensed childcare providers that participate in regulated systems across states. [4]

These frameworks create a well-defined regulatory environment that governs childcare services while maintaining consistent operational standards across providers. However, regulatory requirements alone do not resolve the underlying market gap between available licensed slots and families seeking reliable childcare services.

The primary market challenges contributing to sustained demand for professionally managed childcare services include:

- A persistent shortage of licensed childcare providers in high-density urban neighborhoods
- Insufficient availability of flexible scheduling options (such as extended hours) in existing facilities

[2] https://www.census.gov/data.html
[3] https://www.cdss.ca.gov/inforesources/child-care-licensing
[4] https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-98

- Capacity constraints that restrict enrollment growth among current providers
- Limited private-sector supply of programs offering bilingual instruction and specialized educational support
- Operational complexity associated with licensing requirements and workforce management

Aunt Jessy Center is positioned to respond directly to these long-term market conditions with a diversified private-sector service model designed to expand licensed childcare capacity while maintaining compliance with regulatory standards.

As workforce participation and child population density remain strong in the Bay Area, demand for professionally managed childcare services is expected to continue. Aunt Jessy Center's programs are positioned to expand service availability, support employment, and contribute to the economic activity of licensed childcare service delivery within California's early childhood education market.

2.3 Target Market

Aunt Jessy Center will strategically position itself to serve families across the Bay Area who require reliable, high-quality, and flexible early childhood education services in a licensed and professionally managed environment. The company's target market is defined by sustained private demand for childcare services driven by workforce participation, urban population density, and limited availability of licensed providers in high-demand metropolitan areas.

The center will focus on families seeking consistent childcare solutions that support modern work schedules, long-term enrollment stability, and educational quality. This market segment reflects a broad cross-section of households that prioritize licensed care, operational reliability, and program flexibility when selecting early childhood education providers.

The company's primary target segments include:

- **Working Families in Urban Areas:** Households with one or more employed caregivers who require dependable full-time, part-time, or extended-hours childcare services to support professional and household responsibilities.
- **Dual-Income Households:** Families in which both caregivers participate in the workforce and seek structured childcare programs that align with standard and non-traditional work schedules.
- **Families Seeking Specialized Educational Support:** Households interested in childcare programs that offer structured educational approaches, individualized learning strategies, and professionally managed instructional environments.
- **Families Seeking Bilingual Instructional Options:** Households that value early language development and bilingual (English–Spanish) educational programming as part of their children's early learning experience.

- **Families Requiring Enrollment Flexibility:** Parents seeking childcare providers capable of offering multiple scheduling formats, including full-time, part-time, and extended-hours services.

Aunt Jessy Center will initially concentrate its operations in high-demand Bay Area markets, including San Francisco, Oakland, and San Jose, where population density, workforce participation, and limited licensed childcare availability create strong and consistent demand for private childcare services. These markets provide a favorable environment for enrollment stability and operational scalability.

As the business matures, the company may evaluate expansion opportunities into other metropolitan regions within California, subject to operational performance, market demand, and regulatory considerations.

By targeting families based on service needs, scheduling requirements, and educational preferences, Aunt Jessy Center will establish itself as a reliable, professionally managed childcare provider within California's private early childhood education market. This market-driven positioning supports sustainable enrollment, predictable revenue generation, and long-term business growth without reliance on public resources or policy-based demand.

2.4 Company's Economic Benefits

Aunt Jessy Center will generate significant economic benefits during its first five years of operation, supported by consistent growth in sales revenue, profitability, and tax contributions. This financial performance will reinforce the company's role in stimulating local and state economic activity, creating jobs, and contributing to the development of California's early childhood education sector.

Financial Growth:

- **Sales Revenue** is projected to grow from $648,000 in Year 1 to $2,099,520 in Year 5, reflecting the center's strong service demand and expansion to multiple locations in California.
- **Gross Margin** will increase from $557,880 in Year 1 to $1,807,531 by Year 5, demonstrating effective cost management and operational efficiency.
- **Net Profit** is expected to rise from $82,256 in Year 1 to $231,398 in Year 5, highlighting the sustainability and profitability of the center's service model.

Tax Contributions and Economic Impact:

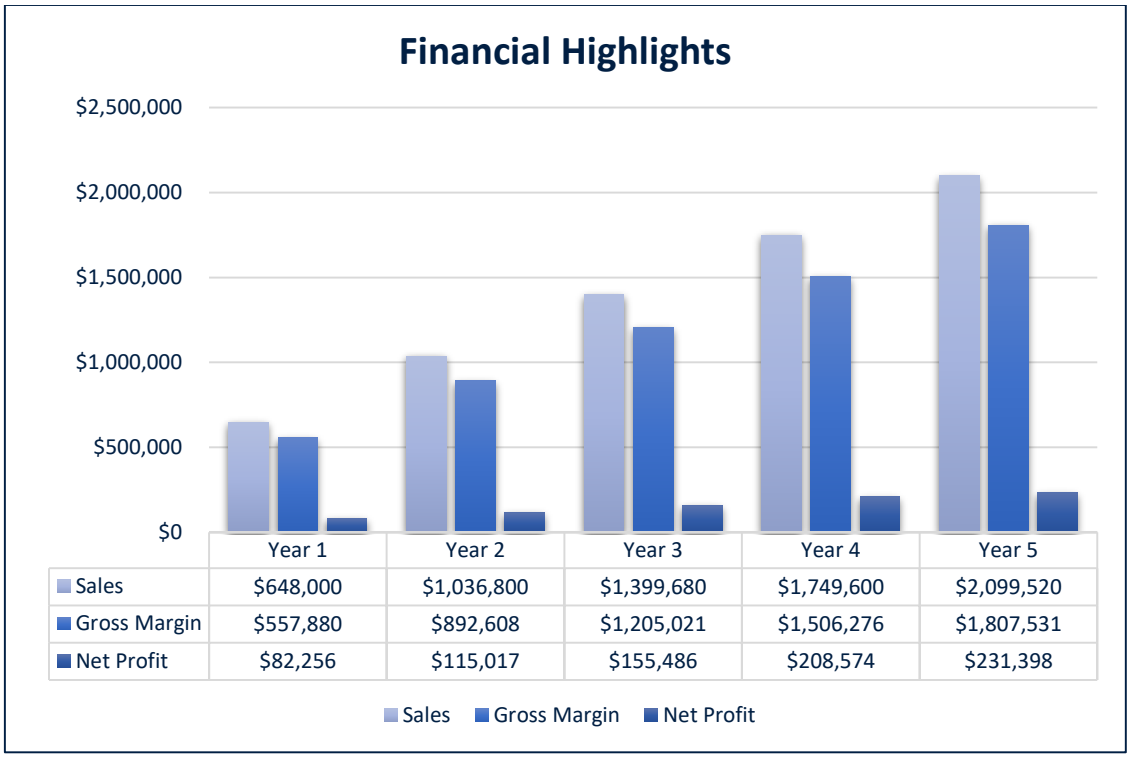
- **Federal and State Taxes** are projected to grow from $30,424 in Year 1 to $85,586 in Year 5, with a total contribution of $293,204 over the five-year period.
- **Payroll Taxes** are expected to increase from $31,200 in Year 1 to $114,631 in Year 5, reaching $369,793 in total tax contributions over five years.

- Combined, the company is projected to contribute approximately **$662,997 in federal, state, and payroll taxes** during this period, reflecting both business growth and increased employment.

Beyond these direct financial indicators, Aunt Jessy Center's operations will create broader economic benefits by generating stable jobs, supporting working families, and strengthening community infrastructure in underserved areas. By increasing the number of licensed childcare seats in California, the company will not only help families remain active in the workforce but also reduce the economic burden associated with limited childcare access.

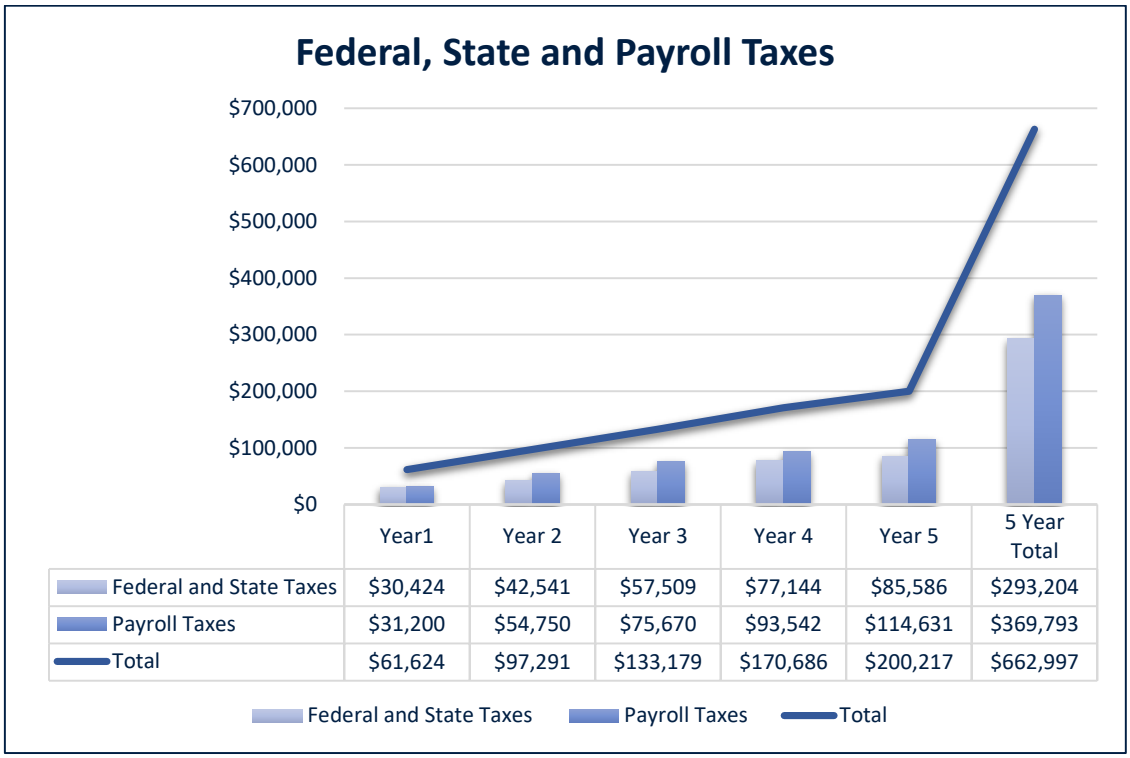
The company's strategic growth plan is designed to be financially scalable and socially impactful, combining operational efficiency with community engagement. Through its expansion and alignment with state and federal childcare programs, Aunt Jessy Center will become a key contributor to California's early education economy, driving workforce participation, supporting family stability, and creating long-term economic value.

2.4.1 Financial Highlights Chart



	Year 1	Year 2	Year 3	Year 4	Year 5
Sales	$648,000	$1,036,800	$1,399,680	$1,749,600	$2,099,520
Gross Margin	$557,880	$892,608	$1,205,021	$1,506,276	$1,807,531
Net Profit	$82,256	$115,017	$155,486	$208,574	$231,398

2.4.2 Federal, State and Payroll Taxes Chart



	Year1	Year 2	Year 3	Year 4	Year 5	5 Year Total
Federal and State Taxes	$30,424	$42,541	$57,509	$77,144	$85,586	$293,204
Payroll Taxes	$31,200	$54,750	$75,670	$93,542	$114,631	$369,793
Total	$61,624	$97,291	$133,179	$170,686	$200,217	$662,997

2.5 Summary of Investment

Aunt Jessy Center will implement a structured financial strategy to support its initial market entry and operational launch in San Francisco, California. A total investment of **$190,000** has been allocated to cover all essential startup expenses and working capital. This investment will provide the company with the infrastructure, licensing, equipment, and operational resources required to establish a fully functional early childhood education center capable of meeting state regulatory standards and community needs.

Startup Expenses:

- **Facility Lease & Renovation:** $60,000 allocated to secure and adapt a licensed facility that meets California's health, safety, and childcare regulations.
- **Furniture & Equipment:** $25,000 for classroom furniture, fixtures, and essential operational infrastructure.
- **Licensing & Permits:** $7,000 to cover regulatory fees, inspections, and mandatory state certifications.
- **Learning & Playground Materials:** $12,000 dedicated to educational and play-based learning resources that support curriculum implementation.

- **Kitchen & Nutrition Equipment:** $10,000 for child nutrition preparation areas and compliance with food safety standards.
- **Technology & Administrative Setup:** $6,000 for computers, tablets, and administrative systems.
- **Marketing & Branding:** $5,000 for promotional materials, signage, and community outreach campaigns.
- **Professional Services:** $10,000 for legal, accounting, and consulting services related to business setup and compliance.

Total Startup Expenses: $135,000

Startup Assets:

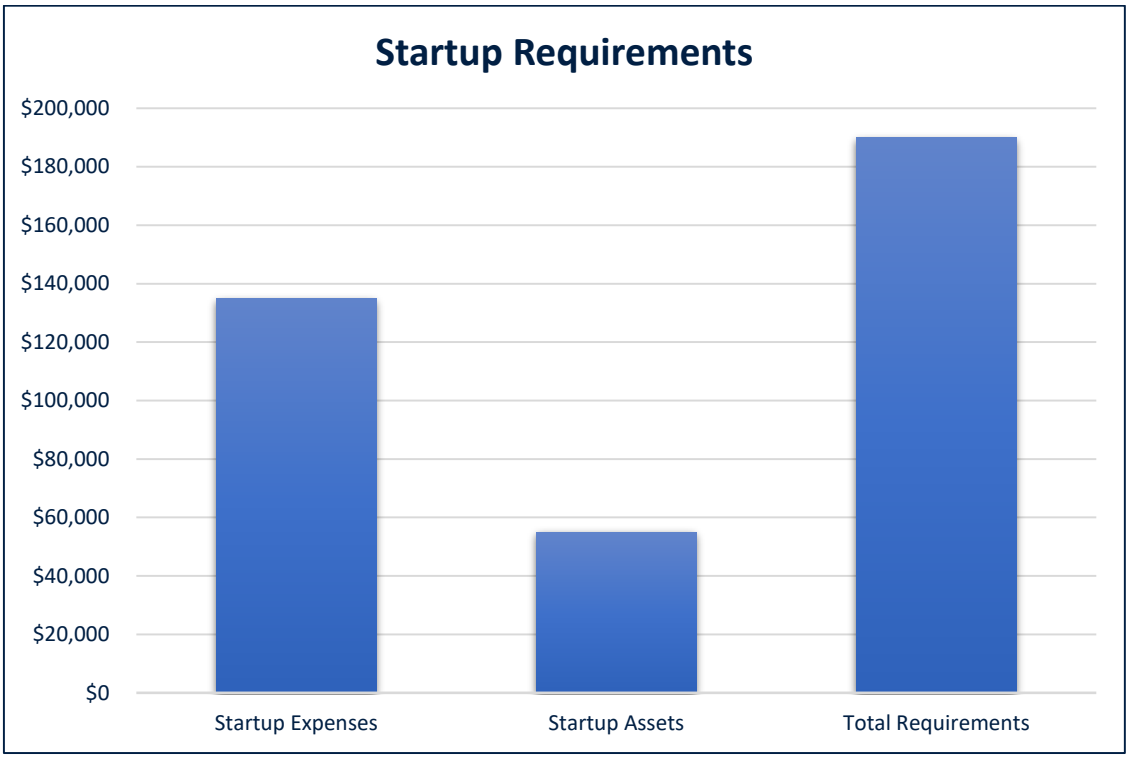
- **Cash Required:** $55,000 in operational reserves to sustain the business during its first months of operation and provide flexibility for working capital needs.
- **Total Startup Assets:** $55,000

Total Investment Required: $190,000

2.5.1 Startup Requirements Table

Startup	
Requirements	
Startup Expenses	
Facility Lease & Renovation	$60,000
Furniture & Equipment	$25,000
Licensing & Permits	$7,000
Learning & Playground Materials	$12,000
Kitchen & Nutrition Equipment	$10,000
Technology & Admin Setup	$6,000
Marketing & Branding	$5,000
Professional Services	$10,000
Total Startup Expenses	$135,000
Startup Assets	
Cash Required	$55,000
Startup Inventory	$0
Other Current Assets	$0
Long-term Assets	$0
Total Assets	$55,000
Total Requirements	**$190,000**

2.5.2 Startup Requirements Chart



2.6 Company's Mission

Aunt Jessy Center's mission is to provide high-quality, affordable, and inclusive early childhood education that empowers children, strengthens families, and supports community development across California. The company is committed to creating a safe, nurturing, and stimulating learning environment where children can grow socially, emotionally, and academically.

2.7 Company's Goals

Aunt Jessy Center's overarching goal is to become a recognized leader in inclusive, affordable, and high-quality early childhood education in California, with a strong focus on meeting the needs of families across the Bay Area and other high-demand regions. The company aims to build a sustainable and scalable childcare model that supports children's development, strengthens families, and contributes to community well-being.

To achieve this vision, Aunt Jessy Center will focus on the following strategic objectives:

- **Operational Excellence:** Establish and maintain fully licensed facilities that meet or exceed all state regulatory standards, ensuring safe, nurturing, and developmentally appropriate environments for children.

- **Expanded Access:** Increase the number of licensed childcare seats in underserved communities, reducing waiting lists and addressing the shortage of affordable early education options in California.
- **Strategic Partnerships:** Build strong collaborations with public agencies, nonprofit organizations, and programs such as the Children's Council of San Francisco, Child Care and Development Fund (CCDF), and California's Master Plan for Early Learning and Care to enhance program capacity and funding stability.
- **Educational Quality:** Implement a comprehensive bilingual curriculum designed to foster language development, early literacy, and cognitive growth, while also incorporating specialized services for children with developmental needs.
- **Community Engagement:** Develop initiatives that strengthen the connection between the center, families, and the community through workshops, parental support programs, and resource navigation.
- **Workforce Development:** Recruit, train, and retain highly qualified teachers, assistant educators, and specialists, ensuring program consistency and service excellence.
- **Financial Sustainability:** Build a stable financial foundation through efficient resource allocation, strategic investments, and operational scalability to support long-term growth.

By pursuing these goals, Aunt Jessy Center will play an active role in expanding access to early education, supporting workforce participation, and promoting equitable child development outcomes across California.

2.8 Company's Keys to Progress

Aunt Jessy Center's success will rely on a set of well-defined strategic priorities designed to ensure operational excellence, educational quality, financial stability, and community impact. These key drivers will guide the company's progress and sustain its competitive advantage in California's early childhood education sector.

- **Strong Regulatory and Program Alignment:** Maintain full compliance with all state and federal childcare regulations while strategically aligning with programs such as the Child Care and Development Fund (CCDF) and California's Master Plan for Early Learning and Care. This alignment will strengthen funding opportunities, increase program visibility, and support sustainable expansion.
- **High-Quality Educational Programming:** Deliver a bilingual, inclusive, and developmentally appropriate curriculum that supports children's cognitive, emotional, and social growth, while integrating early intervention and special education services when needed.
- **Strategic Partnerships and Community Engagement:** Build and sustain strong collaborations with local agencies, nonprofit organizations, and community partners, including the

Children's Council of San Francisco, to enhance outreach, service delivery, and resource access for families.

- **Workforce Development and Retention:** Recruit, train, and retain a team of highly qualified educators and support staff. Continuous professional development will ensure program consistency, quality, and compliance with evolving early education standards.
- **Financial Sustainability and Scalability:** Implement effective financial management practices that prioritize cost efficiency, stable cash flow, and reinvestment in facility improvements, staffing, and program innovation.
- **Reputation and Trust Building:** Foster a culture of transparency, accountability, and excellence that strengthens the center's reputation as a trusted and reliable childcare provider within the community.
- **Innovation and Adaptability:** Leverage technology and data-driven decision-making to improve administrative efficiency, monitor child development outcomes, and adapt to evolving family and policy needs.

By focusing on these keys to progress, Aunt Jessy Center will establish a strong operational foundation, expand its impact across the Bay Area, and position itself as a model provider of inclusive, accessible, and high-quality early childhood education in California.

3.0 Company's Services

Aunt Jessy Center will provide comprehensive early childhood education and care services designed to meet the needs of working families in California, particularly in the Bay Area, where the demand for accessible, affordable, and inclusive childcare is rapidly growing. The company's service model integrates academic development, social-emotional learning, bilingual education, and family engagement to create a well-rounded and impactful educational experience for children from infancy through early school age.

The center's core services include:

- **Full-Time Daycare Program:** A structured, developmentally appropriate early education program offered during standard business hours. This program focuses on supporting children's cognitive, social, and emotional growth through play-based learning, early literacy activities, and language development.
- **Extended Hours Program:** Flexible childcare services provided beyond regular operating hours to accommodate parents working non-traditional or extended shifts. This service helps families maintain stable employment while ensuring children receive consistent care and support.

- **Part-Time Care Program:** Flexible scheduling options that allow families to enroll their children for specific days or partial hours, providing affordable access to quality education for parents who work part-time or have irregular schedules.
- **Special Education Support:** Dedicated support for children with developmental delays or special needs, including early intervention strategies, individualized learning plans, and collaboration with specialists and families to ensure inclusive and adaptive education.
- **Bilingual Learning Program:** A dual-language curriculum (English–Spanish) designed to promote early language acquisition, cultural inclusion, and academic readiness. This program reflects the linguistic diversity of California's communities and supports children's communication skills.
- **Parent Engagement & Family Support:** A family-centered approach that includes educational workshops, resource navigation, and close collaboration with parents to strengthen the child's learning environment at home and at school.

These services are designed to support children's early development but also to enable parents to remain active in the workforce, contribute to their local economy, and build stronger communities. By integrating educational excellence with accessibility and inclusion, Aunt Jessy Center will position itself as a trusted and high-impact childcare provider in California.

4.0 Industry Overview

The early childhood education and childcare industry in the United States is a critical component of the nation's economic and social infrastructure. It plays a dual role: supporting early childhood development and school readiness while also enabling workforce participation by providing essential care solutions for working families. Demand for licensed childcare continues to rise nationwide, particularly in urban areas such as California's Bay Area, driven by population growth, high labor force participation, and an increasing awareness of the importance of early education in lifelong outcomes.

According to data from the U.S. Census Bureau and the U.S. Department of Health and Human Services, more than 12 million children under the age of five require regular childcare in the U.S., yet available licensed capacity falls far short of meeting this demand.[5] Many communities are classified as **"child care deserts"**, where there are three or more children for every licensed childcare slot. This gap is even more pronounced in California, where **over 50% of families** live in areas with insufficient childcare availability.

The **U.S. childcare market** is projected to reach approximately **$83.6 billion by 2030**, growing at a **compound annual growth rate (CAGR)** of around **5.5%**, according to recent industry research.[6]

[5] https://www.census.gov/topics/population/children/about.html
[6] https://www.grandviewresearch.com/industry-analysis/us-child-care-market

In California specifically, the demand for childcare services continues to rise due to several factors:

- **High workforce participation rates**, particularly among parents of young children.
- **Rapid population growth** in urban centers such as San Francisco, Oakland, and San Jose.
- **Rising childcare costs**, creating a need for more affordable and subsidized options.
- **Increasing policy support** through federal and state initiatives designed to expand access and quality of early education programs.

Federal programs such as the Child Care and Development Fund (CCDF)[7] and Head Start providing critical funding for childcare subsidies, while California's Master Plan for Early Learning and Care[8] outlines a long-term vision for expanding access, improving quality, and supporting the early education workforce. These programs and initiatives directly support businesses like Aunt Jessy Center by creating stable funding streams, referral systems, and partnership opportunities that help sustain operations and scale impact.

The childcare sector also generates a significant economic multiplier effect. Affordable and reliable childcare enables parents to stay in the workforce, increases household income stability, and drives local economic activity. According to the U.S. Chamber of Commerce Foundation, the lack of adequate childcare access costs U.S. businesses approximately $122 billion annually in lost earnings, productivity, and revenue.[9] This reinforces the urgent need for new childcare providers, especially in underserved communities, to help close the gap between supply and demand.

As California continues to invest in childcare infrastructure, providers that can deliver high-quality, inclusive, and affordable early education will be well positioned to thrive. Aunt Jessy Center will enter this growing market with a strong foundation of regulatory compliance, bilingual education programming, and community engagement, allowing it to meet both market demand and state policy priorities effectively.

4.1 Industry Analysis

The U.S. early childhood education and childcare industry is undergoing a period of accelerated demand, policy reform, and investment, making it one of the most strategically significant sectors for workforce participation and community development. The industry serves as both an economic enabler, by allowing parents and caregivers to remain in the workforce, and a long-term educational driver, supporting early childhood development and school readiness.

[7] https://acf.gov/
[8] https://www.chhs.ca.gov/
[9] https://www.uschamberfoundation.org/solutions/early-childhood-and-k-12-education/untapped-potential

Market Conditions and Demand Drivers

The demand for childcare in the United States consistently exceeds the supply of licensed providers. According to the U.S. Census Bureau, more than 12 million children under five require care, but the available number of licensed childcare seats meets only a fraction of this need. This shortage is particularly acute in California, where over half of families live in "child care deserts," areas with three or more children for every licensed childcare slot.[10]

Several factors are intensifying this demand:

- **Rising workforce participation** among parents of young children, creating sustained need for flexible and accessible care solutions.
- **Population growth** in major urban areas, especially in the Bay Area (San Francisco, Oakland, and San Jose).
- **Increased public awareness** of the importance of early education for cognitive, emotional, and social development.
- **Policy momentum** at both federal and state levels supporting the expansion of affordable and high-quality early education programs.
- **Affordability gaps**, as childcare costs have grown faster than wages, making subsidized options essential for many families.

Policy and Regulatory Landscape

The childcare industry is heavily influenced by federal and state programs that aim to expand access, improve quality, and support providers. Key initiatives include:

- **Child Care and Development Fund (CCDF)** – Provides subsidies to help low-income families access childcare and supports licensed providers through quality improvement grants.
- **Head Start and Early Head Start** – Federally funded programs promoting school readiness for children from low-income families.
- **California's Master Plan for Early Learning and Care** – A state roadmap to expand access, unify subsidy systems, strengthen the workforce, and increase the supply of licensed childcare.

These frameworks create a favorable policy environment for childcare providers, offering opportunities to partner with public programs, access stable funding streams, and expand services in line with state and federal priorities.

[10] https://www.childstats.gov/AMERICASCHILDREN/tables/pop1.asp

Competitive Landscape

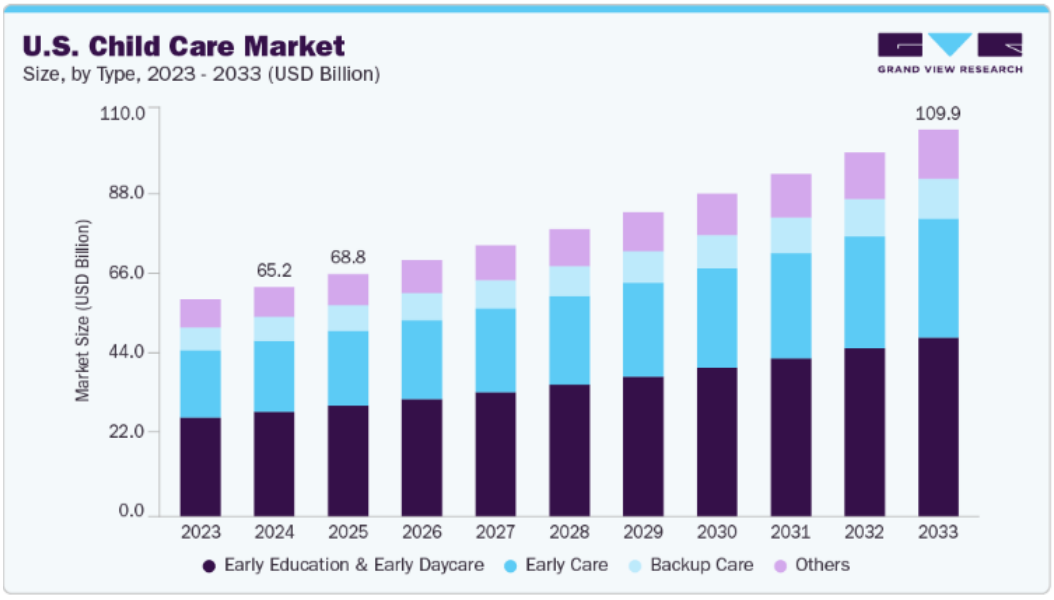
The childcare sector in California is characterized by a fragmented market composed of large national chains, regional centers, nonprofit organizations, and independent family childcare providers. Many existing centers operate at or near capacity, with long waiting lists, particularly in high-demand areas such as the Bay Area. This supply shortage creates significant entry opportunities for new, high-quality providers like Aunt Jessy Center.

Key competitive factors include:

- **Regulatory compliance and licensing capacity**
- **Program quality and curriculum differentiation** (e.g., bilingual programs, special education support)
- **Pricing structure and subsidy partnerships**
- **Location and accessibility**
- **Reputation and trust within the community**

Industry Outlook

The U.S. childcare industry is projected to grow steadily, with market size expected to reach $83.6 billion by 2030, reflecting a CAGR of approximately 5.5%. In California, investment in early education is a policy priority, with increased funding, subsidy consolidation, and infrastructure development planned over the coming years. This growth trajectory presents a strong window of opportunity for providers positioned to deliver inclusive, accessible, and high-quality programs.[11]



[11] https://www.grandviewresearch.com/industry-analysis/us-child-care-market

Aunt Jessy Center will enter this market with a competitive advantage: an existing licensed daycare foundation, expertise in serving diverse families, a bilingual curriculum, and alignment with state subsidy programs. These factors will allow the company to effectively meet market demand, position itself as a trusted community provider, and build a scalable model for expansion throughout California.

4.2 Major Market Segmentation

The early childhood education and childcare market in the United States, particularly in California, is composed of several key segments that reflect the diversity of families' economic, social, and cultural needs. Understanding these segments is critical for Aunt Jessy Center, as it will allow the company to tailor its service offerings, pricing structures, and program strategies to effectively meet community demand and maintain sustainable enrollment levels.

The major market segments relevant to Aunt Jessy Center include:

1. **Low- to Moderate-Income Families:** This is one of the largest and most underserved market segments in California's childcare landscape. Families in this segment often qualify for state and federal subsidy programs such as the Child Care and Development Fund (CCDF) and California's CalWORKs Child Care system. Demand is consistently high, but many families face long waiting lists and limited access to licensed providers. By aligning with subsidy programs and community referral systems, Aunt Jessy Center can provide stable and affordable care options for this group.
2. **Working Families in Urban Areas:** Parents employed in essential industries, including healthcare, education, retail, and services, require flexible and reliable childcare to maintain stable employment. These families typically seek full-time or extended-hours programs and value providers with a strong reputation for safety, quality, and consistency. This segment represents a key driver of enrollment in urban centers such as San Francisco, Oakland, and San Jose.
3. **Families with Children with Special Needs:** This segment includes families seeking early intervention and specialized educational support for children with developmental delays, behavioral challenges, or learning differences. Access to inclusive programs remains limited in many California communities, which creates a high-impact niche for providers like Aunt Jessy Center offering individualized learning plans and integrated special education support.
4. **Bilingual and Multicultural Families:** California's linguistic and cultural diversity continues to expand, with a significant portion of households identifying as bilingual or multilingual. Families in this segment value dual-language programs that support cultural identity and enhance early literacy skills. Aunt Jessy Center's bilingual (English–Spanish) curriculum and inclusive environment will be particularly attractive to these families.
5. **Single-Parent Households:** Single parents often face unique economic and logistical challenges, making flexible scheduling and affordable childcare essential. This group

tends to rely heavily on subsidy programs and requires dependable, accessible care solutions. By offering part-time and extended-hours options, Aunt Jessy Center can effectively meet this segment's needs.

6. **Public and Community Partners:** In addition to families, Aunt Jessy Center will engage with public agencies, nonprofit organizations, and community partners that refer families, coordinate funding, and support early education initiatives. These partnerships will play a crucial role in maintaining high enrollment levels and ensuring equitable access for underserved communities.

By strategically addressing these key market segments, Aunt Jessy Center will position itself as a community-centered, inclusive childcare provider capable of meeting California's diverse educational and social needs. This segmentation strategy will support sustainable growth, steady enrollment, and strong partnerships with public and private stakeholders.

4.3 Business Location

Aunt Jessy Center will be headquartered in San Francisco, California, strategically positioned in one of the most economically dynamic and demographically diverse regions in the United States. The Bay Area offers ideal conditions for the company's establishment and growth due to its high demand for childcare services, significant provider shortages, and strong support for early education through public programs and subsidies.

San Francisco and the greater Bay Area present several competitive advantages for launching the company's operations:

- The region maintains one of the highest workforce participation rates in California, generating sustained demand for full-time and extended-hours childcare programs.
- There is a well-documented shortage of licensed childcare providers, with many families placed on waiting lists for months or even years.
- The area benefits from robust public funding and partnerships, including programs such as the Children's Council of San Francisco, which helps families access subsidies and connect with providers.
- The bilingual and multicultural population aligns directly with Aunt Jessy Center's bilingual curriculum and inclusive educational model.
- California's policy framework supports childcare expansion, with subsidies through the Child Care and Development Fund (CCDF) and strategic initiatives outlined in the California Master Plan for Early Learning and Care.

The exact physical location for Aunt Jessy Center's first facility will be determined during the initial phase of operations, based on a careful evaluation of:

- Neighborhood demographics and childcare demand,

- Proximity to major employment hubs and residential communities,
- Accessibility through public transportation and commuting routes, and
- Opportunities for collaboration with local agencies and community organizations.

As part of its long-term expansion strategy, Aunt Jessy Center plans to establish additional facilities in other high-demand areas across California, including Oakland, San Jose, Sacramento, and Los Angeles. These locations will be strategically selected to maximize enrollment potential, build strong community partnerships, and align with California's public investment in early education.

By anchoring its operations in regions with strong demographic demand and favorable public funding environments, Aunt Jessy Center will be well positioned to achieve sustainable growth, deliver impactful early childhood education, and contribute to workforce participation and community development.

5.0 Strategy and Implementation

The Strategy and Implementation section outlines how Aunt Jessy Center will effectively position itself within the early childhood education industry, attract families, build community trust, and achieve sustainable growth. The company's approach will combine operational excellence, strategic marketing, and community engagement to establish a strong presence in the Bay Area and beyond.

The strategy will be guided by the following core components:

1. SWOT Analysis: A structured evaluation of the company's strengths, weaknesses, opportunities, and threats will be used to define its competitive positioning and inform decision-making. This analysis will help Aunt Jessy Center leverage its strengths, such as a bilingual curriculum and existing expertise in childcare, while proactively addressing potential challenges and identifying market opportunities for expansion.

2. Website and Online Presence: The company will develop a professional website serving as its primary digital hub. The site will highlight Aunt Jessy Center's values, educational philosophy, program offerings, enrollment process, and parent resources. It will also feature easy-to-use contact forms and information on subsidy programs, ensuring clear communication with families and partners.

3. Digital Marketing Strategy: A comprehensive digital marketing plan will be implemented to reach and engage target audiences. This will include:

- Search Engine Optimization (SEO) to improve online visibility and local search ranking.
- Content marketing and educational blog posts to build trust and authority.
- Email marketing campaigns to nurture relationships with families and community partners.

- Paid advertising (PPC) to drive targeted traffic during enrollment periods.

4. Social Media Engagement: Aunt Jessy Center will actively maintain a presence on LinkedIn, Facebook, Instagram, and X, sharing educational content, community updates, program announcements, and family resources. The social media strategy will be aligned with the overall branding and communication plan, supporting both marketing and community engagement goals.

5. Community and Industry Engagement: Participating in industry events, trade shows, and community fairs will allow the company to strengthen its network, enhance visibility, and build trust with families, educators, and local organizations. These activities will also provide valuable insights into industry trends and evolving community needs.

6. Referrals and Partnerships: A strong referral network will be developed through partnerships with community agencies, schools, local businesses, and satisfied families. By fostering trusted relationships, Aunt Jessy Center will create an organic channel for enrollment growth and establish itself as a community-centered childcare provider.

In subsequent sections, the business plan will outline the sales strategy (Section 5.3), detailing the company's approach to enrollment growth, client acquisition, and retention, and the sales forecast (Section 5.4), providing data-driven projections of future revenue based on market trends, capacity, and strategic initiatives.

5.1 Swot Analysis

Aunt Jessy Center's strategic positioning within the early childhood education sector is built on a combination of operational expertise, favorable market conditions, and alignment with public policy priorities in California. The following SWOT analysis outlines the company's internal capabilities and external environment to guide its strategic decision-making.

5.1.1 Strengths

- **Licensed Childcare Expertise:** The founder already holds a California Family Child Care Provider license, enabling immediate operational readiness.
- **Bilingual Education Program:** Offering English–Spanish instruction provides a strong competitive edge in a multicultural region like the Bay Area.
- **Inclusive Curriculum:** Focus on special education support and early intervention addresses a high-need and underserved segment.
- **Alignment with Public Subsidy Programs:** Familiarity with CCDF and local subsidy systems positions the company to attract stable enrollment from low- and moderate-income families.
- **Strategic Location in High-Demand Market:** The Bay Area faces a significant childcare shortage, ensuring consistent demand.

- **Experienced Leadership:** The founder brings strong management, administrative, and communication skills, proven through years of running licensed childcare.
- **Community-Centered Approach:** The business model emphasizes trust-building, parent engagement, and accessibility.
- **Scalable Service Model:** The structure allows for gradual expansion across California while maintaining quality standards.

5.1.2 Weaknesses

- **Limited Initial Capacity:** As a new center, enrollment capacity will start small and grow over time.
- **Brand Recognition:** The company will need to build its reputation from the ground up in competitive local markets.

5.1.3 Opportunities

- **Expanding Public Investment:** California's Master Plan for Early Learning and Care creates favorable funding and regulatory conditions for providers.
- **Rising Demand for Licensed Childcare:** High workforce participation and childcare shortages create sustained enrollment opportunities.
- **Growing Bilingual Population:** Increasing demand for bilingual early education programs strengthens the company's market appeal.
- **Partnerships with Public Agencies:** Opportunities to collaborate with organizations such as the Children's Council and state programs.
- **Early Education Workforce Development Initiatives:** Access to state training and workforce grants to strengthen operations.
- **Corporate Partnerships:** Potential to offer childcare solutions for employers seeking employee benefits.
- **Community and Nonprofit Collaborations:** Strategic alliances with local organizations can drive referrals and enrollment stability.
- **Digital Marketing Expansion:** Leveraging online tools to increase visibility and reach a broader audience at relatively low cost.

5.1.4 Threats

- **Regulatory Changes:** Shifts in state or federal childcare regulations could increase operational costs or licensing complexity.
- **Competitive Pressure:** Established childcare centers and national chains may offer similar services in key locations.

5.2 Website and Digital Marketing

Aunt Jessy Center will implement a comprehensive digital marketing strategy to build its brand presence, strengthen community trust, and drive steady enrollment. A strong online presence

will be a core component of the company's outreach and engagement efforts, connecting with families, local organizations, and community partners across the Bay Area and California.

Website Development

The company's official website will serve as its primary digital hub, providing families with clear and accessible information about programs, enrollment, subsidy options, and educational philosophy. The site will be available in English and Spanish, reflecting the linguistic and cultural diversity of the communities the center serves. Key website features will include:

- **Professional Landing Page:** Communicating the center's mission, values, and trusted role in early childhood education.
- **Program & Curriculum Pages:** Describing the Full-Time Daycare Program, Extended Hours Program, Part-Time Care Program, Special Education Support, Bilingual Learning Program, and Family Engagement services.
- **Parent Portal & Contact Forms:** Enabling families to request information, schedule tours, and begin the enrollment process online.
- **Resource Center:** Sharing early childhood development tips, community resources, and subsidy program information.
- **Integrated SEO:** Optimizing content to ensure visibility in local search results for families looking for licensed childcare in the Bay Area.

Digital Marketing Strategy

The company's digital marketing efforts will focus on community engagement, enrollment growth, and trust-building. The strategy will include:

- **Search Engine Optimization (SEO):** Targeting keywords related to "licensed childcare," "daycare in San Francisco," "bilingual daycare," and "inclusive early education."
- **Content Marketing:** Regular blog posts and parent guides on early childhood education, child development, and family engagement.
- **Email Marketing Campaigns:** Providing updates to prospective and enrolled families on events, activities, enrollment periods, and educational resources.
- **Social Media Presence:** Active profiles on Instagram, Facebook, and LinkedIn to share classroom activities, parent testimonials, bilingual education tips, and community announcements.
- **Targeted Advertising:** Utilizing paid campaigns (Google Ads and Meta Ads) to reach local families actively searching for childcare options.

Lead Generation and Engagement

To convert online visitors into enrolled families, Aunt Jessy Center will integrate CRM tools and automated lead capture systems. Families will be able to schedule tours, receive follow-up emails, and access program details seamlessly. Interactive elements such as blog updates, newsletters, short videos, and webinars for parents will help foster trust and establish the center as a community-focused, high-quality childcare provider.

Through this strategic digital presence, Aunt Jessy Center will increase visibility, attract and retain families, and strengthen its reputation as a trusted early education center in the Bay Area.

5.3 Sales Strategy

Aunt Jessy Center's sales strategy will be centered on building trust with families, establishing long-term enrollment relationships, and maintaining high occupancy rates throughout the year. Unlike traditional product-based sales, enrollment in early childhood education services relies on personal connection, credibility, and consistent communication. The company's approach will integrate community engagement, digital marketing, and partnership development to drive sustainable growth.

1. Enrollment as the Core Revenue Driver

The company's primary source of revenue will come from tuition and fees generated by its service portfolio, which includes:

- Full-Time Daycare Program
- Extended Hours Program
- Part-Time Care Program
- Special Education Support
- Bilingual Learning Program
- Parent Engagement & Family Support

Enrollment capacity will be strategically managed to maximize utilization while maintaining a high standard of care and compliance. Flexible scheduling options (full-time and part-time) will be offered to appeal to a wider range of family needs.

2. Community Outreach and Relationship Building

A significant portion of new enrollments is expected to come through word-of-mouth referrals and community partnerships. To strengthen its presence and reputation, Aunt Jessy Center will:

- Build relationships with local nonprofits, schools, and community organizations.
- Partner with public subsidy programs (e.g., CCDF and local agencies) to ensure accessibility for low- and moderate-income families.

- Participate in community events, parent fairs, and neighborhood associations to build local visibility and trust.
- Offer periodic open house events and parent workshops to showcase the center's facilities, staff, and curriculum.

3. Digital Marketing and Lead Conversion

The digital marketing strategy outlined in Section 5.2 will play a critical role in attracting new families. Once leads are captured through the website or social media platforms, the company will implement a structured follow-up and conversion process, including:

- Prompt responses to inquiries and tour scheduling.
- Personalized communication tailored to each family's needs.
- Transparent pricing and subsidy guidance to simplify the enrollment process.
- Consistent follow-up for families in the decision-making phase.

4. Retention and Loyalty Strategy

Retaining enrolled families is equally important as acquiring new ones. The center will implement retention strategies to ensure long-term enrollment and stable revenue, including:

- Strong parent–teacher communication and progress reports.
- Special family engagement activities to build community and loyalty.
- High service quality and personalized attention to each child's needs.
- Offering priority enrollment and flexible options for returning families.

5. Referral Network and Incentives

To encourage organic growth, Aunt Jessy Center will launch a referral program, providing incentives to families who refer new enrollees. This may include tuition discounts, special perks, or family event invitations. Additionally, partnerships with local employers and organizations will help generate group referrals and secure long-term contracts.

5.4 Sales Forecast

Aunt Jessy Center is projecting steady and scalable revenue growth over its first five years of operations, driven by increasing enrollment capacity, service diversification, and strong community engagement. The sales forecast reflects a carefully structured pricing model and realistic growth assumptions based on regional market demand for licensed childcare in California.

Sales Forecast Details

The company's service portfolio is expected to generate total revenue growth from **$648,000 in Year 1** to approximately **$2,099,520 by Year 5**, reflecting a solid upward trajectory.

- **Full-Time Daycare Program:** Revenue is projected to grow from $264,000 in Year 1 to $855,360 in Year 5 as capacity expands and demand remains consistently high among working families.
- **Extended Hours Program:** Expected to increase from $96,000 in Year 1 to $311,040 by Year 5, supported by flexible scheduling options that meet the needs of families with nontraditional work hours.
- **Part-Time Care Program:** Projected to grow from $108,000 to $349,920 over the five-year period, serving families seeking part-time enrollment and flexible attendance options.
- **Special Education Support:** Revenue is expected to expand from $90,000 in Year 1 to $291,600 in Year 5 as the center builds its reputation for inclusive education and early intervention.
- **Bilingual Learning Program:** Anticipated to grow from $30,000 to $97,200, reflecting increased demand for bilingual early education programs in the Bay Area.
- **Parent Engagement & Family Support:** Projected to increase from $60,000 to $194,400, supported by workshops, events, and programs that strengthen the family–school connection.

Total Sales Forecast: $648,000 (Year 1) → $2,099,520 (Year 5)

Direct Costs Forecast

Direct costs associated with delivering these services, including materials, supplies, and program-related expenses, are expected to scale proportionally with revenue growth, rising from **$90,120 in Year 1** to **$291,989 by Year 5**.

- Full-Time Daycare Program: $39,600 → $128,304
- Extended Hours Program: $11,520 → $37,325
- Part-Time Care Program: $16,200 → $52,488
- Special Education Support: $10,800 → $34,992
- Bilingual Learning Program: $3,000 → $9,720
- Parent Engagement & Family Support: $9,000 → $29,160

Strategic Implications

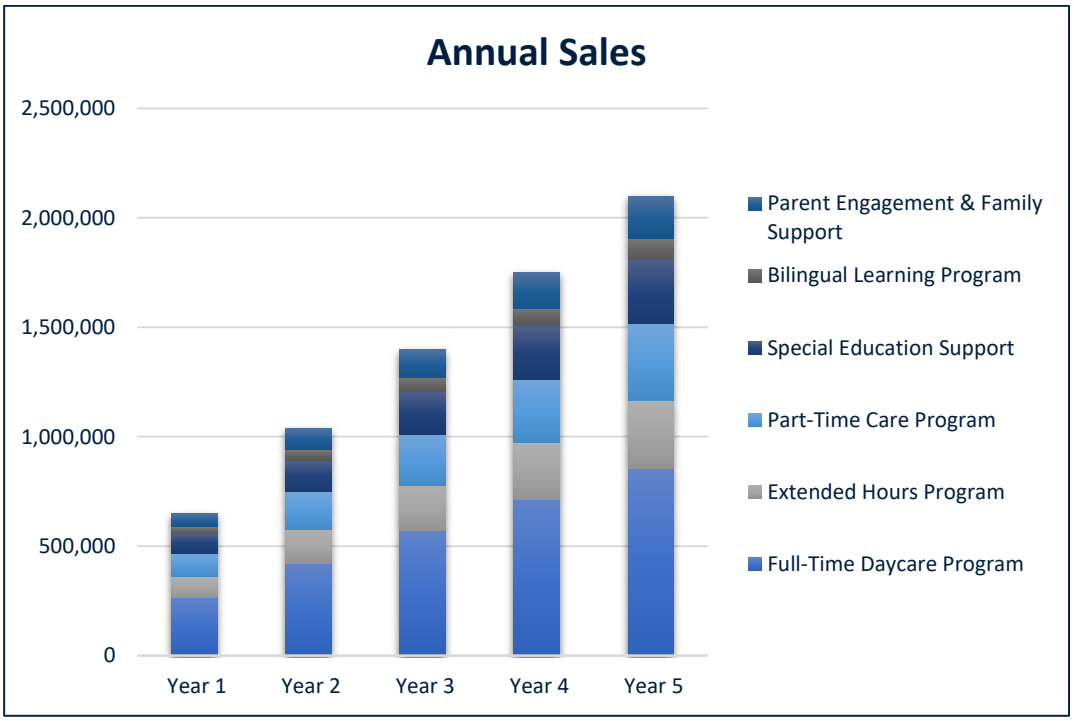
This sales forecast demonstrates a clear and sustainable growth path supported by strong market demand, diversified program offerings, and strategic pricing. By combining core daycare services with value-added educational and support programs, Aunt Jessy Center will be able to maximize enrollment, maintain stable revenue streams, and reinvest in quality improvements.

The center's financial structure is designed to support long-term scalability while ensuring operational resilience, positioning the company as a trusted and financially sustainable childcare provider in the Bay Area.

5.4.2 Annual Sales Forecast Table

Sales Forecast					
	Year 1	Year 2	Year 3	Year 4	Year 5
Sales					
Full-Time Daycare Program	$264,000	$422,400	$570,240	$712,800	$855,360
Extended Hours Program	$96,000	$153,600	$207,360	$259,200	$311,040
Part-Time Care Program	$108,000	$172,800	$233,280	$291,600	$349,920
Special Education Support	$90,000	$144,000	$194,400	$243,000	$291,600
Bilingual Learning Program	$30,000	$48,000	$64,800	$81,000	$97,200
Parent Engagement & Family Support	$60,000	$96,000	$129,600	$162,000	$194,400
Total Sales	$648,000	$1,036,800	$1,399,680	$1,749,600	$2,099,520
Direct Cost of Sales	Year 1	Year 2	Year 3	Year 4	Year 5
Full-Time Daycare Program	$39,600	$63,360	$85,536	$106,920	$128,304
Extended Hours Program	$11,520	$18,432	$24,883	$31,104	$37,325
Part-Time Care Program	$16,200	$25,920	$34,992	$43,740	$52,488
Special Education Support	$10,800	$17,280	$23,328	$29,160	$34,992
Bilingual Learning Program	$3,000	$4,800	$6,480	$8,100	$9,720
Parent Engagement & Family Support	$9,000	$14,400	$19,440	$24,300	$29,160
Subtotal Direct Cost of Sales	**$90,120**	**$144,192**	**$194,659**	**$243,324**	**$291,989**

5.4.3 Annual Sales Chart



6.0 Management Structure

As previously mentioned, Mrs. Jessica Rodrigues Alves will be the General Manager & Program Director of Aunt Jessy Center. The Personnel Plan shows that the company expects to make gradual investments in personnel in the first years of operation, and by the year 5, the company will have 15 employees, including Mrs. Jessica Rodrigues Alves.

6.1 Staffing Requirements

Aunt Jessy Center, under the strategic leadership of Mrs. Jessica Rodrigues Alves, is carefully structuring its team to ensure operational excellence and sustainable growth. The company's personnel plan outlines the positions, headcount, and salaries for each role over a five-year period, ensuring that the business is well-staffed to meet increasing enrollment demand while maintaining the highest standards of quality and compliance.

Personnel Plan Details:

- **General Manager & Program Director – Mrs. Jessica Rodrigues Alves:** The company's leadership will begin with one General Manager & Program Director, responsible for overall strategic direction, operational oversight, compliance management, and educational quality. The starting salary is projected at $120,000 in Year 1, growing to $209,881 by Year 5.
- **Lead Teacher:** One Lead Teacher will support the educational program and supervise classroom instruction, ensuring curriculum standards are met. Staffing will increase to two by Year 4. Annual compensation begins at $60,000 in Year 1 and rises to $145,861 by Year 5.
- **Assistant Teachers:** Two Assistant Teachers will be hired in Year 1 to support daily classroom activities, child engagement, and supervision. Staffing will expand to five by Year 5. Total salaries are projected to grow from $96,000 to $291,722 over the five-year period.
- **Special Education Specialist:** One Special Education Specialist will join the team in Year 1 to provide support for children with special needs, focusing on early intervention and inclusion. Staffing will increase to three by Year 5, with salaries growing from $36,000 to $262,549.
- **Bilingual Education Coordinator:** This position will be introduced in Year 2 to oversee bilingual learning initiatives and language development programs. One coordinator will be maintained through Year 5, with salaries increasing from $63,000 to $72,930.
- **Family Engagement Coordinator:** Introduced in Year 2, this role will focus on parent engagement, workshops, and community partnerships. Salary will grow from $56,700 in Year 2 to $65,637 in Year 5.

- **Administrative Assistant:** Also introduced in Year 2, the Administrative Assistant will support enrollment processing, documentation, billing, and office management. Salaries will grow from $50,400 to $58,344 by Year 5.
- **Cook (part-time):** A part-time Cook will be hired in Year 3 to support nutrition services and meal preparation. Salaries are projected to increase from $35,721 in Year 3 to $39,382 by Year 5.

By Year 1, the company will begin with a team of five professionals, gradually expanding to 15 employees by Year 5. The total payroll is projected to increase from $312,000 in Year 1 to $1,146,307 by Year 5. This strategic personnel plan ensures that Aunt Jessy Center has the skilled workforce required to sustain high-quality service delivery, regulatory compliance, and scalable growth in the California early childhood education market.

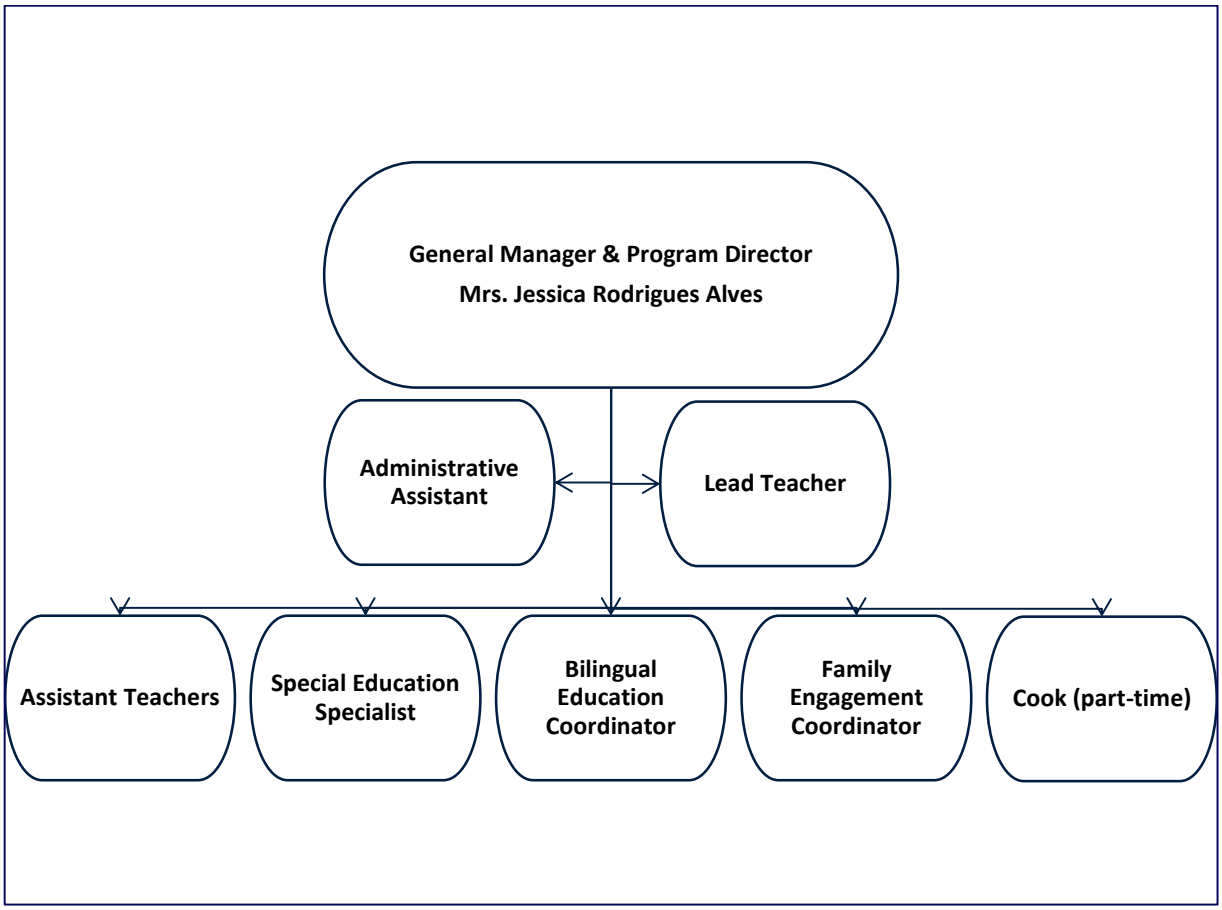
6.2 Annual Personnel Plan Table

Personnel Plan					
	Year 1	Year 2	Year 3	Year 4	Year 5
General Manager & Program Director - Mrs. Jessica Rodrigues Alves	$120,000	$138,000	$158,700	$182,505	$209,881
Lead Teacher	$60,000	$63,000	$66,150	$138,915	$145,861
Assistant Teachers	$96,000	$100,800	$158,760	$222,264	$291,722
Special Education Specialist	$36,000	$75,600	$158,760	$166,698	$262,549
Bilingual Education Coordinator	$0	$63,000	$66,150	$69,458	$72,930
Family Engagement Coordinator	$0	$56,700	$59,535	$62,512	$65,637
Administrative Assistant	$0	$50,400	$52,920	$55,566	$58,344
Cook (part-time)	$0	$0	$35,721	$37,507	$39,382
Total People	5	8	11	13	15
Total Payroll	**$312,000**	**$547,500**	**$756,696**	**$935,424**	**$1,146,307**

6.3 Five-Year Personnel Plan Table

Personnel Plan					
	Year 1	Year 2	Year 3	Year 4	Year 5
General Manager & Program Director - Mrs. Jessica Rodrigues Alves	1	1	1	1	1
Lead Teacher	1	1	1	2	2
Assistant Teachers	2	2	3	4	5
Special Education Specialist	1	1	2	2	3
Bilingual Education Coordinator	0	1	1	1	1
Family Engagement Coordinator	0	1	1	1	1
Administrative Assistant	0	1	1	1	1
Cook (part-time)	0	0	1	1	1
Total People	**5**	**8**	**11**	**13**	**15**

6.4 Organizational Chart – Year 5



6.5 Duties and Responsibilities

General Manager & Program Director – Mrs. Jessica Rodrigues Alves

- Provide overall strategic leadership, ensuring the center meets educational, operational, and compliance standards.
- Oversee curriculum development and implementation, ensuring alignment with state regulations and best practices in early childhood education.
- Supervise hiring, training, and performance of all staff to maintain high-quality service delivery.
- Manage licensing, inspections, and reporting to ensure full regulatory compliance with state and local agencies.
- Oversee financial planning, budgeting, and cost control to ensure sustainable growth.
- Build and maintain relationships with parents, community organizations, and public programs.
- Monitor and evaluate educational quality, student progress, and staff performance.

- Lead long-term strategic planning, expansion initiatives, and continuous improvement efforts.

Lead Teacher

- Implement the daily educational curriculum, ensuring a nurturing and stimulating learning environment.
- Supervise classroom operations and coordinate activities with assistant teachers.
- Assess children's developmental progress and communicate updates to parents.
- Ensure classroom compliance with health, safety, and licensing standards.

Assistant Teachers

- Support the Lead Teacher in classroom activities, supervision, and daily routines.
- Assist in implementing lesson plans and age-appropriate activities.
- Maintain a safe, clean, and organized classroom environment.
- Provide individualized attention and support to children as needed.

Special Education Specialist

- Provide targeted educational support for children with special needs and developmental delays.
- Collaborate with families and external specialists to develop and implement individualized learning plans.
- Monitor progress and adapt strategies to meet each child's specific needs.
- Ensure compliance with state and federal inclusion and special education regulations.

Bilingual Education Coordinator

- Develop and implement bilingual language programs to support dual-language learning.
- Support teachers in integrating bilingual methods into daily classroom activities.
- Engage with families to encourage language development at home.
- Monitor and assess students' language acquisition and progress.

Family Engagement Coordinator

- Develop programs and initiatives to strengthen family involvement in the center's activities.
- Coordinate parent workshops, meetings, and community events.
- Serve as the primary point of contact for parent communication and support.
- Build partnerships with local organizations and resources to support families.

Administrative Assistant

- Manage enrollment records, billing, and administrative documentation.
- Handle phone calls, emails, scheduling, and general office communication.

- Support licensing and compliance reporting requirements.
- Provide administrative support to the management team and staff.

Cook (part-time)

- Prepare and serve nutritious meals and snacks in compliance with health and safety regulations.
- Maintain kitchen cleanliness and adhere to food handling standards.
- Manage inventory of food supplies and kitchen materials.
- Support meal planning that aligns with children's dietary needs and program guidelines.

7.0 Financial Summary

The financial plan for Aunt Jessy Center will be a critical analysis of the company's financial projections, including revenue, expenses, and overall financial performance. It will offer a comprehensive overview of the expected financial trajectory over a specific period of time and determine the company's financial feasibility. The plan will encompass essential aspects such as startup funding, profit and loss, cash flow, and balance sheet. The financial plan will play a crucial role in determining the company's success and will help in making informed decisions to ensure that the company achieves its financial objectives.

7.1 Break-even Analysis

The Break-even Analysis is a key financial indicator for Aunt Jessy Center, offering a clear picture of the revenue level required to cover all operating costs. Based on projected financial performance, the company will reach its break-even point when monthly revenue reaches approximately $43,093. At this level of income, total revenues will equal total expenses, and the business will begin generating profit on any additional revenue earned.

This calculation is based on the following assumptions:

1. **Estimated Monthly Fixed Costs:** The company's fixed costs are projected to be approximately **$37,100**. These expenses include facility costs, salaries, insurance, administrative expenses, and other overhead costs that remain constant regardless of enrollment levels.
2. **Variable Costs:** Variable costs, such as educational materials, food, and program-related expenses will scale with enrollment, but remain a smaller proportion of total expenses compared to fixed costs.
3. **Revenue Mix:** The revenue is generated through multiple programs, full-time daycare, extended hours, part-time care, bilingual education, and special education support, ensuring a diversified and stable income stream.

Understanding this break-even point is essential for strategic financial planning, helping the company set minimum enrollment targets, manage cash flow effectively, and ensure operational

sustainability. Achieving break-even will mark a significant milestone for Aunt Jessy Center, signaling the transition from startup investment to a financially self-sustaining operation.

7.1.1 Break-even Analysis Chart

Break-even Analysis	
Monthly Revenue Break-even	$43,093
Assumptions:	
Estimated Monthly Fixed Cost	**$37,100**

7.2 Profit and Loss Assumptions

Aunt Jessy Center is structured to build a strong financial foundation through a carefully balanced approach to revenue generation, operational investment, and cost management. Under the leadership of Mrs. Jessica Rodrigues Alves, the company will focus on delivering high-quality early childhood education services, supported by strategic financial planning and sustainable growth strategies.

Financial Performance Overview:

Total sales are projected to begin at $648,000 in Year 1, growing steadily to $2,099,520 by Year 5. This growth will be driven by the expansion of enrollment capacity, program diversification, and increased community engagement. Direct costs of sales are forecasted to rise proportionally with revenue, starting at $90,120 in Year 1 and reaching $291,989 in Year 5, ensuring stable and predictable cost management.

Gross Margin and Profitability:

The company is expected to maintain a gross margin of approximately 86% throughout the five-year period, with gross profit increasing from $557,880 in Year 1 to $1,807,531 by Year 5. This high margin reflects an efficient operational model focused on service-based revenue with minimal variable costs.

Operating Expenses:

Operating expenses will grow in alignment with service expansion, increasing from $445,200 in Year 1 to $1,490,548 in Year 5. This includes strategic investments in payroll and benefits, professional development for employees, facility lease costs, marketing activities, insurance, and utilities. Payroll expenses represent the largest portion, starting at $312,000 and reaching $1,146,307 by Year 5, reflecting the center's commitment to maintaining a skilled and qualified team.

EBITDA and Net Profit:

Earnings Before Interest, Taxes, Depreciation, and Amortization (EBITDA) are projected to grow from $112,680 in Year 1 to $324,483 in Year 5, illustrating strong operational performance and

effective cost control. Net profit is expected to increase from $82,256 in Year 1 to $231,398 in Year 5, resulting in a net profit margin ranging between 11% and 13% over the five-year period.

Tax Contributions:

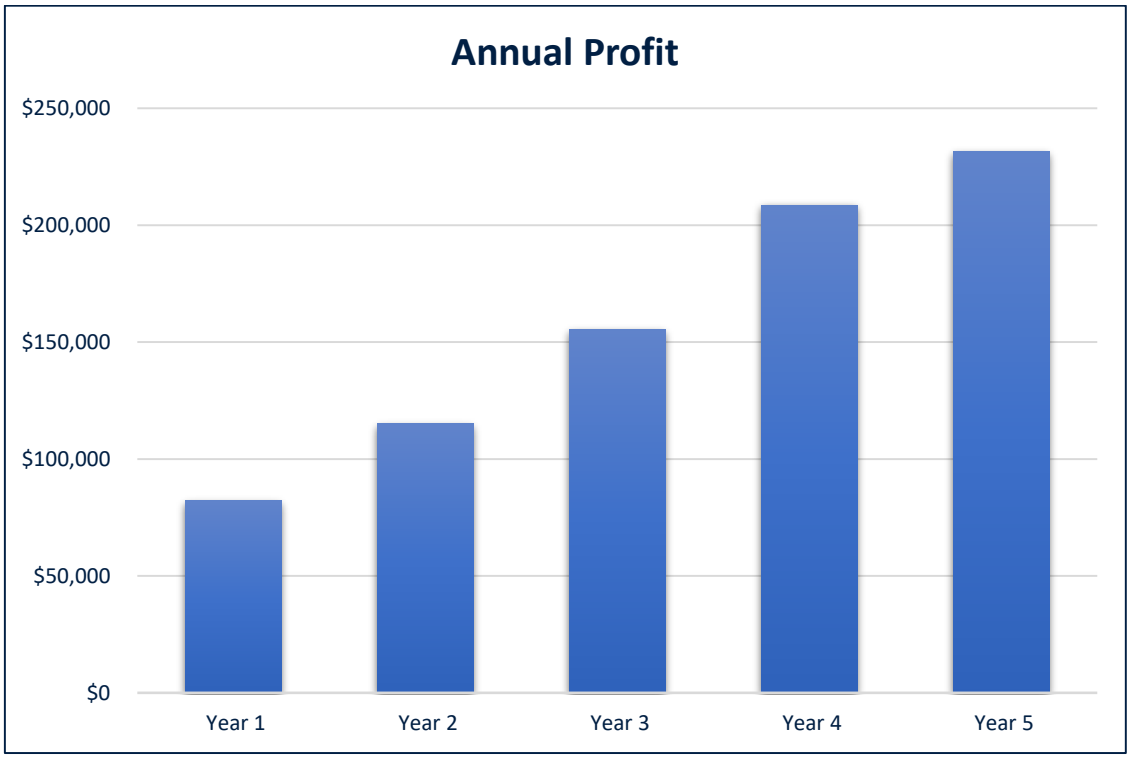
The company will also make a measurable fiscal contribution, with federal and state taxes projected to increase from $30,424 in Year 1 to $85,586 in Year 5, further reinforcing its positive economic impact.

This solid financial projection reflects Aunt Jessy Center's ability to achieve profitability early, sustain healthy margins, and strategically reinvest in growth, staffing, and service quality. A detailed breakdown of sales, direct costs, and operating expenses can be found in the appendix, providing full transparency on the company's financial trajectory.

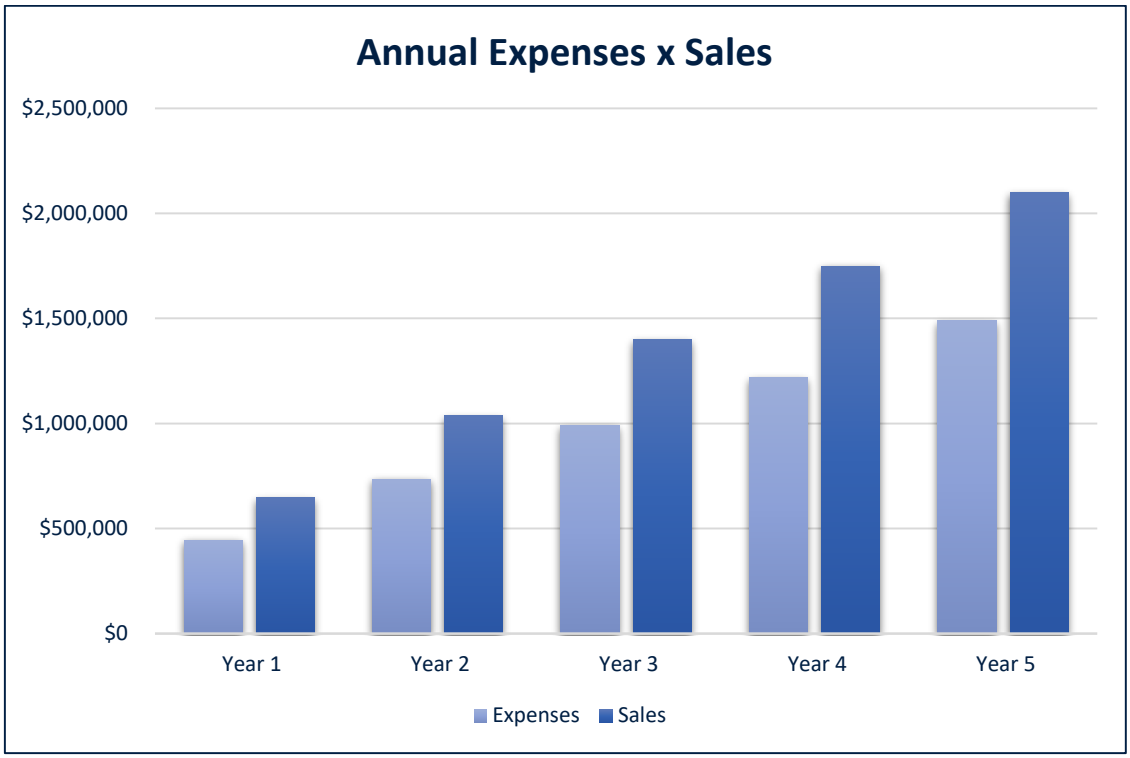
7.2.1 Annual Profit and Loss Table

Pro Forma Profit and Loss					
	Year 1	Year 2	Year 3	Year 4	Year 5
Sales	$648,000	$1,036,800	$1,399,680	$1,749,600	$2,099,520
Direct Cost of Sales	$90,120	$144,192	$194,659	$243,324	$291,989
Other Costs of Sales	$0	$0	$0	$0	$0
Total Cost of Sales	$90,120	$144,192	$194,659	$243,324	$291,989
Gross Margin	$557,880	$892,608	$1,205,021	$1,506,276	$1,807,531
Gross Margin %	86.09%	86.09%	86.09%	86.09%	86.09%
Expenses					
Payroll	$312,000	$547,500	$756,696	$935,424	$1,146,307
Payroll Taxes	$31,200	$54,750	$75,670	$93,542	$114,631
Depreciation	$0	$3,000	$4,500	$6,000	$7,500
Rent	$72,000	$86,400	$103,680	$124,416	$149,299
Insurance	$6,000	$7,200	$8,640	$10,368	$12,442
Marketing/Promotion	$12,000	$14,400	$17,280	$20,736	$24,883
Utilities/Internet/Phone	$9,000	$10,800	$12,960	$15,552	$18,662
Employees Education	$0	$8,000	$9,600	$11,520	$13,824
Accountant	$3,000	$3,000	$3,000	$3,000	$3,000
Total Operating Expenses	$445,200	$735,050	$992,026	$1,220,559	$1,490,548
Profit Before Interest and Taxes	$112,680	$157,558	$212,995	$285,717	$316,983
EBITDA	$112,680	$160,558	$217,495	$291,717	$324,483
Interest Expense	$0	$0	$0	$0	$0
Taxes Incurred	$30,424	$42,541	$57,509	$77,144	$85,586
Net Other Income	$0	$0	$0	$0	$0
Net Profit	$82,256	$115,017	$155,486	$208,574	$231,398
Net Profit/Sales	**12.69%**	**11.09%**	**11.11%**	**11.92%**	**11.02%**

7.2.2 Annual Profit Chart



7.2.3 Annual Expenses x Sales Chart



7.3 Cash Flow Assumptions

Aunt Jessy Center's financial strategy is structured to maintain strong cash flow from core operations, ensuring stability and growth without dependence on external financing. According to the Pro Forma Cash Flow projections, the company anticipates steady cash inflows driven entirely by its operational activities.

Cash Inflows:

The company projects total cash inflows to increase from $648,000 in Year 1 to $2,099,520 in Year 5, all derived from cash sales and receivables associated with its early childhood education programs. This steady increase reflects the center's scalable service model and growing enrollment capacity. No additional funding from loans, asset sales, or external investment is projected, highlighting a self-sustaining operational model.

Cash Outflows:

Expenditures will be primarily operational, increasing from $546,636 in Year 1 to $1,851,194 in Year 5. This includes payroll, facility lease, insurance, educational materials, utilities, and program-related costs, as well as bill payments growing from $234,636 in Year 1 to $704,887 by Year 5.
Additionally, the company has planned for dividend distributions, starting at $20,000 in Year 1 and reaching $100,000 in Year 5, reflecting its commitment to reinvestment while also rewarding ownership.

Net Cash Flow and Cash Position:

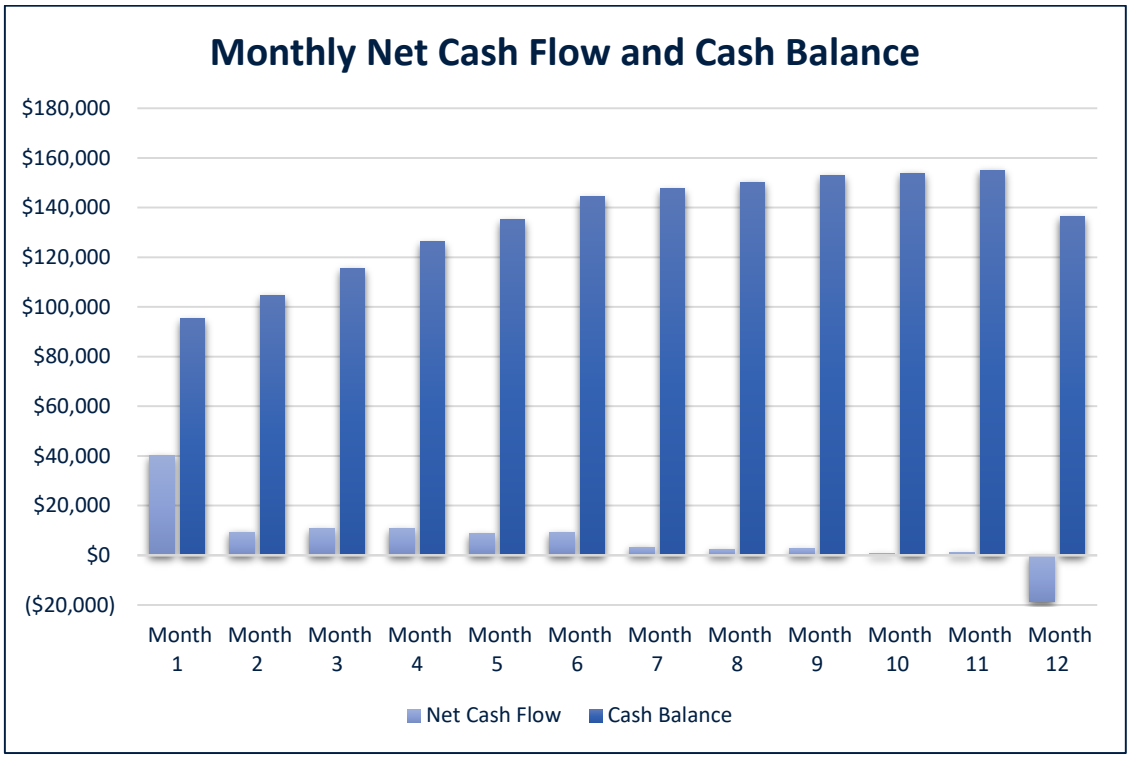
Net cash flow is projected to remain positive throughout the five-year period, growing from $81,364 in Year 1 to $148,326 in Year 5, ensuring a healthy cash surplus each year. The company's cash balance is expected to increase steadily from $136,364 in Year 1 to $652,443 in Year 5, demonstrating strong liquidity and financial resilience.

This cash flow structure reflects prudent financial planning focused on operational self-sufficiency and steady growth. By maintaining strong cash reserves and avoiding unnecessary borrowing, Aunt Jessy Center will be well-positioned to support program expansion, meet regulatory and payroll obligations, and respond flexibly to new opportunities in the California childcare market.

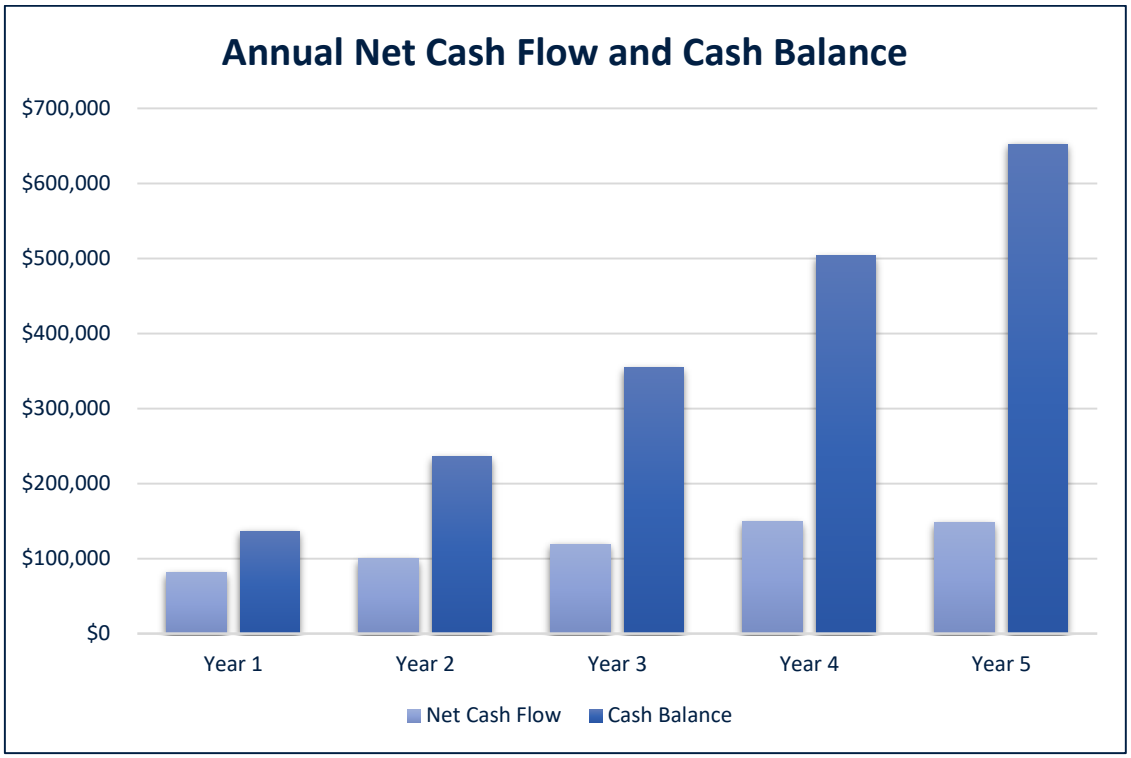
7.3.1 Annual Cash Flow Table

Pro Forma Cash Flow					
	Year 1	Year 2	Year 3	Year 4	Year 5
Cash Received					
Cash from Operations					
Cash Sales	$324,000	$518,400	$699,840	$874,800	$1,049,760
Cash from Receivables	$324,000	$518,400	$699,840	$874,800	$1,049,760
Subtotal Cash from Operations	$648,000	$1,036,800	$1,399,680	$1,749,600	$2,099,520
Additional Cash Received					
Non-Operating (Other) Income	$0	$0	$0	$0	$0
Sales Tax, VAT, HST/GST Received	$0	$0	$0	$0	$0
New Current Borrowing	$0	$0	$0	$0	$0
New Other Liabilities (interest-free)	$0	$0	$0	$0	$0
New Long-term Liabilities	$0	$0	$0	$0	$0
Sales of Other Current Assets	$0	$0	$0	$0	$0
Sales of Long-term Assets	$0	$0	$0	$0	$0
New Investment Received	$0	$0	$0	$0	$0
Subtotal Cash Received	$648,000	$1,036,800	$1,399,680	$1,749,600	$2,099,520
Expenditures	Year 1	Year 2	Year 3	Year 4	Year 5
Expenditures from Operations					
Cash Spending	$312,000	$547,500	$756,696	$935,424	$1,146,307
Bill Payments	$234,636	$359,874	$473,815	$590,018	$704,887
Subtotal Spent on Operations	$546,636	$907,374	$1,230,511	$1,525,442	$1,851,194
Additional Cash Spent					
Non-Operating (Other) Expense	$0	$0	$0	$0	$0
Sales Tax, VAT, HST/GST Paid Out	$0	$0	$0	$0	$0
Principal Repayment of Current Borrowing	$0	$0	$0	$0	$0
Other Liabilities Principal Repayment	$0	$0	$0	$0	$0
Long-term Liabilities Principal Repayment	$0	$0	$0	$0	$0
Purchase Other Current Assets	$0	$0	$0	$0	$0
Purchase Long-term Assets	$0	$0	$0	$0	$0
Dividends	$20,000	$30,000	$50,000	$75,000	$100,000
Subtotal Cash Spent	$566,636	$937,374	$1,280,511	$1,600,442	$1,951,194
Net Cash Flow	$81,364	$99,426	$119,169	$149,158	$148,326
Cash Balance	**$136,364**	**$235,790**	**$354,959**	**$504,116**	**$652,443**

7.3.2 Monthly Net Cash Flow and Cash Balance Chart



7.3.3 Annual Net Cash Flow and Cash Balance Chart



7.4 Balance Sheet Assumptions

Aunt Jessy Center is projected to maintain a strong and sustainable financial position over the next five years, supported by disciplined asset management, minimal liabilities, and a steadily expanding capital base. This financial structure reflects a lean, cash-driven model designed to sustain long-term operational stability and growth.

Assets

The company's total current assets will begin at $136,364 in Year 1, consisting entirely of cash reserves. No accounts receivable, inventory, or other current assets are projected throughout the forecast period, reinforcing the center's emphasis on a cash-based revenue model with low overhead.

Cash balances are expected to grow steadily year over year, reaching $652,443 by Year 5, reflecting healthy operating cash flow and disciplined expense management.

The company does not anticipate acquiring long-term assets during the first five years. However, accumulated depreciation is expected to increase gradually from $0 in Year 1 to $21,000 in Year 5, resulting in negative long-term asset values over time. Despite depreciation, total assets are projected to rise consistently from $136,364 in Year 1 to $631,443 by Year 5, illustrating strong liquidity and growth capacity.

Liabilities

Aunt Jessy Center will maintain a conservative liability profile, with current liabilities consisting solely of accounts payable. These are projected to increase gradually from $19,107 in Year 1 to $58,711 by Year 5, reflecting the center's growing operational scale.

The company does not plan to assume any current or long-term debt during this period, ensuring it remains debt-free and financially independent, with low financial risk exposure.

Capital Structure and Net Worth

Paid-in capital will remain stable at $190,000 over the forecast period. Retained earnings will begin at –$155,000 in Year 1 and steadily recover, turning positive by Year 4 and reaching $151,334 by Year 5.

Annual earnings are projected to grow from $82,256 in Year 1 to $231,398 in Year 5, reflecting the company's operational expansion and profitability. As a result, total capital is expected to rise from $117,256 in Year 1 to $572,732 by Year 5, highlighting a consistent upward trend in net worth.

The Pro Forma Balance Sheet demonstrates a solid and financially resilient structure characterized by strong cash positions, minimal liabilities, and expanding equity. This foundation positions Aunt Jessy Center to scale operations sustainably, maintain flexibility in financial

planning, and adapt strategically to market opportunities in the California early childhood education sector.

7.4.1 Annual Balance Sheet Table

Pro Forma Balance Sheet					
	Year 1	Year 2	Year 3	Year 4	Year 5
Assets					
Current Assets					
Cash	$136,364	$235,790	$354,959	$504,116	$652,443
Accounts Receivable	$0	$0	$0	$0	$0
Inventory	$0	$0	$0	$0	$0
Other Current Assets	$0	$0	$0	$0	$0
Total Current Assets	$136,364	$235,790	$354,959	$504,116	$652,443
Long-term Assets					
Long-term Assets	$0	$0	$0	$0	$0
Accumulated Depreciation	$0	$3,000	$7,500	$13,500	$21,000
Total Long-term Assets	$0	($3,000)	($7,500)	($13,500)	($21,000)
Total Assets	$136,364	$232,790	$347,459	$490,616	$631,443
Liabilities and Capital	Year 1	Year 2	Year 3	Year 4	Year 5
Current Liabilities					
Accounts Payable	$19,107	$30,516	$39,698	$49,282	$58,711
Current Borrowing	$0	$0	$0	$0	$0
Other Current Liabilities	$0	$0	$0	$0	$0
Subtotal Current Liabilities	$19,107	$30,516	$39,698	$49,282	$58,711
Long-term Liabilities	$0	$0	$0	$0	$0
Total Liabilities	$19,107	$30,516	$39,698	$49,282	$58,711
Paid-in Capital	$190,000	$190,000	$190,000	$190,000	$190,000
Retained Earnings	($155,000)	($102,744)	($37,726)	$42,760	$151,334
Earnings	$82,256	$115,017	$155,486	$208,574	$231,398
Total Capital	$117,256	$202,274	$307,760	$441,334	$572,732
Total Liabilities and Capital	$136,364	$232,790	$347,459	$490,616	$631,443
Net Worth	**$117,256**	**$202,274**	**$307,760**	**$441,334**	**$572,732**

8.0 Mrs. Jessica Rodrigues Alves' National-level Impact

Mrs. Jessica Rodrigues Alves' proposed endeavor consists of establishing and scaling a privately operated early childhood education company that expands licensed childcare capacity in high-demand urban markets within the United States. The company addresses a documented structural shortage of licensed childcare services by increasing private-sector supply, creating skilled employment opportunities, and implementing standardized operational and educational practices that are replicable across multiple locations.

The national-level impact of the endeavor is derived from its economic, labor-market, and capacity-expansion effects, rather than reliance on public funding or government programs. By expanding licensed childcare availability in workforce-intensive metropolitan areas, the business contributes to sustained workforce participation, private-sector job creation, and measurable economic activity.

National Relevance of the Endeavor

Expansion of Licensed Childcare Capacity in High-Demand Markets

According to the U.S. Census Bureau, metropolitan regions with high workforce participation rates consistently experience shortages in licensed childcare availability relative to the population of children under age five. These capacity gaps affect labor mobility, household employment stability, and regional economic productivity.[12]

Aunt Jessy Center increases private-sector capacity in these constrained markets by adding licensed seats and operating extended-hour programs designed to align with modern work schedules. This contribution is economically relevant beyond a single locality, as similar shortages exist across multiple U.S. metropolitan areas.

Support for Workforce Participation and Labor Market Stability

The U.S. Bureau of Labor Statistics consistently identifies childcare availability as a key factor influencing labor force participation among working-age adults with children. Reliable access to licensed childcare enables parents to maintain employment, accept full-time roles, and increase labor-market attachment.[13]

By expanding professionally managed childcare capacity, the company indirectly supports workforce participation while generating direct private-sector employment within the childcare and education industry.

Reduction of Childcare-Related Economic Productivity Losses

The U.S. Chamber of Commerce Foundation estimates that insufficient childcare access results in approximately **$122 billion annually in lost earnings, productivity, and economic output** nationwide. These losses affect employers, households, and regional economies across the country.[14]

By increasing licensed childcare capacity in high-demand urban markets, Aunt Jessy Center contributes to mitigating these productivity losses through private-sector service expansion rather than public intervention.

[12] https://www.census.gov/programs-surveys/metro-micro.html
[13] https://www.bls.gov/opub/mlr/
[14] https://www.uschamberfoundation.org/solutions/early-childhood-and-k-12-education/untapped-potential

Specific Contributions of the Company

- **Private-Sector Capacity Expansion:** Addition of new licensed childcare seats in workforce-intensive urban markets, increasing service availability without reliance on public funding.
- **Skilled Job Creation:** Growth of the company's workforce from 5 to 15 employees over five years, including educators, administrators, and support staff, contributing to employment within a regulated professional sector.
- **Operational Replicability:** Implementation of standardized educational, compliance, and management practices that support scalability across multiple metropolitan areas.
- **Economic and Fiscal Contributions:** Generation of sustained business revenue and projected five-year tax contributions exceeding $660,000 in federal, state, and payroll taxes (see Sections 2.4 and 6.1).
- **Market-Based Educational Services:** Delivery of full-time, part-time, extended-hours, bilingual, and specialized educational services in response to demonstrated private-market demand.

National Interest Conclusion

Mrs. Alves' proposed endeavor advances U.S. national interest by addressing a structural market constraint through private enterprise, expanding licensed childcare capacity, strengthening workforce participation, and generating measurable economic impact. The endeavor is scalable, economically self-sustaining, and replicable across multiple U.S. metropolitan regions, positioning it as a nationally relevant private-sector contribution rather than a policy-driven or publicly funded initiative.

8.1 Government incentives

Aunt Jessy Center operates as a privately funded early childhood education enterprise within the existing U.S. federal and California state regulatory and tax framework applicable to licensed childcare providers and service-based businesses. The company's financial viability and growth strategy on private-market demand, enrollment revenue, and operational scalability.

Federal Regulatory and Tax Framework

At the federal level, early childhood education providers are subject to standard business, employment, and tax regulations applicable to service-based enterprises. The Internal Revenue Code provides general tax provisions that may apply to businesses and households engaging in licensed childcare transactions, without constituting operational funding or financial dependence.

For example:

- **Employer-Provided Child Care Tax Credit (IRC Section 45F)** establishes a general tax framework under which employers may offset certain childcare-related expenditures. While this provision exists within the federal tax code, Aunt Jessy Center does not rely on employer tax credits or public incentives as a component of its business model or financial projections.[15]
- **Child and Dependent Care Tax Credit (IRC Section 21)** allows households to claim a personal tax credit for qualifying childcare expenses incurred with licensed providers. This credit functions at the household level and does not constitute government funding or subsidy to the childcare provider.[16]

These tax provisions reflect the broader regulatory environment in which licensed childcare services operate, but they are external to the company's revenue structure and do not influence its operational sustainability.

California Regulatory Environment

In California, childcare providers are regulated by the California Department of Social Services (CDSS), Community Care Licensing Division, which establishes licensing, health, safety, and staffing requirements applicable to all childcare operators statewide.[17]

Aunt Jessy Center's compliance with these regulations ensures operational legitimacy, service quality, and risk management. However, the company's financial planning, staffing model, and expansion strategy are entirely market-driven and supported by private enrollment revenue rather than public grants or incentive programs.

Strategic Positioning

By operating independently of public funding mechanisms, Aunt Jessy Center maintains:

- Financial autonomy, with revenue generated through private enrollment and service delivery
- Operational flexibility, allowing adaptation to market demand without reliance on policy changes
- Scalability, supported by standardized operational and educational practices
- Regulatory compliance, without financial dependence on government programs

This positioning reinforces the company's role as a private-sector contributor to licensed childcare capacity expansion, job creation, and economic activity, while remaining compliant with applicable federal and state regulatory frameworks.

[15] https://www.irs.gov/businesses/small-businesses-self-employed/employer-provided-childcare-credit
[16] https://www.irs.gov/publications/p503
[17] https://www.cdss.ca.gov/inforesources/community-care-licensing

9.0 Indirect jobs creation - Economic Policy Institute

Each industry has backward linkages to economic sectors that provide the materials needed for the industry's output, just as each industry has forward linkages to the economic sectors where the industry's workers spend their income. Therefore, in addition to the jobs directly supported by an industry, a large number of indirect jobs may also be supported by that industry. The subtraction or addition of jobs and output in industries with strong backward and forward linkages to other economic sectors can cause large ripple effects.

According to the national job multipliers published by the Economy Policy Institute (EPI) on January 23, 2019,[18] 100 direct jobs in the Child day care services industry generate a total of 62.7 total indirect jobs, as demonstrated in the following table:

APPENDIX TABLE A1

Employment multipliers per 100 direct jobs, all private-sector industries

	Industry	Direct jobs	Supplier jobs*	Induced jobs**	Total indirect jobs
155	Nursing and residential care facilities	100.0	44.6	52.1	96.7
156	Individual and family services	100.0	22.9	43.7	66.6
157	Community and vocational rehabilitation services	100.0	60.5	59.8	120.3
158	Child day care services	100.0	23.8	38.8	62.7

Since Mrs. Alves will create 15 direct jobs by the end of Year 5, the total number of indirect jobs to be generated in the same period will reach 9 according to the multipliers provided by the EPI. In addition to its in-house team, Aunt Jessy Center will hire a number of independent contractors on a project basis, including legal professionals and technicians. Additionally, the company will mediate in the hiring of professionals that will perform services that are deemed to be required. Therefore, the company will stimulate the employment of a number of workers of different profiles. Furthermore, the company will hire an outsourced marketing company to develop its website and work with marketing campaigns.

The direct and indirect job creation by Aunt Jessy Center, as well as the utilization of independent contractors and outsourced serviceswill have a significant positive impact on the

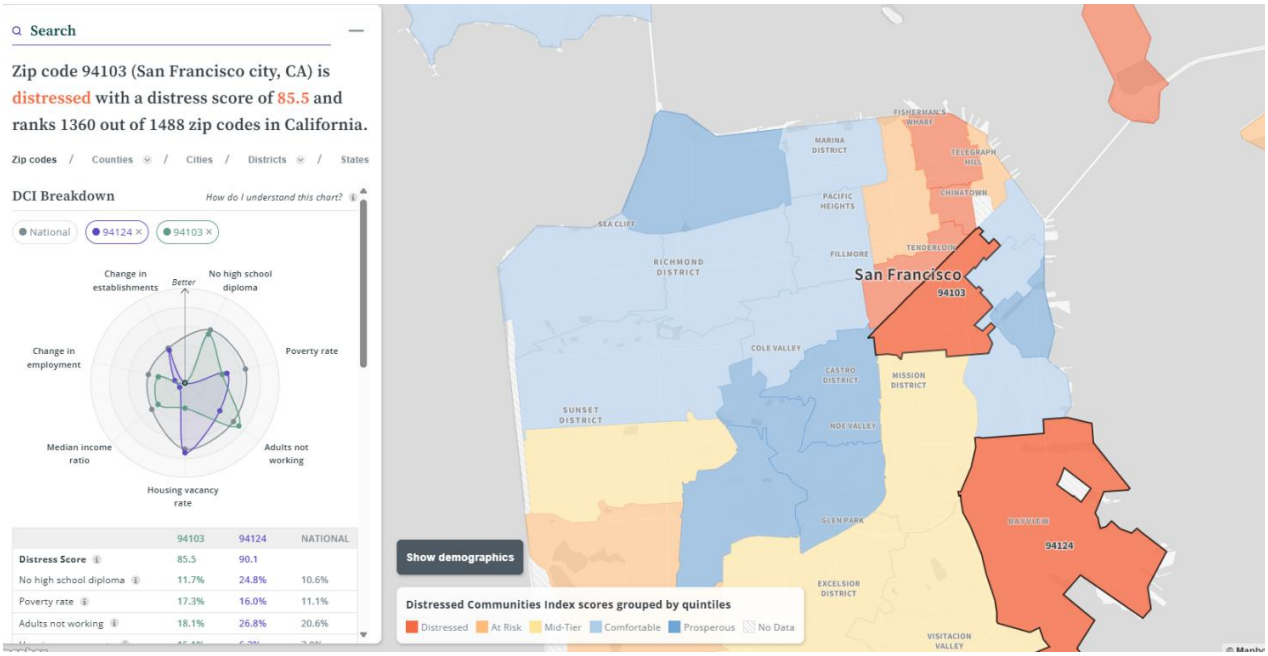
[18] https://www.epi.org/publication/updated-employment-multipliers-for-the-u-s-economy/

local and national economy, fostering job growth, generating income, and contributing to overall economic prosperity.

In conclusion, Aunt Jessy Center's expansion plans, under the leadership of Mrs. Jessica Rodrigues Alves, encompass the creation of direct and indirect employment opportunities, the payment of substantial taxes, and the utilization of local resources and services. By contributing to job creation, tax revenue, and economic growth, Aunt Jessy Center aims to make a lasting and positive impact on both the local community and the broader U.S. economy.

9.1 Distressed Communities

The economic and social dynamics of San Francisco, CA, identified as a distressed community with a Distress Communities Index (DCI) score of 85.5, ranking 1,360 out of 1,488 zip codes in California. A high distress score signals notable economic challenges that shape the local demographic, employment, income, and housing landscape. Understanding these dynamics is crucial for businesses seeking to establish operations in such areas, as it informs strategies for market engagement, workforce development, and community impact.



Demographic and Socioeconomic Profile

- **DCI Score and Economic Distress:** The DCI score of 85.5 reflects a high level of economic distress, indicating challenges such as limited employment growth, high housing vacancy rates, and below-average income ratios.

- **Education Levels:** About 11.7% of residents lack a high school diploma, which, although lower than other highly distressed communities, still signals the need for accessible workforce training and upskilling initiatives.
- **Poverty and Income:** The poverty rate is 17.3%, above the national average of 11.1%. The median income ratio is 91.4% of the national benchmark, suggesting moderate but uneven household earning power.
- **Employment and Economic Activity:**
    - **Adults not working:** 18.1% of the adult population is not in the labor force, creating both challenges and opportunities for workforce development.
    - **Change in employment:** −3.5% (a decline compared to a national increase of 5.1%).
    - **Change in establishments:** −19.2%, indicating business closures or relocations in recent years.
- **Housing and Stability:** The housing vacancy rate is 15.1%, significantly higher than the national average of 7.0%, pointing to housing market instability and potential affordability challenges.
- **Demographics:**
    - Non-Hispanic White: 31.9%
    - Hispanic or Latino: 20.0%
    - Black or African-American: 9.7%
    - Asian or Pacific Islander: 31.9%
    - Other Races / Two or More Races: 6.1%

      The area is highly diverse, with significant Latino and Asian communities and a foreign-born population of 36%, indicating a multicultural environment that requires culturally sensitive and inclusive service models.

Business Implications

- **Market Potential:** High distress levels create a strong demand for essential and affordable services, such as childcare, education, workforce programs, and community-based initiatives. A business offering accessible, quality services can meet pressing local needs while building community trust.
- **Workforce Availability:** A relatively high percentage of adults not currently in the labor force presents opportunities for **local hiring and job training programs**, particularly in entry- to mid-level positions. Workforce development initiatives can help integrate this population into stable employment.

- **Community Engagement:** Investing in distressed communities provides a path to meaningful social impact. Programs focused on family support, bilingual education, and job creation can enhance community well-being while strengthening the company's reputation and local presence.
- **Economic Incentives:** Businesses operating in distressed areas may qualify for federal and state incentives, such as Opportunity Zone tax benefits, workforce development grants, and local subsidies aimed at stimulating economic revitalization.
- **Cultural Responsiveness:** Given the area's multilingual and multicultural population, services must be linguistically accessible and culturally sensitive. This approach can enhance community trust and customer retention.

Operating in San Francisco, CA presents both challenges and opportunities. While the community faces economic distress, these conditions also create strategic entry points for businesses that offer affordable, inclusive, and essential services, particularly in early childhood education, workforce development, and community engagement. By addressing local needs and leveraging available incentives, Aunt Jessy Center can contribute meaningfully to the community's revitalization while establishing a strong operational footprint.

APPENDIX

Monthly Sales Forecast Table

Sales Forecast													
		Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Sales													
Full-Time Daycare Program		$22,000	$22,000	$22,000	$22,000	$22,000	$22,000	$22,000	$22,000	$22,000	$22,000	$22,000	$22,000
Extended Hours Program		$8,000	$8,000	$8,000	$8,000	$8,000	$8,000	$8,000	$8,000	$8,000	$8,000	$8,000	$8,000
Part-Time Care Program		$9,000	$9,000	$9,000	$9,000	$9,000	$9,000	$9,000	$9,000	$9,000	$9,000	$9,000	$9,000
Special Education Support		$7,500	$7,500	$7,500	$7,500	$7,500	$7,500	$7,500	$7,500	$7,500	$7,500	$7,500	$7,500
Bilingual Learning Program		$2,500	$2,500	$2,500	$2,500	$2,500	$2,500	$2,500	$2,500	$2,500	$2,500	$2,500	$2,500
Parent Engagement & Family Support		$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000
Total Sales		$54,000	$54,000	$54,000	$54,000	$54,000	$54,000	$54,000	$54,000	$54,000	$54,000	$54,000	$54,000
Direct Cost of Sales		Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Full-Time Daycare Program	15%	$3,300	$3,300	$3,300	$3,300	$3,300	$3,300	$3,300	$3,300	$3,300	$3,300	$3,300	$3,300
Extended Hours Program	12%	$960	$960	$960	$960	$960	$960	$960	$960	$960	$960	$960	$960
Part-Time Care Program	15%	$1,350	$1,350	$1,350	$1,350	$1,350	$1,350	$1,350	$1,350	$1,350	$1,350	$1,350	$1,350
Special Education Support	12%	$900	$900	$900	$900	$900	$900	$900	$900	$900	$900	$900	$900
Bilingual Learning Program	10%	$250	$250	$250	$250	$250	$250	$250	$250	$250	$250	$250	$250
Parent Engagement & Family Support	15%	$750	$750	$750	$750	$750	$750	$750	$750	$750	$750	$750	$750
Subtotal Direct Cost of Sales		**$7,510**	**$7,510**	**$7,510**	**$7,510**	**$7,510**	**$7,510**	**$7,510**	**$7,510**	**$7,510**	**$7,510**	**$7,510**	**$7,510**

Monthly Personnel Plan Table

Personnel Plan													
		Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
General Manager & Program Director - Mrs. Jessica Rodrigues Alves		$0	$8,000	$8,000	$8,000	$10,000	$10,000	$10,000	$12,000	$12,000	$14,000	$14,000	$14,000
Lead Teacher		$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000
Assistant Teachers		$8,000	$8,000	$8,000	$8,000	$8,000	$8,000	$8,000	$8,000	$8,000	$8,000	$8,000	$8,000
Special Education Specialist		$0	$0	$0	$0	$0	$0	$6,000	$6,000	$6,000	$6,000	$6,000	$6,000
Bilingual Education Coordinator		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Family Engagement Coordinator		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Administrative Assistant		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Cook (part-time)		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total People		4	4	4	4	4	4	5	5	5	5	5	5
Total Payroll		**$13,000**	**$21,000**	**$21,000**	**$21,000**	**$23,000**	**$23,000**	**$29,000**	**$31,000**	**$31,000**	**$33,000**	**$33,000**	**$33,000**

Monthly Profit and Loss Table

Pro Forma Profit and Loss													
		Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Sales		$54,000	$54,000	$54,000	$54,000	$54,000	$54,000	$54,000	$54,000	$54,000	$54,000	$54,000	$54,000
Direct Cost of Sales		$7,510	$7,510	$7,510	$7,510	$7,510	$7,510	$7,510	$7,510	$7,510	$7,510	$7,510	$7,510
Other Costs of Sales		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total Cost of Sales		$7,510	$7,510	$7,510	$7,510	$7,510	$7,510	$7,510	$7,510	$7,510	$7,510	$7,510	$7,510
Gross Margin		$46,490	$46,490	$46,490	$46,490	$46,490	$46,490	$46,490	$46,490	$46,490	$46,490	$46,490	$46,490
Gross Margin %		86.09%	86.09%	86.09%	86.09%	86.09%	86.09%	86.09%	86.09%	86.09%	86.09%	86.09%	86.09%
Expenses													
Payroll		$13,000	$21,000	$21,000	$21,000	$23,000	$23,000	$29,000	$31,000	$31,000	$33,000	$33,000	$33,000
Payroll Taxes	10%	$1,300	$2,100	$2,100	$2,100	$2,300	$2,300	$2,900	$3,100	$3,100	$3,300	$3,300	$3,300
Depreciation		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Rent		$6,000	$6,000	$6,000	$6,000	$6,000	$6,000	$6,000	$6,000	$6,000	$6,000	$6,000	$6,000
Insurance		$500	$500	$500	$500	$500	$500	$500	$500	$500	$500	$500	$500
Marketing/Promotion		$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000
Utilities/Internet/Phone		$750	$750	$750	$750	$750	$750	$750	$750	$750	$750	$750	$750
Employees Education	0%	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Accountant	0%	$250	$250	$250	$250	$250	$250	$250	$250	$250	$250	$250	$250
Total Operating Expenses		$22,800	$31,600	$31,600	$31,600	$33,800	$33,800	$40,400	$42,600	$42,600	$44,800	$44,800	$44,800
Profit Before Interest and Taxes		$23,690	$14,890	$14,890	$14,890	$12,690	$12,690	$6,090	$3,890	$3,890	$1,690	$1,690	$1,690
EBITDA		$23,690	$14,890	$14,890	$14,890	$12,690	$12,690	$6,090	$3,890	$3,890	$1,690	$1,690	$1,690
Interest Expense		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Taxes Incurred		$6,396	$4,020	$4,020	$4,020	$3,426	$3,426	$1,644	$1,050	$1,050	$456	$456	$456
Net Other Income		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Profit		$17,294	$10,870	$10,870	$10,870	$9,264	$9,264	$4,446	$2,840	$2,840	$1,234	$1,234	$1,234
Net Profit/Sales		**32.03%**	**20.13%**	**20.13%**	**20.13%**	**17.16%**	**17.16%**	**8.23%**	**5.26%**	**5.26%**	**2.28%**	**2.28%**	**2.28%**

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Monthly Cash Flow Table

Pro Forma Cash Flow													
		Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Cash Received													
Cash from Operations													
Cash Sales		$27,000	$27,000	$27,000	$27,000	$27,000	$27,000	$27,000	$27,000	$27,000	$27,000	$27,000	$27,000
Cash from Receivables		$27,000	$27,000	$27,000	$27,000	$27,000	$27,000	$27,000	$27,000	$27,000	$27,000	$27,000	$27,000
Subtotal Cash from Operations		$54,000	$54,000	$54,000	$54,000	$54,000	$54,000	$54,000	$54,000	$54,000	$54,000	$54,000	$54,000
Additional Cash Received													
Non-Operating (Other) Income		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Sales Tax, VAT, HST/GST Received	0.00%	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
New Current Borrowing		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
New Other Liabilities (interest-free)		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
New Long-term Liabilities		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Sales of Other Current Assets		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Sales of Long-term Assets		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
New Investment Received		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal Cash Received		$54,000	$54,000	$54,000	$54,000	$54,000	$54,000	$54,000	$54,000	$54,000	$54,000	$54,000	$54,000
Expenditures		Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Expenditures from Operations													
Cash Spending		$13,000	$21,000	$21,000	$21,000	$23,000	$23,000	$29,000	$31,000	$31,000	$33,000	$33,000	$33,000
Bill Payments		$790	$23,654	$22,130	$22,130	$22,117	$21,736	$21,697	$20,541	$20,160	$20,147	$19,766	$19,766
Subtotal Spent on Operations		$13,790	$44,654	$43,130	$43,130	$45,117	$44,736	$50,697	$51,541	$51,160	$53,147	$52,766	$52,766
Additional Cash Spent													
Non-Operating (Other) Expense		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Sales Tax, VAT, HST/GST Paid Out		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Principal Repayment of Current Borrowing		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Other Liabilities Principal Repayment		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Long-term Liabilities Principal Repayment		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Purchase Other Current Assets		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Purchase Long-term Assets		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Dividends		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$20,000
Subtotal Cash Spent		$13,790	$44,654	$43,130	$43,130	$45,117	$44,736	$50,697	$51,541	$51,160	$53,147	$52,766	$72,766
Net Cash Flow		$40,210	$9,346	$10,870	$10,870	$8,883	$9,264	$3,303	$2,459	$2,840	$853	$1,234	($18,766)
Cash Balance		**$95,210**	**$104,556**	**$115,426**	**$126,295**	**$135,178**	**$144,442**	**$147,745**	**$150,204**	**$153,044**	**$153,896**	**$155,130**	**$136,364**

Monthly Balance Sheet Table

Pro Forma Balance Sheet													
		Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Assets	Starting Balances												
Current Assets													
Cash	$55,000	$95,210	$104,556	$115,426	$126,295	$135,178	$144,442	$147,745	$150,204	$153,044	$153,896	$155,130	$136,364
Accounts Receivable	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Inventory	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Other Current Assets	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total Current Assets	$55,000	$95,210	$104,556	$115,426	$126,295	$135,178	$144,442	$147,745	$150,204	$153,044	$153,896	$155,130	$136,364
Long-term Assets													
Long-term Assets	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Accumulated Depreciation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total Long-term Assets	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total Assets	$55,000	$95,210	$104,556	$115,426	$126,295	$135,178	$144,442	$147,745	$150,204	$153,044	$153,896	$155,130	$136,364
Liabilities and Capital		Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Current Liabilities													
Accounts Payable	$0	$22,916	$21,393	$21,393	$21,393	$21,012	$21,012	$19,869	$19,488	$19,488	$19,107	$19,107	$19,107
Current Borrowing	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Other Current Liabilities	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal Current Liabilities	$0	$22,916	$21,393	$21,393	$21,393	$21,012	$21,012	$19,869	$19,488	$19,488	$19,107	$19,107	$19,107
Long-term Liabilities	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total Liabilities	$0	$22,916	$21,393	$21,393	$21,393	$21,012	$21,012	$19,869	$19,488	$19,488	$19,107	$19,107	$19,107
Paid-in Capital	$190,000	$190,000	$190,000	$190,000	$190,000	$190,000	$190,000	$190,000	$190,000	$190,000	$190,000	$190,000	$190,000
Retained Earnings	($135,000)	($135,000)	($135,000)	($135,000)	($135,000)	($135,000)	($135,000)	($135,000)	($135,000)	($135,000)	($135,000)	($135,000)	($155,000)
Earnings	$0	$17,294	$28,163	$39,033	$49,903	$59,167	$68,430	$72,876	$75,716	$78,555	$79,789	$81,023	$82,256
Total Capital	$55,000	$72,294	$83,163	$94,033	$104,903	$114,167	$123,430	$127,876	$130,716	$133,555	$134,789	$136,023	$117,256
Total Liabilities and Capital	$55,000	$95,210	$104,556	$115,426	$126,295	$135,178	$144,442	$147,745	$150,204	$153,044	$153,896	$155,130	$136,364
Net Worth	**$55,000**	**$72,294**	**$83,163**	**$94,033**	**$104,903**	**$114,166**	**$123,430**	**$127,876**	**$130,716**	**$133,555**	**$134,789**	**$136,023**	**$117,256**



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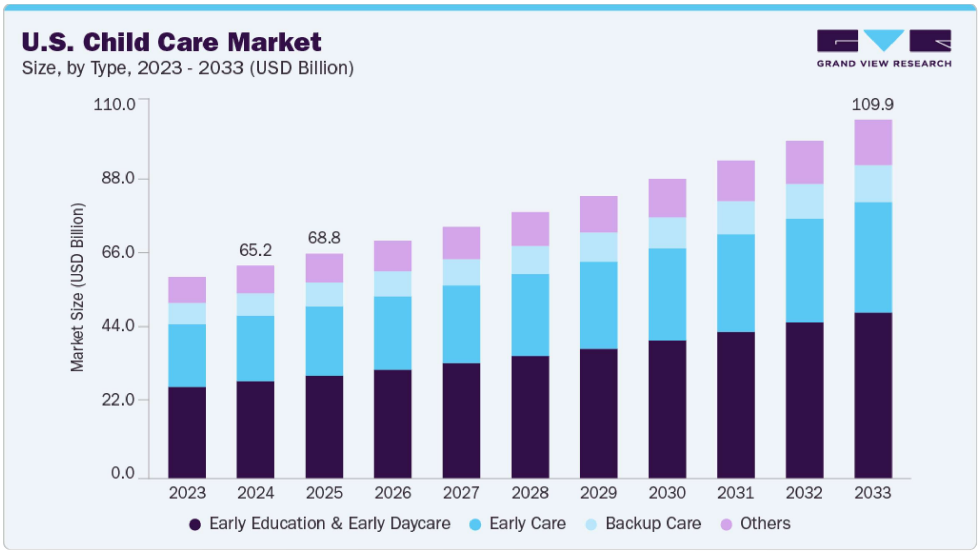
U.S. Child Care Market (2025 - 2033)

Size, Share & Trends Analysis Report By Type (Early Care, Early Education & Daycare, Backup Care), By Delivery Type, By Age Group, By States, By Region, And Segment Forecasts

U.S. Child Care Market Summary

The U.S. child care market size was estimated at USD 65.15 billion in 2024 and is expected to reach USD 109.88 billion by 2033, growing at a CAGR of 6.02% from 2025 to 2033. This growth is driven by the increased demand due to more parents returning to offices, advancements in learning technologies, and government fundings, specifically for single and working mothers. In addition, the shift in family structures, such as single-parent households, and the growing recognition of early childhood education's role in cognitive and social development are further propelling market growth.



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Increasing Number of Single-Parent & Dual-Income Households

The increasing number of single-parent and dual-income households is a significantly drives the market. These family structures often require reliable external care options due to work commitments. In single-parent households, the sole caregiver is typically employed full-time or part-time, creating a steady demand for daycare centers, preschools, and after-school programs. Similarly, in dual-income households, both parents are busy with their careers, which limits their ability to provide full-time in-home care. This trend is further amplified by rising living costs that compel more parents to enter the workforce, as well as the growing recognition of the importance of early childhood education for cognitive and social development.

Impact of Rising Single-Parent & Dual-Income Households on the Market

Instance	Description
Higher enrollment in daycare centers	Working parents increasingly choose licensed daycare facilities to provide structured care during work hours.

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Collapse

Growth in after-school care programs	Single parents rely on after-school services to cover the gap between school dismissal and workday completion.
Expansion of employer-sponsored child care	Companies offer on-site or subsidized child care as part of employee benefits to retain working parents.
Increase in part-time and flexible care options	Families with nontraditional or shift-based schedules opt for flexible hourly or part-time child care services.
Rising demand for early learning academies	Parents choose preschool programs that combine child care with early skill and social development.

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Source: Grand View Research

Rising Demand for Early Education & Adoption of Digital Learning Tools

Parents increasingly view early learning as critical to their children's long-term academic and social success. As awareness grows regarding the importance of cognitive, emotional, and language development during preschool, families seek child care centers that provide structured educational programs instead of merely basic supervision. In addition, integrating digital learning platforms such as interactive e-learning apps, virtual classrooms, and AI-powered progress tracking has transformed early education delivery. These tools enhance personalized learning and allow educators to monitor developmental milestones and engage children through gamified content, making child care services (https://www.grandviewresearch.com/industry-analysis/child-care-services-market-report) more appealing to tech-savvy parents.

Early Education Demand & Digital Learning Integration Tools

Instance	Description
Interactive E-Learning Apps	Use of platforms such as ABCmouse or Khan Academy Kids to build early literacy, numeracy, and problem-solving skills.
Virtual Classrooms	Live-streamed lessons and activities that allow remote participation in early education programs.
AI-Powered Progress Tracking	Tools that analyze each child's learning patterns and provide personalized activity recommendations.
Gamified Learning Modules	Educational games and activities that make learning engaging while developing cognitive skills.
Digital Parent Updates	Apps such as Brightwheel or HiMama provide parents with real-time updates on lessons, activities, and milestones.

Source: Grand View Research

Expansion of Onsite Employer-Sponsored Centers

As more companies recognize that providing convenient, high-quality child care directly at or near the workplace improves employee satisfaction, retention, and productivity. These centers reduce commuting stress for working parents, allow for flexible scheduling, and support work-life balance critical in industries facing talent shortages. In addition, many organizations use this benefit as a competitive advantage to attract skilled workers, particularly women returning to the workforce after parental leave. The trend is further supported by tax incentives, public-private partnerships, and increasing awareness of the link between reliable child care and economic output. As employers compete for talent in a tight labor market, investment in such facilities is expected to continue rising.

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Onsite Employer-Sponsored Child Care Centers

Employer	Location	Child Care Provider Partner	Key Features
Patagonia	Ventura, California	In-house	Offers subsidized tuition, outdoor play areas, and bilingual staff
Google	Mountain View, California	Bright Horizons	Multiple centers with STEM-based curriculum and extended hours
Toyota Motor Manufacturing	Georgetown, Kentucky	In-house	Serves infants to preschool, flexible scheduling for shift workers
JPMorgan Chase	Columbus, Ohio	Bright Horizons	Includes backup care services and early learning programs
Cisco Systems	San Jose, California	In-house	Emphasis on technology-aided learning and healthy meals

Source: Grand View Research

Government Subsidies & Tax-Credit Programmes for Child Care

Government subsidies and tax-credit programs act as a primary driver market by making early childhood education and care services more affordable for families, thereby increasing demand. These programs, such as the Child Care and Development Fund (CCDF), the Child and Dependent Care Tax Credit (CDCTC), and state-level subsidies, help low- and middle-income families cover the cost of licensed child care providers. By reducing out-of-pocket expenses, they encourage higher enrollment in child care centers and home-based care services, supporting both the growth of the industry and workforce participation, particularly among working parents. In addition, expanded funding initiatives under federal acts, such as the American Rescue Plan, have provided temporary boosts to stabilize the sector post-pandemic, further fueling market growth.

Key U.S. Government Subsidy and Tax-Credit Programs

Program / Initiative	Type	Key Features	Impact on Market
Child Care and Development Fund (CCDF)	Federal subsidy program	Provides funding to states for child care assistance to low-income families	Increases access to affordable care and boosts licensed provider demand
Child and Dependent Care Tax Credit (CDCTC)	Federal tax credit	Allows working parents to claim a portion of child care expenses as a tax credit	Reduces financial burden, encouraging use of formal child care services

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Head Start & Early Head Start	Federal early education program	Offers free early learning, health, and nutrition services for low-income children	Increases preschool enrollment and supports holistic child development
State Child Care Subsidies (e.g., California Alternative Payment Program)	State-level subsidy	State-administered assistance to eligible families for licensed and home-based providers	Expands reach in underserved communities
American Rescue Plan Act Child Care Stabilization Grants	Temporary federal funding	Provided $39 billion to stabilize child care providers post-COVID	Prevented closures, maintained capacity, and supported workforce retention

The Rising Demand for Early Care and Education

The rising demand for early care and education in states such as Massachusetts, driven by the growth of skilled service sectors such as business and healthcare, is a significant driver for the industry. As these industries expand, the need for quality and accessible child care becomes critical to ensure that skilled workers with young children can remain active in the labor force. Reliable child care services not only support parents in maintaining their careers but also enable them to pursue higher education and specialized training, thereby enhancing their skills and contributing to a more competitive workforce. This, in turn, sustains economic productivity, reduces employee turnover, and fosters long-term workforce stability, making child care infrastructure an essential component of labor market growth and competitiveness.

Rising Demand for Child Care Services

Rising demand for child care services in states such as New Jersey is a significant driver for the U.S. child care market, fueled by increasing workforce participation among parents and demographic shifts. As more parents enter or remain in the labor force, the need for reliable, accessible, and affordable early education programs grows, making public funding and support critical to meeting this demand. According to a Rutgers University report, every county in New Jersey is projected to see an increase in the need for child care, with Ocean, Somerset, Morris, and Burlington counties expecting notable growth in the population of young children between 2019 and 2034. This anticipated population surge underscores the importance of expanding child care infrastructure, ensuring affordability, and enhancing program availability to support economic productivity while fostering early childhood development.

Market Concentration & Characteristics

The market is fragmented, with many small players entering the market and launching new innovative products. The degree of innovation is medium, and the level of partnerships & collaborations activities is medium. The impact of regulations on the market is high, and service expansion of players is medium.

Digital innovation is transforming the way providers operate, communicate, and deliver services. Childcare management software solutions have become increasingly popular in the U.S. These platforms streamline administrative tasks such as enrollment, attendance tracking, billing, and communication with parents. Providers can use these digital tools to manage schedules, track children's activities, and maintain compliance with licensing requirements.

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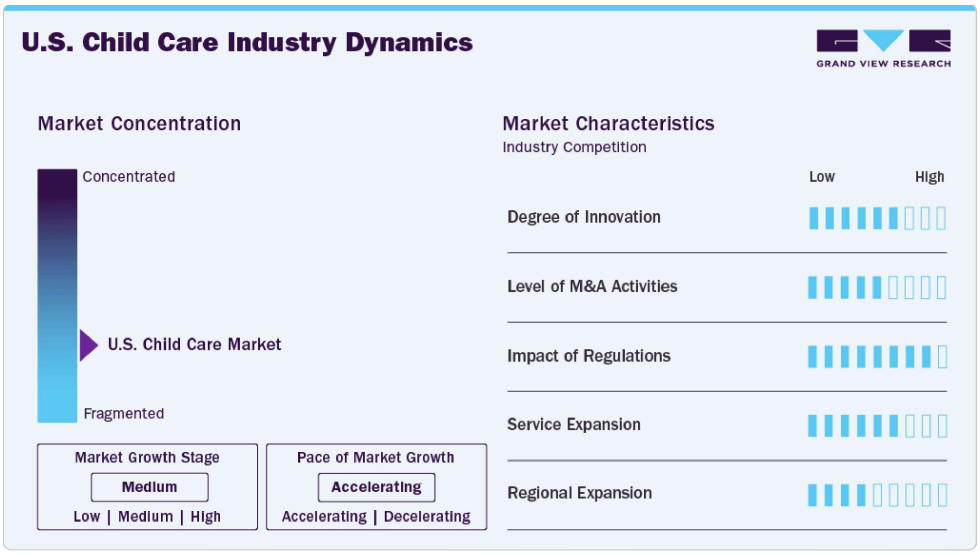

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The market players are leveraging strategies such as collaborations, partnerships, and acquisitions, to promote the reach of their offerings and increase their services capabilities. In February 2023, Cadence Education acquired the Montessori Teacher Education Institute (MTEI) and Suzuki School in Atlanta, Georgia. The acquisition aims to strengthen and boost the growth of Cadence Education's presence in the Southeast, with the addition of three new campus locations in the Northside Drive, Ponce City Market, and Buckhead neighborhoods of Atlanta to its portfolio.

Regulations play a crucial role in the market, dictating operational standards and care delivery. All child care programs, including small group & school-age, large group & school-age child care, and family child care, are subject to certain requirements. Specific regulations for families can be found at 606 CMR 7.03(5), while additional requirements for small group & school-age are outlined in 606 CMR 7.03(6). Large groups & school-age child care have their specific requirements detailed at 606 CMR 7.03(6) and (7).

Market players utilize a strategy of service expansion to increase their service capabilities and promote the reach of their service offerings. For instance, in March 2023, Bright Horizons Family Solutions opened two new Bright Spaces for children at Newton Police Department Headquarters, Newton, Massachusetts. The program aims to promote healing, offers nurturing & stimulating activities, and provides an enriching and stable environment for children in centers.

The level of regional expansion is significant in the U.S. due to various government programs and initiatives. For instance, in December 2023, Goddard Systems partnered with Staples, Inc. to open the Childhood Education Center in Framingham. This center aims to provide care and education for approximately 200 children aged from 6 weeks to 6 years old.

Age Group Insights

The school-aged children segment dominated the market with a revenue share of 41.21% in 2024. Population growth, urbanization, and demographic shifts influence demand for services in communities across the U.S. As communities grow and evolve, there is an increasing need for service providers to accommodate the needs of school-aged children and their families. Moreover, many parents of school-aged children require child care before and after school due to their work schedules. The programs that offer before- and after-school care provide a solution for parents who need supervision and engagement for their children during these hours. Child care programs for school-aged children focus on providing engaging learning and recreational experiences that support children's development and help them thrive outside of school.

The infants segment is anticipated to grow at the fastest CAGR during the forecast period. The growing demand for infant care is due to a rise in labor participation. According to a survey by Move.org., in September 2023, infant care is estimated to be more expensive than older kids. Furthermore, the rise in the number of home-based centers, revenue limitations for providers, low teacher compensation, social & economic factors such as poverty, and a shortage of licensed child care options for infants & toddlers are expected to drive the segment growth.

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Delivery Type Insights

The organized care facilities segment held the dominant revenue share of 71.91% in 2024 and is expected to grow at the fastest CAGR during the forecast period. This growth of the segment is driven by the increasing number of working parents, technological advancements, and funding for quality early education. In addition, organizations that facilitate daycare are collaborating to provide large-scale daycare services. For instance, South Carolina First Steps 4K has collaborated with private non-profit and for-profit organizations, faith-based institutions, independent schools, and other eligible providers to expand 4-year-old kindergarten programs in the 2023-2024 school year. The program is expected to prioritize developmental and learning support for children to prepare them for school, incorporating research-based practices, ongoing assessment, and parenting education.

The home-based settings are expected to witness lucrative growth during the forecast period. These settings are highly recommended for families with younger children or irregular schedules. Around 7 million children under 5 receive care in a home-based setting, offering benefits such as personalized care, lower costs, and a home-like environment. This is expected to fuel segment growth during the forecast period.

Type Insights

The early education & early daycare segment dominated the market with the largest revenue share of 45.73% in 2024 and is expected to grow the fastest from 2025 to 2033. The demand for services is driven by several factors, including the increasing number of working parents who require care for their young children and growing recognition of the importance of early childhood education in supporting children's development. In addition, various state-level institutions are undertaking the initiative to develop early education and care systems. For instance, in November 2023, the American College of Education (ACE) announced a strategic alliance with Learning Care Group, Inc. The alliance aims to initiate an educational pathway for early childhood professionals through three-course packs as part of the company expansion of professional development and educational training.

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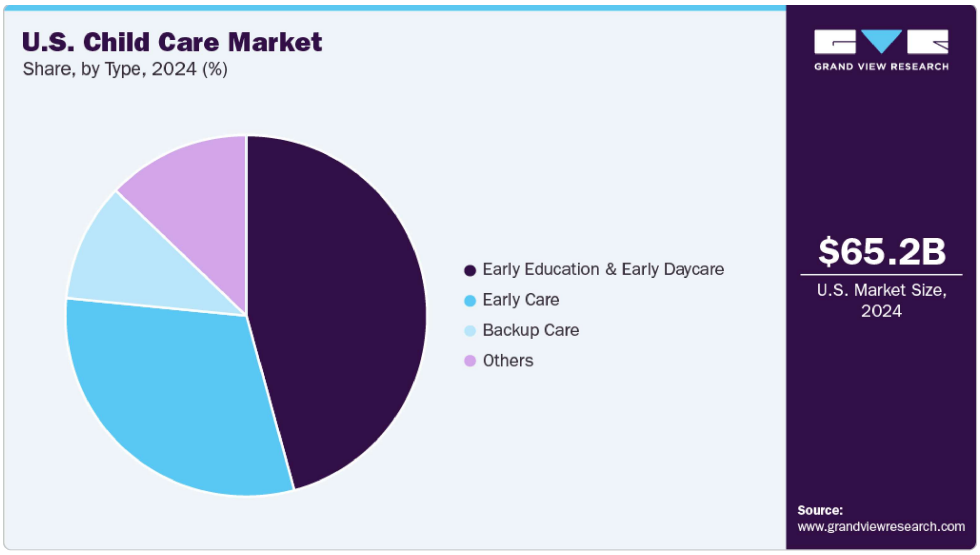

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The early care segment is expected to have substantial growth over the forecast period. It is emerging as an essential aspect for parents and the government since it provides a safe and nurturing environment for them to grow & learn. High-quality early care can have long-lasting positive effects on children's cognitive, social, and emotional development, and can even lead to better outcomes in adulthood.

State Insights

Texas held the largest market share of 45.60% in 2024. The primary factor driving the market growth in Texas includes stringent regulation and licensing processes in services. Child care centers and facilities in Texas are regulated and licensed by the Texas Department of Family and Protective Services (DFPS) through the Child Care Licensing (CCL) Division. The CCL ensures that child-placing agencies and operations meet the minimum standards set by the state. There is an increase in dual-income households, where both parents work outside the home. As a result, there is a greater need for reliable and affordable options for children of working parents, including infants, toddlers, preschoolers, and school-aged children. In addition, Texas has its own set of policies and regulations governing child care facilities, licensing requirements, and health and safety standards. These state-level policies influence the operation and oversight of providers and contribute to the overall quality and accessibility of services in Texas.

South Carolina is expected to grow at the fastest growth rate during the forecast period. The growing need for ensuring the health and well-being of children are factors driving South Carolina's child care system. The state focuses on ensuring that providers meet health & safety standards and provides resources for families to find safe options. The DSS works to increase the quality of care for all children in the state.

Regional Insights

Southeast region dominated the market with a revenue share of 28.49% in 2024 and is expected to grow at the fastest CAGR from 2025 to 2033. The Southeast region is experiencing significant population growth, driven by factors such as migration from other parts of the country, natural population increase, and economic opportunities. As the population grows, the demand for these services increases, particularly in urban and suburban areas. Economic conditions vary across the Southeast region, with some states experiencing robust economic growth while others face challenges such as poverty and unemployment. Economic factors influence families' ability to afford services and impact the demand for subsidized care programs and financial assistance. Collaboration among community organizations, nonprofits, and government agencies is essential for addressing the diverse needs of children and families in the Southeast region. Community partnerships can help expand access to services, provide support for low-income families, and promote early childhood development initiatives.

The Midwest region is expected to witness substantial growth over the forecast period. The growing initiatives and increased investments by the government are expected to boost the growth of the region. In addition, State and local governments utilized State and Local Fiscal Recovery Funds (SLFRF) from the American Rescue Plan Act (ARPA) to support working families and close the care gap, enabling the country's economic recovery. For instance, in September 2023, Franklin County, Ohio launched the Franklin County RISE program, which allocates USD 22.5 million to improve child care support in the county. This includes early learning scholarships of up to USD 10,000 for eligible families, rental assistance for child care workers, and incentive payments for licensed providers.

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Key U.S. Child Care Company Insights

Key companies in the U.S. child care market include large national operators such as Bright Horizons Family Solutions, KinderCare Education, and Learning Care Group, alongside regional providers such as Goddard Systems, Primrose Schools, and Childtime Learning Centers. These players operate through a mix of corporate-owned centers, franchised models, and employer-sponsored programs, catering to the rising demand for early education and full-day care. Their competitive strength lies in offering structured curricula, technology integration for parent engagement, and adherence to safety and regulatory standards. In addition, many are expanding through acquisitions and partnerships with employers to address growing workforce needs for reliable and high-quality services.

Key U.S. Child Care Companies:

Bright Horizons Family Solutions

KinderCare Learning Centers LLC.

Learning Care Group, Inc.

Spring Education Group

Cadence Education

The Learning Experience

Childcare Network

Kids 'R' Kids

Primrose Schools

Goddard Systems

BrightPath Kids

Winnie, Inc.

New Horizon Academy

Care.com

NeighborSchools, Inc.

SitterTree., LLC

Recent Developments

- In January 2025, The Department of Defense (DOD) launched a comprehensive Child Care Expansion Initiative to enhance access and affordability of child care for military and civilian families serving the armed forces. Recognizing that on-base child development centers alone cannot meet demand particularly for geographically dispersed service members, the initiative broadens care options through partnerships with nonprofit organizations to open new centers in high-demand areas, such as Norfolk, Virginia with additional facilities planned in Northern Virginia and Virginia Beach each accommodating about 200 children.

- In March 2024, Wonderschool operation of child care and early learning businesses acquired EarlyDay, a Miami-based early childhood educator career marketplace, in a strategic move to tackle the pressing staffing shortages across the U.S. child care sector. EarlyDay's AI-powered platform employs proprietary matching algorithms and technology to efficiently connect pre-screened early educators with child care providers, streamlining hiring and reducing administrative burdens.

- In December 2023, Goddard Systems partnered with Staples, Inc. to open the Childhood Education Center in Framingham. This center aims to provide care and education to approximately 200 children aged from 6 weeks to 6 years old.

- In November 2023, the American College of Education (ACE) announced a strategic alliance with Learning Care Group, Inc. The alliance aims to initiate an educational pathway for early childhood professionals through three-course packs as part of Learning Care Group, Inc.'s expansion of professional development and educational training.

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U.S. Child Care Market Report Scope

Report Attribute	Details

Revenue forecast in 2025	**USD 68.83 billion**
Revenue forecast in 2033	**USD 109.88 billion**
Growth rate	**CAGR of 6.02% from 2025 to 2033**
Actual data	**2021 - 2024**
Forecast data	2025 - 2033
Quantitative units	Revenue in USD million/billion and CAGR from 2025 to 2033
Report coverage	Revenue forecast, company ranking, competitive landscape, growth factors, and trends
Segments covered	Type, delivery type, age group, states, region
Country scope	U.S.
Key companies profiled	Bright Horizons Family Solutions; KinderCare Learning Centers LLC.; Learning Care Group, Inc.; Spring Education Group; Cadence Education; The Learning Experience; Childcare Network; Kids 'R' Kids; Primrose Schools; Goddard Systems; BrightPath Kids; Winnie, Inc.; New Horizon Academy; Care.com; NeighborSchools, Inc.; SitterTree., LLC
Customization scope	Free report customization (equivalent up to 8 analysts working days) with purchase. Addition or alteration to country, regional & segment scope.
Pricing and purchase options	Avail customized purchase options to meet your exact research needs. Explore purchase options (https://www.grandviewresearch.com/checkout/select-license/us-child-care-market)

U.S. Child Care Market Report Segmentation

This report forecasts revenue growth, country level and provides an analysis of the latest industry trends in each of the sub-segments from 2021 to 2033 For this study, Grand View Research has segmented the U.S. child care market report based on type, age group, delivery type, states, and region:

- **Type Outlook (Revenue, USD Billion, 2021 - 2033)**
  - Early Care
  - Early Education & Early Daycare
  - Backup Care
  - Others
- **Delivery Type Outlook (Revenue, USD Billion, 2021 - 2033)**
  - Organized Care Facilities
  - Home-based Settings
- **Age Group Outlook (Revenue, USD Billion, 2021 - 2033)**
  - Infants
  - Toddlers

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- Preschoolers
- School-aged Children

- **State Outlook (Revenue, USD Billion, 2021 - 2033)**
  - Massachusetts
  - New Jersey
  - Connecticut
  - Texas
  - South Carolina
  - Georgia

- **Region Outlook (Revenue, USD Billion, 2021 - 2033)**
  - West
  - Southeast
  - Southwest
  - Midwest
  - Northeast

Frequently Asked Questions About This Report

How big is the U.S. child care market?

What is the U.S. child care market growth?

Who are the key players in the U.S. child care market?

What are the factors driving the U.S. child care market?

Which segment accounted for the largest U.S. child care market share?

Key questions answered by the report

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United States Census Bureau

HOW DO WE KNOW?

Child Care
an Important Part of American Life

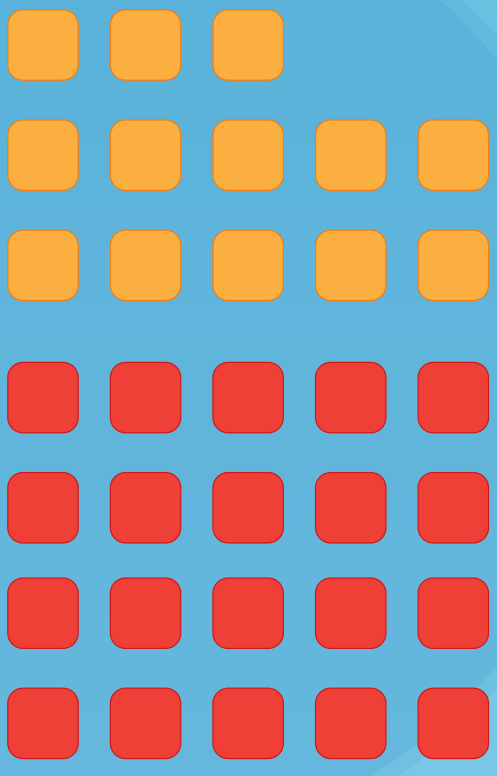
Families rely on a patchwork of child care services to meet their work and family needs. Data from the Survey of Income and Program Participation (SIPP) helps us understand child care usage among families.

32.7 Million
Children in Care Arrangements

In 2011, 32.7 million children were in a regular child care arrangement while their parents worked or pursued other activities outside of the home.

12.5M
Preschoolers
(ages 0–4)

20.2M
Grade Schoolers
(ages 5–14)



▲ One block represents approximately one million children in a regular care arrangement.

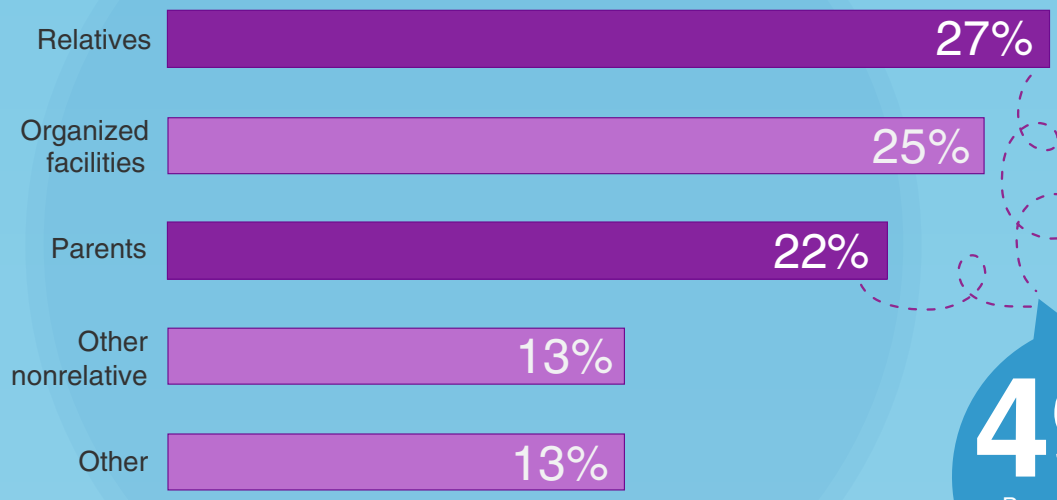
61%
A greater percentage of preschoolers participated in child care compared to grade schoolers.

50%
Percentage of grade schoolers who participate in a regular child care arrangement.

Who's Minding the Kids?

Increases in the number of working mothers and the desire to provide young children with educational opportunities have driven up the demand for various types of child care. Relatives regularly provide care for preschoolers.





One in five relatives who provided care was a grandparent.

49% Parents and relatives make up half of all preschool child care arrangements.



DEFINITIONS

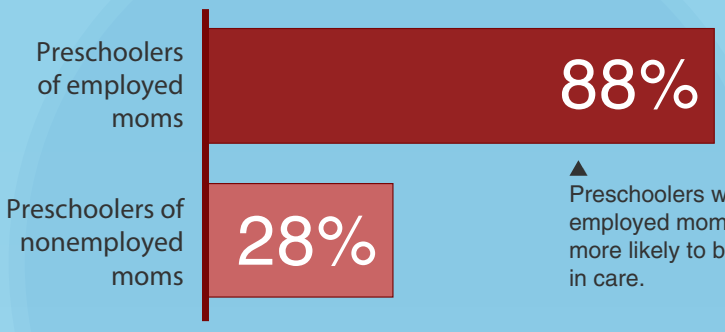
Relatives—grandparents, siblings, and other relatives.

Organized Facilities—day care or child care centers, nursery schools, preschools, and Head Start programs.

Parents—fathers who provided care while the mother worked or mothers who provided care while working.

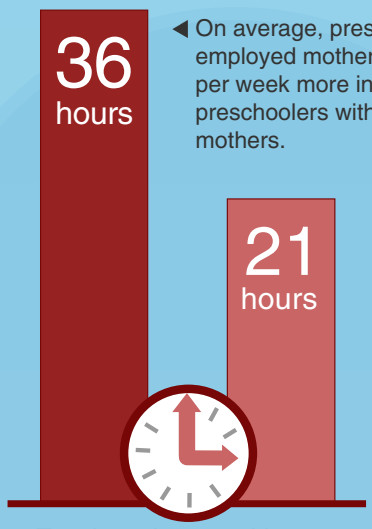
Other nonrelative—in-home babysitters, neighbors, friends, and family day care homes.

Other—school, self care, and no regular arrangement.



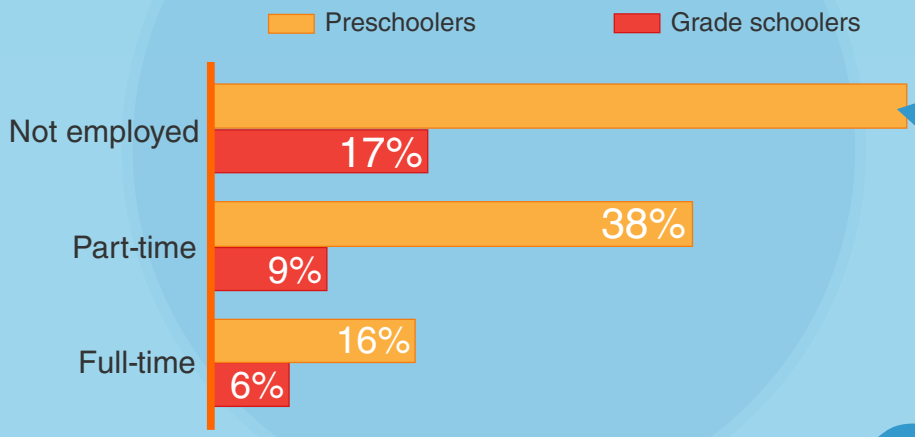
Preschoolers with employed moms are more likely to be in care.





On average, preschoolers of employed mothers spend 15 hours per week more in child care than preschoolers with nonemployed mothers.

Married Fathers Are More Likely to Provide Primary Care if They Are Not Employed or Work Part-Time



55%

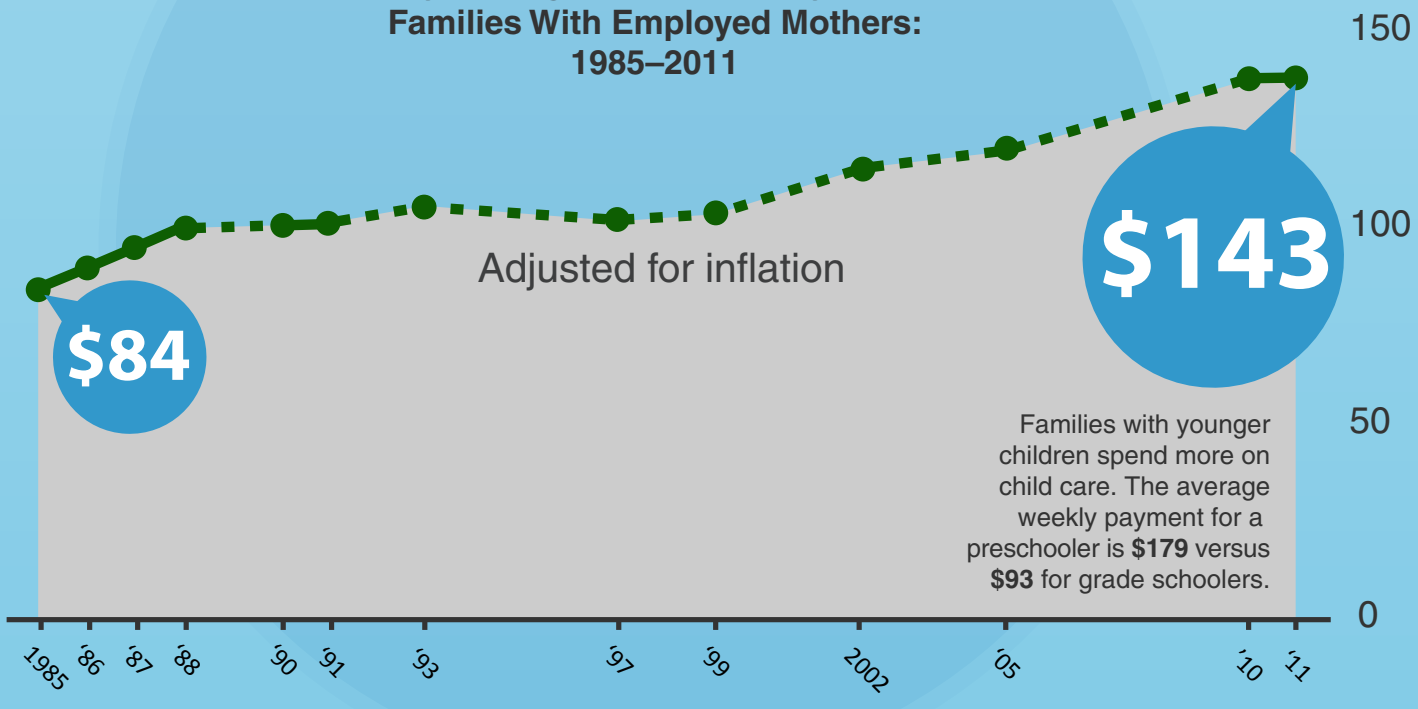
More than half of fathers not employed, with employed wives, are primary care providers for their children under 5.



Child Care Payments

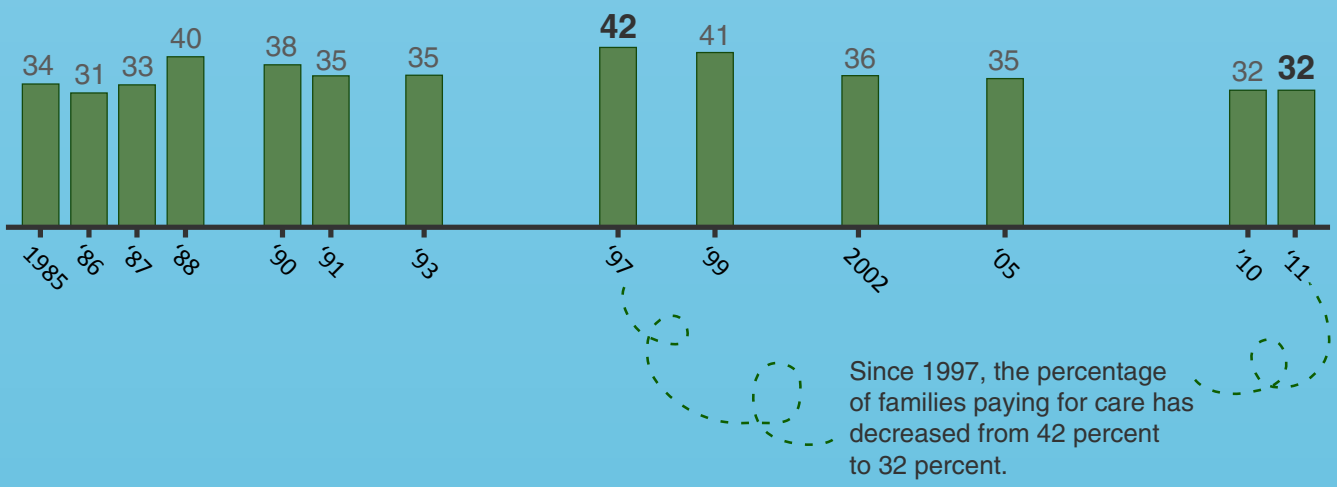
Out-of-pocket costs for child care nearly doubled in the last quarter century. However, the percentage of families paying for child care has declined since the late 1990s.

Weekly Average Child Care Payments for Families With Employed Mothers: 1985–2011



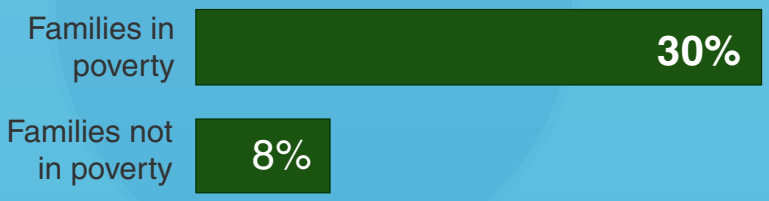
Families with younger children spend more on child care. The average weekly payment for a preschooler is **$179** versus **$93** for grade schoolers.

Percentage of Families With Employed Mothers Who Make Child Care Payments: 1985–2011





Families Below the Federal Poverty Line Spent Roughly Four Times the Percentage of Their Income on Child Care as Other Families



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Source: U.S. Census Bureau.
Data collected from the 1996, 2001, 2004, and 2008 Survey of Income and Program Participation (SIPP).

For more information, visit <www.census.gov/how/infographics/sources.html>

CDSS Social Services

Child Care and Development Fund State Plan

Introduction

The federal Child Care and Development Fund (CCDF) is an aggregate of several funding sources that is distributed in block grants by the federal government to the states and territories. The majority of the funds are to be used to provide child care services to families who meet certain income and need criteria. A portion of the funding is to be used for activities to improve the quality of child care. Another portion is to be used to pay for costs of administering the CCDF.

The purpose of the CCDF is to increase the availability, affordability, and quality of child care services. States and territories receiving CCDF funds must prepare and submit to the federal government a plan detailing how these funds will be allocated and expended.

Federal Fiscal Years (FFY) 2025–27

- 2025 Alternative Methodology Cost Estimation Model Report
- 2025-27 CCDF State Plan – Amendments #1
- 2025-27 CCDF State Plan Appendix A (PDF)
- 2025-27 CCDF State Plan
- California Transitional Waiver Approval Letter
- 2025-27 CCDF State Plan - submitted June 27, 2024
- CCDF Preprint Table of Contents Crosswalk (PDF)
- Statewide Interagency Childcare Disaster Plan 2023 (PDF)
- DRAFT CCDF State Plan FFY 2025-27 (for public comment) (PDF)
- CCDF State Plan Preprint FY 2025-27 (DOCX)
- OCC Flexibilities on Alternative Methodology Timing

Federal Fiscal Years (FFY) 2022–24

- FFY 2024 Quality Progress Report
- FFY 2022-24 CCDF State Plan- Amendment #4
- FFY 2023 Quality Progress Report
- FFY 2022-24 CCDF State Plan - Amendments #3
- FFY 2022-24 CCDF State Plan - Amendments #2 (PDF)
- FFY 2022 Quality Progress Report (QPR) California
- FFY 2022-24 CCDF State Plan - Amendments #1 (DOCX)

- FFY 2022-24 CCDF State Plan Draft - submitted June 30, 2021
- Public Hearing - March 30, 2021 (DOCX)
- DRAFT CCDF State Plan FFY 2022–24 (for public comment) (DOCX)
- CCDF State Plan Preprint FFY 2022–24 (PDF)
- CCDF State Plan Timeline FFY 2022–24

Federal Fiscal Years (FFY) 2019–21

- FFY 2021 Quality Progress Report (QPR) California (PDF)
- CCDF Fiscal Years 2019–21 Information
- Final CCDF State Plan FFY 2019–21 (PDF)
- CCDF State Plan FFY 2019–21 Corrective Action Plan (PDF)
- CCDF State Plan Preprint FFY 2019–21 (DOCX)
- Statewide Childcare Disaster Plan - July 2020 (PDF)

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Serviços Head Start

To hear

Updated on: February 26, 2025

Head Start programs support child development from birth to age 5 through services focused on learning and child development, health, and family well-being. The Head Start team actively involves parents, recognizing family participation throughout the program as fundamental to children's success.

Head Start services are offered free of charge to children ages 0–5 in eligible families. Head Start preschool services serve children ages 3–5 and their families. Early Head Start services serve families with children ages 0–3, and many also serve pregnant women. Many programs offer both Head Start preschool and Early Head Start services. Programs offer child development services in centers, homes, or family daycares. Head Start programs operate in every state, in many tribal nations, and in several U.S. territories, including Puerto Rico. All Head Start programs work continuously to fulfill our mission of providing eligible children and families with high-quality services in safe and healthy environments that prepare them for school and life.

Services for Children and Families

Head Start programs help children prepare **for success in school** and in life through learning experiences tailored to their ever-changing needs and abilities. Our programs do this in a few key ways:

Learning and development in early childhood

- Building strong relationships is the fundamental foundation for early childhood learning.
- **Involving families** in their children's learning and recognizing parents as the child's first and most influential teachers.
- Implement effective practices to promote child development in **five key areas** (learning approaches, socio-emotional development, language and literacy, cognition, and physical development).
- **Encourage learning** through play, creative expression, and guided activities, with schedules and lesson plans that meaningfully incorporate the cultural and linguistic heritage of each child and family.
- To create welcoming **learning environments** , both indoors and outdoors, that are well-organized and safe.

- Conduct **ongoing screenings and assessments** to ensure that each child is progressing.
- Collaborate with parents and community agencies when a more in-depth assessment is needed.
- Support **children with disabilities** and help them develop their strengths.

Health and well-being

- Encourage all children to **participate in physical activities** both indoors and outdoors.
- **Serve healthy and nutritious** cafés da manhã, almoços e lanches.
- **Ensure that children receive** medical, dental, hearing, vision, and behavioral examinations .
- Make sure children brush their teeth after meals; promote **oral health and hygiene** .
- To help families understand and support the physical and behavioral health needs of their children.
- To provide assistance with **mental health services** for children and families, as needed.
- Developing **resilience** to help children and families recover from traumatic experiences or events and oppressive situations.

Family well-being

- To offer **support** and strategies for parents.
- Supporting parental health and access to community services during **pregnancy** .
- Connecting families to community and federal assistance.
- To help families identify and achieve their goals and dreams, including those related to finances and **economic mobility** , housing, employment, and education.
- To offer a career path in early childhood education and care — *approximately 22% of the program's staff are parents or former parents of children in the Head Start program* .

Family involvement

- Invite parents to share information and insights about their children.
- Celebrate the role of fathers and male caregivers through **paternal involvement** .
- **Involving parents** as advocates for their children throughout their lives.
- We invite parents to offer suggestions for improving the experiences of children and families in the program, including through leadership roles on the **Policy Council** .
- To support **the child and family's transition** to the next stage in the Head Start program, kindergarten, or other early childhood education program.

Meeting the needs of the community

To reach the children and families most in need of Head Start services, programs are designed according to **community needs** . Funded directly at the local level, Head Start programs adapt their activities to the needs of families in the designated service area. These programs may be offered at different locations and times, according to the needs indicated by **community assessments** .

Federal funding model for municipalities

The federal government funds Head Start programs through the U.S. Department of Health and Human Services, Administration for Children and Families. Nationwide, school districts, nonprofit and for-profit organizations, religious institutions, tribal councils, and other organizations participate.**são elegíveis** to receive the Head Start program and, consequently, federal funding.

The federal-local model allows local leaders to create a Head Start experience that meets the unique and specific needs of their community. Many programs combine funding from federal, state, and local sources to maximize service delivery and continuity.**Os Escritórios de Colaboração do Head Start** They facilitate partnerships between Head Start agencies and other state entities that provide services to benefit low-income children and their families.

The Migrant and Seasonal Head Start (MSHS) programs serve children from zero to five years of age whose families work in agriculture, either seasonally or in different geographic regions. The American Indian and Alaska Native (AIAN) Head Start programs serve children from federally recognized tribes and other communities.

Head Start programs offer transportation services or help families arrange transportation for their children to program activities.

Eligibility and Enrollment

The Head Start programs serve families with children from zero to five years old, as well as pregnant women and families with unborn babies. Eligible participants include children whose families meet the following criteria:**diretrizes federais de baixa renda** That is, those whose incomes are equal to or less than the federal poverty guidelines or who receive public assistance such as the Temporary Assistance Program for Needy Families (TANF), the Supplemental Income Benefit (SSI), or the Supplemental Nutrition Assistance Program (SNAP). Other eligible participants include children who are in foster care or homeless. Programs may also accept a limited number of children who do not meet any of these eligibility criteria.

Os programas MSHSThere are specific eligibility requirements for the children of agricultural workers. The AIAN Head Start programs enroll Indigenous children from reservations or nearby areas. All programs

enroll children with disabilities and welcome children who speak a language other than English at home.

In general, the number of eligible children is greater than the number of available spots in the programs. Each program maintains a waiting list, according to its...**critérios de seleção,** For when a vacancy becomes available.

Program settings

Head Start services are offered in a variety of locations, sometimes referred to as options. This consistent and welcoming environment is designed to foster strong relationships between the program staff, families, and children. The selection of locations offered by each Head Start program is determined by an assessment of community needs.

- **The services offered at early childhood development centers are located in their own facilities** . More than half of the children in the Head Start program attend these services five days a week, for at least six hours a day.
- **Home-based services** are provided primarily in the family's home, along with planned group socialization activities. More than one-third of children enrolled in Early Head Start programs receive home-based services.
- **Family-based childcare services** are located in a family-based childcare environment.
- **Locally designed services** are often delivered through a combination of the environments mentioned above, depending on the needs of the community.

Results

Since 1965, Head Start programs have reached more than 38 million children and their families. Children enrolled in Head Start programs are more likely to graduate from high school and attend university; they show better social, emotional, and behavioral development; and they are better prepared to be parents than similar children who do not attend the program. Children enrolled in Early Head Start programs have significantly fewer occurrences of sexual or physical abuse involving the child protection system between the ages of 5 and 9 than those who do not attend the program.

Research consistently demonstrates a wide range of benefits for children at the end of their participation in the Head Start program. While these benefits may appear to diminish in the early school years, the economic benefits emerge as children become adults. The intergenerational model of the Head Start program—combined with comprehensive, high-quality, research-based services—has the power to transform children's outcomes.



Head Start program locations

Use the Head Start Locator to find a Head Start program.



Request services

Learn how to enroll in a Head Start program and register your child.



Head Start Interim Services

In communities across the country where the local Head Start or Early Head Start program can no longer operate, the Head Start Interim Management Office (OHS) provides Head Start services.

English

CalHHS

Search ...



English

Master Plan for Early Learning and Care

Updates

December 21, 2024: Update on California's Master Plan for Early Learning and Care — Progress Made, Work to Do

December 12, 2024: Progress Report: California's Master Plan for Early Learning and Care

Master Plan for Early Learning and Care: California for All Kids

The Master Plan for Early Learning and Care: California for All Kids provides a strong research-based roadmap for building a comprehensive and equitable early learning and care system over the next decade. The Plan will help the state better understand the crisis families, children and early learning and care providers are facing amid the COVID-19 pandemic and identifies key policy goals to ensure that all California children can thrive physically, emotionally and educationally in their early years through access to high-quality early learning and care programs.

For more information,

- Visit the interactive Master Plan for Early Learning and Care website
- Read the news release announcing the Plan

Early Learning & Care Guidebook

English

COVID-19 shelter-in-place restrictions are easing. Essential w
continue to need child care and more families are returning to work outside the home. Many providers have stayed open, others are considering reopening or being asked to serve additional children. California's children can continue their healthy development and learning when parents and providers follow the safety guidelines and resources on this website. You will find all up-to-date guidance and resources to create a safe and nurturing early learning and care environment for children and providers.



About

The stroller is California's first vehicle for upward mobility—it's time to push early learning and care forward to help families grow their children stronger. High-quality early learning and care is the first step toward increasing achievement, maximizing state investments in education, health, and workforce development—and lifting families out of poverty. ***California For All Kids*** is the state's effort to develop a comprehensive Master Plan for Early Learning and Care that can be implemented and sustained for the benefit of all children and families. From parent perspectives, community organizing, curriculum, equitable access, social justice, financing, and policy—***California For All Kids*** brings the best of what experts in the state know and combines it with listening to the needs of parents and communities. This will help California plan a system that works from the ground up and empowers parents to develop children capable of seizing opportunities in school, career, and life.

Plan Development

Priority areas in the Master Plan include options and actionable plans for a fiscal framework, facilities, access, quality, and universal prekindergarten. These issues

English

are being examined through a series of specific policy-relevant scenarios determined in consultation with CHHS and other stakeholders, including current proposals for ELC expansion advanced by the Governor or the Legislature. Each policy scenario starts with assumptions about what constitutes high-quality early learning and care, and where incremental subsidies should be applied across the economic spectrum for those who cannot afford access to needed services.

Findings

Five study areas represent the persistent barriers in our current early childhood system: Finance, Facilities, Access, Quality, and Universal Pre-K. California For All Kids surveys existing research and recommendations in each of these areas, fills in gaps and makes recommendations, integrating individual findings into a comprehensive plan. Findings in each study area will be posted at the links below as they are available:

- Finance
- Access
- Facilities
- Quality
- UPK

Contact

For questions and inquiries, please contact MPELC@chhs.ca.gov

Resources

California for All Kids: Plan a great start for their future– and ours

English

Help Accessibility Language Access Conditions o

Site Map

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Exhibit C.II – Second Prong – Well-Positioned to Advance the Proposed Endeavor

Mandated Reporter TRAINING

In partnership with
California Department of Social Services

CDSS
CALIFORNIA
DEPARTMENT OF
SOCIAL SERVICES

CERTIFICATE OF COMPLETION

CHILD ABUSE & NEGLECT MANDATED REPORTER TRAINING

PRESENTED TO

Jessica Alves

Issue Date: 7/9/2024



Child Care Providers

General Training | 2 hours
Child Care Providers | 2 hours
Child Care Providers Exam

CERT-01727423

VALIDATE

This training satisfies the requirements of AB1207.

State of California

Department of Social Services

Facility Number: 384004759

Effective Date: 08/01/2023 **Total Capacity: 14**

In accordance with applicable provisions of the Health and Safety Code of California, and its rules and regulations; the Department of Social Services hereby issues

this License to

ALVES JESSICA

to operate and maintain a

FAMILY DAY CARE HOME

Name of Facility

ALVES, JESSICA
2318 22ND STREET
SAN FRANCISCO, CA 94110

This License is not transferable and is granted solely upon the following:

MAX. CAP(WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.

Client Groups Served:

CHILDREN

Complaints regarding services provided in this facility should be directed to:

SAN BRUNO CC RO (650) 266-8800

Kevin Gaines
Deputy Director,
Community Care Licensing Division

Authorized Representative of Licensing Agency

LIC203A (03/07) FAS
Print Date 08/02/2023

POST IN A PROMINENT PLACE

CU-TAO18b

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

FACILITY EVALUATION REPORT

SAN BRUNO CC RO, 851 TRAEGER AVE., SUITE 360
SAN BRUNO, CA 94066

Although this visit/inspection may have focused on the review of specific licensing requirements, the applicant/licensee must comply with all applicable requirements. The California Department of Social Services retains authority to issue citations or take disciplinary action for any deficiency.

FACILITY NAME:	ALVES, JESSICA		**FACILITY NUMBER:**	384004759
DIRECTOR/ADMINISTRATOR:	ALVES, JESSICA		**FACILITY TYPE:**	810
ADDRESS:	2318 22ND STREET		**TELEPHONE:**	(628) 241-5082
CITY:	SAN FRANCISCO	**STATE:** CA	**ZIP CODE:**	94110
CAPACITY: 14	**TOTAL ENROLLED CHILDREN:** 14	**CENSUS:** 6	**DATE:**	06/03/2025
TYPE OF VISIT:	Annual/Random	UNANNOUNCED	**TIME BEGAN:**	09:25 AM
MET WITH:	Licensee, Jessica Alves		**TIME ENDED:**	11:45 AM

NARRATIVE

On June 3, 2025 at approximately 9:25am, Licensing Program Analyst (LPA) Melissa Zaragoza conducted an unannounced, annual inspection. LPA was greeted and granted access by licensee, Jessica Alves. At the entrance the licensee was explained the purpose of the inspection. Present during LPA's visit included the licensee, 2 staff assistant, and 6 children (2 infants, 3 preschool, and the licensee's son, under 10 years old).

Hours of operation are Monday through Friday, 7:30am to 6:30pm. Licensee lives in a two level home with their son. All adults living in the home and staff present, working with children have fingerprint clearance on file.

The **DAY CARE AREAS** are the second floor: living room, dining room, bathroom #1, and patio. The **OFF-LIMIT AREAS** are the kitchen, bedroom #1, bedroom #2, and first level: bathroom #2, family room, and garage. All off-limit areas are made inaccessible to children in care with child safety gates installed.

LPA toured day care areas of home with the licensee. LPA observed home to be in good repair with proper temperature and ventilation. Home is equipped with a variety of toys and materials that were observed to be in good condition. LPA observed electrical outlets to be made inaccessible to children. Cleaning supplies, poisons and hazardous materials are stored in homes off limit area.

Home is equipped with a fully charged fire extinguisher and a smoke and carbon monoxide detector. Smoke and carbon monoxide detectors were tested during visit and were observed to be in working condition. LPA observed trashcans with tight fitted lids. There are no pools, and bodies of water in the premises.

Napping area was observed to be equipped with mats and playpens for napping children. Playpens were observed to be free of loose articles, bumper pads and pillows. LPA observed Playpens and mats to have mattresses with tight fitting sheets. LPA observed 15-minute sleeping logs to be maintained, notating the position the infant was sleeping in. Per licensee, parents provide the sheets and blankets, but the licensee washes sheets and blankets weekly.

(Continue Report on Page 2...)

NAME OF LICENSING PROGRAM MANAGER: Marie Rodriguez **TELEPHONE:** (650) 266-8827

NAME OF LICENSING PROGRAM ANALYST: Melissa Zaragoza **TELEPHONE:** 650-266-8800

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/03/2025

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/03/2025

This report must be available at Child Care and Group Home facilities for public review for 3 years.

FACILITY NAME: ALVES, JESSICA

FACILITY NUMBER: 384004759

VISIT DATE: 06/03/2025

NARRATIVE

(Continued, Page 2...)

Bathroom was observed to be in proper working condition. There is appropriate sanitation and toileting equipment for children in care. LPA observed one changing table used for diapering children. LPA observed children to have their own individual box, with their name on it, used for storing their diapers. Per licensee, parents provide the diapers and wipes for enrolled children.

Children eat in the living room. Children were observed to have appropriate eating utensils, tables, chairs, and highchairs. Per licensee, they provide a food service of breakfast, lunch, snack, and dinner. Per licensee, they are aware of children's allergies and dietary restrictions. LPA observed knives to be made inaccessible to children.

LPA reviewed child's record which were complete. LPA reviewed licensee's record, and staff which were complete. Licensee has a current CPR/First Aid certification and current Mandated Reporter certification. Licensee's CPR/First Aid certification will expire on 03/2026 and Mandated Reporter certification will expire 07/09/2026.

Emergency disaster drills are conducted and are appropriately documented. Last disaster drill was conducted 01/01/2025. LPA observed licensing documentation to be properly posted, made available for review. Facility maintains a childcare roster that was also made available for review. Per licensee, there are no weapons or firearms in the home.

To improve the quality and value of the new inspection process, a survey may be sent to the email address provided. Please complete the survey and share your inspection experience. If you have any questions regarding the process or CARE tools, please send email inquiries to inspectionprocess@dss.ca.gov. For additional information regarding the inspection and its tools and methods, please visit the Program website at .

Licensee was reminded that all adults 18 and over living or working in the home, including employees and volunteers, except as specified in Health and Safety Code section 1596.871, must obtain a criminal record clearance or exemption, or transfer their existing clearance or exemption, prior to initial presence in a licensed Family Child Care Home. A civil penalty of $100.00 minimum/day for a maximum of 5 days or, if the penalty is for a repeat violation, for a maximum of 30 days per person will be assessed if this regulation is violated.

(Continue Report on Page 3...)

NAME OF LICENSING PROGRAM MANAGER: Marie Rodriguez
TELEPHONE: (650) 266-8827

NAME OF LICENSING PROGRAM ANALYST: Melissa Zaragoza
TELEPHONE: 650-266-8800

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/03/2025

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/03/2025

FACILITY NAME: ALVES, JESSICA

FACILITY NUMBER: 384004759
VISIT DATE: 06/03/2025

NARRATIVE

(Continued, Page 3...)

LPA discussed the safe sleep regulations with licensee and discussed the Child Care Licensing Safe Sleep webpage at

as an additional resource. LPA also informed licensee of the importance of checking for recalled infant devices on the United States Consumer Product Safety Commission (CPSC) website at / and recommended they register all infant devices with the CPSC to be notified of any recalls on their purchased equipment.

Incidental Medical Services (IMS) policy was discussed. For IMS information see PIN 22-02-CCP. When any IMS is provided, a Plan for Providing IMS must be submitted to the Department. The following information regarding ADA was provided: US Department of Justice (USDOJ) toll-free ADA Information Line at (800) 514-0301 (voice)/ (800) 514-0383 (TTY) and link to publication: Commonly Asked Questions about Child Care Centers and the ADA, available at: .

Licensee was informed of the MyChildCarePlan.org website; a consumer education website that helps families obtain child care by connecting them to child care providers and Resource and Referral Agencies (R&Rs) throughout California.

During the exit interview, the licensee, Jessica Alves, confirmed that there are no Registered Sex Offenders living in the facility and LPA completed a Megan's Law search on 06/03/2025.

No deficiencies were issued during today's visit.

A notice of site visit was given and must remain posted for 30 days.

Exit interview conducted and report was reviewed with the licensee, Jessica Alves.

NAME OF LICENSING PROGRAM MANAGER: Marie Rodriguez
TELEPHONE: (650) 266-8827

NAME OF LICENSING PROGRAM ANALYST: Melissa Zaragoza
TELEPHONE: 650-266-8800

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/03/2025

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/03/2025

DocuSign Envelope ID: 8AAAA07D-2020-4D46-81CA-D1A248D55915

Agreement for Provider Agencies Participating in
Early Learning San Francisco and Preschool for All Programs

July 29, 2022 - June 30, 2023

I. Purpose

This agreement is between Jessica's Day Care, the Children's Council of San Francisco and/or Wu Yee Children's Services as the Early Care and Education (ECE) Integrated Services Administrators (ISAs), and the San Francisco Department of Early Childhood (DEC) as funder.

This **Agreement** provides funding, enrollment, and programmatic guidance to **Qualified Early Learning San Francisco** funded programs.

DEC, under its sole discretion, reserves the right to make changes to this Agreement at any time in response to evolving funding, public health, and/or state or local circumstances.

II. Policy

Qualified Early Learning San Francisco programs must continue operating in strict accordance with current State and local public health orders and guidance. The public health requirements may change at any time.

III. General Information and Term

A. General Information

The City and County of San Francisco, San Francisco Department of Early Childhood (DEC) through this agreement, provides funding to support quality early care and education services through the Early Learning San Francisco (ELS) and Preschool for All (PFA) programs. A Continuing Funding Application (CFA) issued in 2022 sets forth the eligibility and requirements for agencies that applied to provide services to children birth through five years of age in licensed early care and education settings. This agreement states the programmatic assurances and standards, eligibility and enrollment requirements for the ELS/PFA

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funding, and funding amounts, which are contingent based on availability of funds and/or actual enrollments.

B. Term of Agreement

The term for this Agreement is July 1, 2022 through June 30, 2023. DEC retains the option to extend the term for an additional year or increase service levels depending upon funding availability and service needs, which DEC may exercise at its sole and absolute discretion. This agreement may be terminated for cause or for lack of available funding. During the term of this agreement, it may be updated with any necessary modifications. This agreement and requirements are reviewed annually by Provider, ISAs and DEC.

C. Expansion

For current Early Learning San Francisco (ELS) programs that are expanding at the same location or adding an additional site: ELS-Qualified agency must complete the validation process for the additional site or classroom applying for city-funded child enrollments. This process allows the Department of Early Childhood (DEC) to determine the site or classroom readiness in order to meet and implement the Quality Standards for the Early Learning San Francisco program. Please refer to the Operating Guildelines for validaton steps.

IV. Role and Responsibilities

A. Integrated Service Administrators

In order to support the City's efforts to leverage federal and state resources, DEC has funded two agencies as Early Care and Education Integrated Services Administrators (ISA). Children's Council of SF (CCSF) and Wu Yee Children's Services (WYCS) both Integrated Services Administrators will administer ECE funding policies and procedures set by DEC. CCSF and WYCS will determine family eligibility and administer subsidies through direct payments to providers selected by DEC through the Early Learning San Francisco Continuing Funding Application (CFA). Neither administrator is responsible for ensuring availability of funding from DEC.

This agreement shall not render Children's Council of San Francisco and/or Wu Yee Children's Services or the San Francisco Department of Early Childhood an employer, business partner, or agent of the early care and education (ECE) provider. The (ECE) provider is, and will remain an independent contractor in his or her relationship to the aforementioned organizations and shall have no claim for vacation pay, sick leave, retirement benefits, social security, worker's compensation, health or disability benefits, unemployment insurance benefits, or employee benefits of any kind. As such, taxes are not withheld from the money reimbursed to providers for early care and education services and providers are responsible for paying any taxes owed to the IRS and/or the California Franchise Tax Board.

B. DEC Funding Agency Responsibility

DEC as the administrator of public funds is responsible to monitor policy and programmatic assurances as stipulated in this agreement and accompanying Program Operating Guidelines. DEC, in collaboration with

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ISAs, through this funding agreement provides guidance for programmatic standards, enrollment priorities, data collection, reporting, evaluation and funded services.

DEC reviews and approves any funding changes, including modifications that represent a change affecting services and/or budget modifications in excess of 10% of the funding agreement amount.

DEC is responsible for actively monitoring funded programs and services, including funding amounts. These assurances contained in this Agreement will be monitored through annual programmatic site visits, which includes announced and unannounced, to support and monitor compliance with city-funding requirements during the duration of the term of this Agreement. Please refer to the Program Operating Guidelines for further information.

V. Program Operating Guidelines and Quality Standards for the ELS Program

Qualified programs are committed to a process of continuous quality improvement and fully meeting the requirements of the ELS Participation Agreement's Programmatic Assurances and aligned Quality Standards. Below is a brief description of program requirements as a condition of receipt of city funds. Please refer to the PROGRAM OPERATING GUIDELINES and Quality Standards for the Early Learning San Francisco (ELS) Program for additional programmatic, enrollment, and funding guidelines located on the DEC website: SFOECE.org.

Provider Quality Programmatic Assurances {Please initial each box to certify agreement to implement the assurances below}

PROGRAMMATIC ASSURANCE	
DS	***Child Observation:*** Conduct observations and developmental assessments with each child using the California Department of Education (CDE), Desired Results Developmental Profile System or a researched and approved tool, which addresses attitudes to learning (self-regulation), social emotional, language and literacy, English language, Cognition (including Math and Science) and Physical Development.
DS	***Developmental Screenings & Links to Early Intervention Supports:*** Work with families to ensure screening of all children using the ASQ and ASQ-SE (as needed) within 45 days of entry and as indicated by results thereafter. Document results and linkage to services as needed in each child's file/record.

QUALIFICATIONS – Please check applicable section			
For Centers Only			
	Center Director Qualifications: Associate's degree with 24 units ECE/CD +/with 6 units management/administration and 2 units supervision or Site Supervisor Permit, and 21 hours professional development annually		***Center Lead Teacher Qualifications:*** classroom led by a teacher holding a minimum Teacher Permit (or higher), according to the State of California Commission on Teacher Credentialing.

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For Family Child Care (FCC)			
X	**FCC Owner or Full-time Teacher Qualifications:** 12 ECE units, including nine units of core classes (CDEV 53; CDEV 66; CDEV 67) & three ECE elective units for educator providing instruction and supervision to the children in progress with approval by DEC or completed by June 2023.		***PFA FCC Qualifications (for current PFA programs only):*** group led by a teacher holding a minimum Teacher Permit (or higher), according to the State of California Commission on Teacher Credentialing.
QUALITY ASSURANCE			
DS	**Continuous Quality Improvement –** develop and submit a Quality Improvement Plan annually and participate in continuous reflection and learning to increase the quality of child learning and teaching. Participate in program quality validation visits.		
DS	**Curriculum –** Adopt and implement a curricula, which aligns with either the California Department of Education *Infant/Toddler Learning & Development Foundations*, California Department of Education *California Preschool Foundations and Curriculum Frameworks (Volumes 1-3)* as appropriate to ages served, or the *Head Start Early Learning Outcomes Framework: Ages Birth to Five* **by July 1, 2023.**		
DS	**Environment -** Provide indoor and outdoor environment that demonstrates a culture of caring, competence and excellence in learning.		
DS	**Interactions –** Provide nurturing, responsive, language and cognitive rich interactions between adults and children, as demonstrated by CLASS observations.		
	Ratio and Group Size: Age category ratio and maximum class size for child care centers: **Age Category** / **Ratio** / **Maximum Class Size*** Infant (Birth -15 months) / 1:4 / 8 Toddler (12-36 months) / 1:6 / 12 Preschool (30 months-5 years) / 1:10 / 20 *CSPP programs must follow Title V guidelines, which allow for a 1:8 ratio with class size of 24 children.		

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DS	**Family Child Care (FCC) programs** often care for mixed-age groups, which makes child-to-adult ratios and groups sizes vary. FCC programs in Early Learning San Francisco (ELS) should follow California Community Care Licensing guidelines for ratios and group size.
DS	**Parent Partnership & Parent-Teacher Conferences--**Implement an intentional approach to engage families, including but not limited to a minimum of two individual parent-teacher conferences each program year to discuss each child's developmental progress.
DS	**Professional Development (PD) –** Each educator must complete (once) 6 hours of training on each of the following topics: Child Development / Learning Foundations (0-5), Inclusion and Meeting the Needs of Young Children with Disabilities or Other Special Needs, and Family Engagement and Support/Strengthening Families. College units may be applicable.
DS	**Anti Bias/Equity PD Standard – Each** Educator must complete (once) 6 hours of training to implement an anti-bias, antiracist curriculum framework. Educators may choose from a menu of content, which includes but is not limited to: Understanding Implicit Bias, Anti Bias Curriculum, Supporting Dual Language Learners or the Black Joy Series.
DS	Non-Denominational Teaching Sites may not deliver any direct faith-based instruction during program time supported with DEC funds.

VI. Guidance on Enrollment Priorities for City-Funded Early Care and Education Programs

The San Francisco Department of Early Childhood (DEC) is committed to ensuring all children are ready for kindergarten. We take the stance that in-person educational experiences are essential for young children to develop the cognitive, social-emotional, and physical skills they need to succeed. Children who attend high-quality early care and education (ECE) are better prepared for school and life-long success.

As your program enrolls children for the 2022-23 program year, we strongly recommend applying the following guidelines to prioritize enrollment for all Early Learning San Francisco and/or Preschool for All spaces. DEC's priorities are aligned with City public health guidance that takes into account structural oppression and aims to focus attention on people experiencing marginalization, systemic inequity, and health inequities.

General Provisions

- If your program is subject to enrollment priorities attached to federal/state funding/subsidies, then apply those priorities before local priorities.
- Younger siblings of a previously enrolled child may be enrolled before applying the DEC enrollment priorities.
- We ask that you reserve open spaces for children in the DEC enrollment priorities to the extent that your funding from DEC allows.
- DEC expects programs to make a good faith effort enrolling children according to the DEC enrollment prioritization outlined in this agreement. DEC reserves the right to monitor ELS programs to ensure enrollment prioritization compliance.

Preference for Children in their Pre-Kindergarten Year

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- If you have openings in your program for preschool-age children, we ask that you enroll priority children who will enter kindergarten in the next year before you enroll younger children (i.e., three-year-olds).
- If your program is tailored to meeting their specific care and learning needs of infants and toddlers, you should continue offering care to those age groups.

Category 1 (Top Priority)

We ask that you grant the following groups top priority for enrollment in in-person ECE, regardless of age (in no particular order):

- Children who are clients of Family and Children's Services (FCS) or are at risk of abuse, neglect, or exploitation
- Children eligible through the Emergency Child Care Bridge Program for Foster Children
- Children experiencing homelessness
- Children of domestic violence survivors

Category 2 (Second Priority)

We ask that you grant the following groups second priority for enrollment and enroll according to lowest income first. After Category 2 families have been enrolled, other families outside these groups may be enrolled according to lowest income first:

- Black/African American children
- Latina/o/x children
- Native Americans/Indigenous children
- Pacific Islander children
- Immigrant children
- Children with disabilities or special health care needs whose individualized education programs (IEP) and/or individual family support plans (IFSP) include ECE services
- Children from low-income families, including those who receive or are eligible for free or reduced meals, Medi-Cal, SNAP (food stamps), WIC, CalWORKs, and other public assistance programs

VII. FUNDING ASSURANCES

DEC prohibits the use of its funds to cover expenses not directly related to the delivery of quality early education and care services for children and families.

VIII. INSURANCE AND LIABILITY

Types and Amounts of Coverage. Funded program shall maintain in force, during the full term of this Agreement, insurance in the following amounts and coverages:

1. Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than one million dollars ($1,000,000) each accident, injury, or illness.
2. Commercial General Liability Insurance with limits not less than $1,000,000 each occurrence and $2,000,000 general aggregate for Bodily Injury and Property Damage, including Contractual Liability,

Personal Injury, Products and Completed Operations; policy must include Abuse and Molestation coverage, and

3. Commercial General Liability and Commercial Automobile Liability insurance policies shall name as additional insured City and its officers, agents and employees, with a copy of the certificate mailed to:

Children's Council of San Francisco, 445 Church Street, San Francisco, CA 94114

Provide that such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that insurance applies separately to each insured against whom claim is made or suit is brought, except with respect to limits of liability.

Additional Requirements for All Policies. All policies shall be endorsed to provide at least thirty (30) days' advance written notice to City of cancellation of policy for any reason, nonrenewal or reduction in coverage and specific notice mailed to City's address for notices pursuant to Liability Insurance with limits not less than one million dollars ($1,000,000) each occurrence Combined Single Limit for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.

IX. Licensing Requirements

DEC-funded Centers and FCC Homes must have a current license with Community Care Licensing Division (CCLD) of the California Department of Social Services, and be 'in good standing' (per the Health and Safety Code Sections 1596.773 and 1596.886), which means they do not currently have any of the following:

- An administrative action taken or in the process of being taken (denied application, denied exemption, temporary suspension order, expedited revocation action, revocation action, non-compliance conference, or exclusion action that is being initiated, in process, or already taken place)
- A license in probationary status

DEC-funded Centers and FCC Homes are required to inform DEC and the appropriate ECE Integrated Services Administrator of Type A violations noted during a licensing visit. The DEC-funded Centers and FCC Homes shall forward, upon receipt, to DEC any licensing report, any licensing documents that document noncompliance conference between CCLD and the licensee, and/or a copy of an Accusation that indicates CCLD intent to revoke the facility's license. A full copy of the CCLD report forwarded within three (3) calendar days to DEC for review via email to: **Denise Corvino, Deputy Director, Early Learning Division**, denise.corvino@sfgov.org. Failure to provide this information may result in suspension or termination of DEC funding. DEC reserves the right to review any DEC-funded site's licensing records at any time during the terms of the Funding Agreement.

X. Employee Compensation:

Compensation – All Centers or Family Child Care Homes receiving funding from DEC must comply with all federal, state and local labor laws, including the City's Minimum Compensation Ordinance. The Minimum Compensation Ordinance (MCO) generally requires City contractors to provide to their covered employees: (1) no less than the MCO hourly wage in effect; (2) 12 paid days off per year (or cash equivalent); and (3) 10 days off without pay per year. The Minimum Compensation Ordinance rate adjusted on January 1 each year. The rates and details about the Minimum Compensation Ordinance:

http://sfgov.org/olse/minimum-compensation-ordinance-mco

XI. State/Federal funding

Providers are required to ensure maximum use of their state and federal contract funding, while also working with DEC to provide continuity for children that become ineligible for state and/or federal funding.

XII. Other Requirements

1. **Annual Financial Audit –** Centers shall be required to submit a financial audit to DEC on an annual basis. This requirement does not apply to family child care homes unless specifically stipulated in other grant agreements.
2. **Program Evaluation –** Providers shall participate in DEC-sponsored evaluation activities aimed at better understanding the impact of City-funded programs.

XIII. Reporting

Help Desk: If you need assistance in entering/recording the required child level enrollment data as instructed by DEC or its Integrated Service Agency, please contact the **Help Desk** service. The Help Desk is a team who provides on-demand technical assistance to ECE programs and CBOs through one-on-one and group supports to address any identified user needs with the following data systems: DEC designated enrollment system, Early Learning SF (ELSF), and the California Workforce Registry. Help Desk, administered by Children's Council, provides this technical support and training to ELS and PFA funded programs in multiple languages (Spanish, Cantonese, and English), in-person, by phone, email and online during the hours of 9:00 AM-5:00 PM Monday – Friday.

Enrollment Reimbursement Rates

Please refer to **APPENDIX A** of this Agreement for your agency's funding amount and/or child reimbursement rates.

A. Payments and Funding

DEC issues funding through the Integrated Services Administrators, Children's Council and Wu Yee. Each month, participating Providers receive reimbursement on actual enrollments according to the details and schedule outlined in Appendix A of this agreement, and/or the Program Operating Guidelines. Interested providers may establish direct deposit of the funds into the Provider's account. The Provider is responsible for ensuring the Integrated Services Administrators have their most up to date contact information at any point in time for payment processing.

B. Disallowance

In the event a provider claims or receives payment from DEC for funding later disallowed by DEC, the provider shall promptly refund the disallowance amount to DEC upon DEC's request. Providers shall have thirty (30) days to refund the disallowance upon written request of DEC. At its option, DEC may offset the amount disallowed from any payment due or to become due to the provider under this Agreement or any other Agreement.

C. Auditing and Inspection of Records

The Administrator shall maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its work under this Agreement. The Administrator *shall* permit City to audit, examine and make excerpts and transcripts from such books and records, and to make audits of all invoices,

materials, payrolls, records or personnel and other data related to all other matters covered by this Agreement, whether funded in whole or in part under this Agreement. The Administrator *shall* maintain such data and records in an accessible location and condition for a period of not less than five years after final payment under this Agreement or until after final audit has been resolved, whichever is later. The State of California or any federal agency having an interest in the subject matter of this Agreement *shall* have the same rights conferred upon City by this Section.

D. City of San Francisco False Claims/Fraud Policy for Submitting False Claims; Monetary Penalties

The Provider acknowledges and agrees that it is a "contractor" or subgrantee and is subject to San Francisco Administrative Code Section 21.35. Under such Section 21.35, any contractor, sub-Grantee or consultant who submits a false claim shall be liable to City for three times the amount of damages which City sustains because of the false claim. A contractor, sub-Grantee or consultant who submits a false claim shall also be liable to City for the costs, including attorney's fees, of a civil action brought to recover any of those penalties or damages, and may be liable to City for a civil penalty of up to ten thousand dollars ($10,000) for each false claim. A contractor, sub-Grantee or consultant will be deemed to have submitted a false claim to City if the contractor, sub-Grantee or consultant: (a) knowingly presents or causes to be presented to an officer or employee of City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by City; (c) conspires to defraud City by getting a false claim allowed or paid by City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to City; or (e) is a beneficiary of an inadvertent submission of a false claim to City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to City within a reasonable time after discovery of the false claim.

E. Liability of City Compliance with Laws

The Administrator *shall* keep itself fully informed and comply with all federal, state, and local laws affecting the operation of early care and education including the Fair Labor Standards Act, and other workplace regulations.

F. Indemnification

The Provider shall indemnify and save harmless the City, DEC, , Children's Council and Wu Yee and its officers, agents and employees from, and, if requested, shall defend them against any and all loss, damage, injury, liability, and claims thereof for injury to or death of a person, including employees of the Provider (Sub-Grantee) or loss of or damage to property, resulting directly or indirectly from sub-grantee's performance of this Agreement, including, but not limited to, the use of sub-grantee's facilities or equipment provided by City or others, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be unenforceable under applicable law in effect on or validly retroactive to the date of this Agreement and except where such loss, damage, injury, liability or claim is the result of the active negligence or willful misconduct of City and is not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement with sub-grantee, its agent or employee.

In addition to DEC, the provider participant obligation to indemnify the City, the Provider specifically acknowledges and agrees that it has an immediate and independent obligation to defend City from any claim which actually or potentially falls within this indemnification provision, even if the allegations are or may be

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groundless, false or fraudulent, which obligation arises at the time such claim is tendered to Sub-Grantee by city and continues at all times thereafter.
The Provider shall indemnify and hold the City harmless from all loss and liability, including attorney's fees, court costs and all other litigation expenses for any infringement of the patent rights, copyright, trade secret or any other proprietary right or trademark and all other intellectual property claims of any person or persons in consequence of the use by City, or any of its officers or agents, of articles or services to be supplied in the performance of this Agreement.

G. Liability of City

City's obligations under this agreement shall be limited to the funding to support the delivery of quality early care and education services as provided for in Section I of this Agreement. Notwithstanding any other provision of this Agreement, in no event shall City be liable, regardless of whether any clam is based on contract or tort, for any special, consequential, indirect or incidental damages, including, but not limited to, lost profits, arising out of or in connection with this Agreement or the services performed in connection with this Agreement.

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Agency Name/Family Child Care	Jessica's Day Care
Name of Agency/FCC Representative	Jessica Alves
Signature of Agency/FCC Representative	DocuSigned by: Jessica Alves 301735FDF3F7429...
Date	3/22/2023

Wu Yee Children's Services	
Name of Agency Representative	Monica Walters
Signature of Agency Representative	DocuSigned by: Monica Walters 3E9B1C388662421...
Date	3/27/2023

Children's Council of San Francisco	
Name of Agency Representative	Phillip Warner
Signature of Agency Representative	DocuSigned by: Phillip Warner C3F7C4F6D1D0448...
Date	3/27/2023

S.F. Department of Early Childhood	
Name of Representative	Denise Corvino
Signature of Representative	DocuSigned by: Denise Corvino B3004EB181B64E1...
Date	3/27/2023

NOTE: The ELS Rates for Centers and FCC's are identical.
Center - https://sfoece.org/wp-content/uploads/ELS-Center-Rates-FY22-23.pdf
FCC - https://sfoece.org/wp-content/uploads/ELS-FCC-Rates-FY22-23.pdf

Fiscal Year 2022-2023 ELS Rates

(Effective July 1, 2022 – June 30, 2023)

San Francisco Department of Early Childhood

(Effective July 1, 2022 – June 30, 2023)
(Tarifas efectivas julio 1, 2022 – junio 30, 2023)
(有效期從 2022 年 7 月 1 日到 2023 年 6 月 30 日)

ELS Family Child Care Rates Fiscal Year 2022-2023				
FCC	Full Time		Part Time	
Age Group	Monthly Rate	Annual Rate	Monthly Rate	Annual Rate
Infants	$2,799	$33,589	$1,543	$18,515
Toddlers	$2,133	$25,590	$1,184	$14,214
Preschoolers	$1,956	$23,472	$1,209	$14,509

ELS Programas de cuidado infantil en el hogar (FCC) Tarifas 2022-2023				
FCC	Tiempo Completo		Tiempo Parcial	
Edad	Tarifa Mensual	Tarifa Anual	Tarifa Mensual	Tarifa Annual
Maternal	$2,799	$33,589	$1,543	$18,515
Niños Pequeños	$2,133	$25,590	$1,184	$14,214
Prescolares	$1,956	$23,472	$1,209	$14,509

ELS 家庭托兒 费率 2022-2023				
家庭托兒	全天		半天	
年齡組別	每月費率	年費率	每月費率	年費率
嬰孩	$2,799	$33,589	$1,543	$18,515
幼兒	$2,133	$25,590	$1,184	$14,214
學齡前兒童	$1,956	$23,472	$1,209	$14,509

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ADDENDUM A

Agreement for Provider Agencies Participating in
Early Learning San Francisco (ELS) and Preschool for All Programs
FY 2022-2023

Date: June 7, 2022

Re: Changes to ELS Enrollment Priorities for locally funded families (i.e., Center-MRA and ELS Vouchers)

Policy Change:
Beginning July 1, 2022, the following changes (see highlighted below) to our ELS enrollment priorities for locally funded families will be in effect. The ELS enrollment priorities will be as follows:

Category 1 (Top Priority)

We ask that you grant the following groups top priority for enrollment in in-person ECE, regardless of age (in no particular order):

- Children who are clients of Family and Children's Services (FCS) or are at risk of abuse, neglect, or exploitation
- Children eligible through the Emergency Child Care Bridge Program for Foster Children
- Children experiencing homelessness
- Children of domestic violence survivors

Category 2 (Second Priority)

We ask that you grant the following groups second priority for enrollment according to lowest income first, for families earning up to 110% of the AMI:

- Black/African American children
- Latina/o/x children

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- Native Americans/Indigenous children
- Pacific Islander children
- Immigrant children
- Children with disabilities or special health care needs whose individualized education programs (IEP) and/or individual family support plans (IFSP) include ECE services
- Children from low-income families, including those who receive or are eligible for free or reduced meals, Medi-Cal, SNAP (food stamps), WIC, CalWORKs, and other public assistance programs

Category 3 (Third Priority)
We ask that you grant the following groups third priority for enrollment for families earning up to 110% of the AMI:

- Families not represented in Category 1 or 2

We are implementing these changes to ensure higher income families do not quickly displace our priority population families when DEC expands city funded subsidy eligibility to 110% of the Area Median Income (AMI), starting July 1, 2022. This aligns with the City's equity approach to funding and enrollment.

Below is the income eligibility chart for FY 2022-2023 that includes the 110% AMI.

San Francisco Family Income Eligibility Effective July 1, 2022				
	State Income Eligibility Ceiling		San Francisco ELS Income Eligibility Ceiling	
Family Size	Family Monthly Income 85% SMI	Family Yearly Income 85% SMI	Family Monthly Income 110% AMI	Family Yearly Income 110% AMI
1 or 2	$ 6,008	$ 72,096	$ 10,162	$ 121,950
3	$ 6,842	$ 82,104	$ 11,429	$ 137,150
4	$ 7,941	$ 95,292	$ 12,700	$ 152,400
5	$ 9,211	$ 110,532	$ 13,717	$ 164,600
6	$ 10,482	$ 125,784	$ 14,729	$ 176,750
7	$ 10,720	$ 128,640	$ 15,750	$ 189,000
8	$ 10,958	$ 131,496	$ 16,767	$ 201,200
9	$ 11,196	$ 134,352	$ 17,779	$ 213,350
10	$ 11,435	$ 137,220	$ 18,796	$ 225,550
11	$ 11,673	$ 140,076	$ 19,812	$ 237,750
12	$ 11,911	$ 142,932	$ 19,812	$ 237,750

CDE Source Source: 2020 American Community Survey (ACS) Information provided by CA Dept. of Finance February 2022
OECE Source: US Dept. of Housing and Urban Development (HUD) April 2022

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Participation Agreement for San Francisco Early Learning for All
Qualified Family Child Care Homes and Center Based Programs FY 2024-2025

I. Purpose

This agreement is between ALVES, JESSICA _____, the Children's Council of San Francisco and/or Wu Yee Children's Services as the Early Care and Education (ECE) Integrated Services Agencies (ISAs), and the San Francisco Department of Early Childhood (DEC) as funder.

This **Agreement** provides funding, enrollment, and programmatic guidance to **Qualified Early Learning for All** funded programs.

DEC, under its sole discretion, reserves the right to make changes to this Agreement at any time in response to evolving funding, public health, and/or state or local circumstances.

II. Policy

Qualified Early Learning for All programs must continue operating in strict accordance with current State and local public health orders and guidance. The public health requirements may change at any time. Programs are also required to follow the ELFA Operating Guidelines in place for FY 24-25, including the enrollment requirements and access to information needed by the Department of Early Childhood and its partner Fiscal Intermediary Agencies.

III. General Information and Term

A. General Information

The City and County of San Francisco, San Francisco Department of Early Childhood (DEC) through this agreement, provides funding to support quality early care and education services through Early Learning for All (ELFA). A Continuing Funding Application (CFA) issued in 2022 sets forth the eligibility and requirements for agencies that applied to provide services to children birth through five years of age in licensed early care and education settings. This agreement states the programmatic assurances and standards, eligibility and enrollment requirements for the ELFA/DEC Tuition Credit funding, and funding amounts, which are contingent based on availability of funds and/or actual enrollments.

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B. Term of Agreement

The term for this Agreement is July 1, 2024, through June 30, 2025. DEC retains the option to extend the term for an additional year or increase service levels depending upon funding availability and service needs, which DEC may exercise at its sole and absolute discretion. This agreement may be terminated for cause or for lack of available funding. During the term of this agreement, it may be updated with any necessary modifications. This agreement and requirements are reviewed annually by Provider, ISAs and DEC.

C. Expansion

For current Early Learning for All (ELFA) programs that are expanding at the same location or adding an additional site must complete the ELFA validation process for the additional site or classroom applying for city-funded child enrollments. This process allows the Department of Early Childhood (DEC) to determine the site or classroom readiness in order to meet and implement the Quality Standards for the Early Learning for All program. Please refer to the Operating Guildelines for information regarding the ELFA validation process.

IV. Role and Responsibilities

A. Integrated Services Agencies

To support the City's efforts to leverage federal and state resources, DEC has funded two agencies as Early Care and Education Integrated Services Agencies (ISAs), Children's Council of SF (CCSF) and Wu Yee Children's Services (WYCS). Both Integrated Services Agencies will administer ECE funding policies and procedures set by DEC. Following DEC's ELFA Operating Guidelines, CCSF and WYCS will determine family eligibility and administer subsidies through direct payments to providers selected by DEC through the Early Learning for All Continuing Funding Application (CFA), or expansion process. Neither administrator is responsible for ensuring availability of funding from DEC.

This agreement shall not render Children's Council of San Francisco and/or Wu Yee Children's Services or the San Francisco Department of Early Childhood an employer, business partner, or agent of the early care and education (ECE) provider. The (ECE) provider is and will remain an independent contractor in their relationship to the aforementioned organizations and shall have no claim for vacation pay, sick leave, retirement benefits, social security, worker's compensation, health or disability benefits, unemployment insurance benefits, or employee benefits of any kind. As such, taxes are not withheld from the money reimbursed to providers for early care and education services and providers are responsible for paying any taxes owed to the IRS and/or the California Franchise Tax Board. However, Children's Council and/or Wu Yee Children's Services will issue a Form 1099 as required by current tax reporting requirements by the end of January of each calendar year.

B. DEC Funding Agency Responsibility

DEC as the administrator of public funds is responsible for monitoring policy and programmatic assurances as stipulated in this agreement and accompanying Program Operating Guidelines. DEC, in collaboration with ISAs, through this funding agreement provides guidance for programmatic standards, enrollment priorities, data collection, reporting, evaluation and funded services.

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DEC reviews and approves any funding changes. DEC is responsible for actively monitoring funded programs and services, including funding amounts. These assurances contained in this Agreement will be monitored through annual programmatic site visits, which includes announced and unannounced visits, to support and monitor compliance with city-funding requirements during the duration of the term of this Agreement. Please refer to the Program Operating Guidelines for further information.

V. Program Operating Guidelines and Quality Standards for the ELFA Program

Qualified programs are committed to a process of continuous quality improvement and fully meeting the requirements of the ELFA Participation Agreement's Programmatic Assurances and aligned Quality Standards. Below is a brief description of program requirements as a condition of receipt of city funds. Please refer to the **PROGRAM OPERATING GUIDELINES** FY 2024-25 and Quality Standards for the Early Learning for All (ELFA) Program for additional programmatic, enrollment, and funding guidelines located on the DEC website: sfdec.org

Provider Quality Programmatic Assurances {Please initial each box to certify agreement to implement the assurances below}

PROGRAMMATIC ASSURANCE	
DS	***Child Observation:*** Conduct observations and developmental assessments with each child using the California Department of Education (CDE), Desired Results Developmental Profile System or a researched and approved tool, which addresses attitudes to learning (self-regulation), social emotional, language and literacy, English language, Cognition (including Math and Science) and Physical Development.
DS	***Developmental Screenings & Links to Early Intervention Supports:*** Work with families to ensure screening of all children using the ASQ and ASQ-SE (as needed) within 45 days of entry and as indicated by results thereafter. Document results and linkage to services as needed in each child's file/record.

QUALIFICATIONS – Please check applicable section			
For Centers Only			
	Center Director Qualifications: Associate's degree with 24 units ECE/CD +/with 6 units management/administration and 2 units supervision or Site Supervisor Permit, and 21 hours professional development annually.		***Center Lead Teacher Qualifications:*** Classroom led by a teacher holding a minimum Teacher Permit (or higher), according to the State of California Commission on Teacher Credentialing.
For Family Child Care (FCC)			

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X	**FCC Owner or Full-time Teacher Qualifications:** 12 ECE units, including 9 units for core classes CDEV53; CDEV 66; CDEV 67 & 3 ECE elective units for educator providing instruction and supervision to the children in progress with approval by DEC or completed by June 2023.
QUALITY ASSURANCE	
DS	**Continuous Quality Improvement –** Develop and submit a Quality Improvement Plan (QIP) annually and participate in continuous reflection and learning to increase the quality of child learning and teaching. Participate in program quality validation visits.
DS	**Curriculum –** Adopt and implement a curriculum, which aligns with either the California Department of Education Learning & Development Foundations and Frameworks. If you don't have an identified curriculum, please develop a (QIP) for professional development that supports site and teaching staff in implementing a curriculum.
DS	**Environment** - Provide indoor and outdoor environment that demonstrates a culture of caring, competence and excellence in learning.
DS	**Interactions –** Provide nurturing, responsive, language and cognitive rich interactions between adults and children, as demonstrated by CLASS observations.
DS	**Ratio and Group Size:** Age category ratio and maximum class size for child care centers: **Family Child Care (FCC) programs** often care for mixed-age groups, which makes child-to-adult ratios and groups sizes vary. FCC programs in Early Learning For All (ELFA) should follow California Community Care Licensing guidelines for ratios and group size.
DS	**Parent Partnership & Parent-Teacher Conferences -** Implement an intentional approach to engage families, including but not limited to a minimum of two individual parent-teacher conferences each program year to discuss each child's developmental progress.

Age Category	Ratio	Maximum Class Size*
Infant (Birth -15 months)	1:4	8
Toddler (12-36 months)	1:6	12
Preschool (30 months-5 years)	1:10	20

*CSPP programs must follow Title V guidelines, which allow for a 1:8 ratio with class size of 24 children.

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DS	**Professional Development (PD) –** Each educator must complete (once) 6 hours of training on each of the following topics: Child Development / Learning Foundations (0-5), Inclusion and Meeting the Needs of Young Children with Disabilities or Other Special Needs, and Family Engagement and Support/Strengthening Families. College units may be applicable.
DS	**Anti Bias/Equity PD Standard –** Each educator must complete (once) 6 hours of training to implement an anti-bias, antiracist curriculum framework. Educators may choose from a menu of content, which includes but is not limited to: Understanding Implicit Bias, Anti Bias Curriculum, Supporting Dual Language Learners or the Black Joy Series.
DS	**Non-Denominational Teaching -** Sites may not deliver any direct faith-based instruction during program time supported with DEC funds.

VI. Guidance on Enrollment Priorities for City-Funded Early Care and Education Programs

The San Francisco Department of Early Childhood (DEC) is committed to ensuring all children are ready for kindergarten. We take the stance that in-person educational experiences are essential for young children to develop the cognitive, social-emotional, and physical skills they need to succeed. Children who attend high-quality early care and education (ECE) are better prepared for school and life-long success.

As your program enrolls children for the 2024-25 program year you must apply the following guidelines to prioritize enrollments for all Early Learning For All and/or DEC Tuition Credit spaces. DEC's priorities are aligned with City public health guidance that takes into account structural oppression and aims to focus attention on people experiencing marginalization, systemic inequity, and health inequities.

General Provisions

- If your program is subject to enrollment priorities attached to federal/state funding/subsidies, then apply those priorities before local priorities.
- Younger siblings of a previously enrolled child may be enrolled before applying the DEC enrollment priorities.
- DEC reserves the right to monitor ELFA programs to ensure enrollment prioritization compliance.

Category 1 (First Priority)

DEC requires ELFA funded programs grant the following groups priority for enrollment regardless of age (in no particular order):

- Children who are clients of Family and Children's Services (FCS) or are at risk of abuse, neglect, or exploitation
- Children eligible through the Emergency Child Care Bridge Program for Foster Children
- Children experiencing homelessness
- Children of domestic violence survivors

Category 2 (Second Priority)

- Second priority for enrollment should be given to families with the lowest income (and longest on the list, if applicable).

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VII. FUNDING ASSURANCES

DEC prohibits the use of its funds to cover expenses not directly related to the delivery of quality early education and care services for children and families.

VIII. INSURANCE AND LIABILITY

Types and Amounts of Coverage. Funded program shall maintain in force, during the full term of this Agreement, insurance in the following amounts and coverages:

1. Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than one million dollars ($1,000,000) each accident, injury, or illness.
2. Commercial General Liability Insurance with limits not less than $1,000,000 each occurrence and $2,000,000 general aggregate for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; policy must include Abuse and Molestation coverage, and
3. Commercial General Liability and Commercial Automobile Liability insurance policies shall name as additional insured City and its officers, agents and employees, with a copy of the certificate mailed to:

Children's Council of San Francisco, 445 Church Street, San Francisco, CA 94114

Provide that such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that insurance applies separately to each insured against whom claim is made or suit is brought, except with respect to limits of liability.

Additional Requirements for All Policies. All policies shall be endorsed to provide at least thirty (30) days' advance written notice to City of cancellation of policy for any reason, nonrenewal or reduction in coverage and specific notice mailed to City's address for notices pursuant to Liability Insurance with limits not less than one million dollars ($1,000,000) each occurrence Combined Single Limit for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.

IX. Licensing Requirements

DEC-funded Centers and FCC Homes must have a current license with Community Care Licensing Division (CCLD) of the California Department of Social Services, and be 'in good standing' (per the Health and Safety Code Sections 1596.773 and 1596.886), which means they do not currently have any of the following:

- An administrative action taken or in the process of being taken (denied application, denied exemption, temporary suspension order, expedited revocation action, revocation action, non-compliance conference, or exclusion action that is being initiated, in process, or already taken place)
- A license in probationary status

DEC-funded Centers and FCC Homes are required to inform DEC and the appropriate ECE Integrated Services Agency of Type A violations noted during a licensing visit. The DEC-funded Centers and FCC Homes shall forward, upon receipt, to DEC any licensing report, any licensing documents that document noncompliance conference between CCLD and the licensee, and/or a copy of an Accusation that indicates CCLD intent to revoke the facility's

license. A full copy of the CCLD report forwarded within three (3) calendar days to DEC for review via email to: Meenoo Yashir, Deputy Director, Early Learning Division, Meenoo.Yashir@sfgov.org. Failure to provide this information may result in suspension or termination of DEC funding. DEC reserves the right to review any DEC-funded site's licensing records at any time during the terms of the Funding Agreement.

X. Employee Compensation:

Compensation – All Centers or Family Child Care Homes receiving funding from DEC must comply with all federal, state and local labor laws, including the City's Minimum Compensation Ordinance. The Minimum Compensation Ordinance (MCO) generally requires City contractors to provide to their covered employees: (1) no less than the MCO hourly wage in effect; (2) 12 paid days off per year (or cash equivalent); and (3) 10 days off without pay per year. The Minimum Compensation Ordinance rate adjusted on January 1 each year. The rates and details about the Minimum Compensation Ordinance: http://sfgov.org/olse/minimum-compensation-ordinance-mco

XI. State/Federal funding

Providers are required to ensure maximum use of their state and federal contract funding, while also working with DEC to provide continuity for children that become ineligible for state and/or federal funding.

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XIII. Reporting

Please refer to the Program Operating Guidelines for details on the **Information and Enrollment Reporting Requirements.**

Help Desk: If you need assistance in entering/recording the required child level enrollment data as instructed by DEC or its Integrated Services Agency, please contact the **Help Desk** service. The Help Desk is a team who provides on-demand technical assistance to ECE programs and CBOs through one-on-one and group supports to address any identified user needs with the following data systems: DEC designated enrollment system, Early Learning SF (ELSF), and the California Workforce Registry. Help Desk, administered by Children's Council, provides this technical support and training to ELFA funded programs in multiple languages (Spanish, Cantonese, and English), in-person, by phone (415-343-4669), email (support@childrenscouncil.org) and online during the hours of 9:00 AM-5:00 PM Monday – Friday and *Wednesday evenings 5pm - 8pm.*

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The Administrator shall maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its work under this Agreement. The Administrator *shall* permit City to audit, examine and make excerpts and transcripts from such books and records, and to make audits of all invoices, materials, payrolls, records or personnel and other data related to all other matters covered by this Agreement, whether funded in whole or in part under this Agreement. The Administrator *shall* maintain such data and records in an accessible location and condition for a period of not less than five years after final payment under this Agreement or until after final audit has been resolved, whichever is later. The State of California or any federal agency having an interest in the subject matter of this Agreement *shall* have the same rights conferred upon City by this Section.

D. City of San Francisco False Claims/Fraud Policy for Submitting False Claims; Monetary Penalties

The Provider acknowledges and agrees that it is a "contractor" or subgrantee and is subject to San Francisco Administrative Code Section 21.35. Under such Section 21.35, any contractor, sub-Grantee or consultant who submits a false claim shall be liable to City for three times the amount of damages which City sustains because of the false claim. A contractor, sub-Grantee or consultant who submits a false claim shall also be liable to City for the costs, including attorney's fees, of a civil action brought to recover any of those penalties or damages, and may be liable to City for a civil penalty of up to ten thousand dollars ($10,000) for each false claim. A contractor, sub-Grantee or consultant will be deemed to have submitted a false claim to City if the contractor, sub-Grantee or consultant: (a) knowingly presents or causes to be presented to an officer or employee of City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by City; (c) conspires to defraud City by getting a false claim allowed or paid by City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to City; or (e) is a beneficiary of an inadvertent submission of a false claim to City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to City within a reasonable time after discovery of the false claim.

E. Liability of City Compliance with Laws

Docusign Envelope ID: 1BAE493A-5CE0-43DD-9FFB-F2701F0F5FC6

The Administrator *shall* keep itself fully informed and comply with all federal, state, and local laws affecting the operation of early care and education including the Fair Labor Standards Act, and other workplace regulations.

F. Indemnification

The Provider shall indemnify and save harmless the City, DEC, Children's Council and Wu Yee and its officers, agents and employees from, and, if requested, shall defend them against any and all loss, damage, injury, liability, and claims thereof for injury to or death of a person, including employees of the Provider (Sub-Grantee) or loss of or damage to property, resulting directly or indirectly from sub-grantee's performance of this Agreement, including, but not limited to, the use of sub-grantee's facilities or equipment provided by City or others, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be unenforceable under applicable law in effect on or validly retroactive to the date of this Agreement and except where such loss, damage, injury, liability or claim is the result of the active negligence or willful misconduct of City and is not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement with sub-grantee, its agent or employee.

In addition to DEC, the provider participant obligation to indemnify the City, the Provider specifically acknowledges and agrees that it has an immediate and independent obligation to defend City from any claim which actually or potentially falls within this indemnification provision, even if the allegations are or may be groundless, false or fraudulent, which obligation arises at the time such claim is tendered to Sub-Grantee by city and continues at all times thereafter.

The Provider shall indemnify and hold the City harmless from all loss and liability, including attorney's fees, court costs and all other litigation expenses for any infringement of the patent rights, copyright, trade secret or any other proprietary right or trademark and all other intellectual property claims of any person or persons in consequence of the use by City, or any of its officers or agents, of articles or services to be supplied in the performance of this Agreement.

G. <u>Liability of City</u>

City's obligations under this agreement shall be limited to the funding to support the delivery of quality early care and education services as provided for in Section I of this Agreement. Notwithstanding any other provision of this Agreement, in no event shall City be liable, regardless of whether any claim is based on contract or tort, for any special, consequential, indirect or incidental damages, including, but not limited to, lost profits, arising out of or in connection with this Agreement or the services performed in connection with this Agreement.

Docusign Envelope ID: 1BAE493A-5CE0-43DD-9FFB-F2701F0F5FC6

Agency Name/Family Child Care (as it appears on the CCL document)	ALVES, JESSICA
Name of Agency/FCC Representative	Jessica Alves
Signature of Agency/FCC Representative	DocuSigned by: Jessica Alves 384795FDF3F7429...
Date	7/8/2024

Wu Yee Children's Services	
Name of Agency Representative	Easter Calvit
Signature of Agency Representative	DocuSigned by: Easter Calvit DD3CE6755181443...
Date	7/29/2024

Children's Council of San Francisco	
Name of Agency Representative	Phillip Warner
Signature of Agency Representative	DocuSigned by: Phillip Warner C3F7C4F6D1D0448...
Date	7/29/2024

Department of Early Childhood	
Name of Representative	Meenoo Yashar
Signature of Representative	DocuSigned by: Meenoo Yashar 8B8676F9F8BG4G1...
Date	8/2/2024

Docusign Envelope ID: 1BAE493A-5CE0-43DD-9FFB-F2701F0F5FC6

Appendix A

San Francisco Department of Early Childhood

Fiscal Year 2024-2025 Early Learning for All Rates
(Effective July 1, 2024 – June 30, 2025)

EARLY LEARNING FOR ALL CENTER & FCC RATES 2024-25				
Age Group	**Monthly Rate (Full Time)**	**Annual Rate (Full Time)**	**Monthly Rate (Part Time)**	**Annual Rate (Part Time)**
Infants	$3,027	$36,327	$1,669	$20,025
Toddlers	$2,306	$27,676	$1,281	$15,372
Preschoolers	$2,115	$25,385	$1,270	$15,234
EDUCACIÓN TEMPRANA PARA TODOS PROGRAMAS DE CUIDADO INFANTIL EN EL HOGAR Y CENTROS TARIFAS 2024-2025				
Edad	**Tarifa Mensual (Tiempo Completo)**	**Tarifa Anual (Tiempo Completo)**	**Tarifa Mensual (Tiempo Parcial)**	**Tarifa Anual (Tiempo Parcial)**
Maternal	$3,027	$36,327	$1,669	$20,025
Niños Pequeños	$2,306	$27,676	$1,281	$15,372
Prescolares	$2,115	$25,3852	$1,270	$15,234
全民早期教育 家庭托兒 费率 2024-2025				
年齡組別	**每月費率（全天）**	**年費率（全天）**	**每月費率 (半天)**	**年費率 (半天)**
嬰孩	$3,027	$36,327	$1,669	$20,025
幼兒	$2,306	$27,676	$1,281	$15,372
學齡前兒童	$2,115	$25,385	$1,270	$15,234

111-150% AMI ELFA Tuition Credit (50%) /crédito de matrícula/学费退费金		
Age Group/Eda/ 年齡組別	**Monthly Rate (Full Time)/ Tarifa Mensual (Tiempo Completo)/ 每月費率 (全天)**	**Annual Rate (Full Time)/ Tarifa Anual (Tiempo Completo) /年費率 (全天)**
Infants/Maternal /嬰孩	$1,513.63	$18,163.50
Toddler/ Niños Pequeños/幼兒	$1,153.17	$13,838.00
Preschoolers/ Prescolares/學齡前兒童	$1,057.71	$12,692.50

Docusign Envelope ID: 1BAE493A-5CE0-43DD-9FFB-F2701F0F5FC6

TITLE 5 ENHANCEMENT RATES 2024-25		
Age Group	**Monthly Rate (Full Time)**	**Annual Rate (Full Time)**
Infants (CCTR)	$-	$-
Toddlers (CCTR)	$-	$-
Preschoolers (CSPP)	$-	$-

Jessica Alves`s Day Care

State Licensed Home Daycare

Lic#384004759

2318 22nd St San Francisco, CA, 94110

Daycare Hours: Open: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday and Saturday. From 12:00 am to 11:59 pm.

Hours contracted for the child _____: _____

TIME CONTRACT: _____

Admission & Enrollment Policy

*An interview with Parent(s) or Guardian

*This contract, the attached medical forms, and parent's rights must be completed prior to the child's first day of care

*Parent is required to pay a one week's non-refundable deposit prior to enrollment.

Payment Policy

* To guarantee a position for your child, payment must be received Friday by 5:30 pm for the following week. There is no credit for your child's sick days or holidays. I am paid 52 weeks of 52 weeks. This includes emergency closure due to natural disasters and/or pandemics. *Late charge fee is $10/day. In the case of non-payment, the parent will be responsible for all collection costs and all small claim court costs.

Overtime Rates

All parents must oblige to their contracted scheduled hours. I am a daycare provider for working parents only. If you have shopping or personal business, please pick up your child prior to running errands. There is a late fee of $15 per 15 minutes or fraction thereof (eg. 1-15 min. late=$15, 16-30 min. late=$30, etc)

Late fees are due prior to the next business day.

Termination

You must provide a four-week written notice prior to termination of this contract. Your normal tuition is due prior to the termination date whether your child attends or not.

Emergencies

In case of my illness or an emergency, I will do my best to replace myself with a trained provider. If I am unable to provide a substitute, it will be necessary for you to have an emergency backup person who can care for your child.

Holidays and Vacations 2025–2026

12/22/2025	12/29/2025	06/22/2026
12/23/2025	12/30/2025	06/23/2026
12/24/2025	12/31/2025	06/24/2026
12/25/2025	01/01/2026	06/25/2026
12/26/2025	01/02/2026	06/26/2026

Discipline your child will learn his/her boundaries by being reminded in a loving and consistent manner. When necessary, my discipline procedure is the "time out" approach (1 minute per year of age). If the problem persists, I will try my best to resolve the matter with you. If the child's behavior continues after attempts to reprove the problem, I may give the notice to terminate this contract. If the parent or child displays any inappropriate behavior towards any other child, my helpers, or myself, this contract may be terminated by me immediately.

Health Policy

I run a 'well baby' daycare. Per State Licensing and CDC regulations, if your child becomes ill with the following symptoms, he/she MUST stay home, as to not infect other children in my care or myself.

- Fever of 99 degrees or above
- Cough
- Shortness of breath or difficulty breathing
- Fatigue *Muscle or body aches
- Headache
- Sore throat
- Congestion or runny nose (see “allergy related” notes below)
- Nausea or vomiting
- Diarrhea
- Rash or skin infection (eg. Poison oak with drainage, impetigo, ringworm, head lice) or communicable disease (measles, rosella, rubella, mumps or chickenpox)

If your child is ill with any of these symptoms, they will need to stay home for 72 hours once they are FREE of symptoms without the assistance of medication. If your child shows signs of these symptoms while in my care, I will isolate them to a designated area in my facility until your child is picked up., It is crucial that your child be picked up within 1⁄2 hour of my calling you, so I request that you have a backup person whom you or I may contact if your place of work is out of 1⁄2 hour radius from my facility.

****Allergy related symptoms****

I understand that a mild cough and runny nose are symptoms of allergy sufferers. Due to the new guidelines implemented by the CDC and State Licensing, I will need a doctor’s note accompanied with a history of the child’s allergies and an action plan (eg. Medication) that is put in place.

Health Policy

It is mandatory to communicate with me ANY symptoms your child experiences, even if you feel it is minimal.

****It will be at my discretion as to whether a child may or may not be in my care if they show any signs of illness. This supersedes Doctor’s notices**.

It is of vital importance to strictly adhere to my sick policy. If you administer medication before sending a child to my care, you must report this to me and the reasons for giving your child medication. If they are not well enough to come to my facility without the assistance of medication (except allergy medicine) then they should not be present around other children, my staff, or myself.

Failure to report to me any illnesses or sending a child to my care with knowledge of signs of illness without resorting to me will result in termination of our contract immediately.

**If your child should receive a bruise, scratch, or bump from a simple accident, I will do my best to explain verbally what occurred. In the case of a worse accident, I will provide an explanation on a form for you and me to sign.

Communication

Communication is an important factor in running a smooth daycare, creating stability for your child, and giving you peace of mind that your child is receiving the best possible care. If any major changes take place in your child's life (eg. Divorce, death of a loved one, changes in eating or sleeping patterns, etc) please keep me informed. Your information will be kept confidential.Non-attendance at the end of daycare time will result in contact child service and if don't work, police.

If your child has any allergies, handicaps or any other special needs, please provide written instructions so I may be better educated on how to care for your child.

I would be glad to discuss any of my policies with you at any time. This contract is subject to change with two weeks' written notice.

I, _____ have read, understand and agree to comply with the terms and conditions of the policies of this contract.

I will begin bringing my child, _____ to JESSICA ALVES`S Daycare on _____ (date).

My schedule will be: Monday: ___ am- ___pm Tuesday: ___am- ___pm Wednesday: ___am- ___pm Thursday : ___am- ___pm Friday: ___am- ___pm

Parent/Guardian Signature Date

I, _____ give permission for Jessica Rodrigues Alves or her assistants at the daycare facility to use any of the following medications, ointments or behavioral items:

(please initial next to items you permit)

____ Sunscreen lotion

____ Diaper rash ointment (eg. Buttpaste, Desitin, Aquaphor, etc.)

____ Pacifier

____ Medications prescribed from Doctor (must be with written instructions and in original box)

____ Any ointment or lotion provided by you, the parent

____ Any other items not listed as requested by you the parent or a doctor (with a note)

I will not hold JESSICA ALVES liable or responsible for any allergies or reactions caused by administering the above permitted agents to ensure the child's safety and well-being.

Signature : **Date:**

Alves, Jessica
FCC
5087 Mission St.
San Francisco, CA 94112

Observer name: Renee Cordsen	Teacher names
Observation date: 03/03/2023	Teacher 1: Alves, Jessica
Start time: 8:50 AM	Teacher 2: Botelhox, Ohanna
End time: 10:50 AM	Teacher 3: N/A
# staff present: 2	Teacher 4: N/A
# children present: 2	Teacher 5: N/A

Summary of CLASS Toddler Report

CLASS Toddler Domains:

Emotional and Behavioral Support
Engaged Support for Learning

CLASS Toddler Dimensions and Descriptions:

Positive Climate: *The connection between the teacher and children and the warmth, respect, and enjoyment communicated through verbal and nonverbal interactions*

Negative Climate: *The level of expressed negativity in the classroom, such as anger, hostility, or aggression*

Teacher Sensitivity: *The degree of the teacher's responsiveness and awareness of children's individual needs and emotional functioning*

Regard for Child Perspectives: *The extent to which teacher–child interactions and classroom/care environment activities emphasize children's interests, motivations, and points of view and foster their responsibility and independence*

Behavior Guidance: *The teacher's ability to promote children's behavioral self-regulation by using proactive approaches, supporting positive behavior, and guiding and minimizing problem behavior*

Facilitation of Learning and Development: *How well the teacher facilitates activities to support children's learning and development opportunities; how the teacher connects and integrates learning into activities and tasks*

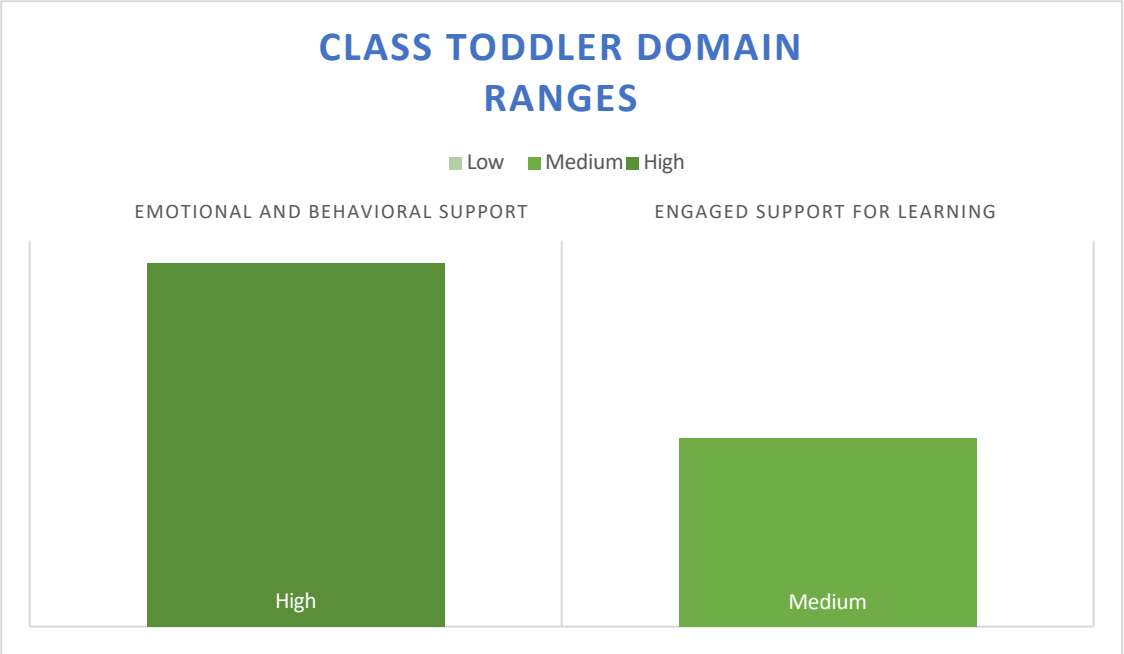
Quality of Feedback: *The extent to which the teacher provides feedback that promotes learning and understanding and extends children's engagement*

Language Modeling: *The quality and quantity of language stimulation and facilitation techniques the teacher uses to support children's language development*

The Classroom Assessment Scoring System — Toddler (CLASS Toddler) Observation Report
(15 to 36 months of age)

CLASS Toddler scores are presented as ranges.

Low Range	Medium Range	High Range
Score of 1-2	Score of 3-5	Score of 6-7



Emotional and Behavioral Support				
Positive Climate	*Negative Climate	Teacher Sensitivity	Regard for Child Perspectives	Behavior Guidance
High Range	Low Range	High Range	High Range	High Range
* Negative Climate is derived from a reverse-scored value. A lower range in the Negative Climate dimension indicates higher quality.				

Suggestions for Emotional and Behavioral Support

Positive Climate:

Interpersonal relationships:

- Teachers can consistently engage in *reciprocal interactions* with children by showing interest and sharing activities with toddlers. For example:
  - While a toddler pours sand from a cup, the teacher says: "You are pouring the sand. I'm going to pour the sand from my cup, too." When the child looks at the teacher's cup, the teacher says: "Now my cup is empty like yours".

Positive affection:

- Teachers can consistently show positive affection with toddlers. For example:
  - *Verbal affection*: " I'm so happy to see you today!"

Respect:

- Teachers can consistently demonstrate respect for children. For example:
  - *Respectful language*: Increase the use of "please," "thank you," and "you're welcome" throughout the day.
  - *Body orientation*: Teachers can be mindful that their bodies are oriented toward children when interacting with them.
  - *Communicating intentions*: Before initiating physical contact with toddlers, teachers can communicate their intentions in advance: "I'm going to take you to change your diaper. Are you ready?"

Negative Climate: N/A

Teacher Sensitivity:

- Teachers should continue their excellent work in this dimension.

Regard for Child Perspectives:

Support for independence:

Teachers can consistently provide children with opportunities for *responsibility*. For example:

- Create formal helper roles by assigning children to help set the table for meals, ring a bell to announce lunchtime, water the plants, feed the fish, etc.

- Teachers can consistently provide children with opportunities to *support self-care*. For example:
  - Encourage children to serve themselves during meals, wash their hands independently, wipe their noses, pour their own milk or water, etc.

Teachers can consistently provide children with opportunities to *take their peers' perspectives*. For example:

- "Jeanie feels sad because her strawberry fell on the floor ".

Behavior Guidance:

***Supporting positive behavior**:*

- Teachers can consistently *reinforce* children's *positive behaviors* by providing specific recognition when they are observed meeting classroom expectations. For example:
  - "Emiliano is sitting and ready for story time."
  - "Thank you, Santiago, for sharing your red Play-Doh with your friend."

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WestEd.org

CLASS Toddler Dimension Score Ranges

Engaged Support for Learning		
Facilitation of Learning and Development	Quality of Feedback	Language Modeling
Medium Range	Low Range	Medium Range

Suggestions for Engaged Support for Learning

Facilitation of Learning:

Active facilitation:

- Teachers can *consistently guide exploration*. For example:
  - During dramatic play, a child puts on a white doctor's coat. The teacher asks: "Are you a doctor who takes care of people or a doctor who takes care of animals?"
  - During water play, a child pours water from a cup into a larger pitcher, and the teacher asks: "Which has more water, the cup or the pitcher?"

Expanding cognition:

- Teachers can *consistently provide and incorporate information* for children. For example:
  - "Oh, wow! You made the color pink with the paint. Do you know how you did that?"
  - "That is a sea turtle. It lives in the ocean."
- Teachers can consistently *relate information to children's lives*. For example:
  - "We are eating mangoes with our lunch. I eat mangoes with my sister at home. Who eats mangoes at home?"
- Teachers can *integrate concepts across activities and tasks*. For example:
  - "You just bounced the ball. Do you remember how we were rolling the ball today? Now you can bounce and roll the balls."
- Teachers can *consistently promote children's thinking skills*. For example:
  - "Which car do you think will go faster?"
  - "How far will the ball roll?"
  - Remember to pause and give the child time to process your question or comment and respond before moving on to your next question or comment.

Quality of Feedback:

***Scaffolding**:*

- Teachers can consistently create *scaffolds* so children can succeed on challenging tasks, perform at a higher level, or complete a task. High levels of scaffolding will lead to multiple back-and-forth exchanges. For example:
    - *Cues:* When a child is trying to build with blocks, the teacher says: "Hmm, which block should you start with? Should it be big and strong or small?"
    - *Verbal or physical assistance:* When a child is trying to place a puzzle piece into a wooden puzzle, the teacher says: "Try turning it around." Then the teacher models turning the puzzle piece with her hands.
    - *Stimulating thinking processes:* Ask children to explain their thoughts or actions: "Why did you paint your paper blue and green?" Then the teacher can engage the child in a conversation about the child's work and the thinking processes behind it.
    - Remember to pause and give the child time to process your question or comment and respond before moving on to your next question or comment.

Providing information:

- Teachers can consistently provide *clarifications* in response to children's answers or comments. For example:
    - When a child calls an apple an orange, the teacher clarifies: "This is an apple. It is red. Oranges are orange." The teacher proceeds to pull up a picture of an orange on the tablet for the children to see.

  Teachers can consistently provide children with additional information to *extend* children's understanding. For example:
    - A child takes out a magnifying glass and holds it to his eye. The teacher says: "That is a magnifying glass so you can see very small things. What is something small you would like to look at?" The teacher continues having a back-and-forth conversation with the child while providing more information along the way.

Encouragement and affirmation:

- Teachers can consistently encourage children's level of performance or persistence by providing *encouragement* and *affirmation*. For example:
    - *Individualized feedback*: "Wow, your tower is getting tall. How tall do you think you can make it?"
    - *Specific feedback*: A toddler shows the teacher her painting. Instead of saying, "Good job," the teacher says: "I like how you used the color red and then added blue!"
    - *Recognition of effort or accomplishment*: "You are working very hard to put that puzzle together. You are good at finding where the pieces go."

Language Modeling:

Supporting language use:

- Teachers can expose children to more opportunities for language use *by extending back-and-forth exchanges* and asking open-ended questions that require longer responses. For example:
    - "Why didn't you eat your muffin? ... Oh, you don't like blueberries. Why don't you like blueberries? *Tell me* about something you like to eat."
    - Remember to pause and give the child time to process your question or comment and respond before moving on to your next question or comment.
- Teachers can ask children *open-ended questions* that require more complex answers. Examples of open-ended questions include:
    - How
    - Why
    - What happens…
    - Tell me about…
    - Share your story…
    - What do you think…
    - Remember to pause and give the child time to process your question or comment and respond before moving on to your next question or comment.

Repetition and extension:

- Teachers can consistently *repeat* and *extend* children's attempts to communicate. For example:
    - A toddler looks at the teacher and says, "Fish." The teacher responds by *repeating*: "Yes, a fish," and continues extending: "This fish is small and yellow, and this fish is big and blue."

Describe own and others' actions:

- Teachers can consistently *describe their own actions* and those of others to provide language for children. For example:
    - *Describe their own actions with words:* "I am helping Lily button her coat."
    - *Narrate children's actions with words:* "Gaby is coloring her paper pink."

Advanced language:

- Teachers can consistently use a *variety of words and/or descriptive vocabulary* with children. For example:
    - "The music sounds loud. Let's turn it down so the music sounds soft. Do you like loud music or soft music?"
    - "That is a small, blue car."

- Teachers can consistently *label* for toddlers. For example:
    - While a toddler plays with community helper figures, the teacher says: “This is the firefighter and this is the grandfather.”
- Teachers can consistently *connect new words with known words and ideas* to help children better understand new vocabulary. For example:
    - “The duck was *furious*. That means he was very angry. Have you ever been *angry* before? Was there a time when you were very, very angry?”

I, Pedro Peski Ribeiro Lopes, 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 7, 2026.

Alves, Jessica
FCC
5087 Mission St.
San Francisco, CA 94112

Nombre del observador: Renee Cordsen	Nombres de maestros/as
Fecha de observación: 03/03/2023	Maestro/a 1: Alves, Jessica
Hora que empezó: 8:50 AM	Maestro/a 2: Botelhox, Ohanna
Hora que terminó: 10:50 AM	Maestro/a 3: N/A
# personal presente: 2	Maestro/a 4: N/A
# niños presentes: 2	Maestro/a 5: N/A

Resumen del informe de CLASS para Niños Pequeños

Dominios de CLASS para Niños Pequeños:

Apoyo Emocional y Conductual
Apoyo Activo para el Aprendizaje

Dimensiones y descripciones de CLASS para Niños Pequeños:

Clima positivo: *La conexión entre el maestro(a) y los niños y la calidez, el respeto y el placer comunicados a través de las interacciones verbales y no verbales*

Clima negativo: *El nivel de negatividad expresado en el aula, como la ira, la hostilidad o la agresión*

Sensibilidad del maestro: *El grado de respuesta del maestro(a) y la consciencia de las necesidades individuales y el funcionamiento emocional de los niños*

Consideración hacia las perspectivas del niño: *El grado en que las interacciones del maestro(a) con los niños y las actividades del aula o del entorno de cuidado enfatizan los intereses, motivaciones y puntos de vistas de los niños y fomentan la responsabilidad y la independencia de ellos*

Guiar la conducta: *La capacidad del maestro(a) para promover la autorregulación del comportamiento en los niños mediante el uso de enfoques proactivos, apoyando la conducta positiva y orientando y reduciendo al mínimo el comportamiento problemático*

Facilitar el aprendizaje y el desarrollo: *Qué tan bien el maestro(a) facilita las actividades para apoyar las oportunidades de aprendizaje y desarrollo de los niños; cómo el maestro(a) conecta e integra el aprendizaje en las actividades y las tareas*

Calidad de la retroalimentación: *El grado en que el maestro(a) proporciona comentarios que promueven el aprendizaje y la comprensión y amplían la participación de los niños*

Modelar el lenguaje: *La calidad y la cantidad de técnicas de estimulación y facilitación del lenguaje que utiliza el maestro(a) para fomentar el desarrollo lingüístico de los niños*

El Sistema de calificación para la evaluación del aula — Niños Pequeños (CLASS™ para Niños Pequeños) Informe de observación
(15 a 36 meses de edad)

Las puntuaciones de CLASS para Niños Pequeños se presentan como rangos.

Rango bajo	Rango medio	Rango alto
Puntaje de 1-2	Puntaje de 3-5	Puntaje de 6-7



Apoyo Emocional y Conductual				
Clima positivo	*Clima negativo	Sensibilidad del maestro	Consideración hacia las perspectivas del niño	Guiar la conducta
Rango Alto	Rango Bajo	Rango Alto	Rango Alto	Rango Alto
* El Clima negativo se deriva de una puntuación inversa. Un rango más bajo en la dimensión de Clima negativo indica mayor calidad.				

Sugerencias para Apoyo Emocional y Conductual

Clima positivo:

Relaciones interpersonales:

- Las maestras pueden participar constantemente en *interacciones recíprocas* con los niños al mostrar interés y compartir actividades con los niños pequeños. Por ejemplo:
  - Mientras un niño pequeño vierte arena de una taza, la maestra dice: "Estás vertiendo la arena. Voy a verter la arena de mi taza también". Cuando el niño mira la taza de la maestra, la maestra dice: "Ahora mi taza está vacía como la tuya".

Afecto positivo:

- Las maestras pueden mostrar un afecto positivo constante con los niños pequeños. Por ejemplo:
  - *Afecto verbal*: "¡Estoy tan feliz de verte hoy!"

Respeto:

- Las maestras pueden demostrar constantemente respeto por los niños. Por ejemplo:
  - *Lenguaje respetuoso*: Aumente el uso de frases de 'por favor', 'gracias' y 'de nada' a lo largo del día.
  - *Orientación corporal*: Las maestras pueden ser conscientes de que sus cuerpos están orientados hacia los niños cuando interactúan con ellos.
  - *Comunicar intenciones*: Antes de iniciar el contacto físico con los niños pequeños, las maestras pueden comunicar sus intenciones de antemano: "Voy a llevarte a cambiar el pañal. ¿Estás listo?"

Clima negativo: N/A

Sensibilidad del maestro:

- Las maestras deben continuar su excelente trabajo en esta dimensión.

Consideración hacia las perspectivas del niño:

***Apoyo a la independencia**:*

- Las maestras pueden proporcionar constantemente a los niños oportunidades de *responsabilidad*. Por ejemplo:
  - Cree roles de ayuda formal asignando a los niños para ayudar a establecer la mesa de comidas, tocar una campana para anunciar la hora del almuerzo, regar las plantas, alimentar a los peces, etc.
- Las maestras pueden proporcionar constantemente a los niños oportunidades de *apoyo al cuidado personal.* Por ejemplo:
  - Anime a los niños a servirse durante las comidas, lavarse las manos independientemente, limpiarse la nariz, servirse la leche o el agua, etc.
- Las maestras pueden proporcionar constantemente a los niños oportunidades para *tomar la perspectiva de sus compañeros*. Por ejemplo:
  - "Jeanie se siente triste porque su fresa cayó al suelo".

Guiar la conducta:

***Apoyar el comportamiento positivo**:*

- Las maestras pueden *reforzar* constantemente los *comportamientos positivos* de los niños al proporcionar un reconocimiento específico cuando se observa que cumplen con las expectativas del salón. Por ejemplo:
  - "Emiliano está sentado y listo para la hora de leer".
  - "Gracias, Santiago, por compartir tu plastilina roja con tu amigo".

Rangos de puntuación de dimensiones de CLASS para Niños Pequeños

Apoyo Activo para el Aprendizaje		
Facilitar el aprendizaje y el desarrollo	Calidad de la retroalimentación	Modelar el lenguaje
Rango Medio	Rango Bajo	Rango Medio

Sugerencias para Apoyo Activo para el Aprendizaje

Facilitar el aprendizaje:

Facilitación activa:

- Las maestras pueden *guiar constantemente la exploración*. Por ejemplo:
  - Durante el juego dramático, un niño se pone el abrigo blanco de médico. La maestra pregunta: "¿Eres un médico que cuida de las personas o un médico que cuida de los animales?"
  - Durante el juego acuático, un niño vierte agua de una taza en una jarra más grande, y la maestra le pregunta: "¿Cuál tiene más agua, la taza o la jarra?"

Expansión de la cognición:

- Las maestras pueden *proporcionar e incorporar constantemente información* para los niños. Por ejemplo:
  - "¡Oh, guau! Hiciste el color rosa con la pintura. ¿Sabes cómo hiciste eso?"
  - "Esa es una tortuga marina. Vive en el océano".
- Las maestras pueden *relacionar consistentemente la información con la vida de los niños*. Por ejemplo:
  - "Estamos comiendo mangos con nuestro almuerzo. Como mangos con mi hermana en casa. ¿Quién come mangos en casa?"
- Las maestras pueden *integrar conceptos en todas las actividades y tareas*. Por ejemplo:
  - "Acabas de rebotar la pelota. ¿Recuerdas cómo estábamos rodando la pelota hoy? Ahora puedes hacer rebotar y rodar las pelotas".
- Las maestras pueden *promover constantemente las habilidades de pensamiento* de los niños. Por ejemplo:
  - "¿Qué auto crees que irá más rápido?"
  - "¿Hasta dónde rodará la pelota?"
  - Recuerde hacer una pausa y darle tiempo al niño para procesar su pregunta o comentario y responder antes de pasar a su siguiente pregunta o comentario.

Calidad de la retroalimentación:

***Andamiaje**:*

- Las maestras pueden *crear andamios* constantemente para que los niños tengan éxito en tareas desafiantes, se desempeñen a un nivel superior o completen una tarea. Los altos niveles de andamios conducirán a múltiples intercambios de ida y vuelta. Por ejemplo:
    - *Pistas:* Cuando un niño intenta construir con bloques, la maestra dice: "Hmm, ¿con qué bloque deberías empezar? ¿Debería ser grande y fuerte o pequeño?"
    - *Ayuda verbal o física:* Cuando un niño intenta colocar una pieza del rompecabezas en el rompecabezas de madera, la maestra dice: "Trata de darle la vuelta". Luego, la maestra modela girando la pieza del rompecabezas con sus manos.
    - *Estimular procesos de pensamiento:* Pida a los niños que expliquen sus pensamientos o acciones: "¿Por qué pintaste tu papel de azul y verde?" Luego, la maestra puede involucrar al niño en una conversación sobre el trabajo del niño y los procesos de pensamiento detrás de él.
    - Recuerde hacer una pausa y darle tiempo al niño para procesar su pregunta o comentario y responder antes de pasar a su siguiente pregunta o comentario.

Proveer información:

- Las maestras pueden proporcionar *aclaraciones* consistentemente en respuesta a las respuestas o comentarios de los niños. Por ejemplo:
    - Cuando un niño llama naranja a una manzana, la maestra aclara: "Esta es una manzana. Es roja. Las naranjas son anaranjadas". La maestra procede a sacar una imagen de una naranja en la tableta para que los niños la vean.
- Las maestras pueden proporcionar constantemente a los niños más información para *ampliar* la comprensión de los niños. Por ejemplo:
    - Un niño saca una lupa y se la pone en el ojo. La maestra dice: "Esa es una lupa para que puedas ver cosas muy pequeñas. ¿Qué es algo pequeño que te gustaría mirar?" La maestra continúa teniendo una conversación de ida y vuelta con el niño mientras proporciona más información en el camino.

Estímulo y afirmación:

- Las maestras pueden alentar constantemente el nivel de rendimiento o persistencia de los niños al proporcionarles *estímulo y afirmación.* Por ejemplo:
    - *Retroalimentación individualizada*: "Guau, tu torre se está poniendo alta. ¿Qué tan alta crees que puedes hacerla?"
    - *Retroalimentación específica*: Un niño pequeño le muestra a la maestra su pintura. En lugar de decir: "Buen trabajo", la maestra dice: "¡Me gusta la forma en que usaste el color rojo y luego agregaste azul!"
    - *Reconocimiento del esfuerzo o logro*: "Estás trabajando muy duro para armar ese rompecabezas. Eres bueno para encontrar dónde van las piezas".

Modelar el lenguaje:

Apoyar el uso del lenguaje:

- Las maestras pueden exponer a los niños a más oportunidades para el uso del lenguaje *al extender los intercambios de ida y vuelta y* hacer *preguntas abiertas* que requieren respuestas más largas. Por ejemplo:
  - "*¿Por qué* no te comiste tu panecillo? ... Oh, no te gustan los arándanos. ... *¿Por qué* no te gustan los arándanos? ... *Cuéntame sobre* algo que te guste comer".
  - Recuerde hacer una pausa y darle tiempo al niño para procesar su pregunta o comentario y responder antes de pasar a su siguiente pregunta o comentario.
- Las maestras pueden hacer *preguntas abiertas* a los niños que requieren que los niños den respuestas más complejas. Ejemplos de preguntas abiertas incluyen:
  - Cómo
  - Por qué
  - Qué pasa...
  - Cuéntame sobre...
  - Comparte tu historia...
  - Qué te parece...
  - Recuerde hacer una pausa y darle tiempo al niño para procesar su pregunta o comentario y responder antes de pasar a su siguiente pregunta o comentario.

Repetición y extensión:

- Las maestras pueden *repetir y extender* constantemente los intentos de comunicación de los niños. Por ejemplo:
  - Un niño pequeño mira a la maestra y dice: "Pescado". La maestra responde *repitiendo*: **"**Sí, un pez", y continúa *extendiendo*: "Este pez es pequeño y amarillo, y este pez es grande y azul".

Describe acciones propias y las de otros:

- Las maestras pueden constantemente *describir acciones propias y las de otros* para proporcionar a los niños el lenguaje. Por ejemplo:
  - *Describe sus propias acciones con palabras:* "Estoy ayudando a Lily a abotonarse el abrigo".
  - *Narra las acciones de los niños con palabras:* "Gaby está coloreando su papel de rosa".

Lenguaje avanzado:

- Las maestras pueden usar consistentemente una *variedad de palabras y / o vocabulario descriptivo* con los niños. Por ejemplo:
  - "La música suena fuerte. Vamos a bajarle para que la música suene suavemente. ¿Te gusta la música alta o suave?"
  - "Ese es un auto pequeño y azul".

- Las maestras pueden *etiquetar* consistentemente a los niños pequeños. Por ejemplo:
    - Mientras un niño pequeño juega con las figuras de gente de la comunidad, la maestra dice: "Este es el bombero y este es el abuelo".
- Las maestras pueden *conectar constantemente palabras nuevas con palabras e ideas conocidas* para ayudar a los niños a comprender mejor el vocabulario nuevo. Por ejemplo:
    - "El pato estaba *furioso*. Eso significa que estaba muy enojado. ¿Alguna vez has estado *enojado* antes? ¿Hubo un momento en que estabas muy, muy enojado?"

Exhibit C.II - Second Prong - Financial Feasibility

FULL CERTIFICATE OF REGISTRATION

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Entry M-0 – DATE OF REGISTRATION: September 28, 1982

I CERTIFY that the present document is an authentic reproduction of Property Record No. **3,879**, from Book 2, obtained through reprographic means pursuant to Article 19, §1 of Law No. 6,015 of 1973 and Article 41 of Law No. 8,935 of 11/18/1994, and that it is a true and accurate copy of the original: A rural parcel of land designated for agricultural and livestock activities, with an area of 34 *alqueires*, 46 *litros*, and 20.00 square meters — equivalent to approximately 406.81 acres, all consisting of first- and second-grade farmland and pasture, located on the property known as **"FAZENDA SÃO JORGE"**, within this municipality, including its improvements, which are an integral part thereof. This parcel is located within a larger area measuring 409 hectares, 34 ares, and 5 centiares (1011.35 acres), and is bounded as follows: To the North: bordering Waldivino and Ademar, minor sons of Joaquim David, along lines B-C, C, and D, with magnetic bearings of 59°40' SE and 21°10' SE, and distances of 2,700 meters and 260 meters; To the South: bordering Joaquim Vicente Gonçalves and Manoel Rodrigues de Lima, along lines EF, FG, and GA, with magnetic bearings of 83°20' NW, 56°30' NW, and 75°30' NW, and distances of 1,600 meters, 760 meters, and 140 meters; To the East: bordering "Fazenda Santo Antônio," along the watershed ridge dividing the northern and southern watersheds of the state, from markers D' AD E", with a length of 1,160.00 meters; To the West: bordering Domingos Pereira dos Santos, along line AB, with a magnetic bearing of 31° NE and a distance of 1,770.00 meters. Said property is duly registered with the National Institute for Colonization and Agrarian Reform (INCRA) under No. 930.512.003.042-4, with the following details: Total Area: 216.5 hectares (534.98 acres); Exploited Area: 197.2 hectares (487.29 acres); Exploitable Area: 197.2 hectares (487.29 acres); Module: 29.7 hectares (73.39 acres); Number of Modules: 6.64 (that is, 197.21 hectares / 487.31 acres); Minimum Fraction for Subdivision: 13.0 hectares (32.12 acres); Landholding Classification: Exploited Large Estate: **OWNERS:** Mr. **EDUARDO TEIXEIRA DE MENDONÇA** and his wife, **EUCLIDIA TEIXEIRA DE MENDONÇA**, Brazilian citizens, married, he a livestock farmer, she a homemaker, residents of Firminópolis-GO. Previous Registration No. 4,527, on page 128 of Book 3-C of the Real Property Registry of this judicial district. I attest, – Deputy Registrar.

R-1-3,879 – PROTOCOL 8,749 – 09/28/82: Pursuant to the Formal Partition Deed dated 06/07/82, issued by the Family, Probate, and Succession Registry of the Judicial District of Firminópolis-GO, regarding the property described in this registration, appraised at Cr$ 11,755,640.40 (eleven million, seven hundred fifty-five thousand, six hundred forty cruzeiros and forty centavos), the heir **MARIA JOSÉ MENDONÇA DOS SANTOS** and her husband **VILMAR ARAÚJO DOS SANTOS**, Brazilian citizens, married, she a homemaker, he an accounting technician, holders of CPF No. 041.519.091-68, residents of Firminópolis-GO, were assigned the amount of Cr$ 1,175,564.04, corresponding to an area of 3 alqueires, 36 litros, and 365 square meters — equivalent to approximately 44.15 acres — all in accordance with the judgment rendered on 05/20/82, by Judge Dr. Ilma Vitória Rocha, which became final and unappealable. I attest, – Deputy Registrar.

R-2-3,879 – PROTOCOL 8,750 – 09/28/82: Pursuant to the Formal Partition Deed dated 06/07/82, issued by the Family, Probate, and Succession Registry of the Judicial District of Firminópolis-GO, regarding the property described in this registration, appraised at Cr$ 11,755,640.40 (eleven million, seven hundred fifty-five thousand, six hundred forty cruzeiros and forty centavos), the heir **NELY DE MENDONÇA PEREIRA** and her husband **ONÍCIO PEREIRA**, Brazilian citizens, married, she a homemaker, he a farmer, residents of this city, holders of CPF No. 012.381.831-15, were assigned the amount of Cr$ 1,175,564.04, corresponding to an area of 3 alqueires, 36 litros, and 365 square meters — equivalent to approximately 44.15 acres — all in accordance with the judgment rendered on 05/20/82, by Judge Dr. Ilma Vitória Rocha, which became final and unappealable. I attest, – Deputy Registrar.

R-3-3,879 – PROTOCOL 9,114 – 02/09/83: Pursuant to the Formal Partition Deed dated 06/07/82, issued by the Family, Probate, and Succession Registry of the Judicial District of Firminópolis-GO, regarding the property described in this registration, appraised at Cr$ 11,755,640.40 (eleven million, seven hundred fifty-five thousand, six hundred forty cruzeiros and forty centavos), the surviving spouse **EUCLIDIA TEIXEIRA DE MENDONÇA**, Brazilian citizen, widow, homemaker, resident of Firminópolis-GO, holder of CPF No. 304.921.141-53, was assigned the amount of Cr$ 5,877,820.20 (five million, eight hundred seventy-seven thousand, eight hundred twenty cruzeiros and twenty centavos), corresponding to an area of 17 alqueires, 23 litros, and 10.00 square meters (204.56 acres) all in accordance with the judgment rendered on 05/20/82, by Judge Dr. Ilma Vitória Rocha, which became final and unappealable. I attest, – Deputy Registrar.

R-4-3,879 – PROTOCOL 10,024 – 04/04/84: Pursuant to the Formal Partition Deed dated 06/07/82, extracted from closed

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case No. 180/82, by Clerk Luiz Roberto Tavares of the Family, Probate, and Succession Registry of the Judicial District of Firminópolis-GO, duly signed by the Honorable Judge of the Judicial District of Firminópolis-GO, the heir Mr. **JOÃO MENDONÇA SOBRINHO** and his wife Mrs. **GREDES MAR PEREIRA MENDONÇA**, Brazilian citizens, married, he a farmer, she a homemaker, residents of this city, holders of CPF No. 041.516.311-00, in payment of their inheritance due to the death of his father, Mr. Eduardo Teixeira Mendonça, regarding the property described in this registration, appraised at Cr$ 11,755,640.40 (eleven million, seven hundred fifty-five thousand, six hundred forty cruzeiros and forty centavos), in which he holds the amount of Cr$ 1,175,564.04, corresponding to an area of 3 alqueires, 36 litros, and 365 square meters (43.65 acres) all in accordance with the judgment rendered on 05/20/82, by the Honorable Judge Dr. Ilma Vitória Rocha, which became final and unappealable. I attest, – Deputy Registrar.

R-5-3,879 – PROTOCOL 11,087 – 07/24/85: Pursuant to the Formal Partition Deed dated 06/07/82, extracted from closed case No. 180/82, by Clerk Luiz Roberto Tavares of the Family, Probate, and Succession Registry of the Judicial District of Firminópolis-GO, duly signed by the Honorable Judge of the Judicial District of Firminópolis-GO, the heir **NOEMIA MENDONÇA PEREIRA** and her husband **GERALDO PEREIRA**, Brazilian citizens, married, she a homemaker, he a farmer, residents of this city, holders of CPF No. 018.376.801-91, in payment of their inheritance due to the death of her father, Eduardo Teixeira Mendonça, regarding the property described in this registration, appraised at Cr$ 11,755,640.40 (eleven million, seven hundred fifty-five thousand, six hundred forty cruzeiros and forty centavos), in which she holds the amount of Cr$ 1,175,564.04 (one million, one hundred seventy-five thousand, five hundred sixty-four cruzeiros and four centavos), corresponding to an area of 3 alqueires, 36 litros, and 365 square meters (43.65 acres) all in accordance with the judgment rendered on 05/20/82, by the Honorable Judge of the Judicial District of Firminópolis-GO, Dr. Ilma Vitória Rocha, which became final and unappealable. I attest, – Deputy Registrar.

R-6-3,879 – PROTOCOL 11,251 - 09/12/85: Pursuant to the Deed of Sale dated 03/22/1985, executed in the notarial records of the 1st Notary Office of the Judicial District of Israelândia-GO, in Book No. 18, pages 125/126 verso, by the 1st Notary Public Benedito Marques Guimarães, the property—an area of 6 alqueires, 72 litros, and 730.00 square meters (85.32 acres), listed in Entries R-2 and R-4-3,879 and subject of this registration—was acquired by Mr. **VILMAR ARAUJO DOS SANTOS**, ID No. 246.657-SSP-GO, CPF No. 041.519.091-68, Brazilian, married under the regime of Universal Community Property to Mrs. **MARIA JOSÉ MENDONÇA DOS SANTOS**, an accountant, residing and domiciled in Firminópolis-GO, in this state, through purchase from Mrs. Nely de Mendonça Pereira, ID No. 644.757-SSP-GO, and her husband Mr. Onicio Pereira, ID No. 72.914-SSP-GO, a farmer, married under the regime of Universal Community Property; and from Mr. João Mendonça Sobrinho, ID No. 233.922-SSP-GO, and his wife Mrs. Gredes Mar Pereira Mendonça, he a farmer, she a homemaker, married under the regime of Community Property; all Brazilian, residing and domiciled in this city, holders of CPF Nos. 012.381.831-15 and 041.516.311-00; for the amount of Cr$ 60,000,000.00 (sixty million cruzeiros); with no conditions. I attest, – Deputy Registrar.

R-7-3,879 – PROTOCOL 12,518 – 01/05/87: Pursuant to the Deed of Sale dated 01/17/86, executed in the notarial records of the District Notary Office of Rosalândia-GO, in Book No. 21, pages 123/124 verso, by Notary Public Antonio Felício da Silva Neto, the area of 3 alqueires, 36 litros, and 365.00 square meters (43.65 acres), more or less, including all improvements thereto, listed in Entry R-5-3,879 and subject of this registration, was acquired by Mr. **VILMAR ARAUJO DOS SANTOS**, ID No. 246.657-SSP-GO, CPF No. 041.519.091-68, Brazilian, lawfully married under the regime of Community Property to Mrs. **MARIA JOSÉ MENDONÇA DOS SANTOS**, an accountant, residing and domiciled in Firminópolis-GO, through purchase from Mrs. Noemia Mendonça Pereira and her husband Mr. Geraldo Pereira, ID No. 72.913-SSP-GO, CPF No. 018.376.801-91, Brazilians, lawfully married under the regime of Community Property, she a housewife, he a livestock farmer, both residing and domiciled in this city; for the amount of Cr$ 60,000,000.00 (sixty million cruzeiros); with no conditions. I attest, – Deputy Registrar.

R-8-3,879 – PROTOCOL 13,654 – 05/12/88: Pursuant to the Formal Partition Deed dated 06/07/82, extracted from closed case No. 180/82, by the Family, Probate, and Succession Registry and 1st Civil Court of the Judicial District of Firminópolis-GO, and transcribed by Clerk Luiz Roberto Tavares, duly signed by the Honorable Judge of the District of Firminópolis-GO, Dr. Ilma Vitória Rocha, the heir Mr. **JOSÉ MENDONÇA NETO** and his wife Mrs. **CECILIA PEREIRA MENDONÇA**, Brazilians, married, he a farmer, she a homemaker, residing and domiciled in this city, CPF No. 041.516.151-72; as inheritance received upon the death of

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his father, Eduardo Teixeira de Mendonça; the property subject to this registration, valued at Cr$ 1,175,564.04 (one million, one hundred seventy-five thousand, five hundred sixty-four cruzeiros and four centavos), was part of the total estate appraised at Cr$ 11,755,640.40; corresponding to the area of 3 alqueires, 36 litros, and 365.00 square meters (43.65 acres); in accordance with the judgment rendered on 05/20/1982 by the Honorable Judge of the Judicial District of Firminópolis-GO, Dr. Ilma Vitória Rocha, which has become final and unappealable. I attest, – Deputy Registrar.

R-9-3,879 – PROTOCOL 14,700 – 07/03/89: Pursuant to the Payment Certificate dated 03/27/89, extracted from closed case No. 4,681/88 by Clerk Marli Duarte Nolito of the Family, Probate, and Succession Registry and 1st Civil Registry Office of this Judicial District, the surviving spouse, Mrs. **CECILIA PEREIRA MENDONÇA**, Brazilian, widow, homemaker, residing and domiciled in this municipality, received as payment of her share, due to the death of her husband, José Mendonça Neto, the property listed in Entries R-8-3,879, which is the subject of this registration, namely, an area of 03 alqueires, 36 litros, and 365.00 m² (43.65 acres), valued at CZ$ 500,000.00, of which she is entitled to CZ$ 250,000.00 (Two Hundred and Fifty Thousand Cruzados), representing 50% of the property. All in accordance with the judgment rendered on 02/03/89 by the Honorable Judge of Law of this Judicial District, Dr. Isabel Cristina Machado, which has become final and unappealable. I attest. – Deputy Registrar.

R-10-3,879 – PROTOCOL 14,701 – 07/03/89: Pursuant to the Payment Certificate dated 03/27/89, extracted from closed case no. 4,681/88 by Clerk Marli Duarte Nolito of the Family, Probate, and Succession Registry and 1st Civil Registry Office of this Judicial District, the heirs **JOSÉ MENDONÇA JÚNIOR** and **DANIELLA MENDONÇA PEREIRA**, Brazilian, minor children, residing and domiciled in this municipality, received as payment of their inheritance due to the death of their father, José Mendonça Neto, the property listed in Entries R-8-3,879, which is the subject of this registration, namely, an area of 03 alqueires, 36 litros, and 365.00 m² (43.65 acres), valued at CZ$ 500,000.00, of which they are entitled to CZ$ 250,000.00 (Two Hundred and Fifty Thousand Cruzados), representing 50% of the property. All in accordance with the judgment rendered on 02/03/89 by the Honorable Judge of Law of this Judicial District, Dr. Isabel Cristina Machado, which has become final and unappealable. I attest. – Deputy Registrar.

R-11-3,879 – PROTOCOL 18,699 – 06/14/95: Rural Pignoratitious and Mortgage Note No. 95/00043-7. Issuers: VILMA ARAÚJO DOS SANTOS and his wife, Mrs. MARIA JOSÉ MENDONÇA DOS SANTOS, Brazilian, married, livestock farmer and homemaker, residing and domiciled in Firminópolis – GO, bearing of CPF no. 041.519.091-68; Creditor: Banco do Brasil S/A, Firminópolis-GO branch; Credit Amount: R$ 24,500.00 (Twenty-Four Thousand, Five Hundred Reais); Due Date and Place of Payment: 04/19/1999, in the district of Firminópolis-GO; Interest rate of 8.000% (eight) percentage points per year calculated using the French amortization method, based on a daily pro-rata rate (360-day year); Said charges, basic and additional, shall be debited/capitalized monthly on the base date, upon early redemption, proportionally to the redeemed amounts, upon maturity, and upon settlement of the debt, and shall be collected together with the principal amortization installments, proportionally to their face values, including upon early redemption, at maturity, and at settlement of the debt; For financing the acquisition of dairy cows for milk production, to be used on the property known as "FAZENDA SÃO JORGE," located in this municipality and owned by the issuers; As a First-Degree Rural Mortgage, with no third-party concurrence, the property mortgaged is an area of 13 alqueires, 66 litros, and 250.00 m² (185.94 acres), as recorded under R-1, R-6, and R-7-3,879, on page 03 verso, of Book 2-M, subject of this registration. Reference to Registration no. 1,841, on page 246 verso, of Book 3-A, of this registry. I attest. – Deputy Registrar.

R-12-3,879 – PROTOCOL 18,976 – 12/22/95: Rural Pignoratitious and Mortgage Note No. 95/00187-5. Issuers: VILMAR ARAÚJO DOS SANTOS and his wife, Mrs. MARIA JOSÉ MENDONÇA DOS SANTOS, as previously qualified; Creditor: Banco do Brasil S/A, Firminópolis-GO branch; Credit Amount: R$ 25,000.00; Due Date and Place of Payment: 12/21/1996, in the district of Firminópolis-GO; Nominal interest rate of 14.934% (Fourteen point Nine Hundred Thirty-Four Thousandths), annual percentage points, calculated using the French amortization method based on a daily pro-rata rate (360-day year), corresponding to an effective annual rate of 16.000% (Sixteen) percentage points, debited and capitalized on the first day of each month, upon early redemption proportionally to the redeemed amounts, upon maturity, and upon settlement of the debt, and collected together with the amortizations of the principal, including in early redemptions, proportionally to their face values, upon maturity and settlement of the debt; For financing

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the costs of cattle grazing activities for milk production, for the existing herd on the property known as "FAZENDA SÃO JORGE," in this municipality, owned by the issuer, during the 95/96 agricultural season; Under Second-Degree Mortgage Note and without third-party concurrence, the area of thirteen (13) alqueires, sixty-six (66) liters, and 250.00 square meters (geometric; 185.94 acres), listed in Entries R-1, R-6, and R-7-3,879, on page 03 verso, of Book 2-M, subject of the present registration. Ref. to Reg. 1,872, on page 271, of Book 3-A, of this registry. I attest. – Deputy Registrar.

R-13-3,879 - PROTOCOL 19,309 - 06/05/96: Rural Mortgage Note No. 96/70014-9. Issuers: Vilmar Araújo dos Santos and his wife, Mrs. Maria José Mendonça dos Santos, as previously qualified; Creditor: Banco do Brasil S/A, Firminópolis-GO branch; Credit Amount: R$ 27,369.56; Due Date and Place of Payment: 10/31/2002, in the district of Firminópolis-GO; Interest on the value of this Note shall accrue as of 11/30/95 at the effective annual rate of three percent (3%) calculated and charged along with the principal amortizations; The granted credit is intended for the full payment of the debt related to Rural Pignoratitious and Mortgage Note No. 95/0043-7, issued on 04/28/95, in the amount of R$ 24,500.00, with final maturity set for 04/19/1999, as authorized by Law No. 9,138 of 11/29/95, regulated by Resolution 2,238 of 01/31/96 of the National Monetary Council, without prejudice to any other obligations to Banco do Brasil S/A; Under First-Degree Mortgage Note and without third-party concurrence, the area of thirteen (13) alqueires, sixty-six (66) liters, and 250.00 square meters (geometric; 185.94 acres), listed in Entries R-1, R-6, and R-7-3,879, on page 03 verso, of Book 2-M, subject of the present registration. Ref. to Reg. 1,908, on page 277 verso, of Book 3-A, of this registry. I attest, – Deputy Registrar.

R-14-3,879 - PROTOCOL 19,945 - 03/19/97: Rural Pignoratitious and Mortgage Note No. 97/00256-9. Issuers: VILMAR ARAÚJO DOS SANTOS and his wife, Mrs. MARIA JOSÉ MENDONÇA DOS SANTOS; Creditor: Banco do Brasil S/A, Firminópolis-GO branch; Credit Amount: R$ 20,000.00; Due Date and Place of Payment: 11/25/1997, in this district; Nominal annual rate of twelve percent (12%), calculated on a daily basis (360-day year), corresponding to an effective annual rate of 11.386%, (Eleven point three hundred eighty-six) debited and capitalized on the first day of each month, proportional to the amounts paid upon maturity and settlement of the debt and charged along with the principal amortizations, including payments, in proportion to their nominal amounts, upon maturity and settlement of the debt; The granted credit is intended to fund cattle farming operations for meat production to be carried out on the property called "FAZENDA SÃO JORGE," in this municipality, owned by the issuers; Under Second-Degree Mortgage Note and without third-party concurrence, the area of thirteen (13) alqueires, sixty-six (66) liters, and 250.00 square meters (geometric; 185.94 acres), listed in Entries R-1, R-6, and R-7-3,879, on page 03 verso, of Book 2-M, subject of the present registration. Ref. to Reg. 1,970, page 289 verso, of Book 3-A, of this Real Estate Registry Office. I attest, – Deputy Registrar.

AV-15-3,879 - 01/28/98: This annotation is made under the authorization dated 01/27/98, issued by the creditor: Banco do Brasil S/A, Firminópolis-GO branch, and submitted to this Registry by the Debtor, Mr. Vilmar Araújo dos Santos, so that R-14-3,879 above is hereby canceled and considered void, as said debtor has settled the full amount of his debt. I attest, – Deputy Registrar.

R-16-3,879 - PROTOCOL 20,660 - 01/28/98: Rural Pignoratitious and Mortgage Note No. 98/00003-9. Issuers: VILMAR ARAÚJO DOS SANTOS and his wife, Mrs. MARIA JOSÉ MENDONÇA DOS SANTOS; Creditor: Banco do Brasil S/A, Firminópolis-GO branch; Credit Amount: R$ 15,000.00; Due Date and Place of Payment: 01/28/1999, in the district of Firminópolis-GO; Interest at a nominal annual rate of 9.109% (Nine point One Hundred and Nine Thousandths), calculated on a daily basis (360-day year), corresponding to an effective annual rate of 9.500% (Nine point Five Hundredths); The granted credit is intended to fund cattle farming operations for milk production and herd breeding carried out on the property subject of this registration; Under Second-Degree Mortgage Note and without third-party concurrence, the property listed in Entries R-1, R-6, and R-7-3,879, on page 03 verso, of Book 2-M, subject of the present registration. Ref. to Reg. 2,056, page 05, of Book 3-B of this Real Estate Registry Office. I attest, – Deputy Registrar.

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R-17-3,879 - PROTOCOL 21,422 - 01/18/99: This annotation is made under the Amendment for Re-Ratification of Rural Pignoratitious and Mortgage Note No. 96/70014-9, signed between creditor and debtor to state that the maturity date of the installment due on 10/31/98 has been extended to 10/31/2003, corresponding to the result of multiplying 60,179 kg of corn in grain and bulk by the official minimum base price effective on the date of payment; and other conditions set forth in the current amendment. I attest. – Deputy Registrar.

R-18-3,879 - PROTOCOL 21,517 - 03/01/99: This annotation is made under the Authorization for Discharge of Registration dated 02/24/99, duly signed by General Manager Sérgio Magalhães Crispim and submitted to this General Registry by the debtor, to state that R-16-3,879 above is hereby canceled and considered void, as said debtor has settled the full amount of his debt. I attest, – Deputy Registrar.

R-19-3,879 - PROTOCOL 21,518 - 03/01/99: Rural Pignoratitious and Mortgage Note No. 99/00100-4. Issuers: VILMAR ARAÚJO DOS SANTOS and his wife, Mrs. MARIA JOSÉ MENDONÇA DOS SANTOS; Creditor: Banco do Brasil S/A, Firminópolis-GO branch; Credit Amount: R$ 15,000.00 (Fifteen Thousand Reais); Due Date and Place of Payment: 02/20/2000, in Firminópolis-GO; Interest at a nominal annual rate of 8.418%, debited and capitalized monthly on the first day of each month, that is, 8.418% per annum calculated on a daily basis (360-day year), corresponding to an effective annual rate of 8.750%; The granted credit is intended to fund cattle farming operations – milk production and herd breeding – carried out on the property Fazenda São Jorge, in this municipality, owned by the issuers, for the agricultural period of February/99 to November/99; Under Second-Degree Mortgage Note and without third-party concurrence, the properties listed in Entries R-1, R-6, and R-7-3,879, on page 03 verso, of Book 2-M, subject of the present registration. Ref. to Reg. 2,119, page 17, of Book 3-B of this Real Property Registry. I attest, – Deputy Registrar.

R-20-3,879 – PROTOCOL 22,860 – 08/15/2000: Pursuant to the Deed of Sale dated 04/06/1999, executed at the 2nd Notary Office of this Judicial District, in Book No. 84-A, on pages 147/148 verso, by the 2nd Notary Public, Adonias Alves Barreto, the area of 01 alqueire, 29 litros, and 78.00 square meters (11.95 acres), as recorded under R-3-3,879, on page 03 of Book 2-M, the subject of this registration, was acquired by: **LUIZ LOURENÇO RODRIGUES** – ID No. 50.046-SSP-GO, CPF No. 018.359.201-87, Brazilian, married under the Partial Community Property regime to Mrs. **MARIA DA PAZ PIRES RODRIGUES**, a capable livestock farmer, residing at Fazenda Santa Maria, in this municipality; by purchase from Euclidia Teixeira de Mendonça, previously qualified, for the amount of R$ 6,664.00 (six thousand six hundred sixty-four reais), with no conditions. I attest, – Deputy Registrar.

AV-21-3,879 – PROTOCOL 22,860 – 08/15/2000: This annotation is made pursuant to the Legal Reserve Registration Responsibility Term dated 09/10/1999, issued by FEMAGO (Federation of Agriculture and Livestock of Goiás), to state that the area of the Legal Reserve, pertaining to the property listed in Entry R-20 above, the subject of this registration, is included in Transcription No. 10,263, on page 263 of Book 3-G of this Real Estate Registry Office, together with other adjoining rural properties of Mr. Luiz Lourenço Rodrigues, totaling an area of 30 alqueires, 12 litros, and 78.00 square meters (358.44 acres). I attest, – Deputy Registrar.

AV-22-3,879 – PROTOCOL 25,118 – 08/29/2002: This annotation is made pursuant to the Amendment for Re-Ratification of Rural Mortgage Note No. 96/70014-9, dated 07/17/2002, duly signed by the contracting parties, to reflect the amendment of the following items: Financial Charges; Interest at the effective annual rate of 3%; Payment Terms: 24 annual and successive installments, with the first due on October 31, 2002, and the last on October 31, 2025, each in the amount of R$ 989.55 or 8,400 kg of corn at the price set for the region of Goiás; and other conditions set forth in the current amendment. I attest, – Deputy Registrar.

AV-23-3,879 – PROTOCOL 25,157 – 09/12/2002: This annotation is made pursuant to the Legal Reserve Registration Responsibility Term dated 08/31/2001, duly signed by the owner, Mr. Vilmar Araújo dos Santos, and by the representative of the Environmental Agency of Goiás, Mariley Vieira do Carmo – CREA 8305/D, to state that the area of 21.8300 hectares (approximately 53.94 acres), equivalent to the Legal Reserve area, not

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less than 20% of the properties listed in Entries R-1, R-6, and R-7-3,879, on page 03 verso of Book 2-M, and R-5-4,529, on page 67 of Book 2-O, all of this Real Property Registry, is located in three separate Legal Reserves, as follows: Legal Reserve 01 – area of 15.5492 hectares (approximately 38.43 acres): "This description begins at marker 05 (five), set next to the boundary fence of Mrs. Cecília Pereira Mendonça, from there it continues along the same boundary with a bearing of 50°35'58"SE, extending 253.65 meters to marker 06 (six), still along the same boundary with a bearing of 66°02'15"SE, extending 522.00 meters to marker 07 (seven), then continues with a bearing of 04°40'01"SE, bordering Mr. Amarildo Lourenço, for 49.00 meters to marker 08 (eight), from there with a bearing of 08°36'06"NW, along the interior part of the property for 134.50 meters to marker C, then along the same boundary with a bearing of 52°07'30"NW, for 570.00 meters to marker D, and still along the same boundary with a bearing of 52°28'18"SW, for 261.00 meters to marker 05 (five), where the perimeter description began." Legal Reserve 02 – area of 4.3448 hectares (approximately 10.74 acres): "This description begins at marker 10 (ten), set next to the boundary fence of Mr. Amarildo Lourenço, from there along the same boundary with a bearing of 62°12'58"NE, extending 105.00 meters to marker 11 (eleven), still along the same boundary with a bearing of 88°24'14"NE, extending 149.00 meters to marker 12 (twelve), then with a bearing of 12°39'09"NE, along the interior part of the property for 150.65 meters to marker A, then with a bearing of 00°00'00"SW, for 300.00 meters to marker B, still along the same boundary with a bearing of 07°07'30"SE, for 201.50 meters to marker 10 (ten), where the perimeter description began." Legal Reserve 03 – area of 1.9360 hectares (approximately 4.78 acres): "This description begins at marker M5, set next to the fence dividing the interior part of the property, from there along the same boundary with a bearing of 53°35'34"NE, extending 218.55 meters to marker M6, then with a bearing of 65°51'42"SE, bordering Mr. Alfredo dos Reis, for 48.00 meters to marker M7, from there with a bearing of 25°43'29"SW, along the interior part of the property for 197.04 meters to marker M8, then along the same boundary with a bearing of 63°18'50"NW, for 150.16 meters to marker M5, where the perimeter description began." These areas are designated for restricted use and may not be exploited in any way except with express authorization from the Environmental Agency, pursuant to paragraph 2 of Article of Law 4,771/65 (Brazilian Forest Code), and Article 20 of State Law No. 12,596/95 (Forest Law of the State of Goiás). I attest, – Deputy Registrar.

AV-24-3,879 – PROTOCOL 29,011 – 10/09/2006: This annotation is made pursuant to the Legal Reserve Registration Responsibility Term dated 09/20/2006, duly signed by the owners José Mendonça Júnior and Daniella Mendonça Pereira and by the representative of the Environmental of Goiás, Mariley Vieira do Carmo – CREA 8305/D, to record that the Legal Reserve area listed in Entries R-10-3,879, on page 03, of Book 2-M, of the Real Property Registry of this district, is located in the entry Av-6-2,332, on the verso of page 239, of Book 2-G, of this Real Property Registry, as the areas are annexed and contiguous. I attest. Note: Said property is duly registered with INCRA under No. 930.512.013.773-3. I attest, – Deputy Registrar.

R-25-3,879 – PROTOCOL 29,142 – 11/17/2006: Pursuant to the Deed of Sale dated 10/16/2006, executed in the notarial records of the 1st Notary Office of this Judicial District, in Book No. 163, on pages 109 verso/110, by Clerk Eduardo Ramos Silva Barbosa, the area of 1 alqueire, 58 litros, and 182.50 square meters (geometric; 20.67 acres), listed in Entry R-10-3,879 on page 03 of Book 2-M and Entry AV-24-3,879 above, subject of this property record, was acquired in equal parts by **HELOISIO ETERNO DE OLIVEIRA**, ID No. 2.379.857-SSP-GO and CPF No. 425.071.201-00, Brazilian, single, of legal age and capacity, Rural Worker, resident at Fazenda São Jorge in this municipality; and **CECILIA PEREIRA MENDONÇA**, ID No. 2.765.351-2nd issue - DGPC-GO and CPF No. 434.834.881-20, Brazilian, widow, of legal capacity, Rural Worker, resident at Fazenda São Jorge in this municipality; purchased from José Mendonça Junior, CPF No. 617.917.761-91, and Daniella Mendonça Pereira, CPF No. 617.917.411-34, both Brazilian, single, of legal age and capacity, residents of this city, for the amount of R$ 25,800.00 (twenty-five thousand eight hundred reais). The property is duly registered with INCRA under No. 930.512.013.730-0. I attest, – Deputy Registrar.

AV-26-3,879 – PROTOCOL 36,243 – 01/26/2012: This annotation is made pursuant to the Authorization for Registry Cancellation dated 01/17/2012, duly issued by the Creditor and submitted to this Real Estate Registry Office by the debtor, Vilmar Araújo dos Santos, to state that Entries R-11 and R-12-3,879 above are hereby canceled and

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considered null, as the aforementioned debtor has fully settled the debt. I attest, – Real Estate Registrar. -----// signature //---

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AV-27-3,879 – PROTOCOL 38,367 – 05/10/2013: This annotation is made pursuant to the Authorization for Registry Cancellation dated 04/11/2013, duly issued by the Creditor Bank and submitted to this Property Registry Office by the debtor, Vilmar Araújo dos Santos, to state that Entry R-19-3,879, subject of this record, is hereby canceled and considered null, as the aforementioned debtor has fully settled the debt. I attest, – Real Estate Registrar.

R-28-3,879 – PROTOCOL 44,177 – 02/15/2016: Pursuant to the Public Deed of Inventory and Partition of Assets, dated 05/14/2014, executed in the notarial records of the 1st Notary Office of this Judicial District, in Book No. 241, pages 101/113, by 2nd Deputy Notary Eduardo Ramos Silva Barbosa, and duly accompanied by the Rural Property Registration Receipt with CAR (Rural Environmental Registry) No. 5220108-AE2CBCCAD6B94A599E25649F10383AEC, the area of 2 alqueires, 09 litros, and 591.40 square meters—equivalent to 10.283640 hectares (25.41 acres), listed in Entry R-3-3,879 above, subject of this record, was awarded to the heir, Mrs. **NELI DE MENDONÇA PEREIRA**, Brazilian, homemaker, ID No. 644.757-SSP/GO and CPF No. 788.499.501-87, and her husband **ONÍCIO PEREIRA**, Brazilian, Farmer, ID No. 72.914-2nd issue - SSP/GO and CPF No. 012.381.831-15, both legally capable, married under the regime of community property, residing at Fazenda São Jorge, rural area of this municipality, due to the death of her mother, Mrs. Euclidia Teixeira de Mendonça, CPF No. 304.921.141-53, valued at R$ 77,719.17 (seventy-seven thousand seven hundred nineteen reais and seventeen centavos). The property is duly registered with INCRA under CCIR 2006/2007/2008/2009 No. 930.512.014.028-9 and subject to the other conditions set forth in said Deed. I attest, – Real Estate Registrar.

AV-29-3,879 – DATE: 12/26/2016 – CAR (RURAL ENVIRONMENTAL REGISTRY) ANNOTATION: This annotation is made pursuant to the request dated 12/06/2016, filed with this Registry Office under Entry No. 45,467 on 12/08/2016, duly submitted to this Real Estate Registry Office by Vilmar Araújo dos Santos, previously identified, accompanied by the receipt of Rural Environmental Registry at CAR, **to state registration of the properties listed in Entries R-4, R-6, and R-7-3,879, in accordance with Article 12 of the Ministry of the Environment Normative Instruction No. 02/14, which regulates the CAR at the national level;** REGISTRATION DETAILS: **a)** CAR No.: GO-5220108-9C6B-0DD50112C.91F3.1863.9948.E79B8E39; **b)** Municipality: São Luis de Montes Belos-GO; **c)** Total Area of the Property: 207.0790 hectares (511.70 acres); **d)** Remaining Native Vegetation Area: 44.8451 ha (110.81 acres); **e)** Legal Reserve Area: 41.5195 ha (102.60 acres); **f)** Permanent Preservation Area: 15.4132 ha (38.09 acres); **g)** Consolidated Area: 0.0000 ha; **h)** Restricted Use Area: 0.0000 ha; **i)** Administrative Easement Area: 0.0000 ha; and **j)** CAR Status: Active. I attest, – Real Estate Registrar.

R-30-3,879 – DATE: 12/28/2016 – INVENTORY: Pursuant to the Public Deed of Inventory and Partition of Assets, dated 05/14/2014, executed in the notarial records of the 1st Notary Office of this Judicial District, in Book No. 241, pages 101/113, by 2nd Deputy Notary Bachelor of Law Eduardo Ramos Silva Barbosa, filed with this Registry Office under Entry No. 45,469 on 12/08/2016, **the area of 9 alqueires, 43 litros, and 577.83 square meters—equivalent to 10.283640 hectares (114.21 acres)** listed in Entry **R-3-3,879** above, subject of this property record, comprised of: 3 alqueires, 14 litros, and 470.40 square meters (38.26 acres) as Heir's share, and 6 alqueires, 29 litros, and 107.43 square meters (75.95 acres) as Awarded share; was awarded to the heir/awardee, **MARIA JOSÉ MENDONÇA DOS SANTOS** - Brazilian, homemaker, ID No. 3.570.852-DGPC/GO and CPF/MF No. 007.169.611-30, and her husband **VILMAR ARAÚJO DOS SANTOS** - Brazilian, Accountant, ID No. 246.657-2nd issue - SSP/GO and CPF/MF No. 041.519.091-68, both legally capable, married under the regime of community property, residing at Avenida Vitoriano Borges Naves, Block 15, Lot 08-A, No. 1147, House 1, Central Sector, in the city of Firminópolis-GO; due to the death of her mother, Mrs. Euclidia Teixeira de Mendonça, CPF No. 304.921.141-53; valued at R$ 371,938.34 (three hundred seventy-one thousand nine hundred thirty-eight reais and thirty-four centavos), and for tax purposes, valued at R$ 575,000.00 (five hundred seventy-five thousand reais). The property is duly registered with INCRA under CCIR 2006/2007/2008/2009 No. 930.512.014.028-9 and subject to the other conditions set forth in said Deed. I attest, – Real Estate Registrar.

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R-31-3,879 - DATE: 09/27/2017 - INVENTORY: Pursuant to the Public Deed of Inventory and Partition of Assets, dated 05/14/2014, , executed in the notarial records of the 1st Notary Office of this Judicial District, in Book No. 224, pages 101/113, by the 2nd Deputy Notary Bachelor of Law Eduardo Ramos Silva Barbosa, and recorded in this Registry Office under protocol No. 46,705 on 08/30/2017, **the area of 2 alqueires, 9 litros, and 591.40 square meters—equivalent to 10.283640 hectares (25.41 acres), listed in Entry R-3-3,879 and object of the present registration**, was assigned to the heir **JOÃO MENDONÇA SOBRINHO** – Brazilian, rural worker, bearer of ID No. 233.922-2nd issue-SPTC/GO, and enrolled with the CPF/MF under No. 041.516.311-00, and his wife, **GREDES MAR PEREIRA MENDONÇA** – Brazilian, homemaker, bearer of ID No. 3.130.128-984.361-SESP/GO, and enrolled with the CPF/MF under No. 708.157.801-25, both legally capable, married under the regime of Universal Community Property, residing at Fazenda Córrego da Costa, in this municipality; due to the passing of Mrs. Euclidia Teixeira de Mendonça, CPF No. 304.921.141-53. The value assigned was R$ 77,719.17 (Seventy-Seven Thousand, Seven Hundred and Nineteen Reais and Seventeen Centavos), and for tax purposes, the Municipality assigned a value of R$ 140,000.00, according to the appraisal report dated 08/30/2017. Said property is duly registered with INCRA under No. 930.512.014.028-9; and with NIRF: 2.571.797-9; and the receipt of the property's registration in the Rural Environmental Registry (CAR) was presented under No. 5220108-BA74.Db92.Ed45.4BE9.B3C0.6090.BBB48.DD24. CLAUSE: In accordance with Circular Letters No. 029/2013 and 142/2013 from the State Judiciary Oversight Office of Goiás (CGJ/GO), the present registration was completed due to being an involuntary transfer, thus exempting the requirement for proof of georeferencing registration under this entry; and subject to the other terms stated in the present deed. I attest, – Real Estate Registrar.

AV-32-3,879 - DATE: 12/14/2017 - DEMARCATION: This annotation is made pursuant to the Public Deed of Land Demarcation dated 11/09/2017, executed in the records of the Notary and Protest Office of the District of Firminópolis - GO, in Book No. 010, pages 027 to 029, by Authorized Clerk Alonso Barcelos de Almeida Neto, and recorded in this Registry Office under protocol No. 47,147 on 11/28/2017; **to state that the ideal fraction of 9 (nine) alqueires, 43 (forty-three) litros, and 577.83 square meters (25.41 acres) referenced in R-30 above and object of the present registration**, was DEMARCATED and autonomously registered under No. **16,189**, with the boundaries defined in relation to the other ideal fractions, being exclusively assigned to the declarant: **MARIA JOSÉ MENDONÇA DOS SANTOS** – ID No. 3570852-DGPC-GO and CPF No. 007.169.611-30, Brazilian, homemaker, and her husband **VILMAR ARAÚJO DOS SANTOS** – Driver's License No. 02295873251 - DETRAN/GO and CPF No. 041.519.091-68, Brazilian, accountant, married under the property regime on 05/19/1973, residing at Avenida Vitoriano Borges Naves, 1147, Centro, Firminópolis - GO; With the following consenting PARTIES/NEIGHBORS: **01)** Luiz Lourenço Rodrigues – ID No. 50046 issued by SSP-GO and CPF No. 018.359.201-87, Brazilian, cattle rancher, and his wife Maria da Paz Pires Rodrigues – ID No. 3838738-SPTC/GO and CPF No. 724.885.491-34, Brazilian, homemaker, married under the universal community property regime since 07/15/1961, residing at Fazenda Santa Maria, rural area, this municipality; **02)** Heloisio Eterno de Oliveira, ID No. 2379857-SSP-GO and CPF No. 425.071.201-00, Brazilian, single, of legal age and capacity, rural worker, residing at Rua Recife, Block B, Lot 31, Jardim Boa Vista in this city; Avenida T-3, No. 1069, Block 50, Lot 11/18, Apto. 901, Setor Bueno, in the city of; **03)** Ledice Pereira, ID No. 2023037-SSP-GO and CPF No. 009.334.321-35, Brazilian, widow, retired, residing at Fazenda São Jorge, rural zone, this city; **04)** Neli de Mendonça Pereira, ID No. 644757-SSP-GO and CPF No. 788.499.501-87, Brazilian, retired, married to Onicio Pereira, ID No. 72914-SSP-GO and CPF No. 012.381.831-15, Brazilian, retired, married under community property regime since 05/30/1959, residing at Fazenda São Jorge, this municipality. The technical work was prepared and signed by Surveying Engineer Dermival Alves Neiva – CREA 1680/TD, dated 08/01/2017, with ART No. 1020170075207; The value attributed to this parcel was R$ 475,000.00 (Four Hundred and Seventy-Five Thousand Reais); all in accordance with Provision No. 24/2016 from the State Judiciary Oversight Office of Goiás (CGJ/GO); registration No. 16,189 and the other conditions specified in the present deed. I attest, – Real Estate Registrar.

AV-33-3,879 - DATE: 10/01/2018 - CAR: This notation is made to record the registration of part of the property (remainder) listed in R-3 above, subject of the present registration, in the **Rural Environmental Registry – CAR, in accordance with Article 12 of Ministry of the Environment Normative Instruction No. 02/14, which regulates CAR nationwide**; REGISTRATION DETAILS: CAR Registration: GO-5220108-EDEC.0E65.76B6.4BC5.A7BF.FC98.2FC5.4866; Registration Date: 08/15/2018; Name of Rural Property: Fazenda São Jorge; Municipality: São Luís de Montes Belos – GO; Total Area of the Property: 14.5200 ha (35.88 acres); Fiscal Modules: 0.4840 (1.20 acres); Consolidated Area: 10.1685 ha (25.12 acres); Administrative Easement Area: 0.0000 ha;

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Remaining Area of Native Vegetation: 4.2331 ha (10.46 acres); Net Area of the Property: 14.5200 ha (35.88 acres); Legal Reserve Area: 2.9065 ha (7.18 acres); Permanent Preservation Area: 5.7288 ha (14.15 acres); Restricted Use Area: 0.0000 ha; Owner/Possessor: Noemia Mendonça Pereira, CPF: 628.798.041-91; And other conditions stated in the present instrument. I attest, – Real Estate Registrar.

R-34-3,879 - DATE: 10/01/2018 - INVENTORY: Pursuant to the Public Deed of Inventory and Partition of Assets, Cumulative with Assignment of Inheritance Rights, dated 10/06/2017, executed at the 1st Notary Office of this city, in Book No. 224, pages 101/113, by the 2nd Deputy Notary, Bachelor of Law Eduardo Ramos Silva Barbosa; recorded in this Registry Office under protocol No. 48,390 on 09/10/2018; **the ideal fraction of 6.14% of the whole** (comprising 34 alqueires, 46 litros and 20 m², equivalent to 167.3450 hectares (406.65 acres), including all existing improvements, developments, and easements), **that is, an area of 2 alqueires, 9 litros and 591.40 m², equivalent to 10.2836 hectares (25.41 acres)**, from the remaining rural property listed in Entry **R-3/AV-33 above**, subject of the present registration, was assigned to the heir Ms. **NOEMIA MENDONÇA PEREIRA**, Brazilian, widow, homemaker, bearer of ID No. 2.587.727 – 2nd issue, issued by SPTC-GO, and enrolled with CPF No. 628.798.041-91, residing at Rua Palmeiras, No. 82, Central Sector, this city; due to the passing of Euclidia Teixeira de Mendonça, ID No. 1.756.033 issued by SSP-GO, and CPF No. 304.921.141-53. The value assigned was R$ 77,719.17 (Seventy-Seven Thousand, Seven Hundred and Nineteen Reais and Seventeen Centavos); and for tax purposes, the Municipality assigned a value of R$ 211,000.00 (Two Hundred and Eleven Thousand Reais), according to the appraisal report issued by the Municipality on 07/19/2018. Said property is duly registered with INCRA under No. 930.512.014.028-9 and NIRF: 2.571.797-9; and subject to the other conditions stated in the present deed. I attest, – Real Estate Registrar.

AV-35-3,879 - DATE: 05/14/2019 - EX-OFFICIO: This annotation is made ex officio pursuant to Law No. 6.015/73, Article 213, I, subparagraph "a," to correct, in entries **R-28** and **R-30** above, the number of the **Book and Page**, which were cited incorrectly, the correct being as follows: Pursuant to the Public Deed of Inventory and Partition of Assets, dated 05/14/2014, executed at the 1st Notary Office of this District, **in Book No. 224, pages 101/113**, by the 2nd Deputy Notary Bachelor of Law Eduardo Ramos Silva Barbosa, the correction is hereby made for all legal purposes. I attest. Fees: R$ 0.00; Court Fee: R$ 0.00; Funds: R$ 0.00; ISS: R$ 0.00. Registrar.

AV-36-3,879 - DATE: 05/14/2019 - EX-OFFICIO: This annotation is made ex officio pursuant to Law No. 6,015/73, Article 213, I, subparagraph "a," to correct, in entries **R-31** and **R-34** above, the **Date of Execution of the Deed**, which was cited incorrectly, the correct being as follows: Pursuant to the Public Deed of Inventory and Partition of Assets, Combined with Assignment of Inheritance Rights, dated **05/14/2014**, executed at the 1st Notary Office of this City, recorded in Book No. 0224, pages 101–113, by the 2nd Deputy Notary, Attorney Eduardo Ramos Silva Barbosa; the correction is hereby made for all legal purposes. I attest. Fees: R$ 0.00; Court Fee: R$ 0.00; Funds: R$ 0.00; ISS: R$ 0.00. Registrar.

AV-37-3,879 – DATE: 05/14/2019 – RECTIFICATION / DEMARCATION: This annotation is made pursuant to the Public Deed of Land Demarcation dated 03/12/2019, executed at the Notary Office for Deeds, Protest of Instruments, and the Maritime Contracts Notary and Registry Office, recorded in Book No. 0263, pages 052/058, by the Deputy Notary, Bachelor of Law Eduardo Ramos Silva Barbosa; filed with this Registry Service under protocol no. 49,371 on 05/08/2019. It is hereby recorded that, after the perimeter survey, the property described in **R-34/AV-33/AV-36**, with an area of 2 alqueires, 9 litros, and 591.40 square meters (geometric measurement; 25.41 acres), corresponding to 10.2836 hectares, was **RECTIFIED**, with an increase of 70 litros and 14.00 square meters identified (total of 35.88 acres). The updated total area is now **3 geometric alqueires, corresponding to 14,5200 hectares**, which was **DEMARCATED and recorded independently** with its own boundaries under registration no. **17,491**. The property belongs exclusively to the declarant: **NOEMIA MENDONÇA PEREIRA**, holder of ID no. 2.587.727 – 2nd Issue SPTC-GO, and CPF no. 628.798.041-91, Brazilian, widow, of legal capacity, homemaker, residing at Rua Palmeiras, no. 82, Central Sector, in this city. The technical work was carried out and signed by Surveying Technician José Valdivino Barbosa, CREA 783/TD; all in accordance with Regulation No. 24/2016 of the State Judiciary Oversight Office of Goiás (CGJ/GO) and other conditions stated in the referenced deed. I attest. Fees: R$ 109.57; Court Fee: R$ 14.50; Funds: R$ 42.74; ISS: R$ 0.00. Registrar.

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AV-38-3,879 – DATE: 02/26/2020 – INCLUSION OF DATA: This annotation is made pursuant to the Public Deed of Land Demarcation, executed in the Notary and Protest Office of Firminópolis-GO, in Book No. 023, pages 105/108 verso, by Notary Getúlio Gonzaga de Castro, on 11/29/2019; filed in this Registry Office under protocol no. 50.500, on 01/20/2020; in accordance with Art. 213, I, item "g", of Law No. 6,015/73, to record the inclusion of data in the name of the owners of the property listed in Entry **R-6** above, in the following order: **VILMAR ARAÚJO DOS SANTOS**, Driver's License No. 02295873251 DETRAN/GO, and CPF No. 041.519.091-68, Brazilian, accountant, married under the community property regime on 05/19/1973 to **MARIA JOSÉ MENDONÇA DOS SANTOS**, ID No. 3570852 DGPC/GO, and CPF No. 007.169.611-30, Brazilian, homemaker, residents at Av. Vitoriano Borges Naves, No. 1147, Centro, Firminópolis-GO, and under the other conditions set forth in the referred Deed. I attest. Fees: R$ 27.40; Court Fee: R$ 14.50; Funds: R$ 10.95; ISS: R$ 0.00. Registrar.

R-39-3,879 – DATE: 02/26/2020 – DEMARCATION: This registration is made pursuant to the Public Deed of Land Demarcation, dated 11/25/2019, executed in the Notary and Protest Office of Firminópolis-GO, in Book No. 023, pages 109/111 verso, by Notary Getúlio Gonzaga de Castro; filed in this Registry Office under protocol no. 50,500, on 01/20/2020; **to record that the ideal share of 20% of the whole** (which includes an area of 34 alqueires, 46 litros and 20.00 square meters, corresponding to 167,3450 hectares – 406.81 acres –, including all existing improvements), **that is, an area of 6 alqueires, 73 litros and 125.00 square meters, corresponding to 33,4690 hectares (82.70 acres)**, listed in **R-6/AV-23/AV-29/AV-38** above, was **DEMARCATED** and registered independently with its own boundaries, under **Registration No. 17.911**, **Book 02 of this Real Estate Registry Office**; exclusively belonging to the Declarants: Vilmar Araújo dos Santos and his wife Maria José Mendonça dos Santos, both previously identified; and, for tax purposes, the value of R$ 450,000.00 (Four Hundred Fifty Thousand Reais) was assigned to this parcel. The technical work was carried out and signed by the Responsible Technician, Dermival Alves Neiva, RNP 29547164104, and TRT No. BR20190314839; all in accordance with Provision 24/2016 of the General Judicial Oversight Office of Goiás (CGJ/GO); and under the other conditions set forth in the present deed. I attest. Fees: R$ 2,994.69; Court Fee: R$ 0.00; Funds: R$ 1,197.88; ISS: R$ 0.00. Registrar.

AV-40-3,879 – DATE: 02/26/2020 – INCLUSION OF PERIMETER DESCRIPTION: This annotation is made pursuant to the Public Deed of Land Demarcation, dated 11/25/2019, executed in the Notary and Protest Office of Firminópolis-GO, in Book No. 023, pages 109/111 verso, by Notary Getúlio Gonzaga de Castro; filed in this Registry Office under protocol no. 50,500, on 01/20/2020; to record that the property described in **R-39** above, that is, the area of 6 alqueires, 73 litros and 125.00 square meters, corresponding to 33,4690 hectares (82.70 acres), was **DEMARCATED** and lies within the following boundaries: "Starting at marker 01 (one), placed along the boundary fence of Mr. Heloisio Eterno de Oliveira; from there it runs at an azimuth of 41°49'14", bordering the land of Mr. Vilmar Araújo dos Santos, for a length of 884.12 meters until marker 02 (two); from there, continuing at an azimuth of 150°09'19", still bordering land owned by Mr. Vilmar Araújo dos Santos, for 474.55 meters to marker 03 (three); then at an azimuth of 223°39'39", continuing to border Mr. Vilmar Araújo dos Santos, for 635.48 meters to marker 04 (four); and from there, at an azimuth of 298°46'11", bordering Mr. Heloisio Eterno de Oliveira, for 441.46 meters back to marker 01 (one), where the description of this perimeter began." The technical work was carried out and signed by the Land Survey Technician, Dermival Alves Neiva, RNP 29547164104, and TRT No. BR20190314839; and under the other conditions of this Instrument. I attest. Fees: R$ 27.40; Court Fee: R$ 0.00; Funds: R$ 10.95; ISS: R$ 0.00. Registrar.

R-41-3,879 – DATE: 03/05/2020 – DEMARCATION: This registration is made pursuant to the Public Deed of Land Demarcation, executed in the Notary and Protest Office of Firminópolis-GO, in Book No. 023, pages 105/108 verso, by Notary Getúlio Gonzaga de Castro, on 11/29/2019; filed in this Registry Office under protocol no. 50.501, on 01/20/2020; **to record that the ideal share of 20% of the whole** (which includes an area of 34 alqueires, 46 litros and 20.00 square meters, corresponding to 167.3450 hectares – 406.81 acres –, with all the improvements that comprise it), that is, **an area of 6 alqueires, 73 litros and 125.00 square meters, corresponding to 33,4690 hectares (82.70 acres)**, listed in **R-1/R-7/AV-23/AV-29/AV-38** above, is being **DEMARCATED**, forming a **MERGER** with other areas, and being registered independently under **No. 17,943, of Book**

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2 of record cards of this Real Estate Registry Office; in the name of declarants Vilmar Araújo dos Santos and his wife Maria José Mendonça dos Santos, previously identified; for tax purposes, the value of R$ 318,881.33 (Three Hundred Eighteen Thousand Eight Hundred Eighty-One Reais and Thirty-Three centavos) was assigned to this parcel. The technical work was carried out and signed by the Responsible Technician, Dermival Alves Neiva, RNP 29547164104, and TRT No. BR20190314839; all in accordance with Provision 24/2016 of the General Judicial Oversight Office of Goiás (CGJ/GO); and under the other conditions set forth in the present deed. I attest. Fees: R$ 2,494.97; Court Fee: R$ 0.00; Funds: R$ 997.98; ISS: R$ 0.00. Registrar.

AV-42-3,879 – DATE: 03/05/2020 – TRANSFER/MERGER: This annotation is made pursuant to the Public Deed of Land Demarcation, executed in the Notary and Protest Office of Firminópolis-GO, in Book No. 023, pages 105/108 verso, by Notary Getúlio Gonzaga de Castro, on 11/29/2019; filed in this Registry Office under protocol no. 50.501, on 01/20/2020; to record that: **01)** – The parcel described in **R-41 above, containing 6 alqueires, 73 litros and 125.00 square meters, corresponding to 33,4690 hectares (82.70 acres)**, by the act of **DEMARCATION**, was **TRANSFERRED** to the independent registration under **No. 17,943**, and **MERGED** with the following areas; **02)** – The parcel described in **(Registration 2,361/R-51**/AV-50/AV-52 with an area of 2 alqueires, corresponding to 9.6800 hectares; 23.92 acres); **03)** – The parcel described in **(Registration 2,331/R-13**/AV-12/AV-14 with an area of 1 alqueire and 4 litros, corresponding to 5.0820 hectares; 12.56 acres); **04)** – The parcel described in **(Registration 4,529/R-19**/AV-18/AV-20 with an area of 4 alqueires, 10 litros and 264.00 square meters, corresponding to 19.9914 hectares; 49.40 acres); all from Book 02 of this Real Estate Registry Office; and under the other conditions set forth in the present Deed. I attest. Fees: R$ 27.40; Court Fee: R$ 0.00; Funds: R$ 10.95; ISS: R$ 0.00. Registrar.

AV-43-3,879 – DATE: 11/16/2020 – CAR: This annotation is made to record the registration of the ideal share belonging to the co-owners Cecília Pereira Mendonça and Heloisio Eterno de Oliveira, as stated in entry **R-25** above, subject of this registration, in the **Rural Environmental Registry – CAR**; filed in this Registry Office under protocol no. 51,840, on 09/25/2020. REGISTRATION DATA: CAR Registration No.: GO-5220108-DA8BB7A61A994C67B8412B9C4F20758D; Registration Date: 02/26/2016; Name of the Rural Property: "FAZENDA SÃO JORGE"; Municipality: São Luís de Montes Belos/GO; Total Area of the Property: 51.9743 hectares (128.43 acres); Fiscal Modules: 1.73; Consolidated Area: 44.7507 hectares (110.58 acres); Administrative Easement Area: 0.0000 hectares; Remaining Native Vegetation Area: 6.8464 hectares (16.92 acres); Net Area of the Property: 51.9743 hectares (128.43 acres); Legal Reserve Area: 10.3951 hectares (25.69 acres); Permanent Preservation Area: 7.0962 hectares (17.54 acres); Restricted Use Area: 0.0000 hectares; Owner/Possessor: Cecília Pereira Mendonça, CPF: 434.834.881-20; Heloisio Eterno de Oliveira, CPF: 425.071.201-00; and all other conditions contained in the present instrument. I attest. Fees: R$ 0.00; Court Fee: R$ 0.00; Funds: R$ 0.00; ISS: R$ 0.00; Electronic Seal: 01862010213123209640003. Registrar.

AV-44-3,879 – DATE: 11/16/2020 – TRANSFER/MERGER: This annotation is made pursuant to the Public Deed of Land Demarcation, dated 10/21/2020, executed at the Notary and Protest Office of Firminópolis-GO, in Book No. 031, pages 024/027; filed in this Registry Office under protocol no. 51,840, on 10/21/2020; to record that after the perimeter survey, in compliance with the **merger/demarcation** process: **1)** The parcel referred to in **R-25** above, containing **1 alqueire, 58 liters, and 182.00 m²**, equivalent to 8.3672 hectares (20.68 acres), was **MERGED** with the following areas: **2)** The share recorded under **Reg. 2,332/R-7**, containing an area of **2 alqueires and 40 liters**, equivalent to 12.1000 hectares (29.90 acres); 3) The share recorded under **Reg. 2.331/R-10**, containing an area of **1 alqueire, 11 liters, and 301.00 m²**, equivalent to 5.5356 hectares (13.68 acres); all from Book 02 of this Real Estate Registry Office. Following the topographic survey on these parts, in compliance with the request for demarcation combined with merger, this parcel, as indicated above, shall be registered autonomously with its own boundaries, after this record. The technical work was carried out and signed by Technical Responsible José Valdivino Barbosa, RNP/CFT: 11738952134 and TRT No. BR20200747051, dated 09/10/2020; and all other conditions contained in the present Deed. I attest. Fees: R$ 27.40; Court Fee: R$ 0.00; Funds: R$ 10.95; ISS: R$ 0.00. Electronic Seal: 01862010213123209640003. Registrar.

R-45-3,879 – DATE: 11/16/2020 – DEMARCATION: This registration is made pursuant to the Public Deed of Land Demarcation, dated 10/21/2020, executed at the Notary and Protest Office of Firminópolis-GO, in Book No. 031, pages 024/027; filed in this Registry Office under protocol no. 51,840, on 10/21/2020; **to record that the ideal share of 4.99% of the whole** (which contains an area of 34 alqueires, 46

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liters, and 20.00 m², equivalent to 167.3450 hectares; 406.81 acres), **that is, the area of 1 alqueire, 58 liters, and 182.00 m²**, equivalent to 8.3672 hectares (20.68 acres), as listed in R-25/AV-24/AV-43/AV-44 above, was DEMARCATED and registered autonomously with its own boundaries, under registration **no. 18.287**, Book 02 of this Real Estate Registry Office; being equally and exclusively owned by the Declarants/Co-owners **CECÍLIA PEREIRA MENDONÇA** and **HELOISIO ETERNO DE OLIVEIRA**, as qualified above; and the value attributed to this parcel is R$ 122,275.73 (One Hundred Twenty-Two Thousand Two Hundred Seventy-Five Reais and Seventy-Three centavos); and all other conditions contained in the present Deed. I attest. Fees: R$ 1,612.81; Court Fee: R$ 0.00; Funds: R$ 645.11; ISS: R$ 0.00. Electronic Seal: 01862010213123209640003. Registrar.

R-46-3,879 – DATE: 06/28/2021 – PURCHASE AND SALE COMMITMENT: This registration is made pursuant to the Request and Contract of Commitment to Purchase and Sell Real Estate executed on 10/24/2016 and ratified on 05/04/2021; filed in this Registry Office under protocol no. 52,878, on 05/07/2021; **to record that the ideal share of 0.72% of the whole** (which contains 34 alqueires, 46 liters, and 20.00 m², equivalent to 167.3450 hectares), **that is, an area to be withdrawn from R-28 above**, was committed for sale to **IBSON HUGGO ÍTALLO FRANCISCO PEREIRA SILVA** – ID no. 5376572 SSP/GO and CPF no. 038.440.971-71, Brazilian, born on 04/24/1993, insurance broker, married under the Partial Community Property Regime, on 07/16/2016, to **JÉSSICA RODRIGUES ALVES** – ID no. 5592886 SSP/GO and CPF no. 039.821.101-90, Brazilian, born on 05/11/1994, administrative assistant, both residing at Rua V-5, C-3 Tower, Apt. 1.203, Residencial Invent Juy, St. Village Veneza, Goiânia/GO. For the amount of R$ 25,000.00 (twenty-five thousand reais), paid monthly in five (05) installments of R$ 5,000.00 each, as follows: 1st installment on 01/24/2017; 2nd installment on 02/24/2017; 3rd installment on 03/24/2017; 4th installment on 04/24/2017; 5th installment on 05/24/2017; By the owners Nely de Mendonça Pereira and her spouse Onício Pereira, as previously qualified. Said property is duly registered with INCRA under CCIR 2020, no. 930.512.014.028-9; and with the Federal Revenue of Brazil – NIRF: 9.516.367-0. And all other conditions contained in the present Contract. I attest. Fees: R$ 447.95; Court Fee: R$ 16.33; Funds: R$ 179.20; ISS: R$ 0.00. Electronic Seal: 01862105015646409640039. Registrar.

The above is true and I attest.

São Luís de Montes Belos-GO, June 28, 2021.

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Umberto José da Mota
Responding Registrar

Certificate Value: ..... R$ 75.21
Funds 40% - Law No. 20,494/19 - Fundesp 10% / Funesp 8% / State 3% / Fesemps 4% / Funemp 3% / Funcomp 3% / Fepadsaj 2% / Funproge 2% / Fundepeg 1.25% / Fundaf 1.25% / Femal 2.5% ..... R$ 30.02
Court Fee Amount: ..... R$ 15.82
ISS (Service Tax): ..... R$ 0.00
Total Amount: ..... R$ 121.05

JUDICIARY POWER – STATE OF GOIÁS
Electronic Inspection Seal
01862106213612510640070 Verify this seal at:
http://extrajudicial.tjgo.jus.br
CERTIFICATE VALID FOR 30 DAYS

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I, Raphael Michels Fantinato de Moura, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Raphael Michels Fantinato de Moura. **Date: May 13, 2025.**

CERTIDÃO DE INTEIRO TEOR

M-0-DATA DO REGISTRO: 28 de setembro de 1982

CERTIFICO, que a presente é reprodução autêntica da matrícula n°3.879, do Livro 2, foi extraída por meio reprográfico nos termos do Art. 19, §1°, da Lei 6.015 de 1973 e Art. 41 da Lei 8.935 de 18/11/1994 e está conforme o original: Uma gleba de terras rural destinada a atividades agropastoris, com a área de 34 alqueires, 46 litros e 20,00 metros quadrados, toda de culturas de 1ª e 2ª categorias e campos, situada no imóvel denominado **"FAZENDA SÃO JORGE"**, neste município com as benfeitorias, que a integra, dentro de uma área maior de 409 ha 34a e 5ca, está compreendida dentro dos seguintes limites e confrontações: Ao Norte com Waldivino e Ademar, filhos menor de Joaquim David, pelas linhas B-C, C e D, com rumos Magnéticos de 59° 40'SE e 21°10'SE e as distâncias de 2.700 metros e 260; Ao Sul com Joaquim Vicente Gonçalves e Manoel Rodrigues de Lima, pelas linhas EF FG GA com aos rumos Magneticos de 83°20NW 56°30NW e 75°30NW com as distância de 1.600, 760 e 140 metros, pelo Nascente com a Fazenda de "Santo Antonio" pelo espigão divisor das águas Norte e Sul do estado do marco D' AD E" com as 1.160,00 metros; Pelo poente com Domingos Pereira dos Santos, pela linha AB com o rumo magnético de 31°NE, com as distâncias de 1.770,00 metros". Dito imóvel esta legitimamente cadastrado no Instituto Nacional de Colonização e Reforma Agrária-INCRA. sob o nº 930.512.003.042-4, Total 216,5; Área Explorada 197,2; Área Exploravel 197,2; Mod. 29,7; nº de mod. 6,64 Fração Mínima de Parcelamento 13,0; Classificação Latifúndio Exploração: **PROPRIETÁRIOS:** o Sr. **EDUARDO TEIXEIRA DE MENDONÇA** e sua mulher **EUCLIDIA TEIXEIRA DE MENDONÇA**, brasileiros, casados, ele agropecuarista, ela do lar, residente e domiciliado em Firminopolis-GO. Reg. Ant. nº 4.527, às fls. 128, do livro 3-C, do CRI desta comarca. Dou fé, _____ - Oficial Substituto.

R-1-3.879 - PROT. 8.749 - 28/09/82: Nos termos do Formal de Partilha de 07/06/82, Expedido pelo Cartório de Familia Órfão e Sucessões da comarca de Firminópolis-GO, do imóvel constante da presente matrícula, avaliado por Cr$ 11.755.640,40, coube à herdeira **MARIA JOSÉ MENDONÇA DOS SANTOS** e seu marido **VILMAR ARAUJO DOS SANTOS**, brasileiros, casados, ela do lar, ele técnico em contabilidade, portadores do CPF nº 041.519.091-68, residentes e domiciliados em Firminópolis-Go.; a quantia de Cr$ 1.175.564,04, que correspondem a área de 03 alqueires 36 litros e 365 metros quadrados mais ou menos, tudo conforme faz certo a sentença de 20/05/82, prolatada pela Juiza de Direito Dra. Ilma Vitoria Rocha. a qual transitou livremente em julgado. Dou fé, _____ - Oficial Substituto.

R-2-3.879 - PROT. 8.750 - 28/0982: Nos termos do Formal de Partilha de 07/06/82, expedido pelo Cartório de Familia Órfão e Sucessões da comarca de Firminópolis-Go, do imóvel constante da presente matricula, avaliado por Cr$ 11.755.640,40, coube à herdeira **NELY DE MENDONÇA PEREIRA** e seu marido **ONICIO PEREIRA**, brasileiros, casados, ela do lar, ele fazendeiro, residente e domiciliado nesta cidade, portadores do CPF nº 012.381.831-15, a quantia de Cr$ 1.175.564,04, que correspondem a área de 03 alqueires 36 litros 365 metros quadrados mais ou menos, tudo conforme faz certo a sentença de 20/05/82, prolatada pela Juiza de Direito Dra. Ilma Vitoria Rocha. a qual transitou livremente em julgado. Dou fé, _____ - Oficial Substituto.

R-3-3.879 - PROT. 9.114 - 09/02/83: Nos termos do Formal de Partilha de 07/06/82, expedido pelo Cartório de Familia, Órfão e Sucessões da comarca de Firminópolis-GO, o imóvel constante da presente matricula, avaliado por CR$ 11.755.640,40, coube à viúva meeira, **EUCLIDIA TEIXEIRA DE MENDONÇA**, brasileira, viúva, do lar, residente e domiciliado em Firminópolis-Go, portadora do CPF nº 304.921.141-53, a quantia de Cr$ 5.877.820,20 (Cinco Milhões, Oitocentos e Setenta e Sete Mil Oitocentos e Vinte Cruzeiros e Vinte Centavos) correspondente a 17 alqueires, 23 litros e 10,00 metros quadrados; tudo conforme faz certo a sentença de 20/05/82, prolatada pela Juiza de Direito, Dra. Ilma Vitoria Rocha, a qual transitou livremente em julgado. Dou fé, _____ - Oficial Substituto.

R-4-3.879 - PROT. 10.024 - 04/04/84: Nos termos do Formal de Partilha de 07/06/82, extraido dos Autos

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Findos nº 180/82, pelo Escrevente Luiz Roberto Tavares, do Cartório de Familia, Orfãos e Sucessões da comarca de Firminópolis-Go., devidamente assinado pela M.M. Juiza de Direito da comarca de Firminópolis-Go., coube ao Herdeiro, Sr. **JOÃO MENDONÇA SOBRINHO** e sua mulher, Sra. **GREDES MAR PEREIRA MENDONÇA**, brasileiros, casados, ele fazendeiro, ela do lar , residente e domiciliados nesta cidade, portadores do CPF nº 041.516.311-00; em pagamento de sua herança, pelo falecimento de seu pai Sr. Eduardo Teixeira Mendonça, do imóvel constante da presente matricula, avaliado por Cr$ 11.755.640,40, no qual tem somente a importância de Cr$ 1.175.564,04, que correspondem a área de 03 alqueires 36 litros e 365 metros quadrados, mais ou menos; tudo conforme faz certo a sentença prolatada em 20/05/82, pela M.M. Juiza de Direito da comarca de Firminópolis-Go.; Dra. Ilma Vitoria Rocha, a qual transitou livremente em julgado. Dou fé, _____ - Oficial Substituto.

R-5-3.879 - PROT. 11.087 - 24/07/85: Nos termos do Formal de Partilha de 07/06/82, extraido dos autos findos nº 180/82, pelo Escrevente Luiz Roberto Tavares, do Cartório de Familia Órfão e Sucessões da comarca de Firminópolis-Go., estando devidamente assinado pela M.M. Juiza de Direito da comarca de Firminópolis-Go., coube, a herdeira, **NOEMIA MENDONÇA PEREIRA** e seu marido, **GERALDO PEREIRA**, brasileiros, casados, ela do lar, ele fazendeiro, residente e domiciliados nesta cidade, portadores do CPF nº 018.376.801-91, em pagamento de sua herança, pelo falecimento de seu pai, Eduardo Teixeira Mendonça, o imóvel constante da presente matricula, avaliado por Cr$ 11.755.640,40, no qual ela tem somente a quantia de Cr$ 1.175.564,04 (Hum Milhão, Cento e Setenta e Cinco e Quinhentos e Sessenta e Quatro Cruzeiros e Quatro Centavos); que correspondem a área de 03 alqueires, 36 litros e 365 metros quadrados, mais ou menos; tudo conforme faz certo da sentença de 20/05/82, prolatada pela M.M. Juiza de direito desta comarca de Firminópolis-GO, Dra. Ilma Vitoria Rocha, a qual transitou livremente em julgado. Dou fé, _____ - Oficial Substituto.

R-6-3.879 - PROT. 11.251 - 12/09/85: Nos termos da Escritura de compra e Venda de 22/03/85, lavrada nas notas do Cartório do 1º Oficio da Comarca de Israelândia-Go, no livro nº 18, às fls. 125/126vº, pelo 1º Tabelião Benedito Marques Guimarães, o imóvel, ou seja, a área de 06 alqueires, 72 litros e 730,00 metros quadrados geométricos, constante do R-2 e R-4-3.879, objeto da presente matricula foi adquirido pelo Sr. **VILMAR ARAUJO DOS SANTOS** - CI nº 246.657-SSP-GO, e CPF nº 041.519.091-68, brasileiro, casado sob o regime da Comunhão Universal de Bens, com, Da. **MARIA JOSÉ MENDONÇA DOS SANTOS**, contabilista, residente e domiciliado em Firminópolis-Go. deste Estado, por compra feita a Sra. Nely de Mendonça Pereira - CI nº 644.757-SSP-GO. e seu marido o Sr. Onicio Pereira - CI nº 72.914-SSP-GO, ele fazendeiro, casados, sob o regime da comunhão universal de bens, e, João Mendonça Sobrinho - CI nº 233.922-SSP-GO e sua mulher, Da. Gredes Mar Pereira Mendonça, ele fazendeiro, ela do lar, casados sob o regime da comunhão de bens, todos brasileiros, residentes e domiciliados nesta cidade, portadores do CPF nºs. 012.381.831-15 e 041.516.311-00; pelo valor de Cr$ 60.000.000 (Sessenta Milhões de Cruzeiros); não havendo condições. Dou fé, _____ - Oficial Substituto.

R-7-3.879 - PROT. 12.518 - 05/01/87: Nos termos da Escritura de Compra e Venda de 17/01/86, lavrada nas notas do Cartório Distrital de Rosalândia-Go, no livro nº 21, às fls. 123/124vº, pelo Oficial Antonio Felicio da Silva Neto, a área de 03 alqueires, 36 litros e 365,00 m2, mais ou menos, com as benfeitorias que a integra, constante do R-5-3.879, objeto da presente matricula, foi adquirido por Sr. **VILMAR ARAUJO DOS SANTOS** - CI nº 246.657-SSP-GO, e CPF nº 041.519.091-68, brasileiro, casado civilmente com Da. **MARIA JOSÉ MENDONÇA DOS SANTOS**, pela comunhão de bens, contabilista, residente e domiciliado em Firminópolis-Go,; por compra feita a Sra. Noemia Mendonça Pereira e seu esposo, Sr. Geraldo Pereira - CI nº 72.913-SSP-GO e CPF. nº 018.376.801-91, brasileiros, casados, civilmente pela comunhão de bens, do lar, e agropecuarista, residente e domiciliados nesta cidade; pelo valor de Cr$ 60.000,00 (Sessenta Milhões de Cruzeiros); não havendo condições. Dou fé, _____ - Oficial Substituto.

R-8-3.879 - PROT. 13.654 - 12/05/88: Nos termos do Formal de Partilha de 07/06/82, extraido dos autos findos nº 180/82, expedido pelo Cartório de Familia e Sucessões, de menores e 1º do Civel da comarca de Firminópolis-GO, pelo Escrevente Luiz Roberto Tavares, estando devidamente assinado pela M.M. Juiza de Direito da comarca de Firminópolis-GO, coube ao herdeiro **JOSÉ MENDONÇA NETO** e sua mulher, Da. **CECILIA PEREIRA MENDONÇA**, brasileiros, casados, ele fazendeiro e ela do lar, residentes e domiciliados nesta cidade, portadores do CPF nº 041.516.151-72; em pagamento de sua herança, pelo falecimento de

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seu pai Eduardo Teixeira de Mendonça; do imóvel constante da presente matricula, avaliado por Cr$ 11.755.640,40 a quantia de CR$ 1.175.564,04 (Hum Milhão, Cento e Setenta e Cinco Mil Quinhentos e Sessenta e Quatro Cruzeiros e Quatro Centavos); que correspondem a área de 03 alqueires 36 litros 365,00 metros quadrados geométricos; tudo conforme faz certo a sentença de 20/05/82, prolatada pela M.M. Juiza de Direito da comarca de Firminópolis-GO, Dra. Ilma Vitoria Rocha, a qual transitou livremente em julgado. Dou fé, _____ - Oficial Substituto.

R-9-3.879 - PROT. 14.700 - 03/07/89: Nos termos da Certidão de Pagamento de 27/03/89, extraido dos autos findos nº 4.681/88, pela Escrivã Marli Duarte Nolito, do Cartório de Familia e Sucessões de Menores e 1º do Civel desta comarca, coube à viúva meeira, Sra. **CECILIA PEREIRA MENDONÇA**, brasileira, viúva, do lar, residente e domiciliado neste município; em pagamento de sua meação, pelo falecimento de seu esposo, José Mendonça Neto, do imóvel constante do R-8-3.879, objeto da presente matricula, ou seja, a área de 03 alqueires 36 litros e 365,00 m2, avaliados por CZ$ 500.000,00, na qual ela tem a quantia de CZ$ 250.000,00 (Duzentos e Cinquenta Mil Cruzados), ou seja 50% do imóvel; tudo conforme faz certo a sentença de 03/02/89, prolatada pela M.M. Juiza de Direito desta comarca, Dra. Isabel Cristina Machado, a qual transitou livremente em julgado. Dou fé, _____ - Oficial Substituto.

R-10-3.879 - PROT. 14.701 - 03/07/89: Nos termos da Certidão de Pagamento de 27/03/89, extraída dos autos findos nº 4.681/88, pela Escrivã Marli Duarte Nolito, do Cartório de Familia e Sucessões, de Menores e 1º do Cível desta comarca, coube aos herdeiros **JOSÉ MENDONÇA JÚNIOR** e **DANIELLA MENDONÇA PEREIRA**, brasileiros, menores impúberes, residente e domiciliados neste município; em pagamento de sua herança pelo falecimento de seu pai, José Mendonça Neto, do imóvel constante do R-8-3.879, objeto da presente matricula, ou seja a área de 03 alqueires 36 litros e 365,00 m2, avaliado por CZ$ 500.000,00, na qual eles tem a quantia de CZ$ 250.000,00 (Duzentos e Cinquenta Mil Cuzados), ou seja 50% do imóvel, tudo conforme faz certo a sentença de 03/02/89, prolatada pela M.M. Juiza de Direito desta comarca Dra. Isabel Cristina Machado, a qual transitou livremente em julgado. Dou fé, _____ - Oficial Substituto.

R-11-3.879 - PROT. 18.699 - 14/06/95: Cédula Rural Pignoratícia e Hipotecaria nº 95/00043-7. Emitentes: VILMA ARAUJO DOS SANTOS e s/m, Da. MARIA JOSÉ MENDONÇA DOS SANTOS, brasileiros, casados, agropecuarista e do lar, residente e domiciliado em Firminópolis - GO., portadores do CPF em comum sob o nº 041.519.091-68; Credor: Banco do Brasil S/A, agência de Firminópolis-Go.; Valor do Crédito: R$ 24.500,00 (Vinte e Quatro Mil e Quinhentos Reais); Vencimento e Praça de Pagamento: 19/04/1999, na praça de Firminópolis-Go.; Taxa de 8,000% (Oito) pontos percentuais ao ano calculados pelo método Lamburguês com base na taxa proporcional diária (ano 360 dias); Referidos encargos, Básicos, e adicionais, serão debitados / capitalizados mensalmente a casa data base, nas remições, proporcionalmente os valores remidos, no vencimento e na liquidação da dívida e exigivéis juntamente com as parcelas de amortização do principal proporcionalmente aos seus valores nominais, inclusive nas remições, no vencimento e na liquidação da dívida; Para financiamento para aquisição de matrizes leiterias, para produção de leite, a serem utilizadas no imóvel denominado "FAZENDA SÃO JORGE", neste município, de propriedade dos emitentes; Em Hipoteca Cedular de (1º) Primeiro Grau e sem concorrência de terceiros, a área de (13) treze alqueires, (66) sessenta e seis litros e (250,00) m2 geométricos, constante do R-1, R-6 e R-7-3.879, às folhas 03/vº, do livro 2-M, objeto da presente matricula. Ref. ao Reg. nº 1.841, às folhas 246vº, do livro 3-A, deste cartório. Dou fé, _____ - Oficial Substituto.

R-12-3.879 - PROT. 18.976 - 22/12/95: Cédula Rural Pignoratícia e Hipotecaria nº 95/00187-5. Emitentes: VILMAR ARAÚJO DOS SANTOS e sua mulher, Da. MARIA JOSÉ MENDONÇA DOS SANTOS, qualificados acima; Credor: Banco do Brasil S/A, agência de Firminópolis-Go.; Valor do Crédito: R$ 25.000,00; Vencimento e Praça de Pagamento:21/12/1996, na praça de Firminópolis-GO; Juros à taxa nominal de 14,934% (Quatorze inteiros e Novecentos e Trinta e Quatro Milésimos), pontos percentuais ao ano, calculados pelo método Lamburguês, com base na taxa proporcional diária (ano de 360 dias), correspondendo a 16,000% (Dezesseis) pontos percentuais efetivos ao ano, debitados e capitalizados no dia primeiro de cada mês, nas remições proporcionalmente aos valores remidos, no vencimento e na liquidação da dívida e exigidos juntamente com as amortizações do principal inclusive nas remições, proporcionalmente aos seus valores nominais, no vencimento e na liquidação da dívida; Para financiamento

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destinado ao custeio das explorações pastoris de bovinos para produção de leite, do rebanho existente no imóvel denominado "FAZENDA SÃO JORGE", neste município, de propriedade do emitente, no período agrícola 95/96; Em Hipoteca Cedular de (2º) segundo grau e sem concorrência de terceiros, a área de (13) treze alqueires, (66) sessenta e seis litros e (250,00)m2 geométricos, constantes do R-1, R-6 e R-7-3.879, às folhas 03/vº, do livro 2-M, objeto da presente matricula. Ref. ao Reg. nº 1.872, às fls. 271, livro 3-A, deste cartório. Dou fé,_____ - Oficial Substituto.

R-13-3.879 - PROT. 19.309 - 05/06/96: Cédula Rural Hipotecaria nº 96/70014-9. Emitentes: Vilmar Araújo dos Santos e s/m, Da. Maria José Mendonça dos Santos, acima qualificados; Credor: Banco do Brasil S/A, agência de Firminópolis-GO; Valor do Credito: R$ 27.369,56; Vencimento e Praça de Pagamento: 31/10/2002, na praça de Firminópolis-GO; Sobre o Valor deste Titulo incidirão, a partir de 30/11/95, juros à taxa efetiva de (3%) três por cento ao ano calculados e exigidos juntamente com as amortizações do principal; O crédito deferido destina-se ao pagamento total da divida relativa a Cédula Rural Pignoraticia e Hipotecaria nº 95/0043-7, emitida em 28/04/95, no valor de R$ 24.500,00, com vencimento final fixado para 19/04/1999, na forma autorizada pela lei nº 9.138, de 29/11/95, regulamentada pela resolução 2.238, de 31/01/96, do Conselho Monetário Nacional, ressalvadas quaisquer outras obrigações junto ao Banco do Brasil S/A; Em Hipoteca Cedular de (1º) primeiro grau e sem concorrência de terceiros, a área de (13) treze alqueires (66) sessenta e seis litros e (250,00)m2 geométricos, constante do R-1, R-6 e R-7-3.879, às fls. 03/vº, do livro 2-M, objeto da presente matricula. Ref. ao Reg. 1.908, às fls. 277vº, do livro nº 3-A, deste Cartório. Dou fé, _____ - Oficial Substituto.

R-14-3.879 - PROT. 19.945 - 19/03/97: Cédula Rural Pignoraticia e Hipotecaria nº 97/00256-9. Emitentes: VILMAR ARAÚJO DOS SANTOS e sua mulher, Da. MARIA JOSÉ MENDONÇA DOS SANTOS; Credor: Banco do Brasil S/A, agência de Firminópolis-Go.; Valor do Credito: R$. 20.000,00; Vencimento e Praça de Pagamento: 25/11/1997, nesta praça; Taxa nominal de 12% (Doze) pontos percentuais ao ano calculados por dias corridos, com base na taxa proporcional diária (ano de 360 dias) correspondendo a 11,386% (Onze virgula trezentos e trinta e seis) pontos percentuais efetivos ao ano, debitados e capitalizados no dia primeiro de cada mês, nas remições proporcionalmente aos valores remidos no vencimento e na liquidação da divida e exigidas juntamente com as amortizações do principal, inclusive nas remições, proporcionalmente aos seus valores nominais, no vencimento e na liquidação da divida; o crédito deferido destina-se ao custeio das explorações pastoris de bovinos, produção de carne a ser realizado no imóvel denominado "FAZENDA SÃO JORGE", neste município, de propriedade dos emitentes: Em Hipoteca Cedular de (2º) segundo grau e sem concorrência de terceiros, a área de (13) treze alqueires, (66) sessenta e seis litros e (250,00) m2 geométricos constante dos R-1, R-6 e R-7-3.879, às fls. 03/vº, do livro 2-M, objeto da presente matricula. Ref. Reg. nº 1.970, às fls. 289vº, do livro 3-A, deste RGI. Dou fé, _____ - Oficial Substituto.

AV-15-3.879 - 28/01/98: Procede-se a esta averbação, nos termos da autorização datada de 27/01/98, expedida pelo credor: Banco do Brasil S/A, agência de Firminópolis-Go., e apresentada a esta Registro, pelo Devedor, Sr. Vilmar Araújo dos Santos, para que o R-14-3.879 acima, fique cancelado e considerado inexistente, visto ter o aludido devedor, solvido a totalidade de seu debito. Dou fé, _____ - Oficial Substituto.

R-16-3.879 - PROT. 20.660 - 28/01/98: Cédula Rural Pignoraticia e Hipotecária nº 98/00003-9. Emitentes: VILMAR ARAÚJO DOS SANTOS e s/mulher, Da. MARIA JOSÉ MENDONÇA DOS SANTOS, Credor: Banco do Brasil S/A, agência de Firminópolis-GO, Valor do Credito; R$ 15.000,00; Vencimento e Praça de Pagamento: 28/01/1999, na praça de Firminópolis-Go.; Juros à taxa nominal de 9,109% (Nove inteiros e Cento e Nove Milésimos), pontos percentuais, ao ano calculados por dias corridos com base na taxa proporcional diária (ano de 360 dias), correspondendo a 9,500% (Nove inteiros e Quinhentos Milésimos), pontos percentuais efetivos ao ano; O crédito deferido destina-se ao custeio das explorações pastoris de bovinos, prod. leite e cria de rebanho existentes no imóvel objeto desta matricula; Em Hipoteca Cedular de (2º) segundo grau e sem concorrência de terceiros o imóvel constante dos R-1, R-6 e R-7-3.879, às fls. 03/vº, do livro 2-M, objeto da presente matricula. Ref. ao Reg. 2.056, às fls. 05 livro 3-B deste RGI. Dou fé, _____ - Oficial Substituto.

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R-17-3.879 - PROT. 21.422 - 18/01/99: Procede-se a esta averbação nos termos do Aditivo de Re-Ratificação a Cédula Rural Pignoratícia e Hipotecária nº 96/70014-9, firmado entre credor e devedor, para constar que o prazo de vencimento da parcela de 31/10/98, foi prorrogado para 31/10/2003, correspondendo ao resultado da multiplicação de 60.179Kg. de milho em grãos e granel pelo preço mínimo básico oficial vigente na data do respectivo pagamento; e demais, condições constantes no presente aditivo. Dou fé, _____ - Oficial Substituto.

R-18-3.879 - PROT. 21.517 - 01/03/99: Procede-se a esta averbação nos termos da Autorização de Baixa de registro de 24/02/99, devidamente assinada pelo gerente geral Sérgio Magalhães Crispim, apresentada a este Registro Geral pelo devedor, para constar que o R-16-3.879 acima, fique cancelado e considerado inexistente, visto ter o aludido devedor solvido a Totalidade de seu débito. Dou fé, _____ - Oficial Substituto.

R-19-3.879 - PROT. 21.518 - 01/03/99: Cédula Rural Pignoraticia e Hipitecária nº 99/00100-4. Emitentes: VILMAR ARAÚJO SANTOS e s/m, Da. MARIA JOSÉ MENDONÇA DOS SANTOS; Credor: Banco do Brasil S/A, agência de Firminópolis-Go.; Valor do Crédito: R$ 15.000,00 (Quinze Mil Reais); Vencimento e Praça de Pagamento: 20/02/2000, em Firminópolis-Go.;, Juros à taxa nominal de 8,418% ao ano, debitados e capitalizados mensalmente no dia primeiro de cada mês,digo, 8,418% ao ano calculados por dias corridos, com base na taxa proporcional diária (ano de 360 dias), correspondendo a 8,750% efetivos ao ano; O crédito deferido destina-se ao custeio das explorações pastoris de Bovinos - Produção de Leite e Cria do rebanho existente no imóvel Fazenda São Jorge, neste município, de propriedade dos emitentes, no período agrícola de Fevereiro/99 / Novembro/99; Em Hipoteca Cedular de 2º Grau e sem concorrência de terceiros os imóveis constante do R-1, R-6 e R-7-3.879, às fls. 03vº, do livro 2-M, objeto da presente matricula; e demais condições da presente cédula. Ref. ao Reg. 2.119, fls. 17, Lº 3-B, do CRI desta comarca. Dou fé, _____ - Oficial Substituto.

R-20-3.879 - PROT. 22.860 - 15/08/2000: Nos termos da Escritura de Compra e Venda de 06/04/99, lavrada nas notas do 2º Tabelionato desta comarca, no livro nº 84-A, às fls. 147/148vº, pelo 2º Tabelião, Adonias Alves Barreto, a área de 01 alqueire 29 litros e 78,00 metros quadrados, constantes do R-3-3.879, às fls. 03, do livro 2-M, objeto da presente matrícula, foi adquirido por: **LUIZ LOURENÇO RODRIGUES** - CI nº 50.046-SSP-GO. CPF nº 018.359.201-87, brasileiro, casado, sob o regime da Comunhão Parcial de Bens, com a Sra. **MARIA DA PAZ PIRES RODRIGUES**, agropecuarista, capaz, residente e domiciliado na fazenda Santa Maria, neste município; por compra feita a, Euclidia Teixeira de Mendonça, retro qualificada, pelo valor de R$ 6.664,00 (Seis Mil Seiscentos e Sessenta e Quatro Reais), não havendo condições. Dou fé, _____ - Oficial Substituto.

AV-21-3.879 - PROT. 22.860 - 15/08/2000: Procede-se a esta averbação, nos termos do Termo de Responsabilidade de Averbação da Reserva Legal de 10/09/99, expedido pela FEMAGO, para constar que a área de da Reserva Legal, do imóvel constante do R-20 acima, objeto da presente matrícula, está contida na Transcrição nº 10.263, às fls. 263, do Lº 3-G, deste RGI, juntamente com as demais propriedades rurais anexas, do Sr. Luiz Lourenço Rodrigues, que totalizam a área de 30 alqueires, 12 litros e 78,00 metros quadrados. Dou fé, _____ - Oficial Substituto.

AV-22-3.879 - PROT. 25.118 - 29/08/2002: Procede-se a esta averbação nos termos do Aditivo de Re-Ratificação a Cédula Rural Hipotecária nº 96/70014-9, datado de 17/07/2002, devidamente assinado pelas partes contratantes, para constar alteração dos seguintes itens: Encargos Financeiros; Juros à taxa efetiva de 3% ao ano; Forma de Pagamento: 24 prestações anuais e sucessivas, vencendo-se a primeira em 31 de Outubro de 2002 e a última em 31 de Outubro de 2025, correspondendo, cada uma delas a R$ 989,55 ou 8.400 Kg. de Milho ao preço fixado para a região de Goiás; e demais condições constantes do presente Aditivo. Dou fé, _____ - Oficial Substituto.

AV-23-3.879 - PROT. 25.157 - 12/09/2002: Procede-se a esta averbação nos termos do Termo de Responsabilidade de Averbação da Reserva Legal de 31/08/2001, devidamente assinado pelo proprietário, Sr. Vilmar Araújo dos Santos, e pela representante da Agência Ambiental de Goiás, Mariley Vieira do Carmo - CREA 8305/D, para constar que a área de 21,8300 hectáres, equivalente a área da Reserva Legal, não

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inferior a 20% dos imóveis constantes do R-1, R-6 e R-7-3.879, às fls. 03v°, do livro 2-M, e, R-5-4.529, às fls. 67, do livro 2-O, todos deste CRI, localizam-se em 03 Reservas Legais distintas, sendo elas: Reserva Legal 01 - com a área de 15,5492 hectáres: "Inicia-se esta descrição no marco 05 (Cinco), cravado junto a cerca de divisas da Sra. Cecília Pereira Mendonça, daí, segue na mesma confrontações com o rumo de 50°35'58"SE, numa extensão de 253,65 metros até o marco 06(Seis), ainda na mesma confrontação com rumo de 66°02'15"SE, numa extensão de 522,00 metros até o marco 07(Sete), daí segue com o rumo de 04°40'01"SE, dividindo com o Sr. Amarildo Lourenço, numa extensão de 49,00 metros até o marco 08 (oito), deste segue com o rumo de 08°36'06"NW, dividindo com a parte interna da propriedade numa extensão de 134,50 metros até o marco C, deste segue na mesma confrontação com o rumo de 52°07'30"NW, numa extensão de 570,00 metros até o marco D, ainda na mesma confrontação com o rumo de 52°28'18"SW, numa extensão de 261,00 metros até o marco 05 (cinco), onde se deu início a descrição deste perímetro". Reserva Legal 02 - com a área de 4,3448 hectáres: "Inicia-se esta descrição no marco 10(dez), cravado junto a cerca de divisas do Sr. Amarildo Lourenço, daí segue na mesma confrontação com o rumo de 62°12'58"NE, numa extensão de 105,00 metros até o marco 11(Onze), ainda na mesma confrontação com o rumo de 88°24'14"NE, numa extensão de 149,00 até o marco 12 (Doze), daí, segue com o rumo de 12°39'09"NE, dividindo com a parte interna da propriedade numa extensão de 150,65 metros até o marco A, daí segue na mesma confrontação com o rumo de 00°00'00"SW numa extensão de 300,00 metros até o marco B, ainda na mesma confrontação com o rumo de 07°07'30"SE, numa extensão de 201,50 metros até o marco 10 (Dez), onde se deu inicio a descrição deste perímetro". Reserva Legal 03 - com a área de 1,9360 hectáres: "Inicia-se esta descrição no marco M5, cravado junto a cerca que divide com a parte interna da propriedade, daí segue na mesma confrontação com o rumo de 53°35'34"NE, numa extensão de 218,55 metros até o marco M6, daí segue com o rumo de 65°51'42"SE, dividindo com o Sr. Alfredo dos Reis; numa extensão de 48,00 metros até o marco M7, daí segue com o rumo de 25°43'29"SW, dividindo com a parte interna da propriedade numa extensão de 197,04 metros até o marco M8, daí na mesma confrontação com o rumo de 63°18'50"NW, numa extensão de 150,16 metros até o marco M5, onde se deu início a descrição deste perímetro. "Ficam gravadas de utilização limitada, não podendo nelas ser feita qualquer tipo de exploração, a não se mediante autorização da Agência Ambiental tendo em vista o que determina o parágrafo 2° do art. da Lei 4.771/65 (Cod. Florestal), e o art. 20, da lei Estadual n° 12.596/95 (Lei Florestal do Estado de Goiás). Dou fé, _____ - Oficial Substituto.

AV-24-3.879 - PROT. 29.011 - 09/10/2006: Procede-se a esta averbação nos termos do Termo de Responsabilidade de Averbação de Reserva Legal de 20/09/2006, devidamente assinado pelos proprietários José Mendonça Júnior e Daniella Mendonça Pereira e pela representante da da Ambiental de Goiás, Mariley Vieira do Carmo - CREA 8305/D, para constar que a área da Reserva Legal constante do R-10-3.879, às fls. 03, do livro 2-M, do CRI desta comarca, encontra-se locada na Av-6-2.332, às fls. v° 239, do livro 2-G, deste CRI, por se tratar de áreas anexas e contíguas. Dou fé. Em tempo: Dito imóvel está devidamente cadastrado no INCRA sob o n° 930.512.013.773-3. Dou fé, _____ - Oficial Substituto.

R-25-3.879 - PROT. 29.142 - 17/11/2006: Nos termos da Escritura de Compra e Venda de 16/10/2006, lavrada nas Notas do 1° Tabelionato desta comarca, no livro n° 163, às fls. 109v°/110, pelo Escrevente Eduardo Ramos Silva Barbosa, a área de 01 alqueire, 58 litros e 182,50 m2 geométricos, constantes do R-10-3.879, às fls. 03 do livro 2-M e AV-24-3.879 acima, objeto da presente matrícula, foi adquirida, em partes iguais, por **HELOISIO ETERNO DE OLIVEIRA** - Cl. n° 2.379.857-SSP-GO. e CPF. n° 425.071.201-00, brasileiro, solteiro, maior, capaz, Trabalhador Rural, residente e domiciliado à Fazenda Sáo Jorge, neste município; e, a Sra. **CECILIA PEREIRA MENDONÇA** - Cl. n° 2.765.351-2ªVIA-DGPC-GO. e CPF. n° 434.834.881-20, brasileira, viúva, capaz, trabalhadora Rural, residente e domiciliada à Fazenda São Jorge, neste município; por compra feita a José Mendonça Junior - CPF. n° 617.917.761-91, e, Daniella Mendonça Pereira - CPF. n° 617.917.411-34, brasileiros, solteiros, maiores, capazes, residentes e domiciliados nesta cidade, pelo valor de R$ 25.800,00 (Vinte e Cinco Mil e Oitocentos Reais); Dito imóvel está devidamente cadastrado do INCRA sob o n° 930.512.013.730-0. Dou fé,_____ - Oficial Substituto.

AV-26-3.879 - PROT. 36.243 - 26/01/2012: Procede-se a esta averbação nos termos da Autorização de Baixa de Registro de 17/01/2012, devidamente expedido pelo Credor e apresentado a este RGI pelo devedor, Vilmar Araújo dos Santos, para constar que os R-11 e R-12-3.879 acima, fiquem cancelados e

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considerados inexistentes, visto ter o aludido devedor solvido a totalidade de seu débito. Dou fé,_____- Registrador Imobiliário.

AV-27-3.879 - PROT. 38.367 - 10/05/2013: Procede-se a esta averbação nos termos da Autorização de Baixa de Registro de 11/04/2013, devidamente expedida pelo Banco Credor e apresentada a este R.G.I., pelo Devedor, Vilmar Araújo dos Santos, para constar que o R-19-3.879 objeto da presente matrícula, fique cancelado e considerado inexistente, visto ter o aludido devedor solvido a totalidade de seu débito. Dou fé, _____ - Registrador Imobiliário.

R-28-3.879 - PROT. 44.177 - 15/02/2016: Nos termos da Escritura Pública de Inventário e Partilha de Bens, datada de 14/05/2014, lavrada no Tabelionato 1º de Notas desta comarca, no livro nº 241, às fls. 101/113, pelo 2º Tabelião Substituto Bel. Eduardo Ramos Silva Barbosa, devidamente acompanhado como o Recibo de Inscrição do Imóvel Rural no CAR sob o nº 5220108-AE2CBCCAD6B94A599E25649F10383AEC, a área de 02 alqueires, 09 litros e 591,40 metros quadrados, correspondentes a 10,28.36,40 hectares, constante do R-3-3.879 acima, objeto da presente matrícula, coube à Herdeira, Sra. **NELI DE MENDONÇA PEREIRA** - brasileira, do lar, portadora do RG nº 644.757-SSP/GO. e inscrita no CPF/MF nº 788.499.501-87, e seu esposo, **ONÍCIO PEREIRA** - brasileiro, Lavrador, portador do RG nº 72.914-2ªVia-SSP/Go. e inscrito no CPF/MF nº 012.381.831-15, ambos capazes, casados entre si sob o regime da comunhão de bens, residentes e domiciliados à Fazenda São Jorge, zona rural, neste município; pelo falecimento de sua mãe, Sra. Euclidia Teixeira de Mendonça - CPF. 304.921.141-53; no valor de R$ 77.719,17 (Setenta e Sete Mil, Setecentos e Dezenove Reais e Dezessete Centavos); Dito imóvel está devidamente cadastrado no INCRA conforme CCIR 2006/2007/2008/2009 sob o nº 930.512.014.028-9; e, demais condições constantes da presente Escritura. Dou fé,_____ - Registrador Imobiliário.

AV-29-3.879 - DATA: 26/12/2016 – AVERBAÇÃO CAR: Procede-se a esta averbação no termos do requerimento datado de 06/12/2016, prenotada neste Serviço Registral sob nº 45.467 em 08/12/2016, devidamente apresentado a este RGI por Vilmar Araújo dos Santos, anteriormente qualificado, devidamente acompanhado do Recibo de Inscrição do Imóvel Rural no CAR, **para constar a Inscrição dos Imóveis da presente matricula constantes do; R-4; R-6 e R-7-3.879, no CAR – Cadastro Ambiental Rural, de acordo com o artigo 12 da Instrução Normativa do Ministério do Meio Ambiente 02/14, que regulamentou o CAR em âmbito nacional;** DADOS DA INSCRIÇÃO: **a)** Registro do CAR: GO-5220108-9C6B-0DD50112C.91F3.1863.9948.E79B8E39, **b)** Município: São Luis de Montes Belos-GO; **c)** Área total do Imóvel: 207,0790; **d)** Área Remanescente de Vegetação Nativa: 44,8451; **e)** Área de Reserva Legal: 41,5195; **f)** Área de Preservação Permanente: 15,4132; **g)** Área Consolidada: 0,0000; **h)** Área de Uso Restrito: 0,0000; **i)** Área de Servidão Administrativa: 0,0000; e **j)** Situação do Imóvel Rural no CAR: Ativo. Dou fé, _____- Registrador Imobiliário.

R-30-3.879 - DATA: 28/12/2016 – INVENTÁRIO: Nos termos da Escritura Pública de Inventário e Partilha de Bens, datada de 14/05/2014, lavrada no Tabelionato 1º de Notas desta comarca, no livro nº 241, às fls. 101/113, pelo 2º Tabelião Substituto Bel. Eduardo Ramos Silva Barbosa, prenotada neste Serviço Registral sob nº 45.469 em 08/12/2016, **a área de 09 alqueires, 43 litros e 577,83 metros quadrados,** correspondentes a 46,21.92,80 hectares, constante do **R-3-3.879** acima, objeto da presente matrícula, sendo: 03 alqueires, 14 litros e 470,40 metros quadrados como Herdeira e 06 alqueires 29 litros e 107,43 metros quadrados com Adjudicataria; coube a Herdeira/Adjudicatária, **MARIA JOSÉ MENDONÇA DOS SANTOS** - brasileira, do lar, portadora do RG nº 3.570.852-DGPC/GO, e inscrita no CPF/MF nº 007.169.611-30, e seu esposo, **VILMAR ARAÚJO DOS SANTOS** - brasileiro, Contabilista, portador do RG nº 246.657-2ª via-SSP/GO, e inscrito no CPF/MF nº 041.519.091-68, ambos capazes, casados entre si sob o regime da Comunhão de bens, residentes e domiciliados à Avenida Vitoriano Borges Naves, Qd. 15, lote 08-A, nº 1147, casa 1, Setor Central, na cidade de Firminópolis-GO; pelo falecimento de sua mãe, Sra. Euclidia Teixeira de Mendonça - CPF. 304.921.141-53; no valor de R$ 371.938,34 (trezentos e setenta e hum mil e novecentos e trinta e oito reais e trinta e quatro centavos), e que para efeitos fiscais o valor de R$ 575.000,00 (quinhentos e setenta e cinco mil reais); Dito imóvel está devidamente cadastrado no INCRA conforme CCIR 2006/2007/2008/2009 sob o nº 930.512.014.028-9; e, demais condições constantes da presente Escritura. Dou fé,_____ - Registrador Imobiliário.

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R-31-3.879 - DATA: 27/09/2017 - INVENTÁRIO: Nos termos da Escritura Pública de Inventário e Partilha de Bens, datada de 14/05/2014, lavrada no Tabelionato 1º de Notas desta comarca, no livro nº 224, às fls. 101/113, pelo 2º Tabelião Substituto Bel. Eduardo Ramos Silva Barbosa, prenotada neste Serviço Registral sob nº 46.705 em 30/08/2017, **a área de 02 alqueires, 09 litros e 591,40 metros quadrados,** correspondentes a 10.28.36,40 hectares, constante do **R-3-3.879**, objeto da presente matrícula, coube ao Herdeiro: **JOÃO MENDONÇA SOBRINHO** - brasileiro, Trabalhador Rural, portador do RG nº 233.922-2ªvia-SPTC/GO, e inscrito no CPF/MF nº 041.516.311-00, e seu esposa, **GREDES MAR PEREIRA MENDONÇA** - brasileira, do lar, portadora do RG nº 3.130.128-984.361-SESP/GO e inscrita no CPF/MF nº 708.157.801-25, ambos capazes, casados entre si sob o regime da Comunhão Universal de bens, residentes e domiciliados à Fazenda Córrego da Costa, neste município; pelo falecimento da Sra. Euclidia Teixeira de Mendonça - CPF. 304.921.141-53; no valor de R$ 77.719,17 (Setenta e Sete Mil e Dezenove Reais e Dezenove Centavos), e que para efeitos fiscais foi atribuído pela Municipalidade, o valor de R$ 140.000,00, conforme Laudo de Avaliação datado em 30/08/2017; Dito imóvel está devidamente cadastrado no INCRA sob o nº 930.512.014.028-9; e, NIRF: 2.571.797-9; apresentado o recibo de inscrição do imovel rural no CAR sob o nº 5220108-BA74.Db92.Ed45.4BE9.B3C0.6090.BBB48.DD24; CLAUSULA: De acordo com os Ofícios Circulares de nºs 029/2013 e 142/2013 da CGJ/GO, o presente registro foi concluído por se tratar de transferência involuntária sendo assim dispensado a comprovação de registro de georreferenciamento na presente Matrícula; e demais condições constantes da presente Escritura. Dou fé, _____ - Registrador Imobiliário.

AV-32-3.879 - DATA: 14/12/2017 - ESTREMAÇÃO: Procede-se a esta averbação nos termos da Escritura Pública Declaratoria de Estremação de 09/11/2017, lavrada nas notas do Tabelionato de Notas, e Protestos, da Comarca de Firminopolis -GO, no Livro nº 010, fls. 027/29, pelo Escrevendo Autorizado Alonso Barcelos de Almeida Neto, prenotada neste Serviço Registral sob o nº 47.147, em 28/11/2017; para constar que a fração ideal de **09 (nove) alqueires, (43) litros e 577,83 metros quadrados** constante do **R-30** acima, objeto da presente matrícula; foi ESTREMADA e Matriculada autonomamente sob o nº **16.189**, com as divisas delimitadas das demais frações ideais, cabendo exclusivamente ao Declarante: **MARIA JOSÉ MENDONÇA DOS SANTOS** - CI. 3570852-DGPC-GO e CPF nº 007.169.611-30, brasileira, do lar, e seu esposo **VILMAR ARAÚJO DOS SANTOS** - CNH. nº 02295873251 - DETRAN/GO e CPF nº 041.519.091-68, brasileiro, contador, casados sob o regime de bens em 19/05/1973, residentes e domiciliados, na Avenida Vitoriano Borges Naves, 1147, Centro Firminópolis - GO; Tendo como ANUENTES/CONFRONTANTES: **01)** Luiz Lourenço Rodrigues - CI. nº 50046-SSP-GO e CPF nº 018.359.201-87, brasileiro, pecuarista e sua esposa Maria da Paz Pires Rodrigues - CI. nº3838738-SPTC/GO e CPF. 724.885.491-34, brasileira, do lar, casados sob o regime da comunhão universal de bens, em 15/07/1961, residentes e domiciliados, na Fazenda Santa Maria, Zona Rural, neste Municipio; **02)** Heloisio Eterno de Oliveira, CI. nº 2379857-SSP-GO e CPF nº 425.071.201-00, brasileiro, solteiro, maior, capaz, trabalhador rural, residente e domiciliado, na Rua Recife Qd. B, Lt. 31, Jardim Boa Vista nesta cidade; a Avenida T-3, nº 1069, Qd. 50, Lt. 11/18, Aptº 901, Setor Bueno, na cidade de; **03)** Ledice Pereira, CI. nº 2023037-SSP-GO e CPF nº 009.334.321-35, brasileira, viúva, aposentada, residente e domiciliada, na Fazenda São Jorge, Zona rural, nesta cidade; **04)** Neli de Mendonça Pereira, CI. nº644757 - SSP-GO e CPF. nº 788.499.501-87, brasileira, aposentada, casada com Onicio Pereira, CI. 72914-SSP-GO e CPF nº 012.381.831-15, brasileira, aposentado, casados sob o regime da comunhão de bens, em 30/05/1959, residentes e domiciliados, na Fazenda São Jorge, neste municipio; Os presentes trabalhados técnicos foram elaborados e assinados pelo Engenheiro Agrimensor, Dermival Alves Neiva - CREA 1680/TD, datado de 01/08/2017 e ART 1020170075207; com valor atribuido a esta gleba em R$ 475.000,00 (quatrocentos e setenta e cinco mil reais); tudo conforme preconiza Provimento 24/2016 da CGJ/GO; 16.189 e, demais condições constantes da presente escritura. Dou fé, _____ - Registrador Imobiliário.

AV-33-3.879- DATA: 01/10/2018 - CAR: Procede-se esta averbação para constar a Inscrição de parte do Imóvel (remanescente) constante do **R-3** acima, objeto da presente Matrícula no **Cadastro Ambiental Rural - CAR,** de acordo com o artigo 12 da Instrução Normativa do Ministério do Meio Ambiente 02/14, que regulamentou o CAR em âmbito nacional; DADOS DA INSCRIÇÃO: Registro no CAR: GO-5220108-EDEC.0E65.76B6.4BC5.A7BF.FC98.2FC5.4866; Data Cadastro: 15/08/2018; Nome do Imóvel Rural: Fazenda São Jorge; Município: São Luís de Montes Belos-GO; Área total do Imóvel: 14,5200; Módulos Fiscais:0,4840; Área Consolidada: 10,1685; Área de Servidão Administrativa: 0,0000; Área

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Remanescente de Vegetação Nativa: 4,2331; Área Líquida do Imóvel: 14,5200; Área de Reserva Legal: 2,9065; Área de Preservação Permanente: 5,7288; Área de Uso Restrito: 0,0000; Proprietário/Possuidor: Noemia Mendonça Pereira; CPF: 628.798.041-91; e, demais condições constantes do presente instrumento. Dou fé, _____ - Registrador Imobiliário.

R-34-3.879 - DATA: 01/10/2018 - INVENTÁRIO: Nos termos da Escritura Pública de Inventário e Partilha de Bens, Cumulada com Cessão de Direitos Hereditários, de 06/10/2017, lavrada no Tabelionato 1º de Notas, desta Cidade, no livro nº 0224, às fls. 101/113, pelo 2º Tabelião Substituto, Bel. Eduardo Ramos Silva Barbosa; prenotado neste Serviço Registral sob n° 48.390 em 10/09/2018; **a fração ideal com 6,14% do todo** (contendo 34 alqueires, 46 litros e 20m², correspondente à 167.3450 hectares, com todas as benfeitorias, melhoramentos e servidões lá existente), **ou seja, uma área com 02 alqueires, 09 litros e 591,40 m² correspondente à 10,2836 hectares**, do imóvel rural remanescente do **R-3/AV-33 acima,** objeto da presente matrícula, coube a herdeira, Srª. **NOEMIA MENDONÇA PEREIRA**, brasileira, viúva, do lar, portadora da C.I. nº 2.587.727-2ª via, emitida por SPTC-GO, e inscrita no CPF nº 628.798.041-91,[residente e domiciliada à Rua Palmeiras, nº 82, Setor Central, nesta cidade; pelo falecimento de Euclidia Teixeira de Mendonça, C.I. nº 1.756.033 emitida por SSP-GO, e CPF nº 304.921.141-53; no valor de R$ 77.719,17 (Setenta e Sete Mil, Setecentos e Dezenove Reais e Dezessete Centavos); e que para efeitos fiscais foi atribuído a esta área o valor de R$ 211.000,00 (duzentos e onze mil reais), conforme laudo de avaliação emitido por essa municipalidade em data de 19/07/2018; Dito imóvel está devidamente cadastrado no INCRA sob o nº 930.512.014.028-9; e, NIRF: 2.571.797-9; e, demais condições constantes da presente Escritura. Dou fé, _____ - Registrador Imobiliário.

AV-35-3.879 - DATA: 14/05/2019 - *EX-OFFICIO*: Procede-se a esta averbação de Ofício em conformidade com a Lei nº 6.015/73, art. 213, I, alínea "a"; para retificar no **R-28** e **R-30** acima, o número do **Livro e Folha,** os quais foram citados de forma errônea, sendo que o correto é o que transcrevo a seguir: Nos termos da Escritura Pública de Inventário e Partilha de Bens, datada de 14/05/2014, lavrada no Tabelionato 1º de Notas desta Comarca, **no livro nº 224, às fls. 101/113**, pelo 2º Tabelião Substituto Bel. Eduardo Ramos Silva Barbosa, ficando retificado para todos os fins de direito. Dou fé. Emolumentos: R$ 0,00; Taxa Judiciária: R$ 0,00; Fundos: R$ 0,00; ISS: R$ 0,00 Oficial _____.

AV-36-3.879 - DATA: 14/05/2019 - *EX-OFFICIO*: Procede-se a esta averbação de Ofício em conformidade com a Lei nº 6.015/73, art. 213, I, alínea "a"; para retificar no **R-31** e **R-34** acima, a **Data da Lavratura da Escritura,** os quais foram citados de forma errônea, sendo que o correto é o que transcrevo a seguir: Nos termos da Escritura Pública de Inventário e Partilha de Bens, Cumulada com Cessão de Direitos Hereditários, de **14/05/2014**, lavrada no Tabelionato 1º de Notas, desta Cidade, no livro nº 0224, às fls. 101/113, pelo 2º Tabelião Substituto, Bel. Eduardo Ramos Silva Barbosa; ficando retificado para todos os fins de direito. Dou fé. Emolumentos: R$ 0,00; Taxa Judiciária: R$ 0,00; Fundos: R$ 0,00; ISS: R$ 0,00 Oficial _____.

AV-37-3.879 - DATA: 14/05/2019 - RETIFICAÇÃO/ESTREMAÇÃO: Procede-se a esta averbação nos termos da Escritura Pública de Estremação de 12/03/2019, lavrada no Tabelionato de Notas, de Protesto de Títulos, Tabelionato e Oficialato de Registro de Contratos Marítimos, no Livro n° 0263, fls. 052/058; pelo Substituto, Bel. Eduardo Ramos Silva Barbosa; prenotada neste Serviço Registral sob n° 49.371 em 08/05/2019; para constar que após o levantamento perimetral, o imóvel constante do **R-34/AV-33/AV-36**, com a área de 02 alqueires, 09 litros, 591,40 metros quadrados geométricos, correspondentes à 10,2836 hectares, foi **RETIFICADA**, onde foi constatado um acréscimo de 70 litros, e 14,00 metros quadrados, passando a perfazer a área atual um total de **03 alqueires geométricos, correspondentes à 14,5200 hectares**; a qual foi **ESTREMADA e matriculada autonomamente** com as divisas próprias, sob o nº **17.491**; cabendo exclusivamente à Declarante: **NOEMIA MENDONÇA PEREIRA**, portadora da CI nº 2.587.727-2ª Via SPTC-GO, e CPF. nº 628.798.041-91, brasileira, viúva, capaz, do lar, residente e domiciliada na Rua Palmeiras, nº 82, Setor Central, nesta cidade; Os presentes trabalhados técnicos foram elaborados e assinados pelo Técnico em Agrimensura, José Valdivino Barbosa, CREA 783/TD; tudo conforme preconiza Provimento 24/2016 da CGJ/GO; e, demais condições constantes da presente escritura. Dou fé. Emolumentos: R$ 109,57; Taxa Judiciária: R$ 14,50; Fundos: R$ 42,74; ISS: R$ 0,00. Oficial _____.

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AV-38-3.879 - DATA: 26/02/2020 - INCLUSÃO DE DADOS: Procede-se esta averbação nos termos da Escritura Pública de Estremação, lavrada nas notas do Tabelionato de Notas e Protesto de Firminópolis-GO, no Livro n° 023, fls. 105/108V, pelo Tabelião Getúlio Gonzaga de Castro, aos 29/11/2019; prenotada neste Serviço Registral sob n° 50.500, em 20/01/2020; para nos termos do art. 213, I, letra "g", da Lei nº 6.015/73, constar a inclusão de dados em nome dos proprietários do imóvel constante do **R-6** acima, na seguinte ordem: **VILMAR ARAÚJO DOS SANTOS**, CNH nº 02295873251 DETRAN/GO, e CPF. nº 041.519.091-68, brasileiro, contador, casado sob o regime da comunhão de bens, em 19/05/1973 com **MARIA JOSÉ MENDONÇA DOS SANTOS**, CI. nº 3570852 DGPC/GO, e CPF. nº 007.169.611-30, brasileira, do lar, residentes e domiciliados na Av. Vitoriano Borges Naves, nº 1147, centro, Firminópolis-GO e, demais condições constantes da presente Escritura. Dou fé. Emolumentos: R$ 27,40; Taxa Judiciária: R$ 14,50; Fundos: R$ 10,95; ISS: R$ 0,00. Oficial _____.

R-39-3.879 - DATA: 26/02/2020 - ESTREMAÇÃO: Procede-se a este registro nos termos da Escritura Pública de Estremação, datada em 25/11/2019, lavrada no Tabelionato de Notas e Protesto de Firminópolis-GO, no Livro n° 023, fls. 109/111V, pelo Tabelião Getúlio Gonzaga de Castro; prenotada neste Serviço Registral sob n° 50.500, em 20/01/2020; **para constar que a fração ideal de 20% do todo** (que contém a área de 34 alqueires, 46 litros e 20,00 metros, correspondentes 167,3450ha, com todas as benfeitorias que a integram), ou seja, **uma área com 06 alqueires, 73 litros e 125,00 metros quadrados, correspondentes a 33,4690 hectares**, constante do **R-6/AV-23/AV-29/AV-38** acima, foi **ESTREMADA**, e matriculada autonomamente com as divisas próprias, sob o nº **Mat. 17.911, do livro 02 deste CRI**; cabendo exclusivamente aos Declarantes: Vilmar Araújo dos Santos, e sua esposa Maria José Mendonça dos Santos, acima qualificados; e, para os fins fiscais foi atribuído a gleba desta matricula o valor de R$ 450.000,00 (Quatrocentos e Cinquenta Mil Reais). Os presentes trabalhados técnicos foram elaborados e assinados pelo Responsável Técnico, Dermival Alves Neiva, RNP 29547164104, e TRT nº BR20190314839; tudo conforme preconiza Provimento 24/2016 da CGJ/GO; e, demais condições constantes da presente escritura. Dou fé. Emolumentos: R$ 2.994,69; Taxa Judiciária: R$ 0,00; Fundos: R$ 1.197,88; ISS: R$ 0,00. Oficial _____.

AV-40-3.879 - DATA: 26/02/2020 - INCLUSÃO DE DESCRIÇÃO DE PERÍMETRO: Procede-se a esta averbação nos termos da Escritura Pública de Estremação, datada em 25/11/2019, lavrada no Tabelionato de Notas e Protesto de Firminópolis-GO, no Livro n° 023, fls. 109/111V, pelo Tabelião Getúlio Gonzaga de Castro; prenotada neste Serviço Registral sob n° 50.500, em 20/01/2020; para fazer constar que o imóvel constante do **R-39** acima, ou seja, a área de 06 alqueires, 73 litros e 125,00 metros quadrados, correspondentes a 33,4690 hectares, foi **ESTREMADA**, e, encontra-se dentro dos seguintes limites e confrontações: "Inicia-se a descrição em um marco 01 (um), cravado junto à cerca de divisas do Sr. Heloisio Eterno de Oliveira; deste segue com o azimute 41°49'14" dividindo com o Sr. Vilmar Araújo dos Santos, numa extensão de 884,12 metros até o marco 02 (dois); deste segue com o azimute de 150°09'19" ainda dividindo com terras de propriedade do Sr. Vilmar Araújo dos Santos, numa extensão de 474,55 metros até o marco 03 (três); deste segue com o azimute 223°39'39" ainda dividindo com o Sr. Vilmar Araújo dos Santos, numa extensão de 635,48 metros até o marco 04 (quatro); deste segue com o azimute 298°46'11" dividindo com o Sr. Heloiso Eterno de Oliveira, numa extensão de 441,46 metros até o marco 01 (um), onde se deu início à descrição deste perímetro". Os presentes trabalhados técnicos foram elaborados e assinados pelo Técnico em Agrimensura, Dermival Alves Neiva, RNP: 29547164104, e, TRT. nº BR20190314839; e, demais condições constantes do presente Instrumento. Dou fé. Emolumentos: R$ 27,40; Taxa Judiciária: R$ 0,00; Fundos: R$ 10,95; ISS: R$ 0,00. Oficial _____.

R-41-3.879 - DATA: 05/03/2020 - ESTREMAÇÃO: Procede-se a este registro nos termos da Escritura Pública de Estremação, lavrada nas notas do Tabelionato de Notas e Protesto de Firminopolis-GO, no Livro n° 023, fls. 105/108V, pelo Tabelião Getúlio Gonzaga de Castro, aos 29/11/2019; prenotada neste Serviço Registral sob n° 50.501, em 20/01/2020; **para constar que a fração ideal de 20% do todo** (que contém a área de 34 alqueires, 46 litros e 20,00 metros, correspondentes 167,3450ha, com todas as benfeitorias que a integram), ou seja, **uma área com 06 alqueires, 73 litros e 125,00 metros quadrados, correspondentes a 33,4690 hectares**, constante do **R-1/R-7/AV-23/AV-29/AV-38** acima, está sendo **ESTREMADA,** fazendo **FUSÃO** com outras, e matriculadas autonomamente sob o nº **Mat. 17.943, do livro**

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2 de fichas deste CRI, cabendo aos declarantes Vilmar Araújo Dos Santos e s/m. Maria José Mendonça dos Santos, acima qualificados; para os fins fiscais foi atribuído a esta gleba o valor de R$ 318.881,33 (trezentos e Dezoito Mil Oitocentos e Oitenta e Um Reais e Trinta e Três Centavos). Os presentes trabalhados técnicos foram elaborados e assinados pelo Responsável Técnico, Dermival Alves Neiva, RNP 29547164104, e TRT nº BR20190314839; tudo conforme preconiza Provimento 24/2016 da CGJ/GO; e, demais condições constantes da presente escritura. Dou fé. Emolumentos: R$ 2.494,97; Taxa Judiciária: R$ 0,00; Fundos: R$ 997,98; ISS: R$ 0,00. Oficial _____.

AV-42-3.879 - DATA: 05/03/2020 - TRANSFERÊNCIA/FUSÃO: Procede-se a esta averbação nos termos da Escritura Pública de Estremação, lavrada nas notas do Tabelionato de Notas e Protesto de Firminopolis-GO, no Livro n° 023, fls. 105/108V, pelo Tabelião Getúlio Gonzaga de Castro, aos 29/11/2019; prenotada neste Serviço Registral sob n° 50.501, em 20/01/2020; para constar que: **01)** - A gleba constante do **R-41 acima, contendo 06 alqueires, 73 litros e 125,00 metros quadrados geométricos, correspondentes à 33,4690 hectares**, pelo ato da **ESTREMAÇÃO**, a mesma foi **TRANSFERIDA** para a matricula autônoma sob o nº **Mat. 17.943,** estando **FUNDIDA** com as seguintes áreas; **02)** - A gleba objeto da **(Mat. 2.361/R-51**/AV-50/AV-52 com a área de 02 alqueires, correspondentes à 9,6800 hectares); **03)** - A gleba objeto da **(Mat. 2.331/R-13**/AV-12/AV-14 com a área de 01 alqueire e 04 litros, correspondentes à 5,0820 hectares); **04)** - A gleba objeto da **(Mat. 4.529/R-19**/AV-18/AV-20 com a área de 04 alqueires, 10 litros e 264,00 metros quadrados, correspondentes à 19,9914 hectares); todas do livro 02, deste CRI; e, demais condições constantes da presente Escritura. Dou fé. Emolumentos: R$ 27,40; Taxa Judiciária: R$ 0,00; Fundos: R$ 10,95; ISS: R$ 0,00. Oficial _____.

AV-43-3.879 - DATA: 16/11/2020 - CAR: Procede-se a esta averbação para constar a inscrição da fração ideal pertencente aos coproprietários Cecília Pereira Mendonça, e Heloisio Eterno de Oliveira, constante do **R-25** acima, objeto da presente matrícula no **Cadastro Ambiental Rural - CAR**; prenotado neste Serviço Registral sob o nº 51.840, em 25/09/2020; DADOS DA INSCRIÇÃO: Registro no CAR: GO-5220108-DA8BB7A61A994C67B8412B9C4F20758D; Data Cadastro: 26/02/2016; Nome do Imóvel Rural: "FAZENDA SÃO JORGE"; Município: São Luís de Montes Belos/GO; Área total do Imóvel: 51,9743; Módulos Fiscais: 1,73; Área Consolidada: 44,7507; Área de Servidão Administrativa: 0,0000; Área Remanescente de Vegetação Nativa: 6,8464; Área Líquida do Imóvel: 51,9743; Área de Reserva Legal: 10,3951; Área de Preservação Permanente: 7,0962; Área de Uso Restrito: 0,0000; Proprietário/Possuidor: Cecília Pereira Mendonça, CPF: 434.834.881-20; Heloisio Eterno de Oliveira, CPF: 425.071.201-00; e, demais condições constantes do presente instrumento. Dou fé. Emolumentos: R$ 0,00; Taxa Judiciária: R$ 0,00; Fundos: R$ 0,00; ISS: R$ 00,00; Selo Eletrônico: 01862010213123209640003. Oficial. _____.

AV-44-3.879 - DATA: 16/11/2020 - TRANSFERÊNCIA/FUSÃO: Procede-se a esta averbação nos termos da Escritura Pública de Estremação, datada de 21/10/2020, lavrada no Tabelionato de Notas e Protesto de Firminópolis-GO, no Livro n° 031, fls. 024/027; prenotada neste Serviço Registral sob nº 51.840, em 21/10/2020; para constar que após o levantamento perimetral em cumprimento ao processo de **fusão/estremação**: **1)** A gleba constante do **R-25 acima**, contendo **01 alqueire, 58 litros e 182,00m²**, correspondentes à 8,3672 hectares, fora **FUNDIDA** com as seguintes áreas: **02)** A fração constante da **Mat. 2.332/R-7**, contendo uma área com **02 alqueires e 40 litros**, correspondentes à 12,1000 hectares; **03)** A fração constante da **Mat. 2.331/R-10**, contendo uma área com **01 alqueire, 11 litros e 301,00m²**, correspondentes à 5,5356 hectares; todas do livro 02, deste CRI, após este levantamento topográfico sobre estas partes, em cumprimento ao pedido estremação cumulado ao de fusão, esta fração, retro indicada, será matriculada autonomamente com as divisas próprias, após este registro. Os presentes trabalhos técnicos foram elaborados e assinados pelo Responsável Técnico José Valdivino Barbosa, RNP/CFT: 11738952134 e TRT nº BR20200747051, datam-se de 10/09/2020; e, demais condições constantes da presente Escritura. Dou fé. Emolumentos: R$ 27,40; Taxa Judiciária: R$ 0,00; Fundos: R$ 10,95; ISS: R$ 0,00. Selo Eletrônico: 01862010213123209640003. Oficial _____

R-45-3.879 - DATA: 16/11/2020 - ESTREMAÇÃO: Procede-se a este registro nos termos da Escritura Pública de Estremação, datada de 21/10/2020, lavrada no Tabelionato de Notas e Protesto de Firminópolis-GO, no Livro n° 031, fls. 024/027; prenotada neste Serviço Registral sob nº 51.840, em 21/10/2020; **para constar que a fração ideal com 4,99% do todo** (que contém a área de 34 alqueires, 46

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litros e 20,00m², correspondentes à 167,3450 hectares), **ou seja, a área de 01 alqueire, 58 litros, e 182,00m²**, correspondentes à 8,3672 hectares, constante do **R-25**/AV-24/AV-43/AV-44 acima, foi **ESTREMADA** e matriculada autonomamente com as divisas próprias, sob o nº **Mat. 18.287**, do livro 02 deste CRI; cabendo em partes iguais exclusivamente aos Declarantes/Coproprietários **CECÍLIA PEREIRA MENDONÇA**, e **HELOISIO ETERNO DE OLIVEIRA**, acima qualificado; atribuído a esta gleba o valor de R$ 122.275,73 (Cento e Vinte e Dois Mil Duzentos e Setenta e Cinco Reais e Setenta e Três Centavos); e, demais condições constantes da presente Escritura. Dou fé. Emolumentos: R$ 1.612,81; Taxa Judiciária: R$ 0,00; Fundos: R$ 645,11; ISS: R$ 0,00; Selo Eletrônico: 01862010213123209640003. Oficial _____.

R-46-3.879 - DATA: 28/06/2021 - COMPROMISSO DE COMPRA E VENDA: Procede-se a este registro nos termos do Requerimento e do Contrato de Compromisso de Compra e Venda de Imóvel celebrado aos 24/10/2016 e ratificado aos 04/05/2021; prenotado neste Serviço Registral, sob o n. 52.878, aos 07/05/2021; **para constar que a fração ideal de 0,72% do todo** (que contém 34 alq., 46 lts e 20,00m², correspondentes à 167,3450 hectares), **ou seja, uma área a ser retirada do R-28 acima**, foi comprometida à venda à **IBSON HUGGO ÍTALLO FRANCISCO PEREIRA SILVA** - CI n. 5376572 SSP/GO e CPF n. 038440971-71, brasileiro, nascido aos 24/04/1993, corretor de seguros, casado sob o regime da Comunhão Parcial de Bens, aos 16/07/2016, com **JESSICA RODRIGUES ALVES** - CI n. 5592886 SSP/GO e CPF n. 039.821.101-90, brasileira, nascida aos 11/05/1994, auxiliar administrativa, residentes e domiciliados à Rua VV-5, Torre C-3, Apt. 1.203, Residencial Invent Juy, St. Village Veneza, Goiânia/GO. Pelo valor de R$ 25.000,00 (vinte e cinco mil reais), pagas mensalmente em cinco (05) parcelas de R$ 5.000,00 cada uma, na seguinte ordem: 1ª parcela no dia 24/01/2017; 2ª parcela no dia 24/02/2017; 3ª parcela no dia 24/03/2017; 4ª parcela no dia 24/04/2017; 5ª parcela no dia 24/05/2017. Pelos proprietários Nely de Mendonça Pereira e s/m Onício Pereira, acima qualificados. Dito imóvel encontra-se devidamente Cadastrado no INCRA conforme CCIR 2020, sob o n. 930.512.014.028-9; Número do Imóvel na Receita Federal do Brasil - NIRF: 9.516.367-0. E, demais condições constantes do presente Contrato. Dou fé. Emolumentos: R$ 447,95; Taxa Judiciária: R$ 16,33; Fundos: R$ 179,20; ISS: R$ 0,00. Selo eletrônico: 01862105015646409640039. Oficial _____.

O referido é verdade e dou fé.

São Luis de Montes Belos-GO, 28 de junho de 2021.

Umberto José da Mota
Oficial Respondente

Valor da Certidão	R$ 75,21
Fundos 40% - Lei: 20.494/19 - Fundesp 10% /Funesp 8% /Estado 3% /Fesemps 4% /Funemp 3% /Funcomp 3% /Fepadsaj 2% /Funproge 2% /Fundepeg 1,25% /Fundaf 1,25% /Femal 2,5%	R$ 30,02
Valor da Taxa Judiciária	R$ 15,82
ISS:	R$ 0,00
Valor Total	R$ 121,05

PODER JUDICIÁRIO ESTADO DE GOIÁS
Selo Eletrônico de Fiscalização
01862106213612510640070 Consulte este selo em
http://extrajudicial.tjgo.jus.br
CERTIDÃO VÁLIDA POR 30 DIAS

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PRIVATE INSTRUMENT OF COMMITMENT TO PURCHASE AND SALE OF FINANCED PROPERTY (ASSIGNMENT OF RIGHTS AND OBLIGATIONS)

By this Private Instrument of Commitment to Purchase and Sale of Financed Property (Assignment of Rights and Obligations), the PARTIES qualified below, hereinafter referred to jointly as the PARTIES, **acting in good faith and mutual trust**, hereby agree to the following terms and conditions:

ASSIGNERS SELLERS: **WANUZA PEREIRA SILVA**, Brazilian, married, lawyer, holder of CPF No. 774.191.461-87 and ID No. 4413002 DGPC-GO, and her spouse, **MANOEL PEREIRA MENDONÇA**, Brazilian, married, driver, holder of CPF No. 332.846.871-49 and ID No. 2085511 SPTC-GO, both residing at Rua Rio Branco, Block 13, Lot 25, Residencial Petrópolis, Goiânia, State of Goiás, hereinafter referred to simply as the **SELLERS**.

ASSIGNEES BUYERS: **IBSON HUGGO ITALLO FRANCISCO PEREIRA SILVA**, Brazilian, insurance broker, holder of CPF No. 038.440.971-71 and ID No. 5376572 DGPC/GO, and his wife **JESSICA RODRIGUES ALVES**, Brazilian, administrative assistant, holder of ID No. 5592886 SSP/GO and CPF No. 039.821.101-90, both residing at Rua SR 24, Block 14-A, Lot 19, House 02, Parque Santa Rita, in the city of Goiânia, State of Goiás, hereinafter referred to simply as the **BUYERS**.

CONTRACTUAL CLAUSES

CLAUSE ONE: The object of this contract is the purchase and sale of the **ASSUMABLE MORTGAGE** (assignment of rights and obligations) of **a residential house with 126.02 square meters of private built area, comprising the following internal divisions**: three bedrooms, with two suites, one shared bathroom, living room, kitchen, hallway, laundry area, service bathroom, a covered garage for two cars, and a charcoal barbecue area. The property is located at Rua SR 24, Block 14-A, Lot 19, House 02, Parque Santa Rita, in the city of Goiânia, State of Goiás. It is registered with the Municipal Government under No. **341.088.016.8000-8** and with the 1st Property Registry Office of Goiânia-GO under registration No. R-2-335065, dated 02/01/2019, in the name of the **Assigners/Sellers**. The property is financed through the financial institution Banco Bradesco S/A, **in 360 (three hundred and sixty) monthly installments, with the final payment due on 11/28/2048, with the financing under the name of the Assigner/Seller Wanuza Pereira Silva, only.**

CLAUSE TWO: By this instrument and in the proper form of law, the **Assigners/Sellers** promise to sell/assign to the **Assignees/Buyers**, who in turn agree to purchase from them, all rights and obligations related to the assumable mortgage of the property described in the previous clause, for the total price of **R$ 35,000.00** (thirty-five thousand reais), which is being paid in full in cash at the time of the signing of this contract.

Paragraph One: The mortgage loan referenced in Clause One shall remain under the name of the Assigner/Seller, Wanuza Pereira Silva, with the Assignees/Buyers commit to the timely payment of the monthly installments, the failure to do so shall result in termination of this agreement, subject to the penalties stipulated herein.

CLAUSE THREE: The Assigners/Sellers undertake to deliver the property mentioned above to the Assignees/Buyers at the time of signing this instrument, free of tenants, occupants, liens, debts, or any encumbrances of any kind, including but not limited to water, electricity, condominium fees, installment payments, property taxes (IPTU), or any other financial obligations incurred up to the date, with the **exceptio for the mortgage in favor of BANCO**

BRADESCO S/A, which is hereby transferred to the Assignees/Buyers. The Assignees/Buyers declare their full awareness of and assume responsibility for the **PUNCTUAL payment of all installments of the aforementioned loan from this date until its full settlement.**

Paragraph One: All taxes, fees, and penalties levied on the property — including charges from electricity (Enel), water (Saneago), and property tax (IPTU) — shall be the responsibility of the **SELLERS** up to the transfer of possession, from that moment onward, the **BUYERS** shall be responsible for all such obligations, even if they remain in the name of the seller, Wanuza Pereira Silva.

Paragraph Two: Once possession of the property is transferred, the buyers may make improvements, construct, or renovate as they see fit, and are also obligated to defend the property against any disturbances or claims by third parties.

CLAUSE FOUR: The Assigners/Sellers, on their behalf and behalf of their heirs and successors, agree and undertake to execute and sign the proper transfer instrument with the Financial Institution or competent Notary Office in favor of the Assignees/Buyers, who shall receive such transfer in their name or on behalf of a third party, once the mortgage has been fully paid off.

Paragraph One: This contract shall have enforceable effect and may serve as a substitute for the transfer instrument required by the Financial Institution for the issuance of a clearance certificate in the name of the Assignees/Buyers.

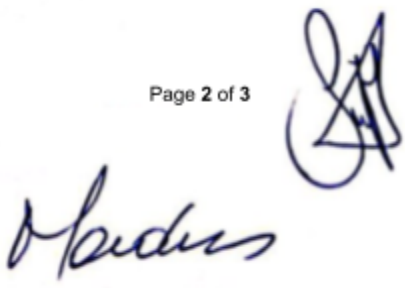
Paragraph Two: All expenses related to the property transfer — including registration, Real Estate Transfer Tax (ISTI), and any other applicable fees — shall be borne exclusively by the Buyers.

Paragraph Three: At the time of the mentioned transfer, the Assigners/Sellers undertake to resolve any issues that may prevent the transfer of the property, particularly those affecting the issuance of the required Negative Debt Certificates.

CLAUSE FIVE: The parties mutually agree to provide one another with any assistance necessary for the fulfillment of this contract, including but not limited to: supplying any documents in their possession, signing the necessary documents, or performing acts required to effectively complete this purchase and sale (assignment of rights and obligations), as well as ensuring timely repayment of the Bradesco mortgage and subsequent transfer of ownership to the Assignees/Buyers.

CLAUSE SIX: The parties expressly waive the right of withdrawal and declare this transaction to be irrevocable and irreversible for all legal purposes.

CLAUSE SEVEN: Given that the property object of this contract is financed under the Brazilian Housing Finance System and, as such, is protected by non-transferable physical damage insurance, the parties agree that in the event of the death of the **Assigner/Seller Wanuza Pereira Silva**, her heirs and successors shall be obligated to transfer possession, ownership, rights, and title of the property to the Assignees/Buyers, without requiring any new payments or compensation from them.



Sole Paragraph: The Assignees/Buyers are hereby expressly authorized to file a claim in any existing indemnification proceeding and to request, before the competent Notary Office and/or Court, the issuance of an Adjudication Deed in their favor concerning the property object of this instrument, in the event of a casualty involving the Assigner/Seller.

CLAUSE EIGHT: It is hereby agreed between the contracting parties that in the event of a breach of any clause or condition established in this Contract, such breach shall result in the termination of this legal instrument. The party found in default shall be required to pay the non-breaching party a contractual penalty of 10% (ten percent) of the total amount outlined in the main provision of Clause Two, in addition to reimbursement of all duly substantiated expenses, without prejudice to other penalties provided under applicable law.

CLAUSE NINE: This contract is executed on an irrevocable and irreversible basis, and shall be binding on the parties and their respective heirs and successors, waiver of withdrawal is prohibited and its termination is permitted in cases permitted by law.

CLAUSE TEN: Any matters not expressly addressed in this Contract shall, if necessary, be governed by the commercial and civil laws in force, as well as by the customary practices of the locality.

CLAUSE ELEVEN: To resolve any disputes arising from this Contract, the parties elect the Court of the District of Goiânia, State of Goiás, to the exclusion of any other, however privileged it may be.

The contracting parties, having read and understood the content, meaning, and scope of this instrument, agree to the present agreement for the purchase and sale of real estate (Assignment of Rights and Obligations) as described herein, signing below with their initials in all two pages of this instrument, which is executed in three counterparts of equal content and effect, together with the two competent and present witnesses, for the production of all legal effects.

Goiânia-GO, April 26, 2019

8º TAB.

Wanuza Pereira Silva
Assigners/Sellers

8º TAB.

Manoel Pereira Mendonça
Assigners/Sellers

8º TAB.

Ibson Huggo Hallo F. Pereira Silva
Assignees/Buyers

8º TAB.

Jessica Rodrigues Alves
Assignees/Buyers

WITNESSES:

1st Eleilson nélio da Silva
Name:
ID: 2.158-334
CPF: 589.506.801.49

2nd Levi de Melo Neto
Name: LEVI DE MELO NETO
ID: 4037/ OAB/GO
CPF. 030.563.361.98



LUCAS FERNANDES NOTARY OFFICE
8th Notary Office of Goiânia
Lucas Fernandes Notary Office – 8th Notary of Records
Verify the seal at: http://extrajudicial.tigo.jus.br/selo
02081612080944094802920 0080-754679
I acknowledge as TRUE the signature of JESSICA RODRIGUES ALVES, a person duly identified by me and whose signature was affixed in my presence, of which I give faith. Goiânia 06/12/2019.
In testimony of _____ truth
Laura da Silva Luz Fernandes – Clerk

LUCAS FERNANDES NOTARY OFFICE
8th Notary Office of Goiânia
Lucas Fernandes Notary Office – 8th Notary of Records
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02081612080944094802924 0080-1689482
02081612080944094802925
02081612080944094802926
I acknowledge as TRUE the signatures of WANUZA PEREIRA SILVA, MANOEL PEREIRA MENDONÇA, and IBSON HUGGO ITALLO FRANCISCO PEREIRA SILVA, a person duly identified by me and whose signature was affixed in my presence, of which I give faith. Goiânia 06/12/2019.
In testimony of _____ truth
Laura da Silva Luz Fernandes – Clerk

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

Marina Viana

Date: June 25, 2025.

INSTRUMENTO PARTICULAR DE COMPROMISSO DE COMPRA E VENDA DE IMÓVEL FINANCIADO (CESSÃO DE DIREITOS E OBRIGAÇÕES)

Por este instrumento particular de compromisso de compra e venda de imóvel financiado (cessão de direitos e obrigações) as PARTES abaixo qualificadas, assim chamadas quando mencionadas em conjunto, com a devida **boa fé e confiança no empenho da palavra dada**, têm entre si, como justo e contratado o seguinte:

CEDENTES VENDEDORES: WANUZA PEREIRA SILVA, brasileira, casada, advogada, CPF 774.191.461-87, RG 4413002 DGPC-GO, e seu cônjuge, **MANOEL PEREIRA MENDONÇA,** brasileiro, casado, motorista, CPF 332.846.871-49, RG 2085511 SPTC-GO, residentes e domiciliados na Rua, Rio Branco, QD 13, Lote 25, Residencial Petrópolis, Goiânia-Go, denominados simplesmente **VENDEDORES.**

CESSIONÁRIOS COMPRADORES: IBSON HUGGO ITALLO FRANCISCO PEREIRA SILVA, brasileiro, corretor de seguros, portador do CPF nº 038.440.971-71 e RG nº 5376572 DGPC/GO e sua esposa **JESSICA RODRIGUES ALVES,** brasileira, auxiliar administrativo, portadora da RG nº 5592886 SSP/GO e CPF nº 039.821.101-90, residentes e domiciliados na Rua SR 24, Quadra 14-A, Lote 19, Casa 02, Parque Santa Rita, nesta cidade de Goiânia-GO, denominados simplesmente **COMPRADORES.**

CLAUSULAS CONTRATUAIS

CLÁUSULA PRIMEIRA: o objeto do contrato é compra e venda do **AGIO** (cessão de direitos e obrigações) de **Uma casa residencial, com 126,02m², de área privativa construída, e as seguintes divisões internas:** sendo três dormitórios, com dois tipos suítes, banheiro social, sala, cozinha, corredor de circulação, área de serviço, banheiro de serviço, garagem para dois carros coberta, e churrasqueira a carvão, situado na Rua SR 24, Quadra 14-A, Lote 19, Casa 02, Parque Santa Rita, nesta cidade de Goiânia-Go, respectivamente inscrito na prefeitura sob nº **341.088.016.8000-8**, e Registrada no Cartório de Imóveis da 1ª Circunscrição de Goiânia-GO, sob a matricula nº R-2-335065, em 01/02/2019, em nome dos **Cedentes Vendedores**, financiado junto a Instituição financeira Banco Bradesco S/A, **em 360 (trezentos e sessenta) parcelas, com prazo final de pagamento em 28/11/2048, com composição de renda exclusivamente em nome da Cedente Vendedora Wanuza Pereira Silva.**

CLAUSULA SEGUNDA: Que, pelo presente instrumento e na melhor forma de direito, os **Cedentes Vendedores** prometem vender/ceder aos **Cessionários Compradores**, e estes a comprar-lhes todos os direitos e obrigações sobre o ágio do imóvel descrito na Cláusula anterior, pelo preço certo e ajustado de **R$ 35.000,00 (trinta e cinco mil reais),** valor este que está sendo pago em moeda corrente no ato da assinatura do presente contrato.

Paragrafo Primeiro: Que o financiamento bancário mencionado na clausula primeira do presente contrato, continuará em nome da **Cedente vendedora Wanuza Pereira Silva**, se comprometendo os **Cessionários Compradores** a honrar categoricamente os vencimentos das parcelas, sob pena de rescisão do presente contrato com aplicação das multas aqui estipuladas.

CLAUSULA TERCEIRA: Os **Cedentes Vendedores** comprometem-se a entregar o imóvel acima citado, no ato da assinatura deste instrumento, livre, desocupado e desembaraçado de quaisquer ônus, dívidas ou dúvidas de qualquer natureza, mesmo legais, quite com as taxas de água, energia elétrica, taxa de condomínio, prestação, IPTU, e qualquer outro ônus que recaia sobre o mesmo até a presente data, com

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exceção da Hipoteca em favor do BANCO BRADESCO S/A, hipoteca esta, que lhe é transferida, através deste instrumento e os Cessionários Compradores declaram conhecer e assume a responsabilidade do pagamento **PONTUAL de todas as prestações do referido financiamento, a partir desta data até sua quitação.**

Parágrafo primeiro: Todos os impostos, taxas e multas que recaírem sobre o imóvel, bem como taxa da Enel, Saneago, IPTU, objeto do presente contrato, correrão por conta dos **VENDEDORES** até a transmissão da posse, a partir de então os **COMPRADORES** ficarão responsáveis por tais obrigações, mesmo que venham em nome da promitente vendedora Wanuza Pereira Silva.

Parágrafo segundo: ao emitirem-se na posse do imóvel, os compradores poderão nele introduzir benfeitorias, construir ou reformar o que julgar necessário, obrigando-se, ainda, a defender o citado imóvel da turbação de terceiros.

CLAUSULA QUARTA: Os Cedentes Vendedores se obrigam e se comprometem por si e por seus herdeiros e sucessores, a outorgar e assinar o competente instrumento de transferência junto ao Agente Financeiro ou Cartório competente, a favor do Cessionários Compradores e este a receber a outorga em seu nome ou de pessoa pelo mesmo designado, do imóvel compromissado, assim que for concluída a quitação total das parcelas.

Parágrafo primeiro: O presente contrato tem força executiva para substituir instrumento de transferência junto ao Agente Financeiro para expedição de quitação em nome dos Cessionário compradores.

Paragrafo segundo: Todas as despesas relativas à Transferência do imóvel, serão de inteira responsabilidade dos Compromissários Compradores, bem como o seu registro, ISTI, e outras taxas que forem cobradas, para tal finalidade.

Parágrafo terceiro: Na época da aludida transferência do imóvel, os Cedentes vendedores se obrigam a regularizar sua situação que por ventura esteja impedindo a transferência do aludido imóvel. Esta regularização de situação, refere-se ao impedimento de liberação de Certidões Negativas para a referida transferência.

CLAUSULA QUINTA: As partes reciprocamente comprometem-se a prestarem mútuo auxílio necessário para a devida consecução do presente contrato, exemplificativamente providenciando documentos em seu poder, assinando os necessários, ou, praticando os atos indispensáveis a eficiente conclusão dessa compra e venda (cessão de direitos e obrigações), bem como na quitação do financiamento bancário Bradesco na data aprazada e transferência do imóvel para o nome dos Cessionários compradores.

CLAUSULA SEXTA: As partes renunciam expressamente o direito de arrependimento e conferem à transação o caráter irrevogável e irretratável para todos os efeitos legais.

CLAUSULA SÉTIMA: Considerando que o imóvel objeto deste instrumento é financiado pelo sistema financeiro de habitação e consequentemente protegido por seguro contra danos físicos pessoais intransferível, fica desde já, acordado que em caso de sinistro da **Cedente Vendedora Wanuza Pereira Silva,** seus herdeiros e sucessores se comprometem a transmitir a posse, domínio, direito e ação do mesmo aos Cessionários compradores, sem contudo dele exigir novos pagamentos ou indenizações.

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Parágrafo único: Fica desde já, autorizado aos Cessionários compradores a habilitar-se no respectivo processo de indenização (caso existente) e requerer junto ao Cartório e/ou Juízo competente a Carta de Adjudicação expedida em seu favor, relativamente ao imóvel objeto deste instrumento, em caso de sinistro da cedente vendedora.

CLÁUSULA OITAVA: Fica convencionado entre as partes, aqui contratantes, que em caso de descumprimento de qualquer Cláusula ou condições imposta neste Contrato, ensejará a rescisão do presente ato jurídico, sujeitando a parte culpada ao pagamento em benefício da parte inocente de uma multa contratual equivalente a 10% (dez por cento), sobre o valor do montante total descrito no caput da Cláusula Segunda e demais despesas devidamente comprovadas, sem prejuízo das demais penalidades previstas por Lei vigentes no país.

CLÁUSULA NONA: O presente contato é celebrado em caráter irretratável e irrevogável, obrigando-se as partes por si e seus sucessores, vedado o arrependimento e admitida a sua rescisão nos casos admitidos em lei.

CLÁUSULA DÉCIMA: Os casos omissos no presente Contrato deverão ser supridos, se necessário, pelo que dispuserem as Leis comerciais e civis, e os usos e costumes do lugar.

CLÁUSULA DÉCIMA PRIMEIRA: Para dirimir qualquer dúvida fundada neste Contrato, fica eleito o foro da Comarca de Goiânia – GO, por mais especial que outro seja.

As partes contratantes, após terem tido prévio conhecimento do texto deste instrumento e compreendido o seu sentido e alcance, têm justo e acordado o presente contrato de compra e venda de imóvel (Cessão de direito e obrigações) descrito e caracterizado neste instrumento, assinando abaixo e rubricando as 2 (duas) páginas deste que é composto de 03 (três) vias de igual teor, para um só efeito, juntamente com as 02 (duas) testemunhas julgadas idôneas e presentes, para que produza todos os seus legais efeitos.

Goiânia-GO, 26 de abril de 2019

8º TAB.

Wanuza Pereira Silva
Cedente vendedora

8º TAB.

Manoel Pereira Mendonça
Cedente vendedor

8º TAB.

Ibson Huggo Hallo F. Pereira Silva
Cessionário comprador

8º TAB.

Jessica Rodrigues Alves
Cessionária compradora

TESTEMUNHAS:

1ª Eleitor nélio da Silva
Nome:
R.G.: 2.158-334
CPF: 589.506.801.49

2ª Levi de Melo Neto
Nome: LEVI DE MELO NETO
R.G.: 4037/ OAB/GO
CPF. 030.563.361.98

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CARTÓRIO LUCAS FERNANDES
"8º TABELIONATO DE NOTAS DE GOIÂNIA"
Cartório Lucas Fernandes - 8º Tabelionato de Notas
Consulte o selo em http://extrajudicial.tjgo.jus.br/selo
02081612080944094802920 0080-754679
Reconheço por VERDADEIRA a assinatura de JESSICA RODRIGUES ALVES, pessoa por mim devidamente identificada, e por haver sido aposta em minha presença, do que dou fé. Goiânia, 12/06/2019.
Em Test° _____da Verdade.
Laura da Silva Luz Fernandes - Escrevente

CARTÓRIO LUCAS FERNANDES
"8º TABELIONATO DE NOTAS DE GOIÂNIA"
Cartório Lucas Fernandes - 8º Tabelionato de Notas
Consulte o selo em http://extrajudicial.tjgo.jus.br/selo
02081612080944094802924, 0080-1689482
02081612080944094802925,
02081612080944094802926
Reconheço por VERDADEIRA as assinaturas de WANUZA PEREIRA SILVA, MANOEL PEREIRA MENDONÇA e IBSON HUGGO ITALLO FRANCISCO PEREIRA SILVA, pessoa por mim devidamente identificada, e por haver sido aposta em minha presença, do que dou fé. Goiânia, 12/06/2019.
Em Test° _____da Verdade.
Laura da Silva Luz Fernandes - Escrevente

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Technical Property Appraisal

Residential property located at **Rua SR24, Block 14A, Lot 19, Unit HOUSE 02, RES. BRENO HENRIQUE ROCH PRQ SANTA RITA.**

Property Registration Number: 341.088.0168.0011

Owners: Ibson Huggo Italo F. P. Silva and Jessica Rodrigues Alves

Land Area: 420.82 m²

Built Area: 126 m²

Appraisal Requested By: Ibson Huggo Italo F. P. Silva and Jessica Rodrigues Alves

CPF (Tax ID): 774.191.461-87

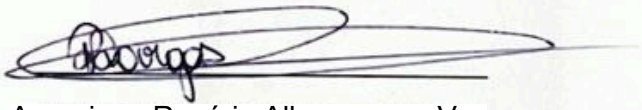
The property features the following layout: A house with 3 bedrooms, including 2 suites, 1 shared bathroom, and a spacious living room integrated with an open-concept kitchen (American style). The house includes built-in cabinetry in one of the suites, as well as in the kitchen and bathrooms. The structure is approximately 7 years old, with porcelain tile flooring, granite countertops and sinks, an indoor garden space, and tempered glass windows.

Exterior Features: Corner lot with a garden (grassy area), covered side area with half bath, barbecue space, and laundry/service area.

Based on the observations above and considering the land’s location, shape, dimensions, built area, usability, construction characteristics, regional average price per square meter, surrounding infrastructure and public services, commerce availability, the property's age, room layout, quality of materials used, finishes, and general state of conservation, the estimated market value of the property is: **R$420,000.00 (Four hundred and twenty thousand Brazilian reais).**

NOTE: THE PROPERTY MUST COMPLY WITH ALL CONSTRUCTION STANDARDS FOR HOUSING BANK FINANCING.

Goiânia, 09/27/2024



Appraiser: Rogério Albuquerque Vargas

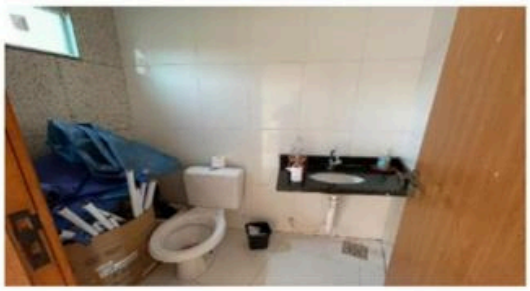
CRECI (Regional Council of Real Estate Brokers) No.: 18.632

CPF: 945.386.971-68

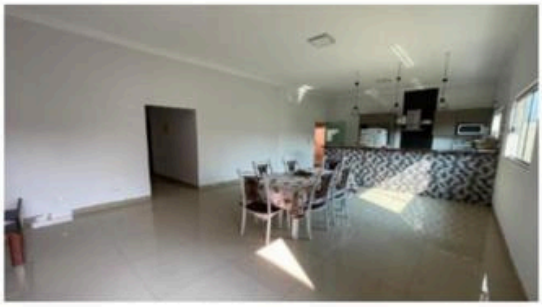








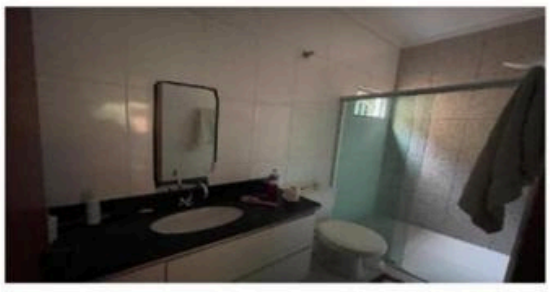


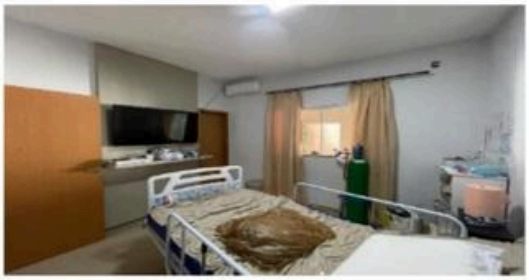


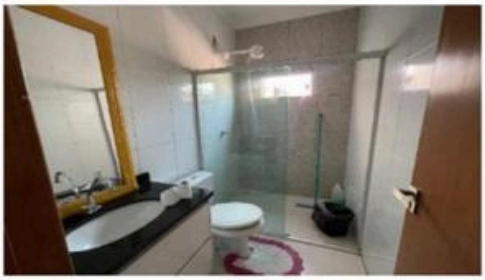




















I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an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

Marina Viana

Date: June 25, 2025.

Avalição técnica de Imóvel

Imóvel residencial localizado na **Rua SR24, QD. 14A, LT.19, COMPL CASA 02, RESID. BRENO HENRIQUE ROCH PRQ SANTA RITA.**

Número de inscrição Cadastral: 341.088.0168.0011

Proprietário: . Ibson Huggo Italo F. P. Silva e Jessica Rodrigues Alves.

Área do Terreno: 420,82 m²

Área de Edificada: 126 m²

Solicitante da Avalição: . Ibson Huggo Italo F. P. Silva e Jessica Rodrigues Alves.

Cpf:774.191.461-87

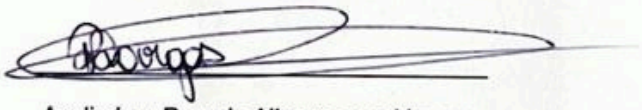
O imóvel apresenta a seguinte Tipologia: Casa com 3/4 sendo 2 suítes, banheiro social, sala ampla com cozinha américa. Apresenta armários planejados em uma das suítes, cozinha e banheiros. Casa com aproximadamente 7 anos de construída, piso porcelanato, bancadas e pias em granito, possui jardim de inverno e janelas em blindex.

Parte externa: Casa de esquina com jardim **(espaço gramado)** área lateral coberta com lavabo, churrasqueira e área de serviço.

Tomando por base as considerações descritas, acima e tendo em vista, quanto ao terreno sua localização, formato, dimensões, área construída, condições de aproveitamento, características da construção padrão valor do m² da região, situação e serviços públicos, comércios, idade do imóvel, distribuição dos cômodos, qualidade dos matérias empregados, acabamentos e estado em geral de conservação, avalio o imóvel quanto ao valor de comercialização em: **R$420.000,00 (QUATROCENTOS E VINTE MIL REAIS)**

OBS: O IMOVEL APRESENTAR TODAS AS NORMAS CONSTRUTIVAS PARA FINANCIAMENTO BANCARIO HABITACIONAL .

Goiânia: 27\09\2024.



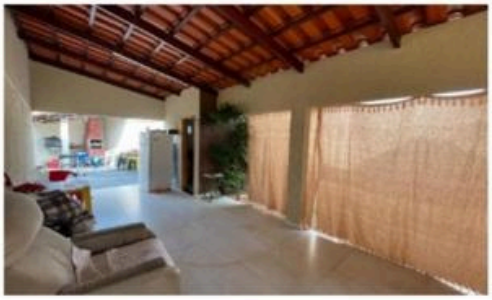
Avaliador: Rogerio Albuquerque Vargas

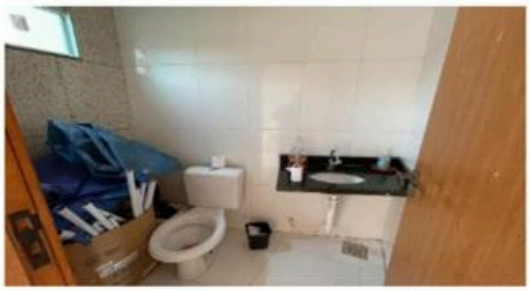
Creci:18.632

CPF:945,386.971-68

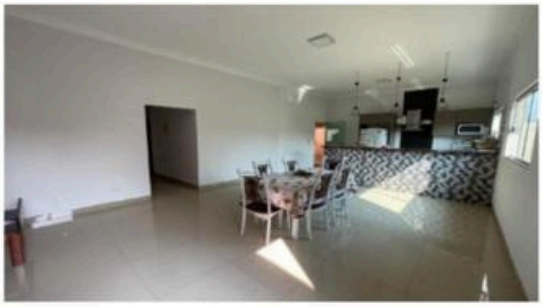








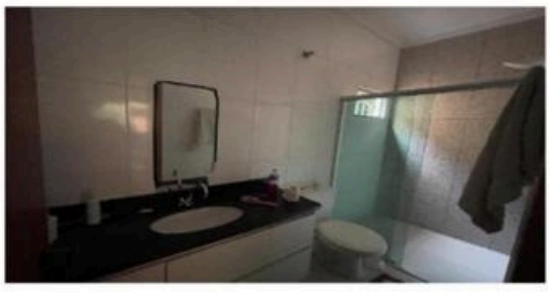


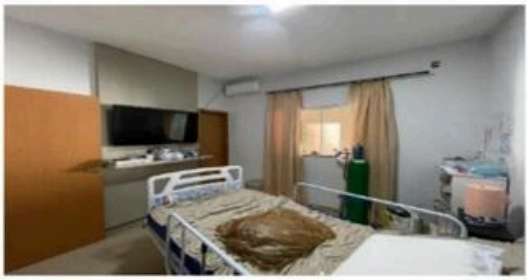


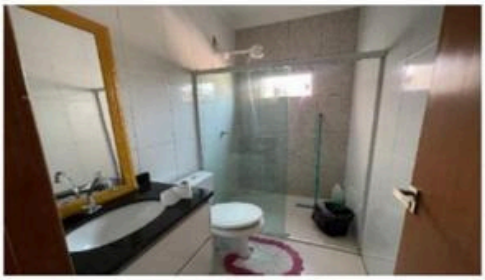




















Case: 5484256-67.2025.8.09.0146
Action 1: Petition Submitted
File 15: 40.350mat.3.879_compressed.pdf

VALUE: R$ 750,000.00
CIVIL AND LABOR CASE -> Cognizance Proceeding -> Cognizance Procedure -> Special Procedures -> Special Procedures of Contentious Jurisdiction -> Inventory
SÃO LUÍS DE MONTES BELOS - FAMILY AND SUCCESSIONS COURT
User: WANUSA PEREIRA SILVA - Date: 09/23/2025 3:27:19 PM
Document Signed in the Real Estate Signer. To validate the document and its signatures, access: https://assinador.registrodeimoveis.org.br/validare/FPGHM-SZWKM-MR9EM-JCBLD

REAL ESTATE REGISTRY

Umberto José da Mota - Registrar
FEDERATIVE REPUBLIC OF BRAZIL
JUDICIAL DISTRICT OF SÃO LUÍS DE MONTES BELOS – GOIÁS

SIQUEIRA REGISTRY OFFICE

REAL ESTATE REGISTRY, TITLES AND DOCUMENTS, LEGAL ENTITIES, INDIVIDUALS, AND INTERDICTIONS
AVENIDA RIO DA PRATA, 281, CENTRO - ZIP CODE: 76.100-000 - SÃO LUÍS DE MONTES BELOS - GOIÁS
Phone: (64) 3601-1066 / (64) 98402-9099 / Email: cartoriosiqueira@yahoo.com.br

FULL CONTENT CERTIFICATE

CNM No. 028811.2.0003879-32
(National Property Registration Code)

M-0–DATE OF REGISTRATION: September 28, 1982

I **CERTIFY** that this is an authentic reproduction of registration No. **3,879**, from Book 2, reproduced by reprographic means in accordance with Article 19, §1, of Law No. 6,015 of 1973 and Article 41 of Law No. 8,935 of 11/18/1994, and that it conforms to the original: A parcel of rural land intended for agricultural and livestock activities, with an area of 34 alqueires*, 46 litros*, and 20.00 square meters *(approximately 164.6 hectares)*, all consisting of first-and second-class cultivated land and fields, located within the property known as "**FAZENDA SÃO JORGE**", in this city, together with the improvements that are part of it, within a larger area of 409 hectares, 34 ares, and 5 centiares, and bounded as follows: To the north, with Waldivino and Ademar, minor children of Joaquim David, along lines B–C, C and D, with magnetic bearings of 59°40' SE and 21°10' SE, and distances of 2,700 meters and 260 meters; To the south, with Joaquim Vicente Gonçalves and Manoel Rodrigues de Lima, along lines EF, FG, and GA, with magnetic bearings of 83°20' NW, 56°30' NW and 75°30' NW, and distances of 1,600, 760, and 140 meters; To the east, with the "Santo Antônio" Farm, along the watershed divide between the North and South waters from marker D' AD to E, with a distance of 1,160.00 meters; To the west, with Domingos Pereira dos Santos, along line AB, with a magnetic bearing of 31° NE and a distance of 1,700.00 meters. Said property is duly registered with the National Institute for Colonization and Agrarian Reform- INCRA under No. 930.512.003.042-4. Total area: 216.5; Exploited area: 197.2; Exploitable area: 197.2; Module: 29.7; Number of modules: 6.64; Minimum Fraction for Subdivision: 13.0; Landholding classification: Latifundio Exploração *(Productive Large Landholding)*. **OWNERS**: Mr. **EDUARDO TEIXEIRA DE MENDONÇA** and his wife **EUCLIDIA TEIXEIRA DE MENDONÇA**, Brazilians, married, he a farmer, she a housewife, residing in Firminópolis, Goiás. Previous Registration No. 4,527, on page 128, Book 3-C, of the Real Estate Registry of this judicial district. I certify. _____ Deputy Registrar.

R-1-3.879 - Registry Protocol 8.749 - 09/28/82: Pursuant to the Decree of Partition of 06/07/1982, issued by the Family, Orphans and Succession Court of the judicial district of Firminópolis, Goiás, regarding the property described in this registration, appraised at Cr$ 11,755,640.40, the share corresponding to the heir **MARIA MENDONÇA DOS SANTOS** and her husband **VILMAR ARAUJO DOS SANTOS**, Brazilians, married, she a housewife, he an accounting technician, holder of CPF No. 041.519.091-68, residents of Firminópolis, Goiás, amounts to Cr$ 1,175,564.04, corresponding to an area of 3 alqueires, 36 litros, and 365 square meters *(approximately 14.9 hectares)*, all in accordance with the judgment rendered on 05/20/1982, by the Honorable Judge Dr. Ilma Vitoria Rocha, which has become final and unappealable. I certify. _____ Deputy Registrar.

R-2-3.879 - Registry Protocol 8.750 - 09/28/82: Pursuant to the Decree of Partition of 06/07/1982, issued by the Family, Orphans and Succession Court of the judicial district of Firminópolis, Goiás, regarding the property described in this registration, appraised at Cr$ 11,755,640.40, the share corresponding to the heir **NELY DE MENDONÇA PEREIRA** and her husband **ONICIO PEREIRA**, Brazilians, married, she a housewife, he a farmer, resident and domiciled in this city, holder of CPF No. 012.381.831-15, amounts to Cr$ 1,175,564.04, corresponding to an area of 3 alqueires, 36 litros, and 365 square meters *(approximately 14.9 hectares)*, all in accordance with the judgment rendered on 05/20/1982, by the Honorable Judge Dr. Ilma Vitoria Rocha, which has become final and unappealable. I certify. _____ Deputy Registrar.

R-3-3.879 - Registry Protocol 9.114 - 02/09/83: Pursuant to the Decree of Partition of 06/07/1982, issued by the Family, Orphans and Succession Court of the judicial district of Firminópolis, Goiás, regarding the property described in this registration, appraised at Cr$ 11,755,640.40, the share corresponding to the widow and co-heir **EUCLIDIA TEIXEIRA DE MENDONÇA**, Brazilian, widow, a housewife, resident and domiciled in Firminópolis, Goiás, holder of CPF No. 304.921.141-53, amounts to Cr$ 5,877,820.20 (Five million, eight hundred seventy-seven thousand, eight hundred twenty Cruzeiros and twenty centavos), to an area of 17 alqueires, 23 litros, and 10.00 square meters *(approximately 82.3 hectares)*, all in accordance with the judgment rendered on 05/20/1982, by the Honorable Judge Dr. Ilma Vitoria Rocha, which has become final and unappealable. I certify. _____ Deputy Registrar.

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Case: 5484256-67.2025.8.09.0146
Action 1: Petition Submitted
File 15: 40.350mat.3.879_compressed.pdf

VALUE: R$ 750,000.00
CIVIL AND LABOR CASE -> Cognizance Proceeding -> Cognizance Procedure -> Special Procedures -> Special Procedures of Contentious Jurisdiction -> Inventory
SÃO LUÍS DE MONTES BELOS - FAMILY AND SUCCESSIONS COURT
User: WANUSA PEREIRA SILVA - Date: 09/23/2025 3:27:19 PM
Document Signed in the Real Estate Signer. To validate the document and its signatures, access: https://assinador.registrodeimoveis.org.br/validare/FPGHM-SZWKM-MR9EM-JCBLD

Fees: R$27.40; Court Fee: R$0.00; Funds: R$10.95; ISS: R$0.00. Registrar _____.

R-41-3,879 - DATE: 03/05/2020 - PARTITION: This registration is made in accordance with the Public Deed of Partition, executed in the Notary and Protest Office of Firminópolis, Goiás, in Book No. 023, pages 105/108V, by Notary Getúlio Gonzaga de Castro, on 11/29/2019; recorded in this Registry Office under No. 50,501, on 01/20/2020; **to record that the ideal fraction of 20% of the whole property** (which comprises an area of 34 alqueires, 46 litros, and 20.00 meters, equivalent to 167.3450 hectares, including all improvements), that is, **an area of 6 alqueires, 73 litros, and 125.00 square meters, equivalent to 33.4690 hectares**, as stated in **R-1/R-7/AV-23/AV-29/AV-38** above, is being **PARTITIONED**, **MERGING** with others, and registered independently under **Registration No. 17,943**, **in Book 2 of records of this Real Estate Registry Office**, being the responsibility of the declarants Vilmar Araújo Dos Santos and spouse Maria José Mendonça dos Santos, qualified above; for tax purposes, this parcel has been assigned a value of R$318,881.33 (three hundred eighteen thousand eight hundred eighty-one reais and thirty-three centavos). The present technical work was prepared and signed by the Technical Responsible, Dermival Alves Neiva, RNP *(National Registry of Professionals)* 29547164104, and TRT *(Technical Responsibility Term)* No. BR20190314839; all in accordance with Provision 24/2016 of the Judicial Administrative Department of Goiás; and other conditions stated in the present deed. I certify. Fees: R$2,494.97; Court Fee: R$0.00; Funds: R$997.98; ISS: R$0.00. Registrar _____.

AV-42-3,879 – DATE: 03/05/2020 – TRANSFER/MERGER: This annotation is made in accordance with the Public Deed of Partition, executed in the Notary and Protest Office of Firminópolis, Goiás, in Book No. 023, pages 105/108V, by Notary Getúlio Gonzaga de Castro, on 11/29/2019; recorded in this Registry Office under No. 50,501, on 01/20/2020; to record that: **01)** - The parcel referred to in **R-41 above, containing 6 alqueires, 73 litros, and 125.00 square meters, equivalent to 33.4690 hectares**, by the act of **PARTITION**, was **TRANSFERRED** to the independent **Registration No. 17,943**, and **MERGED** with the following areas**: 02)** - The parcel of **(Registration 2,361/R-51**/AV-50/AV-52) with an area of 2 alqueires, equivalent to 9.6800 hectares); **03)** The parcel of **(Registration 2,331/R-13**/AV-12/AV-14) with an area of 1 alqueire and 4 litros, equivalent to 5.0820 hectares); **04)** The parcel of **(Registration 4,529/R-19**/AV-18/AV-20) with an area of 4 alqueires, 10 litros, and 264.00 square meters, equivalent to 19.9914 hectares); all from Book 2 of this Real Estate Registry Office; and other conditions stated in the present deed. I certify. Fees: R$27.40; Court Fee: R$0.00; Funds: R$10.95; ISS: R$0.00. Registrar _____.

AV-43-3.879 - DATE: 11/16/2020 - CAR: This annotation is made to record the registration of the ideal fraction belonging to the co-owners Cecília Pereira Mendonça and Heloisio Eterno de Oliveira, as stated in **R-25** above, object of the present registration in the **Rural Environmental Registry - CAR**; recorded in this Registry Office under No. 51,840, on 09/25/2020; REGISTRATION DATA: Registration in the CAR: GO-5220108-DA8BB7A61A994C67B8412B9C4F20758D; Registration Date: 02/26/2016; Name of Rural Property: "FAZENDA SÃO JORGE"; City: São Luís de Montes Belos/Goiás; Total Area of the Property: 51.9743; Fiscal Modules: 1.73; Consolidated Area: 44.7507; Administrative Easement Area: 0.000; Remaining Native Vegetation Area: 6.8464; Net Area of the Property: 51.9743; Legal Reserve Area: 10.3951; Permanent Preservation Area: 7.0962; Restricted Use Area: 0.000; Owner: Cecília Pereira Mendonça, CPF: 434.834.881-20; Heloisio Eterno de Oliveira, CPF: 425.071.201-00; and other conditions stated in the present instrument. I certify. Fees: R$0.00; Court Fee: R$0.00; Funds: R$0.00; ISS: R$0.00; Electronic Seal: 01862010213123209640003. Registrar _____.

AV-44-3.879 - DATE: 11/16/2020 - TRANSFER/MERGER: This annotation is made in accordance with the Public Deed of Partition, of 10/21/2020, executed in the Notary and Protest Office of Firminópolis, Goiás, in Book No. 031, pages 024/027; recorded in this Registry Office under No. 51,840, on 10/21/2020; to record that after the perimeter survey in compliance with the **merger/partition** process: **1)** The parcel referred to in **R-25 above**, containing **01 alqueire, 58 litros and 182.00m²**, corresponding to 8.3672 hectares, was **MERGED** with the following areas: **02)** The fraction recorded under **Registration 2.332/R-7**, containing an area of **02 alqueires and 40 litros**, corresponding to 12.1000 hectares;

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Case: 5484256-67.2025.8.09.0146
Action 1: Petition Submitted
File 15: 40.350mat.3.879_compressed.pdf

03) The fraction recorded under **Registration 2.331/R-10**, containing an area of **01 alqueire, 11 litros and 301.00m²**, corresponding to 5.5356 hectares; all from Book 02 of this Real Estate Registry Office, after the topographic survey of these parcels, in compliance with the request for partition combined with merger, this aforementioned fraction will be registered independently with its own boundaries, after this registration. The present technical works were prepared and signed by the Technical Responsible José Valdivino Barbosa, RNP/CFT: 11738952134 and TRT No. BR20200747051, of 09/10/2020; and other conditions stated in the present Deed. I certify. Fees: R$27.40; Court Fee: R$0.00; Funds: R$10.95; ISS: R$0.00; Electronic Seal: 01862010213123209640003. Registrar _____.

R-45-3.879 - DATE: 11/16/2020 - PARTITION: This registration is made in accordance with the Public Deed of Partition, of 10/21/2020, executed in the Notary and Protest Office of Firminópolis, Goiás, in Book No. 031, pages 024/027; recorded in this Registry Office under No. 51,840, on 10/21/2020; **to record that the ideal fraction of 4.99% of the whole** (which contains an area of 34 alqueires, 46 litros and 20.00m², corresponding to 8.3672 hectares, **that is, an area of 01 alqueire, 58 litros and 182m²**, corresponding to 8.3672 hectares), as stated in **R-25**/AV-24/AV-43/AV-44 above, was **PARTITIONED** and registered independently with its own boundaries under **Registration No. 18.287**, Book 02 of this Real Estate Registry Office; belonging in equal parts exclusively to the Declarants/Co-owners **CECÍLIA PEREIRA MENDONÇA** and **HELOISIO ETERNO DE OLIVEIRA**, qualified above; this parcel was assigned the value of R$122,275.73 (one hundred twenty-two thousand two hundred seventy-five reais and seventy-three centavos); and other conditions stated in the present Deed. I certify. Fees: R$1,612.81; Court Fee: R$0.00; Funds: R$645.11; ISS: R$0.00; Electronic Seal: 01862010213123209640003. Registrar _____.

R-46-3.879 - DATE: 28/06/2021 - PURCHASE AND SALE AGREEMENT: This registration is made in accordance with the Request and the Purchase and Sale Agreement of the property executed on 10/24/2016 and ratified on 05/04/2021; recorded in this Registry Office under No. 52.878, on 05/07/2021; **to state that the ideal fraction of 0.72% of the whole** (which contains 34 alqueires, 46 litros and 20.00m², corresponding to 167.3450 hectares), **that is, an area to be withdrawn from R-28 above**, was committed for sale to **IBSON HUGGO ÍTALLO FRANCISCO PEREIRA SILVA** - ID No. 5376572 SSP/GO and CPF No. 038440971-71, Brazilian, born on 04/24/1993, insurance broker, married under the regime of partial community of property on 07/16/2016, with **JESSICA RODRIGUES ALVES** - ID No. 5592886 SSP/GO and CPF No. 039.821.101-90, Brazilian, born on 05/11/1994, administrative assistant, residing at Rua VV-5, Tower C-3, Apartment 1.203, Residencial Invent Juy, St. Village Veneza, Goiânia/Goiás. For the amount of R$25,000 (twenty-five thousand reais), paid monthly in five (05) installments of R$5,000.00 each, in the following order: 1st installment on 01/24/2017; 2nd installment on 02/24/2017; 3rd installment on 03/24/2017; 4th installment on 04/24/2017; 5th installment on 05/24/2017. By the owners Nely de Mendonça Pereira and her husband Onício Pereira, qualified above. Said property is duly registered with INCRA under CCIR 2020, No. 930.512.014.028-9; Property number at the Brazilian Federal Revenue Service - NIRF: 9.516.367-0. And other conditions stated in the present Agreement. I certify. Fees: R$447.95; Court Fee: R$16.33; Funds: R$179.20; ISS: R$0.00; Electronic Seal: 01862105015646409640039. Registrar _____.

The above is true and I certify.

São Luís de Montes Belos - Goiás, March 7, 2024.

_____
Umberto José da Mota
Registrar

1 - For the purposes of transfer (sale and purchase, exchange, donation, etc.), this certificate is valid for 30 (thirty) days, as established by Article 1, IV b, of Decree No. 93.240/1986, which regulates Law No.

Court of Justice of the State of Goiás
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VALUE: R$ 750,000.00
CIVIL AND LABOR CASE -> Cognizance Proceeding -> Cognizance Procedure -> Special Procedures -> Special Procedures of Contentious Jurisdiction -> Inventory
SÃO LUÍS DE MONTES BELOS - FAMILY AND SUCCESSIONS COURT
User: WANUSA PEREIRA SILVA - Date: 09/23/2025 3:27:19 PM
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Real Estate Registry of Brazil

Case: 5484256-67.2025.8.09.0146
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7.433/1985

2 - According to Article 1 of Law No. 20.955/2020, it is a necessary condition for real estate registration acts to demonstrate or declare in the public instrument to be registered the full payment of the Institutional Funds referred to in Article 15, §1, of Law 19.191/2015, based on the calculation of Table XIII of Law No. 14.376/2002, including in the case of a document executed in another unit of the Federation.

Fees: R$88.30
Court Fee: R$18.29
ISSQN 5%: R$4.44
Fundesp 10%: R$8.81
Funemp 3%: R$2.65
Funcomp 3%: R$2.65
Fepadsaj 2%: R$1.79
Funrpoge 2%: R$1.79
Fundepeg 1.25%: R$1.08
Total: R$129.80

JUDICIARY - STATE OF GOIÁS
Electronic Inspection Seal
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Consult at:
http://see.tjgo.jus.br/buscas

***** *Disclaimer: 'alqueire'/ 'litros': traditional Brazilian land measures*

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VALUE: R$ 750,000.00
CIVIL AND LABOR CASE -> Cognizance Proceeding -> Cognizance Procedure -> Special Procedures -> Special Procedures of Contentious Jurisdiction -> Inventory
SÃO LUÍS DE MONTES BELOS - FAMILY AND SUCCESSIONS COURT
User: WANUSA PEREIRA SILVA - Date: 09/23/2025 3:27:19 PM

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


_____ Date: November 14, 2025.

Processo: 5484256-67.2025.8.09.0146
Movimentacao 1 : Peticão Enviada
Arquivo 15 : 40.350mat.3.879_compressed.pdf

Valor: R$ 750,000,00
PROCESSO CIVEL E DO TRABALHO -> Processo de Conhecimento -> Procedimento de Conhecimento -> Procedimentos Especiais -> Procedimentos Especiais de Jurisdição Contenciosa -> Inventário
SÃO LUIS DE MONTES BELOS - VARA DE FAMILIA E SUCESSÕES
Usuário: WANUZA PEREIRA SILVA - Data: 23/09/2025 15:27:19

Documento assinado no Assinador Registro de Imóveis. Para validar o documento e suas assinaturas acesse https://assinador.registrodeimoveis.org.br/validate/EPGH-MVSZ-WKMJ-MPEM-JCBU

CERTIDÃO DE INTEIRO TEOR

CNM Nº 028811.2.0003879-32

M-0-DATA DO REGISTRO: 28 de setembro de 1982

CERTIFICO, que a presente é reprodução autêntica da matrícula n° **3.879**, do Livro 2, foi extraída por meio reprográfico nos termos do Art. 19, §1°, da Lei 6.015 de 1973 e Art. 41 da Lei 8.935 de 18/11/1994 e está conforme o original: Uma gleba de terras rural destinada a atividades agropastoris, com a área de 34 alqueires, 46 litros e 20,00 metros quadrados, toda de culturas de 1ª e 2ª categorias e campos, situada no imóvel denominado **"FAZENDA SÃO JORGE"**, neste município com as benfeitorias, que a integra, dentro de uma área maior de 409 ha 34a e 5ca, está compreendida dentro dos seguintes limites e confrontações: Ao Norte com Waldivino e Ademar, filhos menor de Joaquim David, pelas linhas B-C, C e D, com rumos Magnéticos de 59º 40'SE e 21º10'SE e as distâncias de 2.700 metros e 260; Ao Sul com Joaquim Vicente Gonçalves e Manoel Rodrigues de Lima, pelas linhas EF FG GA com aos rumos Magneticos de 83º20NW 56º30NW e 75º30NW com as distância de 1.600, 760 e 140 metros, pelo Nascente com a Fazenda de "Santo Antonio" pelo espigão divisor das águas Norte e Sul do estado do marco D' AD E" com as 1.160,00 metros; Pelo poente com Domingos Pereira dos Santos, pela linha AB com o rumo magnético de 31ºNE, com as distâncias de 1.770,00 metros". Dito imóvel esta legitimamente cadastrado no Instituto Nacional de Colonização e Reforma Agrária-INCRA. sob o nº 930.512.003.042-4, Total 216,5; Área Explorada 197,2; Área Exploravel 197,2; Mod. 29,7; nº de mod. 6,64 Fração Mínima de Parcelamento 13,0; Classificação Latifúndio Exploração: **PROPRIETÁRIOS:** o Sr. **EDUARDO TEIXEIRA DE MENDONÇA** e sua mulher **EUCLIDIA TEIXEIRA DE MENDONÇA**, brasileiros, casados, ele agropecuarista, ela do lar, residente e domiciliado em Firminopolis-GO. Reg. Ant. nº 4.527, às fls. 128, do livro 3-C, do CRI desta comarca. Dou fé, _____ - Oficial Substituto.

R-1-3.879 - PROT. 8.749 - 28/09/82: Nos termos do Formal de Partilha de 07/06/82, Expedido pelo Cartório de Familia Órfão e Sucessões da comarca de Firminópolis-GO, do imóvel constante da presente matrícula, avaliado por Cr$ 11.755.640,40, coube à herdeira **MARIA JOSÉ MENDONÇA DOS SANTOS** e seu marido **VILMAR ARAUJO DOS SANTOS**, brasileiros, casados, ela do lar, ele técnico em contabilidade, portadores do CPF nº 041.519.091-68, residentes e domiciliados em Firminópolis-Go.; a quantia de Cr$ 1.175.564,04, que correspondem a área de 03 alqueires 36 litros e 365 metros quadrados mais ou menos, tudo conforme faz certo a sentença de 20/05/82, prolatada pela Juiza de Direito Dra. Ilma Vitoria Rocha. a qual transitou livremente em julgado. Dou fé, _____ - Oficial Substituto.

R-2-3.879 - PROT. 8.750 - 28/0982: Nos termos do Formal de Partilha de 07/06/82, expedido pelo Cartório de Familia Órfão e Sucessões da comarca de Firminópolis-Go, do imóvel constante da presente matricula, avaliado por Cr$ 11.755.640,40, coube à herdeira **NELY DE MENDONÇA PEREIRA** e seu marido **ONICIO PEREIRA**, brasileiros, casados, ela do lar, ele fazendeiro, residente e domiciliado nesta cidade, portadores do CPF nº 012.381.831-15, a quantia de Cr$ 1.175.564,04, que correspondem a área de 03 alqueires 36 litros 365 metros quadrados mais ou menos, tudo conforme faz certo a sentença de 20/05/82, prolatada pela Juiza de Direito Dra. Ilma Vitoria Rocha. a qual transitou livremente em julgado. Dou fé, _____ - Oficial Substituto.

R-3-3.879 - PROT. 9.114 - 09/02/83: Nos termos do Formal de Partilha de 07/06/82, expedido pelo Cartório de Familia, Órfão e Sucessões da comarca de Firminópolis-GO, o imóvel constante da presente matricula, avaliado por CR$ 11.755.640,40, coube à viúva meeira, **EUCLIDIA TEIXEIRA DE MENDONÇA**, brasileira, viúva, do lar, residente e domiciliado em Firminópolis-Go, portadora do CPF nº 304.921.141-53, a quantia de Cr$ 5.877.820,20 (Cinco Milhões, Oitocentos e Setenta e Sete Mil Oitocentos e Vinte Cruzeiros e Vinte Centavos) correspondente a 17 alqueires, 23 litros e 10,00 metros quadrados; tudo conforme faz certo a sentença de 20/05/82, prolatada pela Juiza de Direito, Dra. Ilma Vitoria Rocha, a qual transitou livremente em julgado. Dou fé, _____ - Oficial Substituto.

Tribunal de Justiça do Estado de Goiás
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Processo: 5484256-67.2025.8.09.0146
Movimentacao 1 : Peticão Enviada
Arquivo 15 : 40.350mat.3.879_compressed.pdf

Emolumentos: R$ 27,40; Taxa Judiciária: R$ 0,00; Fundos: R$ 10,95; ISS: R$ 0,00. Oficial _____.

R-41-3.879 - DATA: 05/03/2020 - ESTREMAÇÃO: Procede-se a este registro nos termos da Escritura Pública de Estremação, lavrada nas notas do Tabelionato de Notas e Protesto de Firminopolis-GO, no Livro n° 023, fls. 105/108V, pelo Tabelião Getúlio Gonzaga de Castro, aos 29/11/2019; prenotada neste Serviço Registral sob n° 50.501, em 20/01/2020; **para constar que a fração ideal de 20% do todo** (que contém a área de 34 alqueires, 46 litros e 20,00 metros, correspondentes 167,3450ha, com todas as benfeitorias que a integram), ou seja, **uma área com 06 alqueires, 73 litros e 125,00 metros quadrados, correspondentes a 33,4690 hectares**, constante do **R-1/R-7/AV-23/AV-29/AV-38** acima, está sendo **ESTREMADA,** fazendo **FUSÃO** com outras, e matriculadas autonomamente sob o nº **Mat. 17.943, do livro 2 de fichas deste CRI,** cabendo aos declarantes Vilmar Araújo Dos Santos e s/m. Maria José Mendonça dos Santos, acima qualificados; para os fins fiscais foi atribuído a esta gleba o valor de R$ 318.881,33 (trezentos e Dezoito Mil Oitocentos e Oitenta e Um Reais e Trinta e Três Centavos). Os presentes trabalhados técnicos foram elaborados e assinados pelo Responsável Técnico, Dermival Alves Neiva, RNP 29547164104, e TRT nº BR20190314839; tudo conforme preconiza Provimento 24/2016 da CGJ/GO; e, demais condições constantes da presente escritura. Dou fé. Emolumentos: R$ 2.494,97; Taxa Judiciária: R$ 0,00; Fundos: R$ 997,98; ISS: R$ 0,00. Oficial _____.

AV-42-3.879 - DATA: 05/03/2020 - TRANSFERÊNCIA/FUSÃO: Procede-se a esta averbação nos termos da Escritura Pública de Estremação, lavrada nas notas do Tabelionato de Notas e Protesto de Firminopolis-GO, no Livro n° 023, fls. 105/108V, pelo Tabelião Getúlio Gonzaga de Castro, aos 29/11/2019; prenotada neste Serviço Registral sob n° 50.501, em 20/01/2020; para constar que: **01) -** A gleba constante do **R-41 acima, contendo 06 alqueires, 73 litros e 125,00 metros quadrados geométricos, correspondentes à 33,4690 hectares**, pelo ato da **ESTREMAÇÃO**, a mesma foi **TRANSFERIDA** para a matricula autônoma sob o nº **Mat. 17.943,** estando **FUNDIDA** com as seguintes áreas; **02) -** A gleba objeto da **(Mat. 2.361/R-51**/AV-50/AV-52 com a área de 02 alqueires, correspondentes à 9,6800 hectares); **03) -** A gleba objeto da **(Mat. 2.331/R-13**/AV-12/AV-14 com a área de 01 alqueire e 04 litros, correspondentes à 5,0820 hectares); **04) -** A gleba objeto da **(Mat. 4.529/R-19**/AV-18/AV-20 com a área de 04 alqueires, 10 litros e 264,00 metros quadrados, correspondentes à 19,9914 hectares); todas do livro 02, deste CRI; e, demais condições constantes da presente Escritura. Dou fé. Emolumentos: R$ 27,40; Taxa Judiciária: R$ 0,00; Fundos: R$ 10,95; ISS: R$ 0,00. Oficial _____.

AV-43-3.879 - DATA: 16/11/2020 - CAR: Procede-se a esta averbação para constar a inscrição da fração ideal pertencente aos coproprietários Cecília Pereira Mendonça, e Heloisio Eterno de Oliveira, constante do **R-25** acima, objeto da presente matrícula no **Cadastro Ambiental Rural - CAR**; prenotado neste Serviço Registral sob o nº 51.840, em 25/09/2020; DADOS DA INSCRIÇÃO: Registro no CAR: GO-5220108-DA8BB7A61A994C67B8412B9C4F20758D; Data Cadastro: 26/02/2016; Nome do Imóvel Rural: "FAZENDA SÃO JORGE"; Município: São Luís de Montes Belos/GO; Área total do Imóvel: 51,9743; Módulos Fiscais: 1,73; Área Consolidada: 44,7507; Área de Servidão Administrativa: 0,0000; Área Remanescente de Vegetação Nativa: 6,8464; Área Líquida do Imóvel: 51,9743; Área de Reserva Legal: 10,3951; Área de Preservação Permanente: 7,0962; Área de Uso Restrito: 0,0000; Proprietário/Possuidor: Cecília Pereira Mendonça, CPF: 434.834.881-20; Heloisio Eterno de Oliveira, CPF: 425.071.201-00; e, demais condições constantes do presente instrumento. Dou fé. Emolumentos: R$ 0,00; Taxa Judiciária: R$ 0,00; Fundos: R$ 0,00; ISS: R$ 00,00; Selo Eletrônico: 01862010213123209640003. Oficial. _____.

AV-44-3.879 - DATA: 16/11/2020 - TRANSFERÊNCIA/FUSÃO: Procede-se a esta averbação nos termos da Escritura Pública de Estremação, datada de 21/10/2020, lavrada no Tabelionato de Notas e Protesto de Firminópolis-GO, no Livro n° 031, fls. 024/027; prenotada neste Serviço Registral sob nº 51.840, em 21/10/2020; para constar que após o levantamento perimetral em cumprimento ao processo de **fusão/estremação**: **1)** A gleba constante do **R-25 acima**, contendo **01 alqueire, 58 litros e 182,00m²**, correspondentes à 8,3672 hectares, fora **FUNDIDA** com as seguintes áreas: **02)** A fração constante da **Mat. 2.332/R-7**, contendo uma área com **02 alqueires e 40 litros**, correspondentes à 12,1000 hectares;

Valor: R$ 750,000,00
PROCESSO CIVEL E DO TRABALHO -> Processo de Conhecimento -> Procedimento de Conhecimento -> Procedimentos Especiais -> Procedimentos Especiais de Jurisdição Contenciosa -> Inventário
SÃO LUIS DE MONTES BELOS - VARA DE FAMILIA E SUCESSÕES
Usuário: WANUZA PEREIRA SILVA - Data: 23/09/2025 15:27:19
Documento assinado no Assinador Registro de Imóveis. Para validar o documento e suas assinaturas acesse https://assinador.registrodeimoveis.org.br/validar e informe o código: EPGM-MWKM-MPEM-CBUD
Tribunal de Justiça do Estado de Goiás
Documento Assinado e Publicado Digitalmente em 19/06/2025 16:30:37
Assinado por ADAO JOSE FERREIRA:01878743104
Localizar pelo código: 109687685432563873744361763, no endereço: https://projudi.tjgo.jus.br/p

Processo: 5484256-67.2025.8.09.0146
Movimentacao 1 : Peticão Enviada
Arquivo 15 : 40.350mat.3.879_compressed.pdf

03) A fração constante da **Mat. 2.331/R-10**, contendo uma área com **01 alqueire, 11 litros e 301,00m²**, correspondentes à 5,5356 hectares; todas do livro 02, deste CRI, após este levantamento topográfico sobre estas partes, em cumprimento ao pedido estremação cumulado ao de fusão, esta fração, retro indicada, será matriculada autonomamente com as divisas próprias, após este registro. Os presentes trabalhos técnicos foram elaborados e assinados pelo Responsável Técnico José Valdivino Barbosa, RNP/CFT: 11738952134 e TRT nº BR20200747051, datam-se de 10/09/2020; e, demais condições constantes da presente Escritura. Dou fé. Emolumentos: R$ 27,40; Taxa Judiciária: R$ 0,00; Fundos: R$ 10,95; ISS: R$ 0,00. Selo Eletrônico: 01862010213123209640003. Oficial _____

R-45-3.879 - DATA: 16/11/2020 - ESTREMAÇÃO: Procede-se a este registro nos termos da Escritura Pública de Estremação, datada de 21/10/2020, lavrada no Tabelionato de Notas e Protesto de Firminópolis-GO, no Livro n° 031, fls. 024/027; prenotada neste Serviço Registral sob nº 51.840, em 21/10/2020; **para constar que a fração ideal com 4,99% do todo** (que contém a área de 34 alqueires, 46 litros e 20,00m², correspondentes à 167,3450 hectares), **ou seja, a área de 01 alqueire, 58 litros, e 182,00m²**, correspondentes à 8,3672 hectares, constante do **R-25**/AV-24/AV-43/AV-44 acima, foi **ESTREMADA** e matriculada autonomamente com as divisas próprias, sob o nº **Mat. 18.287**, do livro 02 deste CRI; cabendo em partes iguais exclusivamente aos Declarantes/Coproprietários **CECÍLIA PEREIRA MENDONÇA**, e **HELOISIO ETERNO DE OLIVEIRA**, acima qualificado; atribuído a esta gleba o valor de R$ 122.275,73 (Cento e Vinte e Dois Mil Duzentos e Setenta e Cinco Reais e Setenta e Três Centavos); e, demais condições constantes da presente Escritura. Dou fé. Emolumentos: R$ 1.612,81; Taxa Judiciária: R$ 0,00; Fundos: R$ 645,11; ISS: R$ 0,00; Selo Eletrônico: 01862010213123209640003. Oficial _____.

R-46-3.879 - DATA: 28/06/2021 - COMPROMISSO DE COMPRA E VENDA: Procede-se a este registro nos termos do Requerimento e do Contrato de Compromisso de Compra e Venda de Imóvel celebrado aos 24/10/2016 e ratificado aos 04/05/2021; prenotado neste Serviço Registral, sob o n. 52.878, aos 07/05/2021; **para constar que a fração ideal de 0,72% do todo** (que contém 34 alq., 46 lts e 20,00m², correspondentes à 167,3450 hectares), **ou seja, uma área a ser retirada do R-28 acima**, foi comprometida à venda à **IBSON HUGGO ÍTALLO FRANCISCO PEREIRA SILVA** - CI n. 5376572 SSP/GO e CPF n. 038440971-71, brasileiro, nascido aos 24/04/1993, corretor de seguros, casado sob o regime da Comunhão Parcial de Bens, aos 16/07/2016, com **JESSICA RODRIGUES ALVES** - CI n. 5592886 SSP/GO e CPF n. 039.821.101-90, brasileira, nascida aos 11/05/1994, auxiliar administrativa, residentes e domiciliados à Rua VV-5, Torre C-3, Apt. 1.203, Residencial Invent Juy, St. Village Veneza, Goiânia/GO. Pelo valor de R$ 25.000,00 (vinte e cinco mil reais), pagas mensalmente em cinco (05) parcelas de R$ 5.000,00 cada uma, na seguinte ordem: 1ª parcela no dia 24/01/2017; 2ª parcela no dia 24/02/2017; 3ª parcela no dia 24/03/2017; 4ª parcela no dia 24/04/2017; 5ª parcela no dia 24/05/2017. Pelos proprietários Nely de Mendonça Pereira e s/m Onício Pereira, acima qualificados. Dito imóvel encontra-se devidamente Cadastrado no INCRA conforme CCIR 2020, sob o n. 930.512.014.028-9; Número do Imóvel na Receita Federal do Brasil - NIRF: 9.516.367-0. E, demais condições constantes do presente Contrato. Dou fé. Emolumentos: R$ 447,95; Taxa Judiciária: R$ 16,33; Fundos: R$ 179,20; ISS: R$ 0,00. Selo eletrônico: 01862105015646409640039. Oficial _____.

O referido é verdade e dou fé.

São Luis de Montes Belos-GO, 07 de março de 2024.

_____
Umberto José da Mota
Oficial Respondente

1 – Para fins de transmissão (compra e venda, permuta, doação, etc.), essa certidão possui validade de 30 (trinta) dias, conforme estabelece o art. 1°, IV b, do Decreto n° 93.240/1986, que regulamenta a lei n°

Valor: R$ 750,000,00
PROCESSO CIVEL E DO TRABALHO -> Processo de Conhecimento -> Procedimento de Conhecimento -> Procedimentos Especiais -> Procedimentos Especiais de Jurisdição Contenciosa -> Inventário
SÃO LUIS DE MONTES BELOS - VARA DE FAMILIA E SUCESSÕES
Usuário: WANUZA PEREIRA SILVA - Data: 23/09/2025 15:27:19
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Tribunal de Justiça do Estado de Goiás
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Processo: 5484256-67.2025.8.09.0146
Movimentacao 1 : Peticão Enviada
Arquivo 15 : 40.350mat.3.879_compressed.pdf

7.433/1985

2 – Segundo o art. 1°, da Lei n° 20.955/2020, constitui condição necessária para os atos de registro de imóveis a demonstração ou declaração no instrumento público a ser registrado do recolhimento integral dos Fundos Institucionais de que trata o art. 15 § 1°, lei 19.191/2015, com base no cálculo da Tabela XIII, da Lei n° 14.376/2002, inclusive na hipótese de documento lavrado em outra unidade da Federação.

Emolumentos: R$ 88,3
Taxa Judiciária: R$ 18,29
ISSQN 5%: R$ 4,44
Fundesp 10%: R$ 8,81
Funemp 3%: R$ 2,65
Funcomp 3%: R$ 2,65
Fepadsaj 2%: R$ 1,79
Funrpoge 2%: R$ 1,79
Fundepeg 1,25%: R$ 1,08
Total: R$ 129,8

PODER JUDICIÁRIO ESTADO DE GOIÁS
Selo Eletrônico de Fiscalização
01862403012167526800058

Consulte em:
https://see.tjgo.jus.br/buscas

Valor: R$ 750.000,00
PROCESSO CÍVEL E DO TRABALHO -> Processo de Conhecimento -> Procedimento de Conhecimento -> Procedimentos Especiais -> Procedimentos Especiais de Jurisdição Contenciosa -> Inventário
SÃO LUIS DE MONTES BELOS - VARA DE FAMÍLIA E SUCESSÕES
Usuário: WANUZA PEREIRA SILVA - Data: 23/09/2025 15:27:19
Documento assinado no Assinador Registro de Imóveis. Para validar o documento e suas assinaturas acesse https://assinador.registro.br/ Registro de Imóveis do Brasil
Tribunal de Justiça do Estado de Goiás
Documento Assinado e Publicado Digitalmente em 19/06/2025 16:30:37
Assinado por ADAO JOSE FERREIRA:01878743104
Localizar pelo código: 109687685432563873744361763, no endereço: https://projudi.tjgo.jus.br/p

PROPERTY APPRAISAL REPORT

Requester: IBSON HUGGO ÍTALLO FRANCISCO PEREIRA SILVA

Appraiser: CLAUDIO RUBENS SILVA | C.F: 16,654 | CNAI: 5811

Claudio Rubens Silva | Expert Appraiser
CRECI F: 16.654 | CNAI: 5811
Phone: (64) 9 8432-2634

RURAL PROPERTY APPRAISAL REPORT

1- INTRODUCTION

In response to the request of Mr. IBSON HUGGO ÍTALLO FRANCISCO PEREIRA SILVA, registered under CPF number 038.440.971-71, this report aims to appraise the following rural property located at the address listed below:

1) Estrada do Campo Grande, the road connecting São Luís de Montes Belos to Adelândia, at kilometer 19, turning right approximately 500 meters in.

This Property Appraisal Report complies with all the requirements of LAW 6,530/78, which regulates the real estate brokerage profession, and RESOLUTION 957/2006 of COFECI - Federal Council of Real Estate Brokers.

2- OBJECTIVE

The purpose of this Property Appraisal Report is to evaluate the aforementioned property.

3- IDENTIFICATION AND DESCRIPTION OF THE PROPERTY

1) A rural property located in the city of São Luís de Montes Belos, Estrada do Campo Grande, a local road connecting São Luís de Montes Belos to Adelândia, at km 19, turning right approximately 500 meters in. The property is situated within the area known as Fazenda São Jorge. It is registered under number 52,878 at the Registry Office of the São Luís de Montes Belos judicial district. Property Description**:** A rural land area of 12,000 m², containing a house with two bedrooms, including one suite, a spacious living room, surrounding outdoor areas, a social bathroom, and a kitchen with cabinets. The house has a built area of 200 m². Adjacent to the house, there is a leisure area with two rooms and a service area. The built area of the leisure space is 32 m². The yard is fully grassed. The property also includes a small stream and a pond for fish farming. Surrounding the property are several fruit trees.

4- VALUATION METHODOLOGY

To appraise the property listed above, the direct comparison method of market data was used, which involves a representative sampling of market data from properties with characteristics as similar as possible to those of the property being appraised.

5- RESEARCH

The research was conducted on October 3, 2025, in the city of São Luís de Montes Belos.

To determine the regional property values, real estate brokers and companies specializing in the sale of rural properties in the area were consulted.

6- PROPERTY APPRAISAL

The market research indicated the following values for the property:

1) PRICE PER M² OF CONSTRUCTION: R$ 1,800.00 (ONE THOUSAND EIGHT HUNDRED REAIS), TOTALING R$ 417,600.00 (FOUR HUNDRED SEVENTEEN THOUSAND SIX HUNDRED REAIS).
2) PRICE PER M² OF THE LAND: R$ 25.00 (TWENTY-FIVE REAIS), TOTALING R$ 300,000.00 (THREE HUNDRED THOUSAND REAIS)

7- SUMMARY TABLE

- **TOTAL PROPERTY VALUE: R$ 717,600.00 (SEVEN HUNDRED SEVENTEEN THOUSAND SIX HUNDRED REAIS)**
- LOWER LIMIT: R$ 681,720.00 (SIX HUNDRED EIGHTY-ONE THOUSAND SEVEN HUNDRED TWENTY REAIS)
- UPPER LIMIT: R$ 753,480.00 (SEVEN HUNDRED FIFTY-THREE THOUSAND FOUR HUNDRED EIGHTY REAIS)

8- IMAGES

Ten images have been attached to this report to provide a better visualization of the property.





Claudio Rubens Silva | Expert Appraiser
CRECI F: 16.654 | CNAI: 5811








Claudio Rubens Silva | Expert Appraiser
CRECI F: 16.654 | CNAI: 5811





São Luís de Montes Belos, October 8, 2025

CLAUDIO REAL ESTATE

Digitally signed by
CLAUDIO RUBENS
SILVA:50832450863
Date: 2025.10.10
10:53:32-AM 03'00'

CLAUDIO RUBENS SILVA
Real Estate Appraiser
CRECI: 16,654 | CNAI: 5811

This Report consists of 5 pages, numbered 1 to 5.

**Glossary:*
CF: Appraiser Registration Code
CNAI: National Classification of Real Estate Activities Code
CRECI: Regional Council of Real Estate Brokers

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


_____ Date: November 11, 2025.

PARECER TÉCNICO DE AVALIAÇÃO DE IMÓVEIS

Solicitante: IBSON HUGGO ÍTALLO FRANCISCO PEREIRA SILVA

Avaliador: CLAUDIO RUBENS SILVA | C.F: 16.654 | CNAI: 5811

Claudio Rubens Silva | Perito Avaliador
CRECI F: 16.654 | CNAI: 5811
Tel.: (64) 9 8432-2634

PARECER TÉCNICO DE AVALIAÇÃO DE IMÓVEL RURAL

1- INTRODUÇÃO

Atendendo à solicitação do Senhor IBSON HUGGO ÍTALLO FRANCISCO PEREIRA SILVA, inscrito no CPF sob o número 038.440.971-71, visa o presente Parecer avaliar o seguinte imóvel rural localizado no endereço abaixo relacionado:

1) Estrada do Campo Grande, Rodovia que liga São Luís de Montes Belos a Adelândia, km 19, entrando a direita à aproximadamente 500m.

Este Parecer Técnico de Avaliação de Imóvel atende a todos os requisitos da LEI 6.530/78, que regulamenta a profissão de corretores de imóveis, e a RESOLUÇÃO 957/2006 do COFECI-Conselho Federal dos Corretores de Imóveis.

2- OBJETIVO

O objetivo do presente Parecer é avaliar o imóvel acima listado.

3- IDENTIFICAÇÃO E DESCRIÇÃO DOS IMÓVEIS

1) Uma propriedade rural localizada no município de São Luís de Montes Belos, Estrada do Campo Grande, Rodovia vicinal que liga São Luís de Montes Belos a Adelândia, km 19, entrando a direita à aproximadamente 500m. A propriedade está localizada dentro do local chamado Fazenda São Jorge. Imóvel registrado sob o número 52.878, no Cartório de Registros da comarca de São Luís de Montes Belos.
   Descrição da propriedade: Uma área de terra rural com 12.000m², contendo uma casa com dois quartos, sendo uma suíte, sala ampla, área ao redor da casa, banheiro social, uma cozinha com armários. A área construída da casa é de 200m². Anexo à casa temos uma área de lazer com dois quartos e área de serviços. A área construída do lazer é de 32m². O quintal é todo gramado. Ainda possui um pequeno riacho e uma represa para criação de peixes. Ao redor da propriedade existem diversas árvores frutíferas.

4- METODOLOGIA AVALIATIVA

Para avaliação do imóvel acima relacionado, utilizou-se o método comparativo direto de dados mercadológicos, que realiza uma amostragem representativa de dados de mercado de imóveis com características tanto quanto possível semelhante à do imóvel avaliado.

5- PESQUISA

Claudio Rubens Silva | Perito Avaliador
CRECI F: 16.654 | CNAI: 5811

As pesquisas foram realizadas no dia 03 de outubro de 2025 no município de São Luís de Montes Belos.

Para pesquisa dos valores da região, foram consultados corretores de imóveis e empresas especializados na comercialização de imóveis rurais na região.

6- AVALIAÇÃO DOS IMÓVEIS

A pesquisa de mercado indicou os seguintes valores para o imóvel:

1) PREÇO DO M² DA CONSTRUÇÃO: R$ 1.800,00 (MIL E OITOCENTOS REAIS) TOTALIZANDO O VALOR DE R$417.600,00 (QUATROCENTOS E DEZESSETE MIL E SEISCENTOS REAIS.
2) PREÇO DO M² DO TERRENO: R$ 25,00 (VINTE E CINCO REAIS) TOTALIZANDO O VALOR DE R$ 300.000,00 (TREZENTOS MIL REAIS)

7- QUADRO RESUMO

- **VALOR TOTAL DO IMÓVEL: R$ 717.600,00 (SETECENTOS E DEZESSETE MIL E SEOSCENTOS REAIS)**
- LIMITE INFERIOR: R$ 681.720,00 (SEISCENTOS E OITENTA E UM MIL SETECENTOS E VINTE REAIS)
- LIMITE SUPERIOR: R$ 753.480,00 (SETECENTOS E CINQUENTA E TRÊS MIL QUATROCENTOS E OITENTA REAIS)

8- IMAGENS

Foram anexadas 10 imagens ao presente Parecer para melhor visualização dos imóveis.





Claudio Rubens Silva | Perito Avaliador
CRECI F: 16.654 | CNAI: 5811








Claudio Rubens Silva | Perito Avaliador
CRECI F: 16.654 | CNAI: 5811





São Luís de Montes Belos, 08 de outubro de 2025

IMOBILIÁRIA CLÁUDIO

Assinado digitalmente por CLAUDIO RUBENS SILVA:50832450863
Data: 2025.10.10 10:53:32-03'00'

CLAUDIO RUBENS SILVA
Avaliador de Imóveis
CRECI: 16.654 | CNAI: 5811

O presente Parecer é composto por 5 folhas numeradas de 1 a 5.

Ana Paula Da Silva
431 Paris St
San Francisco, California, 94112
Phone: (415) 912-0300
Email: anapaula81@me.com

May 02, 2025

To: U.S. Citizenship and Immigration Services (USCIS)

Letter of Intent to Invest – Support for the Business Plan "Aunt Jessy Pre School"

Dear Sirs,

I hereby formally express my intention to make an investment in the business project entitled Aunt Jessy Center, which will be managed by Jessica Rodrigues Alves, as outlined in the business plan attached to the EB-2 NIW visa application.

The investment will be allocated to leasing a commercial property suitable for the operation of an early childhood education institution, as well as to the acquisition of furniture and equipment specific to this sector, as detailed in the business proposal.

The undersigned declares to have financial availability in the amount of $65,000.00 (sixty-five thousand dollars), fully allocated to the implementation of the aforementioned project, as evidenced by the attached documents, notably updated bank statements.

I had the opportunity to meet Jessica Rodrigues Alves through my husband, as she is his daughter. I visited Brazil to meet the family and, during my stay, spent a few days with her. During that time, I observed her professional performance and admired her dedication in addressing the challenges of the company where she worked. Jessica demonstrated to be a dynamic, communicative, extremely patient person, capable of balancing her law school studies with work, with maturity and discipline.

I deeply believe in Jessica Rodrigues Alves's competence to lead this venture. Professionals dedicated to the care and development of children must possess essential qualities such as empathy, patience, sensitivity, responsibility, and a deep commitment to the well-being of children.

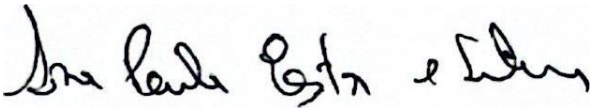
Furthermore, it is essential that they possess organizational skills, knowledge of child development stages, and the ability to create a safe, welcoming, and stimulating environment for the physical, emotional, and cognitive growth of young children. I recognize these qualities in Jessica, which gives me full confidence in her ability to provide excellent service and make a positive impact on the community.

I am fully convinced of the viability and relevance of this venture, not only for its economic potential but also for its positive social impact, promoting quality early childhood education and generating local employment. I am committed to making this investment with funds of lawful origin and am available to provide all necessary supporting documentation.

I reaffirm my full support for the implementation of this project and for Jessica Rodrigues Alves's immigration application, believing that her work will contribute significantly to the community in the United States.

Sincerely,

Ana Paula Silva



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


_____ Date: August 25, 2025.

Ana Paula Silva

431 Paris St

San Francisco, California, 94112

Telefone: (415) 912-0300

E-mail: anapaula81@me.com

02 de May de 2025

U.S. Citizenship and Immigration Services (USCIS)

Carta de Intenção de Investimento – Apoio ao Plano de Negócios "Aunt Jessy Pre School"

Prezados Senhores,

Venho por meio desta manifestar formalmente minha intenção de realizar um investimento no projeto empresarial intitulado Aunt Jessy Center, cuja gestão estará sob responsabilidade de Jessica Rodrigues Alves, conforme plano de negócios anexo à solicitação de visto EB-2 NIW.

O investimento será destinado à locação de imóvel comercial apropriado para o funcionamento de uma instituição de educação infantil, bem como à aquisição de móveis e equipamentos específicos para esse segmento, conforme detalhado na proposta empresarial.

A declarante informa possuir disponibilidade financeira no montante de $ 65,000.00 (sessenta e cinco mil dólares), destinada integralmente à implementação do referido projeto, conforme se comprova por meio dos documentos anexos, notadamente extratos bancários atualizados.

Tive a oportunidade de conhecer Jessica Rodrigues Alves por meio de meu esposo, pois ela é sua filha. Estive no Brasil para conhecer a família e, durante minha estadia, convivi com ela por alguns dias. Nesse período, observei seu desempenho profissional e admirei sua dedicação em resolver os desafios da empresa onde trabalhava. Jessica demonstrou ser uma pessoa dinâmica, comunicativa, extremamente paciente e capaz de conciliar, com maturidade e disciplina, seus estudos na faculdade de Direito com o trabalho.

Acredito profundamente na competência de Jessica Rodrigues Alves para liderar este empreendimento. Profissionais dedicados ao cuidado e desenvolvimento infantil devem possuir qualidades essenciais como empatia, paciência, sensibilidade, responsabilidade e profundo comprometimento com o bem-estar das crianças.

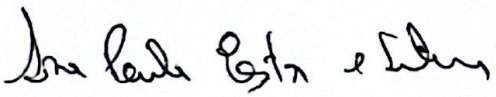
Além disso, é fundamental que tenham habilidades organizacionais, conhecimento sobre etapas do desenvolvimento infantil, e capacidade de criar um ambiente seguro, acolhedor e estimulante para o crescimento físico, emocional e cognitivo dos pequenos. Reconheço em Jessica essas características, o que me dá plena confiança em sua capacidade de oferecer um serviço de excelência e impacto positivo à comunidade.

Tenho plena convicção da viabilidade e relevância desse empreendimento, não apenas por seu potencial econômico, mas também por seu impacto social positivo, promovendo educação de qualidade na primeira infância e geração de empregos locais. Estou comprometida a realizar este aporte com recursos de origem lícita, e me coloco à disposição para fornecer toda a documentação comprobatória necessária.

Reitero meu apoio irrestrito à realização deste projeto e à candidatura de Jessica Rodrigues Alves no processo de imigração, acreditando que sua atuação contribuirá significativamente para a comunidade nos Estados Unidos.

Atenciosamente,

Ana Paula Silva



CHASE

JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

April 17, 2025 through May 16, 2025
Primary Account: **000000328212870**

CUSTOMER SERVICE INFORMATION

Web site:	**Chase.com**
Service Center:	**1-800-935-9935**
Para Espanol:	1-877-312-4273
International Calls:	1-713-262-1679

We accept operator relay calls

00155045 DRE 703 219 13725 NNNNNNNNNNN 1 000000000 12 0000
ANA PAULA COSTA E SILVA
EDMAR F ALVES
431 PARIS ST
SAN FRANCISCO CA 94112-2715



Please review our overdraft service options at the end of this statement

We've included an overview of our overdraft services and fees that are available for personal checking accounts at the end of this statement.

Please note, the following overdraft services are not available for certain accounts:

- Standard Overdraft Practice and Chase Debit Card Coverage℠ are not available for Chase High School Checking℠, Chase Secure Checking℠ and Chase First Checking℠.
- Overdraft Protection is not available for Chase Secure Checking℠ and Chase First Checking℠.

If you have questions, please visit **chase.com/overdraft** or call us at the number on this statement. We accept operator relay calls.

CONSOLIDATED BALANCE SUMMARY

ASSETS

Checking & Savings	ACCOUNT	BEGINNING BALANCE THIS PERIOD	ENDING BALANCE THIS PERIOD
Chase Premier Plus Checking	000000328212870	$6,257.20	$13,843.24
Chase Premier Savings	000003853692227	111,518.20	140,420.55
Total		**$117,775.40**	**$154,263.79**
TOTAL ASSETS		**$117,775.40**	**$154,263.79**

CHASE PREMIER PLUS CHECKING

ANA PAULA COSTA E SILVA
EDMAR F ALVES

Account Number: 000000328212870

CHECKING SUMMARY

	AMOUNT
Beginning Balance	**$6,257.20**
Deposits and Additions	83,995.45
ATM & Debit Card Withdrawals	-2,918.31
Electronic Withdrawals	-73,491.10
Ending Balance	**$13,843.24**

Annual Percentage Yield Earned This Period	0.01%
Interest Paid This Period	$0.06
Interest Paid Year-to-Date	$0.65

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		**$6,257.20**
04/17	Remote Online Deposit 1	**29.71**	6,286.91
04/17	Card Purchase 04/16 Grabtaxi Bangkok Card 6237	-0.15	6,286.76
04/17	04/17 Payment To Chase Card Ending IN 1646	-40.00	6,246.76
04/17	04/17 Online Transfer To Chk ...0110 Transaction#: 24448487072	-20.00	6,226.76
04/21	Card Purchase Return 04/16 Grabtaxi Bangkok Card 6237	**0.15**	6,226.91
04/21	04/19 Payment To Chase Card Ending IN 1646	-1,205.37	5,021.54
04/21	04/20 Payment To Chase Card Ending IN 1442	-1,531.54	3,490.00
04/21	Card Purchase 04/21 Apple.Com/Bill 866-712-7753 CA Card 6237	-54.96	3,435.04
04/21	Citi Card Online Payment 421675652552450 Web ID: Citictp	-1,000.00	2,435.04
04/22	Remote Online Deposit 1	**2,460.38**	4,895.42
04/22	Remote Online Deposit 1	**2,460.38**	7,355.80
04/22	Remote Online Deposit 1	**2,460.38**	9,816.18
04/23	Deposit 5180159755	**50,000.00**	59,816.18
04/23	M&T Bank Loan Payment 100171672500001 Web ID: 1616151515	-340.00	59,476.18
04/24	Zelle Payment To Cristiana Personal Jpm99B5X5Dlh	-150.00	59,326.18
04/24	04/24 Online Transfer To Sav ...2227 Transaction#: 24521288496	-50,000.00	9,326.18
04/28	Zelle Payment From Karla Marinha Ribeiro 24553815993	**60.00**	9,386.18
04/28	Zelle Payment From Debora Candiotto Wfct0Yrhj4Fk	**60.00**	9,446.18
04/28	Card Purchase 04/27 Apple.Com/Bill 866-712-7753 CA Card 6237	-29.48	9,416.70
04/29	Card Purchase With Pin 04/29 Westlakesmogcheck Daly City CA Card 6237	-66.75	9,349.95
04/29	Zelle Payment To Marcia Contina 24582110438	-13.00	9,336.95
05/01	Zelle Payment To Guilherme Jpm99B6Pkmob	-45.00	9,291.95
05/01	Recurring Card Purchase 05/01 Experian* Credit Repor 479-3436237 CA Card 6237	-19.99	9,271.96
05/01	Zelle Payment To Juliana Sobrancelha Jpm99B6Tbnmm	-50.00	9,221.96
05/01	05/01 Online Transfer To Chk ...0110 Transaction#: 24615744792	-50.00	9,171.96
05/02	Card Purchase 04/30 Syncb Payment 800-541-9049 GA Card 6237	-500.00	8,671.96

TRANSACTION DETAIL *(continued)*

DATE	DESCRIPTION	AMOUNT	BALANCE
05/02	05/02 Online Payment 24616771522 To Low Income Investment Fund	-2,200.00	6,471.96
05/02	Zelle Payment To Cristiana Personal Jpm99B6Y0VI0	-300.00	6,171.96
05/02	05/02 Online Transfer To Chk ...0110 Transaction#: 24625142496	-50.00	6,121.96
05/05	05/04 Online Transfer To Chk ...0110 Transaction#: 24649231347	-300.00	5,821.96
05/05	Zelle Payment To Fernando Jpm99B7Cjc4L	-1,250.00	4,571.96
05/08	Remote Online Deposit 1	**2,460.38**	7,032.34
05/08	Remote Online Deposit 1	**2,399.43**	9,431.77
05/08	Remote Online Deposit 1	**2,399.43**	11,831.20
05/08	05/07 Online Payment 24688480781 To Small Business Administration	-270.00	11,561.20
05/08	05/07 Payment To Chase Card Ending IN 2354	-654.69	10,906.51
05/08	05/07 Payment To Chase Card Ending IN 1646	-1,220.49	9,686.02
05/08	Zelle Payment To Santiago Nancy Friend Jpm99B7No1PA	-300.00	9,386.02
05/08	Card Purchase With Pin 05/08 Jupiter Market San Francisco CA Card 6237	-44.00	9,342.02
05/09	05/09 Payment To Chase Card Ending IN 2362	-7,334.01	2,008.01
05/09	Card Purchase With Pin 05/09 Ebay Commerce Inc. San Jose CA Card 6237	-17.91	1,990.10
05/12	Remote Online Deposit 1	**2,399.43**	4,389.53
05/12	Bk of Amer Mc Online Pmt Ckf508172886POS Web ID: 9500000000	-117.00	4,272.53
05/12	Card Purchase With Pin 05/10 Ebay Commerce Inc. San Jose CA Card 6237	-42.23	4,230.30
05/12	Capital One Phone Pymt 43BC2F3B1D9Mmaq Tel ID: 9541719387	-500.00	3,730.30
05/13	Online Transfer From Sav ...2227 Transaction#: 24753451423	**2,000.00**	5,730.30
05/13	Farmers Ins Refunds PPD ID: 9496351306	**167.24**	5,897.54
05/13	Online Transfer From Chk ...8031 Transaction#: 24750347981	**120.00**	6,017.54
05/13	Card Purchase 05/12 Don Chuys Meximercad San Francisco CA Card 6237	-18.11	5,999.43
05/13	05/12 Online Transfer To Chk ...0110 Transaction#: 24746836137	-50.00	5,949.43
05/13	05/13 Online Payment 24688480777 To Shellpoint Mortgage Servicing	-1,450.00	4,499.43
05/13	Payment Sent 05/13 Wise 888-9083833 NY Card 6237	-400.00	4,099.43
05/13	ATM Withdrawal 05/13 4669 Mission St San Francisco CA Card 6237	-1,350.00	2,749.43
05/14	Recurring Card Purchase 05/14 Apple.Com/Bill 866-712-7753 CA Card 6237	-2.99	2,746.44
05/14	Card Purchase With Pin 05/14 Cricket Wireless Daly City CA Card 6237	-65.00	2,681.44
05/14	ATM Withdrawal 05/14 2800 Junipero Serra Bl Daly City CA Card 6237	-220.00	2,461.44
05/15	Remote Online Deposit 1	**2,460.38**	4,921.82
05/15	Remote Online Deposit 1	**2,460.38**	7,382.20
05/15	Remote Online Deposit 1	**2,399.43**	9,781.63
05/15	Remote Online Deposit 1	**2,399.43**	12,181.06
05/15	Remote Online Deposit 1	**2,399.43**	14,580.49
05/15	Remote Online Deposit 1	**2,399.43**	16,979.92
05/15	Card Purchase With Pin 05/15 Ebay Commerce Inc. San Jose CA Card 6237	-86.74	16,893.18
05/15	05/15 Online Transfer To Chk ...0110 Transaction#: 24780891709	-50.00	16,843.18
05/16	05/16 Online Payment 24688480776 To Freedom Mortgage	-3,000.00	13,843.18
05/16	Interest Payment	**0.06**	13,843.24
	Ending Balance		**$13,843.24**

A Monthly Service Fee was **not** charged to your Chase Premier Plus Checking account. Here are the two ways you can continue to avoid this fee during any statement period.

- **Have an average qualifying deposit and investment balance of $15,000.00 or more**
- **OR, authorize us to make automatic payments to your qualifying Chase mortgage from your Chase account.** (You do not have a qualifying Chase mortgage)

CHASE PREMIER SAVINGS

ANA PAULA COSTA E SILVA

Account Number: 000003853692227

SAVINGS SUMMARY

	AMOUNT
Beginning Balance	**$111,518.20**
Deposits and Additions	50,902.35
Electronic Withdrawals	-2,000.00
Other Withdrawals	-20,000.00
Ending Balance	**$140,420.55**

Annual Percentage Yield Earned This Period	0.02%
Interest Paid This Period	$2.35
Interest Paid Year-to-Date	$9.60

The monthly service fee for this account was waived as an added feature of a linked Chase Premier Plus Checking account.

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		**$111,518.20**
04/24	Online Transfer From Chk ...2870 Transaction#: 24521288496	**50,000.00**	161,518.20
04/24	Online Transfer From Chk ...0110 Transaction#: 24517825283	**900.00**	162,418.20
05/09	05/09 Withdrawal	-20,000.00	142,418.20
05/13	05/13 Online Transfer To Chk ...2870 Transaction#: 24753451423	-2,000.00	140,418.20
05/16	Interest Payment	**2.35**	140,420.55
	Ending Balance		**$140,420.55**

You earned a higher interest rate on your Chase Premier Savings account during this statement period because you had a qualifying Chase Premier Plus Checking account.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

Call us at 1-866-564-2262 or write us at the address on the front of this statement immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number;
- A description of the error or the transaction you are unsure about, and why you think it is an error or want more information; and
- The amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will provide provisional credit to your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

For business accounts, our practice is to follow the procedures described above as detailed in your Deposit Account Agreement or other applicable agreements, but we are not legally required to do so. For example, we require you to notify us no later than 30 days after we sent you the first statement on which the error appeared. We may require you to provide us with a written statement that the disputed transaction was unauthorized. We are also not required to give provisional credit.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC FUNDS TRANSFERS: Contact us immediately if your statement is incorrect or if you need more information about any non-electronic funds transfers on this statement. For more details, see your Deposit Account Agreement or other applicable agreements that govern your account.

JPMorgan Chase Bank, N.A. Member FDIC

1155045030000000063

Overdraft and Overdraft Fee Information for Your Chase Checking Account

What You Need to Know About Overdrafts and Overdraft Fees

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. Whether your account has enough money to cover a transaction is determined during our nightly processing. During our nightly processing, we take your previous end of day's balance and post credits. If there are any deposits not yet available for use or holds (such as a garnishment), these will reduce the account balance used to pay your transactions. Then we subtract any debit transactions presented during our nightly processing. The available balance shown to you during the day may not be the same amount used to pay your transactions as some transactions may not be displayed to you before nightly processing.

We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize or pay any transactions presented for payment. If we do not authorize an overdraft, your transaction will be declined. If we do not pay an overdraft, your transaction will be returned. Additional information about overdrafts and your account features can be found in the *Deposit Account Agreement*.

We can cover your overdrafts in three different ways:

1. We have a Standard Overdraft Practice that comes with your account.
2. We offer Overdraft Protection through a link to a Chase savings account, which may be less expensive than our Standard Overdraft Practice. You can contact us to learn more.
3. We also offer Chase Debit Card Coverage℠, which allows you to choose how we treat your everyday debit card transactions (e.g. groceries, gasoline or dining out), in addition to our Standard Overdraft Practice.

This notice explains our Standard Overdraft Practice and Chase Debit Card Coverage.

- **What is the Standard Overdraft Practice that comes with my account?**
  We **do** authorize and pay overdrafts for the following types of transactions:
  - Checks and other transactions made using your checking account number
  - Recurring debit card transactions (e.g. movie subscriptions or gym memberships)

- **What is Chase Debit Card Coverage?**
  If you enroll in Chase Debit Card Coverage we **may** authorize and pay overdrafts for **everyday debit card transactions** (e.g. groceries, gasoline or dining out) in addition to our Standard Overdraft Practice.

- **What fees will I be charged if Chase pays my overdraft?**
  If we authorize and pay an overdraft, we'll charge you a $34 Overdraft Fee per transaction during our nightly processing beginning with the first transaction that overdraws your account balance by more than $50 (maximum of 3 fees per business day, up to $102).

  We won't charge you an Overdraft Fee in the following circumstances:
  - With Chase Overdraft Assist℠, we won't charge an Overdraft Fee if you're overdrawn by $50 or less at the end of the business day **OR** if you're overdrawn by more than $50 and you bring your account balance to overdrawn by $50 or less at the end of the next business day (you have until 11 p.m ET (8 p.m PT) to make a deposit or transfer). Chase Overdraft Assist does not require enrollment and comes with eligible Chase checking accounts.
  - We won't charge an Overdraft Fee for transactions that are $5 or less.
  - We won't charge an Overdraft Fee if your debit card transaction was authorized when there was a sufficient available balance in your account.
  - For Chase Sapphire℠ Checking and Chase Private Client Checking℠ accounts, there are no Overdraft Fees when item(s) are presented against an account with insufficient funds on the first four business days during the current and prior 12 statement periods. On a business day when we returned item(s), this counts toward the four business days when an Overdraft Fee will not be charged.

- **What if I want Chase to authorize and pay overdrafts on my everyday debit card transactions?**
  If you or a joint account owner want Chase to authorize overdrafts on your everyday debit card transactions, please make your Chase Debit Card Coverage selection. You can change your Chase Debit Card Coverage selection at any time by signing in to chase.com or Chase Mobile® to update your account settings, calling us at 1-800-935-9935 (or at 1-713-262-1679 if outside the U.S.), or visiting a Chase branch. We accept operator relay calls.

Professional Resume – Ana Paula Costa e Silva

anapauladaycare@gmail.com

(415) 912-0300

Professional Profile

Dedicated professional with over 25 years of experience in child development, working in schools, daycare centers, and as a licensed childcare provider through the CDSS (California Department of Social Services). Founder and manager of her own Family Day Care for 18 years, providing high-quality care to children from diverse cultural and social backgrounds. Solid experience with government-subsidized programs such as CalWORKs, ELS, and Wu Yee. Also active as a real estate investor in the USA and Brazil, with an entrepreneurial vision and a focus on sustainable growth. Actively participates in the UDW organization, representing childcare providers.

Work Experience

Owner and Licensed Child Care Provider – Ana Paula's Day Care

San Francisco, CA | 2006 – Present

- Full management of the Family Day Care with a focus on high-quality childcare.
- Active license from the CDSS to operate as a Child Care Provider.
- Service to low-income families through subsidized programs such as CalWORKs, ELS, and Wu Yee.
- Development of educational and recreational activities suitable for different age groups.
- Ongoing communication with parents to ensure monitoring of child development.

Volunteer Experience

San Francisco Unified School District (SFUSD)

San Francisco, CA | 2000 – 2006

- Assistance in elementary school classrooms, supporting teachers in educational activities.
- Support for students during reading, writing, and recreational activities.
- Promotion of an inclusive and welcoming environment.

Local Churches (St. Anthony's, Glide Memorial Church, Mission Dolores)

San Francisco, CA | 2006 – 2010

- Support in children's programs, community events, and religious activities aimed at children.
- Organization of games, distribution of food, and support for community families.

Education
Teacher Associate Certificate – City College of San Francisco

18 CDEV units (Child Development)

High School Diploma – Goiânia, Goiás, Brazil – 1998

Additional Activities and Investments
- Active member of the UDW (United Domestic Workers) organization, representing childcare providers.
- Real estate investor in the United States and Brazil.
- Dollar investor, focused on financial security and wealth growth.

Skills and Competencies
- Development of educational and recreational activities
- Care for preschool-aged children
- Communication with parents and guardians
- Day Care management
- Knowledge of subsidized programs such as CalWORKs, ELS, and Wu Yee
- Entrepreneurship and investment management
- Bilingual environment (Portuguese/English)

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


_____ Date: November 11, 2025.

Currículo Profissional – Ana Paula Costa e Silva
anapauladaycare@gmail.com

(415) 912-0300

Perfil Profissional
Profissional dedicada com mais de 25 anos de experiência no desenvolvimento infantil, atuando em escolas, creches e como provedora licenciada de cuidado infantil pelo CDSS (California Department of Social Services). Fundadora e gestora de seu próprio Family Day Care há 18 anos, oferecendo cuidado de alta qualidade a crianças de diversas origens culturais e sociais. Experiência sólida com programas subsidiados pelo governo como CalWORKs, ELS e Wu Yee. Também atua como investidora no mercado imobiliário nos EUA e no Brasil, com visão empreendedora e foco em crescimento sustentável. Participa ativamente da organização UDW, representando provedores de cuidado infantil.

Experiência Profissional
Owner and Licensed Child Care Provider – Ana Paula's Day Care

San Francisco, CA | 2006 – Presente

- Gerenciamento completo do Family Day Care com foco em cuidado infantil de alta qualidade.
- Licença ativa pelo CDSS para operar como Child Care Provider.
- Atendimento a famílias de baixa renda por meio de programas subsidiados como CalWORKs, ELS e Wu Yee.
- Desenvolvimento de atividades educativas e recreativas adequadas a diferentes faixas etárias.
- Comunicação constante com os pais para garantir acompanhamento do desenvolvimento infantil.

Experiência Voluntária
San Francisco Unified School District (SFUSD)

San Francisco, CA | 2000 – 2006

- Assistência em salas de aula do ensino fundamental, apoiando professores em atividades educativas.
- Suporte a alunos durante leitura, escrita e recreação.
- Promoção de um ambiente inclusivo e acolhedor.

Igrejas Locais (St. Anthony’s, Glide Memorial Church, Mission Dolores)

San Francisco, CA | 2006 – 2010

- Apoio em programas infantis, eventos comunitários e atividades religiosas voltadas ao público infantil.
- Organização de brincadeiras, distribuição de alimentos e suporte às famílias da comunidade.

Formação Acadêmica
Certificado de Teacher Associate – City College of San Francisco

18 unidades de CDEV (Child Development)

Ensino Médio Completo – Goiania, Goias, Brasil - 1998

Atividades Complementares e Investimentos
- Membro ativo da organização UDW (United Domestic Workers), representando cuidadores infantis.
- Investidora no mercado imobiliário nos Estados Unidos e no Brasil.
- Investidora em dólar, com foco em segurança financeira e expansão de patrimônio.

Habilidades e Competências
- Desenvolvimento de atividades educativas e recreativas
- Atendimento a crianças em idade pré-escolar
- Comunicação com pais e responsáveis
- Gestão de Day Care
- Conhecimento dos programas subsidiados CalWORKs, ELS e Wu Yee
- Empreendedorismo e gestão de investimentos
- Ambiente bilíngue (Português/Inglês)

Certifica Inc
72 Scott St, Apt 01
San Bruno, CA, 94066
certificabayarea@gmail.com
415-571-7970

To whom this letter may concern,

I am Jose Antonio Rodrigues Miranda, a licensed Tax Preparer in the USA. I am writing this letter to inform you that I have been preparing the Income Tax Returns for Mrs. Jessica Rodrigues Alves since 2023.

Mrs. Alves had been filing taxes as a self-employed individual for several years, filling out the Schedule C form for her Day Care business.

As of 2025, we opened an S-Corporation (Jessica Alves Day Care, DBA Aunty Jessy) after verifying that this type of company would be better for her in tax terms. Furthermore, Aunty Jessy Day Care has two employees and we need to put them on the payroll, so we need to have an EIN (Employer Identification Number).

Jessica Alves Day Care is a corporation registered in California. And I, José Miranda, am the bookkeeper, tax preparer and also do the company's payroll, receiving a monthly fee for my services. I am responsible for making and paying all federal and state taxes for Jessica Alves Day Care.

The majority of the Day Care's average monthly income of $35,000.00 (Thirty five Thousand dollars) comes from payments made monthly by the Children Council of San Francisco. An entity that pays for day care to low-income families place their children in the care of a person specialized in child care (Day Care services), other payments are received from parents who pay by their own to have their kids at Jessica Alves Day Care.

I am available for any questions.

06/10/2025

JOSE ANTONIO RODRIGUES MIRANDA
72 Scott St, Suite 01
San Bruno, CA, 94066
PTIN# P03054034

Jose Antonio Rodrigues Miranda
IRS Tax Professional PTIN: P03054034
California Registered Tax Preparer: A353131

Certifica Inc
72 Scott St, Apt 01
San Bruno, CA, 94066
certificabayarea@gmail.com
415-571-7970

To whom this letter may concern,

I am Jose Antonio Rodrigues Miranda, a licensed Tax Preparer in the USA. I am writing this letter to inform you that I have been preparing the Income Tax Returns for Mrs. Jessica Rodrigues Alves since 2023.

Mrs. Alves had been filing taxes as a self-employed individual for several years, filling out the Schedule C form for her Day Care business.

As of 2025, we opened an S-Corporation (Jessica Alves Day Care, DBA Aunty Jessy) after verifying that this type of company would be better for her in tax terms. Furthermore, Aunty Jessy Day Care has two employees and we need to put them on the payroll, so we need to have an EIN (Employer Identification Number).

Jessica Alves Day Care is a corporation registered in California. And I, José Miranda, am the bookkeeper, tax preparer and also do the company's payroll, receiving a monthly fee for my services. I am responsible for making and paying all federal and state taxes for Jessica Alves Day Care.

The majority of the Day Care's income comes from payments made monthly by the Children Council of San Francisco. An entity that pays for day care for low-income families to place their children in the care of a person specialized in child care (Day Care services).

I am available for any questions.

Jose Antonio Rodrigues Miranda
IRS Tax Professional PTIN: P03054034
California Registered Tax Preparer: A353131

Certifica
Certificação Digital

DR0330

449

CHILDREN'S COUNCIL OF SAN FRANCISCO
445 CHURCH STREET
SAN FRANCISCO, CA 94114-1720
(415) 276-2900

children's council SAN FRANCISCO

DATE: 05/08/2025
DEPOSIT NO: 1000552983

000207 R3N6ATA
JESSICA RODRIGUES ALVES
2318 22ND ST
SAN FRANCISCO CA 94110

PAYMENT ADVICE

PROVIDER: JESSICA RODRIGUES ALVES

PROG ID	CHILD NAME/ DESCRIPTION	CARE START	STOP	QUANTITY	RATE ($)	PERIOD	TOTAL	TYPE
48	ALVARO S ESCAMILLA LUJAN	04/01/25	04/30/25	1.00	2306.00	Monthly	0.00	
41	Daenerys A Jauregui Pantoja	04/20/25	04/26/25	1.00	277.80		0.00	P
41	Daenerys A Jauregui Pantoja	04/21/25	04/30/25	1.00	211.00		0.00	
41	Daenerys A Jauregui Pantoja	04/27/25	05/03/25	0.60	277.80		0.00	P
48	DIANA G DURAN	04/01/25	04/30/25	1.00	2306.00	Monthly	0.00	
64	Evelyn D Lopez Chavez	03/30/25	04/05/25	0.80	341.22		0.00	F
64	Evelyn D Lopez Chavez	04/06/25	04/12/25	1.00	341.22		0.00	F
64	Evelyn D Lopez Chavez	04/13/25	04/19/25	1.00	341.22		0.00	F
64	Evelyn D Lopez Chavez	04/20/25	04/26/25	1.00	341.22		0.00	F
64	Evelyn D Lopez Chavez	04/01/25	04/30/25	1.00	211.00		0.00	
64	Evelyn D Lopez Chavez	04/27/25	05/03/25	0.60	341.22		0.00	F
41	Genelle G Israel Ortiz	03/30/25	04/05/25	0.80	361.84		0.00	F
41	Genelle G Israel Ortiz	04/06/25	04/12/25	1.00	361.84		0.00	F
41	Genelle G Israel Ortiz	04/13/25	04/19/25	1.00	361.84		0.00	F
41	Genelle G Israel Ortiz	04/20/25	04/26/25	1.00	361.84		0.00	F
41	Genelle G Israel Ortiz	04/01/25	04/30/25	1.00	112.89		0.00	
41	Genelle G Israel Ortiz	04/01/25	04/30/25	1.00	211.00		0.00	
41	Genelle G Israel Ortiz	04/27/25	05/03/25	0.60	361.84		0.00	F
41	Genesis N Israel Ortiz	03/30/25	04/05/25	0.80	305.96		0.00	P
41	Genesis N Israel Ortiz	04/06/25	04/12/25	1.00	305.96		0.00	P
41	Genesis N Israel Ortiz	04/13/25	04/19/25	1.00	305.96		0.00	P
41	Genesis N Israel Ortiz	04/20/25	04/26/25	1.00	305.96		0.00	P
41	Genesis N Israel Ortiz	04/01/25	04/30/25	1.00	211.00		0.00	
41	Genesis N Israel Ortiz	04/27/25	05/03/25	0.60	305.96		0.00	P

CHILDREN'S COUNCIL OF SAN FRANCISCO
445 CHURCH STREET
SAN FRANCISCO, CA 94114-1720
(415) 276-2900

children's council SAN FRANCISCO

DATE: 05/08/2025
DEPOSIT NO: 1000552983

Deposited **Twenty-Eight Thousand Five Hundred Thirty-Six and 31/100 -US Dollars **

Amount
$*28,536.31**

TO THE ACCOUNT OF JESSICA RODRIGUES ALVES

NON-NEGOTIABLE

DEPOSIT ADVICE

CHILDREN'S COUNCIL OF SAN FRANCISCO
445 CHURCH STREET
SAN FRANCISCO, CA 94114-1720
(415) 276-2900

children's council SAN FRANCISCO

PROVIDER: JESSICA RODRIGUES ALVES

PROG ID	CHILD NAME/ DESCRIPTION	CARE START	STOP	QUANTITY	RATE ($)	PERIOD	TOTAL	TYPE
48	Henry J Rojas Fuentes	04/01/25	04/30/25	1.00	3027.00	Monthly	0.00	
67	Kiara A Sequeira Alvarado	03/30/25	04/05/25	0.80	361.84		0.00	F
67	Kiara A Sequeira Alvarado	04/06/25	04/12/25	1.00	361.84		0.00	F
67	Kiara A Sequeira Alvarado	04/13/25	04/19/25	1.00	361.84		0.00	F
67	Kiara A Sequeira Alvarado	04/20/25	04/26/25	1.00	361.84		0.00	F
67	Kiara A Sequeira Alvarado	04/01/25	04/30/25	1.00	211.00		0.00	
67	Kiara A Sequeira Alvarado	04/27/25	05/03/25	0.60	361.84		0.00	F
64	Madeline D Lopez Chavez	03/30/25	04/05/25	0.80	361.84		0.00	F
64	Madeline D Lopez Chavez	04/06/25	04/12/25	1.00	361.84		0.00	F
64	Madeline D Lopez Chavez	04/13/25	04/19/25	1.00	361.84		0.00	F
64	Madeline D Lopez Chavez	04/20/25	04/26/25	1.00	361.84		0.00	F
64	Madeline D Lopez Chavez	04/01/25	04/30/25	1.00	0.00		0.00	
64	Madeline D Lopez Chavez	04/01/25	04/30/25	1.00	211.00		0.00	
64	Madeline D Lopez Chavez	04/27/25	05/03/25	0.60	361.84		0.00	F
48	Maria M Flores Mejia	04/01/25	04/02/25	0.09	2115.00	Monthly	0.00	
48	Maria M Flores Mejia	04/03/25	04/30/25	0.91	2115.00	Monthly	0.00	
48	Melanie G Duran	04/01/25	04/30/25	1.00	2115.00	Monthly	0.00	
48	Tyler Gutierrez	04/01/25	04/30/25	1.00	1270.00	Monthly	0.00	
48	VERONICA COLINDRES	04/01/25	04/30/25	1.00	2306.00	Monthly	0.00	
22	Zayda Ricks-wynne	03/30/25	04/05/25	0.80	361.84		0.00	F
22	Zayda Ricks-wynne	04/06/25	04/12/25	1.00	361.84		0.00	F
22	Zayda Ricks-wynne	04/13/25	04/19/25	1.00	361.84		0.00	F
22	Zayda Ricks-wynne	04/20/25	04/26/25	1.00	361.84		0.00	F
22	Zayda Ricks-wynne	04/01/25	04/30/25	1.00	211.00		0.00	
22	Zayda Ricks-wynne	04/01/25	04/30/25	1.00	311.91		0.00	
22	Zayda Ricks-wynne	04/27/25	05/03/25	0.60	361.84		0.00	F

TOTAL: 28,536.31

Explanation of Payments for Child Care Services

Print Date: 05/14/2025

ALVES, JESSICA
2318 22ND ST
San Francisco, CA 94110-2814

Pay Date: 05/16/2025
Provider ID: 202197
Provider Name: ALVES, JESSICA
Provider Address: 2318 22ND ST, SAN FRANCISCO, CA 94110-2814

PAYMENT TOTAL:	**$11869.00**	
Payment Summary:		
Child Care Payments:		$11869.00
Balance:		**$11869.00**
Payment Total:		**$11869.00**

CHILD CARE PAYMENTS

Service Month: 04/2025

Payment ID: 222437 (04/01/2025 - 04/30/2025) Funding Source: 48 ELS-Voucher
Child Name: Escobar-Herrera, Jose
Parent Name: ESCOBAR, MARYORI (34156)

Service Dates	Rate Type	Rate	Evening/Weekend Adj	Qty	Amount
4/1 - 4/30	FT Monthly	$2115.00	1.000000	1.0000	$2115.00
Subtotal					$2115.00

Payment Total **$2115.00**

Payment ID: 222451 (04/01/2025 - 04/30/2025) Funding Source: 48 ELS-Voucher
Child Name: Reyes-Escobar, Maryori
Parent Name: ESCOBAR, MARYORI (34156)

Service Dates	Rate Type	Rate	Evening/Weekend Adj	Qty	Amount
4/1 - 4/30	FT Monthly	$2306.00	1.000000	1.0000	$2306.00
Subtotal					$2306.00

Payment Total **$2306.00**

Explanation of Payments for Child Care Services

Print Date: 05/14/2025

ALVES, JESSICA
2318 22ND ST
San Francisco, CA 94110-2814

Pay Date: 05/16/2025
Provider ID: 202197
Provider Name: ALVES, JESSICA
Provider Address: 2318 22ND ST, SAN FRANCISCO, CA 94110-2814

Payment ID: 246438 (04/01/2025 - 04/30/2025) Funding Source: 48 ELS-Voucher
Child Name: Gamez, Jesus
Parent Name: Gamez Garcia, Vanessa (35784)

Service Dates	Rate Type	Rate	Evening/Weekend Adj	Qty	Amount
4/1 - 4/30	FT Monthly	$2306.00	1.000000	1.0000	$2306.00
Subtotal					$2306.00

Payment Total **$2306.00**

Payment ID: 256880 (04/01/2025 - 04/30/2025) Funding Source: 48 ELS-Voucher
Child Name: Paloti, Mateo
Parent Name: CARDOSO, DANIELA (34548)

Service Dates	Rate Type	Rate	Evening/Weekend Adj	Qty	Amount
4/1 - 4/30	FT Monthly	$2115.00	1.000000	1.0000	$2115.00
Subtotal					$2115.00

Payment Total **$2115.00**

Explanation of Payments for Child Care Services

Print Date: 05/14/2025

ALVES, JESSICA
2318 22ND ST
San Francisco, CA 94110-2814

Pay Date: 05/16/2025
Provider ID: 202197
Provider Name: ALVES, JESSICA
Provider Address: 2318 22ND ST, SAN FRANCISCO, CA 94110-2814
Service Month: 04/2025

Payment ID: 259062 (04/10/2025 - 04/30/2025) Funding Source: 48 ELS-Voucher
Child Name: Lopez Carrasco, Jorel
Parent Name: Carrasco, Veronica (36137)

Service Dates	Rate Type	Rate	Evening/Weekend Adj	Qty	Amount
4/10 - 4/30	FT Monthly	$3027.00	1.000000	1.0000	$3027.00
Subtotal					$3027.00

Payment Total **$3027.00**

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
ANA PAULA S ALVES
ANA PAULA DAY CARE
431 PARIS STREET
SAN FRANCISCO CA 94112
(415) 912-0300

OMB No. 1545-0116
2020
Form **1099-NEC**

Nonemployee Compensation

PAYER'S TIN	RECIPIENT'S TIN
610-13-4080	608-18-5392

RECIPIENT'S name and address
JESSICA RODRIGUES ALVES

183 MADRID ST.
SAN FRANCISCO CA 94112

1 Nonemployee compensation: $ 35300.00
2
3
4 Federal income tax withheld: $

Account number (see instructions)	FATCA filing requirement	5 State tax withheld	6 State/Payer's state no.	7 State income
	☐	$	CA	$
		$		$

Copy B
For Recipient

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Form **1099-NEC** (keep for your records) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service
DXA

☐ VOID ☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
ANA PAULA S ALVES
ANA PAULA DAY CARE
431 PARIS STREET
SAN FRANCISCO CA 94112
(415) 912-0300

OMB No. 1545-0116
2020
Form **1099-NEC**

Nonemployee Compensation

PAYER'S TIN	RECIPIENT'S TIN
610-13-4080	608-18-5392

RECIPIENT'S name and address
JESSICA RODRIGUES ALVES

183 MADRID ST.
SAN FRANCISCO CA 94112

1 Nonemployee compensation: $ 35300.00
2
3
4 Federal income tax withheld: $

Account number (see instructions)	FATCA filing requirement	5 State tax withheld	6 State/Payer's state no.	7 State income
	☐	$	CA	$
		$		$

Copy 2

To be filed with recipient's state income tax return, when required.

Form **1099-NEC** www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service
DXA

Instructions for Recipient

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You may also have a filing requirement. See the Instructions for Form 8938.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows nonemployee compensation and/or nonqualified deferred compensation (NQDC). If you are in the trade or business of catching fish, box 1 may show cash you received for the sale of fish. If the amount in this box is self-employment (SE) income, report it on Schedule C or F (Form 1040 or 1040-SR), and complete Schedule SE (Form 1040 or 1040-SR). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax. If you believe you are an employee and cannot get the payer to correct this form, report this amount on the line for "Wages, salaries, tips, etc." of Form 1040, 1040-SR, or 1040-NR.

You must also complete Form 8919 and attach it to your return. If you are not an employee but the amount in this box is not SE income (for example, it is income from a sporadic activity or a hobby), report this amount on the "Other income" line (on Schedule 1 (Form 1040 or 1040-SR); or on Form 1040-NR).

The amounts being reported as NQDC are includible in gross income for failure to meet the requirements under section 409A. This amount is also reported on Form 1099-MISC for additional tax calculation. See the Instructions for Forms 1040 and 1040-SR, or the Instructions for Form 1040-NR.

Box 2. Reserved.

Box 3. Reserved.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Boxes 5-7. State income tax withheld reporting boxes.

Future developments. For the latest information about developments related to Form 1099-NEC and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/Form1099NEC*.

Exhibit C.II – Supporting Evidence for the NIW Criteria

CDSS Social Services

Home | About CDSS

About CDSS

What We Do

The California Department of Social Services is one of 16 departments and offices in the California Health and Human Services Agency.

The Department is comprised of more than 5,500 employees who are responsible for the oversight and administration of programs serving California's most vulnerable residents.

The California Department of Social Services' Mission, Vision, and Guiding Principles

The mission of the California Department of Social Services is to serve, protect, and support the people of California experiencing need in ways that empower wellbeing and disrupt systemic inequities.

The vision of the California Department of Social Services is to provide quality services with a commitment to an inclusive, diverse, and equitable California where all people can thrive.

Guiding Principles:

- **Diversity. Equity. Inclusion. Accessibility. Belonging.**
  - We ensure opportunities for everyone to participate in a meaningful way in fulfilling the mission and vision of CDSS.
- **Community Engagement**
  - We prioritize the lived experiences of community members as a driving force behind the creation, implementation, desired impact, or change of programs and services.
- **Empowerment**
  - We engage, operate, and advocate from the understanding that each community and person has desires and capabilities to lead in their own life.
- **Quality Services**
  - We provide services that align intent and impact by ensuring that they are accessible, community driven, interconnected, and continuously improved.
- **Data Defined Outcomes**
  - We equitably collect and analyze data, take data-driven action, and measure outcomes relevant to those we serve, ensuring transparency and accountability.

CDSS Social Services

Contact CDSS

California Department of Social Services
744 P Street
Sacramento, CA 95814
Telephone: (916) 651-8848
Email to piar@dss.ca.gov

- CDSS Phone List
- CDSS Organization Chart

California Health and Human Services Agency Departments and Offices

- Department of Aging
- Department of Child Support Services
- Dept of Community Services & Development
- Department of Developmental Services
- Emergency Medical Services Authority
- Department of Health Care Services
- Department of Managed Health Care
- Department of Public Health
- Department of Rehabilitation
- Department of State Hospitals
- Office of Statewide Health Planning & Development
- Office of Health Information Integrity
- Office of the Patient Advocate
- Office of Systems Integration
- Office of Law Enforcement Support

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For questions about our programs, try our Online Help Center:

Visit our Help Center (https://childrenscouncil.zendesk.com/hc/en-us)

Search



Overview

Children's Council of San Francisco - About Us

For over 50 years, Children’s Council has been at the heart of child care and early education in San Francisco, advancing the belief that high-quality child care can transform lives and communities.

Our 160+ team members help families navigate their child care and preschool options and secure financial assistance to pay for it. We provide home-based child care businesses and other early educators with the training and resources to succeed. Through a wide range of free programs and workshops, we support families and caregivers as they build knowledge and skills to support the well-being of their children.

As a major nonprofit contractor for the State of California Department of Social Services, as well as San Francisco City & County, we steward public dollars to the system of care and early education that serves children ages 0-13. The organization’s current annual budget is almost $250 million, including stewarded child care subsidies, educator stipends, and wage and benefit enhancements of $225 million as well as the organization’s operating budget of $24 million. We educate the public and advocate for increased investment and policies that promote equity in early education at the local and state level.

Ajuda

About Us

- Overview (https://www.childrenscouncil.org/about-us/overview/)
  - 50 Years of Children's Council (https://www.childrenscouncil.org/about-us/overview/50-years-of-childrens-council-2/)
    - 50 Years of Leadership (https://www.childrenscouncil.org/about-us/overview/50-years-of-childrens-council-2/50-years-of-leadership/)
  - 50 at 50 Honorees (https://www.childrenscouncil.org/about-us/overview/50-at-50-honorees/)
  - Mission, Vision and Values (https://www.childrenscouncil.org/about-us/overview/mission/)
  - Impact Report (https://www.childrenscouncil.org/about-us/overview/impact-report/)
- About Us (https://www.childrenscouncil.org/about-us/about-us/)
- Strategic Plan 2020-2025 (https://www.childrenscouncil.org/about-us/strategic-plan-2020-2025/)
- Our People (https://www.childrenscouncil.org/about-us/our-people/)
  - Barbara Coccodrilli Carlson Appointed as CEO and President of Children's Council of San Francisco (https://www.childrenscouncil.org/about-us/our-people/barbara-coccodrilli-carlson-appointed-as-ceo-and-president-of-childrens-council-of-san-francisco-2/)
  - Our Team (https://www.childrenscouncil.org/about-us/our-people/our-team/)
  - Board Service Overview (https://www.childrenscouncil.org/about-us/our-people/board-service-overview/)
  - Executive Leadership (https://www.childrenscouncil.org/about-us/our-people/executive-team/)
  - Board of Directors (https://www.childrenscouncil.org/about-us/our-people/board-of-directors/)
  - Management Team (https://www.childrenscouncil.org/about-us/our-people/management-team/)
  - Join Our Team (https://www.childrenscouncil.org/about-us/our-people/employment-opportunities/)
  - Associate Board (https://www.childrenscouncil.org/about-us/our-people/associate-board/)
  - Women's Business Leadership Council (https://www.childrenscouncil.org/about-us/our-people/womens-business-leadership-council/)
  - Children's Council Staff Spotlight (https://www.childrenscouncil.org/about-us/our-people/childrens-council-staff-spotlight/)
- Our Partners (https://www.childrenscouncil.org/about-us/our-partners/)
- Public Info (https://www.childrenscouncil.org/about-us/public-information/)
  - Nonprofit Annual Economic Statement (https://www.childrenscouncil.org/about-us/public-information/nonprofit-annual-economic-statement/)
  - Client Code Of Conduct (https://www.childrenscouncil.org/about-us/public-information/client-code-of-conduct/)
  - How We Prevent Fraud (https://www.childrenscouncil.org/about-us/public-information/how-we-prevent-fraud/)
  - Sunshine Ordinance (https://www.childrenscouncil.org/about-us/public-information/sunshine-ordinance/)
- Contact Us (https://www.childrenscouncil.org/about-us/contact-us/)

Email (mailto:?subject=Overview&body=https://www.childrenscouncil.org/about-us/overview/)
PDF

Be a part of something extraordinary. Explore Our Annual Report. (https://wuyee.org/annualreport/)

48 YEARS OF CHILDREN'S SERVICES

Our History

Wu Yee started off very much as **a childcare center** and also as **an advocacy group**, for women and children’s rights.





How it Began - 1970s

Did you know Wu Yee has been around since the 1970's? The Immigration Act of 1965 allowed immigrants to come into the U.S. in equal numbers and new immigrants to the US could only find employment in ethnic enclaves like Chinatown. Even though both parents had to work, there were no childcare services available.

So parents, teachers, and social workers banded together to create The Association of Children's Rights and Services in December 1976, soon renamed Wu Yee Children's Services, meaning "protector of children," in Cantonese.

In 1977, the first child care center, Lok Yuen (meaning "happy garden" or "paradise" in Cantonese) opened in the Richmond, and would move to Chinatown in the following year.

1980s Bilingual, Multicultural Education

A "second wave" of refugees were entering the U.S., many from Vietnam, Thailand, and other countries of Southeast Asia. Wu Yee began building coalitions outside of Chinatown.

To respond to the dynamic flux of demographics of both Chinatown and SF, Wu Yee opens centers in ethnically diverse Tenderloin. Bilingual, multicultural curriculum was developed in response to changing demographics to help immigrants prepare for the American school system.


SAN TI PAB BEM



1990s Standing Up for Children’s Needs

During the 1990’s, San Francisco took a critical look at its shortcomings in meeting the diverse needs of the City’s population. Wu Yee led the effort to create the San Francisco Child Care Providers Association (SFCCPA) to increase public support for early child care and education.

Wu Yee Children’s Services emerged as a leading organization to both push the service systems and to fill the outreach gaps of underserved communities. Wu Yee was awarded an Early Head Start (EHS) grant and entered into partnership with On Lok Senior Health for a multigenerational program: Generations Child Development Center.

Wu Yee also launched the Home Based program, known today as the Family Child Care (FCC) Home program, to provide support and Early Head Start services to Family Child Care Homes owned and run by families in the community.

2000s Reaching Children Across SF

With a growing citywide waitlist of children without access to child care, Wu Yee had to act quickly.

Having successfully developed six Head Start and Early Head Start child development centers in the northeast neighborhoods, Wu Yee was tapped to develop centers in more underserved neighborhoods resulting in six new child development centers to serve Western Addition, Tenderloin, Bayview Hunter’s Point, Potrero Hill, Ocean-Merced-Ingleside, and Sunnydale/ Visitacion Valley.

In 2005, Wu Yee Children’s Services also opened the Joy Lok Family Resource Center, providing additional support, resources, and social connectivity to San Francisco families.





2020 COVID19 Response, Recovery and Future

Wu Yee opens San Francisco's first emergency child care center to serve essential frontline workers. We also distribute meals and essential supplies to support over 200 families each week during Shelter-in-Place mandate. Staff develop virtual services and classes to continue parent support.

Wu Yee rallied with the early care and education community to pass progressive measures Baby Prop C in 2018 and Prop F in 2020 to increase funding for early care and education infrastructure in San Francisco. Children are essential to San Francisco and for an equitable economic recovery. We must continue to stand up for every child.


WE ARE wuyee
HEART OF HEAD START



Today

Wu Yee Children's Services is the largest Head Start and Early-Head Start provider in San Francisco, operating twelve **Early Learning Centers (https://wuyee.org/center-based-care/)** throughout the city and providing holistic, culturally responsive early childhood education and family support services to over 3,000 children and families annually in San Francisco's most underserved communities

Our **Resource & Referral (https://wuyee.org/for-families/child-care-resource-and-referral/)** team, **Joy Lok Family Resource Center (https://wuyee.org/for-families/joy-lok/)** and **Bayview Hub (https://wuyee.org/for-families/bayview-childrens-hub/)** provide access to parenting classes, playgroups, diaper and book giveaways, housing and benefits navigation, basic needs support, and connection to public services.

Our **Home Visiting Services (https://wuyee.org/for-families/home-visiting-services/)** team provides prenatal and perinatal support to expecting families, and our **Home Based Program (https://wuyee.org/for-educators/become-a-provider/)** continues to support FCC Homes throughout the city.

To address the growing shortage of early childhood educators across San Francisco, in 2024 Wu Yee created the **IRISE Apprenticeship Program (https://irisesf.org/)** to provide aspiring educators with a paid, supported pathway into the field.



Contact Us

Administrative Office
827 Broadway
San Francisco, CA 94133
415.677.0100

Find Child Care

Wu Yee Centers
Family Child Care Homes
Resource & Referral

Services We Offer

Enroll in Early/Head Start
Resource & Referral
Child Care Database Search
Joy Lok Family Resource Center
Bayview Children’s Hub
Home Visiting Services
Start a Family Child Care Business

Want to stay connected?

Sign up for our newsletter!

First Name

Last Name

Enter your Email

Organization / Affiliation

Submit

© 2025 Wu Yee Children's Services.
All Rights Reserved



Funding for Wu Yee Children's Service is provided in part by the San Francisco Department of Early Childhood.

Privacy Policy **Terms** **Non-Discrimination Statement**



Early Learning For All (ELFA)

San Francisco Department of Early Childhood
Early Learning SF

The Little School is happy to be an Early Learning for All provider school. The Early Learning For All (ELFA) program helps provide universal access to preschool aged children in San Francisco.

Tuition at The Little School is $0 for families earning up to 110% of the Area Median Income (up to $171,450 annually for a family of four).

To determine eligibility, families can use this online application tool to check which tier they qualify for. The program offers two types of financial support: **Fully-Funded Tuition** for families earning up to 110% of the Area Median Income (up to $171,450 annually for a family of four), and **Tuition Credit** for families earning between 111%-150% of the Area Median Income (up to a $233,800 annual income for a family of four).

Selecione o idioma ▼

GREEN
CALIFORNIA
GREEN BUSINESS
NETWORK

Selecione o idioma ▼

WASC | Senior College and University Commission

EXCELLENCE. EVIDENCE. ENGAGEMENT.

With success for all students at its core, WSCUC promotes excellence through rigorous accreditation standards applied flexibly, empowering all its member institutions to achieve their missions.

BOLD STRATEGIC PERSPECTIVES

Outcomes, evidence, improvement, and innovation are the strategic pillars to advance quality and student success. These pillars inform and support WSCUC's strategic initiatives, organized around standards development, education, communication, accreditation policy and process, governance, and organization fundamentals.

Student Success & Outcomes

Lead nationally in development and use of meaningful, contextualized evidence of student success, institutional performance, and financial

sustainability

Improvement & Innovation

Relying on evidence, promote demonstrable continuous improvement of current activities across the institution while equally supporting new and novel pathways to deliver effective education for all students.

WSCUC'S APPROACH TO ACCREDITATION

WSCUC accreditation aids institutions in developing and sustaining effective educational programs and assures the educational community and the general public that an accredited institution has met high standards of quality and effectiveness.

The Commission accredits institutions rather than individual programs. Therefore, in addition to assessing the academic quality and educational effectiveness of institutions, the Commission emphasizes institutional structures, processes, and resources. The accreditation process is aimed at:

- + Assuring the Community of Quality
- + Developing and Applying Standards
- + Promoting a Culture of Evidence
- + Promoting Engagement
- + Developing Adaptive Systems

+ Promoting the Exchange of Ideas

To learn more about accreditation in general, please see the Introduction to Accreditation page.

Institutions WSCUC Accredits

WSCUC is proud of the diverse missions and characteristics of the public and private higher education institutions it accredits in the United States and around the world.

VIEW THE DIRECTORY BECOMING ACCREDITED

WSCUC Authority

WSCUC is recognized as an institutional accrediting agency, and reviewed periodically for renewal, by the US Department of Education.

EDU.GOV

WSCUC STAFF

WSCUC's staff of experienced higher education professionals includes respected Vice Presidents who serve as institutional liaisons and policy and project leaders, outstanding educational programming and information technology teams, and effective administrative staff who support Commission decision-making and operations. WSCUC is committed to fostering an efficient and effective leadership organization within the higher education community.

HISTORY

WASC Senior College & University Commission (WSCUC) was formally created in 2012-13 when three education commissions under the umbrella of the Western Association of Schools and Colleges (WASC) – Accrediting Commission for Senior Colleges and Universities (ACSCU), Accrediting Commission for Community and Junior Colleges (ACCJC), and the Accrediting Commission for Schools (ACS) — reincorporated as separate entities. They now use the same 'WASC' acronym but are three separate 501(c)(3) organizations with independent scopes and governance structures.

The Western Association of Schools and Colleges was formed in 1962 to promote the development and accreditation of higher education in the western region of the United States. It had taken over and further formalized the work of its predecessor organization, the Western College Association. WCA in turn had its roots in the creation in 1924 of the Southern California Conference of College and Universities, restructured in 1931 and named the Association of Colleges and Universities of the Pacific Southwest.

Francis H. Herrick, *History of the Western College Association 1924-1974* (1974)

SIGN UP TO KEEP INFORMED OF WSCUC NEWS AND EVENTS

First Name

Last Name

Email

SUBMIT

Exhibit D - Personal Documents

ANTONIO DO PRADO REGISTRY OFFICE
SMART AND DIGITAL

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

BIRTH CERTIFICATE

Name
JÉSSICA RODRIGUES ALVES

CPF Number
039.821.101-90

Registration
024919 01 55 1994 1 01097 075 0229475 03

Date of Birth	Day	Month	Year
May eleventh, nineteen ninety-four	11	05	1994

Time of Birth	City of Birth
12:45 PM	Goiânia

Place of Birth	City of Birth	State	Sex
MATERNITY OF MAY	Goiânia	GO	female

Father's Name	City of Birth	State
EDMAR FRANCISCO ALVES	GOIÂNIA	GO

Paternal Grandparents
ANTONIO FRANCISCO ALVES; JULIA MARIA ALVES

Mother's Name	City of Birth	State
TATIANE CLAUDINA RODRIGUES ALVES	GOIÂNIA	GO

Maternal Grandparents
JARBAS ANTÔNIO RODRIGUES; MARIA CLAUDINA V. RODRIGUES

Registration Date in Full	Live Birth Registration Number
May thirteenth, nineteen ninety-four	10562621

Notes / Annotations

Annotation 1 – JÉSSICA RODRIGUES ALVES entered into marriage with IBSON HUGGO ITALLO FRANCISCO PEREIRA SILVA, with HIM continuing to sign as IBSON HUGGO ITALLO FRANCISCO PEREIRA SILVA – THE SAME NAME, and HER continuing to sign as JÉSSICA RODRIGUES ALVES – THE SAME NAME, performed on 07/16/2016, Book B-225, Page 125, Entry 45501, according to the communication from the 1st Civil Registry and Notary Office of Goiânia-GO, issued on 07/22/2016, digitally filed in these Records. Goiânia-GO, 07/26/2016. Registered by: Karollainy Alves. Seal: 01981607110946128901928

Annotation 2 – JÉSSICA RODRIGUES ALVES DIVORCED IBSON HUGGO ITALLO FRANCISCO PEREIRA SILVA, pursuant to the order issued by the Honorable Judge of the 3rd FAMILY COURT of Goiânia-GO, Dr. FLÁVIA MORAIS NAGATO; judgment rendered on 08/31/2024, unappealable on 09/05/2024, case No. 5559189-39.2024.8.09.0051. As a result, the spouses continued to sign as IBSON HUGGO ITALLO FRANCISCO PEREIRA SILVA and JÉSSICA RODRIGUES ALVES, according to communication from the Civil Registry of the 1st Subdistrict of Goiânia-GO, issued by CRC on 11/05/2025, communication code No. 35552139. Goiânia-GO, 11/06/2025. Registered by: THALIA MERCEDES.Seal: 00072511012575230061214

Annotation 3 – The registrant is enrolled in the CPF under No. 039.821.101-90, according to a search conducted on this date in the database of the Brazilian Federal Revenue Service, made available through the National Civil Registry Information Center – CRC Nacional. Goiânia-GO, 11/06/2025. Registered by: PEDRO PAVAN. Seal: 00072511012575230061302

National Registry Office Code (CNS): 02.491-9
2nd Civil Registry Office and Notary Public – Goiânia – GO
ANTONIO DO PRADO – Civil Registry Officer
Rua Geraldo Ney, corner with Av. 24 de Outubro, 156
ZIP Code 74.515-020 – Goiânia – GO
Email: sac@cartorioantoniodoprado.com.br
Fees: R$55.07; Court Fee: R$19.17; State Funds: R$13.35;
Service Tax: R$2.75; Total: R$90.34
Digital Seal: 00072511012575030011031
Verify at: https://portal-extrajudicial.tjgo.jus.br/

The content of the certificate is true. I certify
Goiânia/GO, November 6, 2025.

------//signature//------
PEDRO PAULO PAVAN
DEPUTY REGISTRAR AND CLERK

ARPENBRASIL BA 030887047 BRP

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

Marina Viana

Date: November 19, 2025.

CARTÓRIO ANTÔNIO DO PRADO
INTELIGENTE E DIGITAL

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE NASCIMENTO

Nome

JÉSSICA RODRIGUES ALVES

Número do CPF

039.821.101-90

Matrícula

024919 01 55 1994 1 01097 075 0229475 03

Data de nascimento	Dia	Mês	Ano
onze de maio de um mil e novecentos e noventa e quatro	11	05	1994

Horário de nascimento	Município da naturalidade	UF
12:45 horas	Goiânia	GO

Local de nascimento	Município de nascimento	UF	Sexo
MATERNIDADE DE MAIO	Goiânia	GO	feminino

Nome do Genitor(a)	Município de nascimento	UF
EDMAR FRANCISCO ALVES	GOIÂNIA	GO

Avô(s) respectivo(s)
ANTÔNIO FRANCISCO ALVES ; JULIA MARIA ALVES

Nome do Genitor(a)	Município de nascimento	UF
TATIANE CLAUDINA RODRIGUES ALVES	GOIÂNIA	GO

Avô(s) respectivo(s)
JARBAS ANTÔNIO RODRIGUES ; MARIA CLAUDINA V. RODRIGUES

Data do Registro	DNV
treze de maio de um mil e novecentos e noventa e quatro	10562621

Anotações / Averbações

1ª Averbação - JÉSSICA RODRIGUES ALVES contraiu núpcias com IBSON HUGGO ÍTALLO FRANCISCO PEREIRA SILVA, passando a assinar ELE: IBSON HUGGO ÍTALLO FRANCISCO PEREIRA SILVA - O MESMO NOME e ELA: JÉSSICA RODRIGUES ALVES - O MESMO NOME, realizado em 16/07/2016, Lv. B-225, Fls. 125, T. 45501, conforme comunicação do Cartório do 1º Registro Civil e Tabelionato de Notas de Goiânia-GO, emitida em 22/07/2016, arquivada digitalmente nestas Notas. Goiânia-GO, 26/07/2016. Averbado por: Karollainy Alves. Selo: 01981607110946128901928

2ª Averbação - JÉSSICA RODRIGUES ALVES se DIVORCIOU de IBSON HUGGO ÍTALLO FRANCISCO PEREIRA SILVA conforme sentença proferida pela MM. Juíza de Direito da 3ª VARA DE FAMÍLIA de Goiânia-GO, Dra. FLÁVIA MORAIS NAGATO, sentença decretada em 31/08/2024, trânsito em julgado: 05/09/2024, processo nº 5559189-39.2024.8.09.0051. Em consequência os cônjuges passaram a assinar, IBSON HUGGO ÍTALLO FRANCISCO PEREIRA SILVA e JÉSSICA RODRIGUES ALVES, conforme comunicação do Registro Civil do 1º Subdistrito de Goiânia-GO, emitida pelo CRC em 05/11/2025, código da comunicação nº 35552139. Goiânia-GO, 06/11/2025. Averbado por: THALIA MERCEDES. Selo: 00072511012575230061214

3ª Averbação - O(a) registrado(a) está inscrito(a) no CPF sob o nº 039.821.101-90, conforme consulta realizada nesta data junto à base de dados da Receita Federal do Brasil, disponibilizada pela Central de Informações de Registro Civil - CRC Nacional. Goiânia-GO, 06/11/2025. Averbado por: PEDRO.PAVAN. Selo: 00072511012575230061302

O conteúdo da certidão é verdadeiro. Dou fé.
Goiânia/GO, 06 de novembro de 2025.

PEDRO PAULO PAVAN
SUBOFICIAL E ESCREVENTE

CNS: 02.491-9
Ofício 2º Registro Civil e Tabelionato de Notas - Goiânia - GO
ANTÔNIO DO PRADO - Oficial de Registro Civil
Rua Geraldo Ney, esquina c/ Av. 24 de Outubro, 156
CEP 74.515-020 - Goiânia - GO
Email: sac@cartorioantoniodoprado.com.br
Emolumentos: R$55,07; **Taxa Judiciária:** R$19,17; **Fundos Estaduais:** R$13,35; **ISS:** R$2,75; **Total:** R$90,34
Selo Digital: 00072511012575030011031
Consulte: https://portal-extrajudicial.tjgo.jus.br/

ARPENBRASIL BA 030887047 BRP

ATENÇÃO

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

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

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

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

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

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

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

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

614

ATENÇÃO

Este passaporte contém um dispositivo eletrônico e elementos de segurança sensíveis.
Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade e luz excessivas, campos eletromagnéticos intensos ou substâncias químicas.
Além do respeito e dos cuidados normais dispensados a um passaporte, tenha com este documento as mesmas precauções que teria com *qualquer* outro dispositivo eletrônico portátil, assegurando que ele não ficará úmido, dobrado ou amassado. Abusos podem afetar adversamente a operação do chip e reduzir sua utilidade para o titular e para o controle de fronteira.

NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA

NE PAS AGRAFER OU TAMPONNER CETTE PAGE

DO NOT STAPLE OR STAMP THIS PAGE

NO GRAPAR NI SELLAR ESTA PAGINA

Símbolo Internacional do Passaporte Eletrônico

CASA DA MOEDA DO BRASIL

DEC 22 2020

DEPARTMENT OF HOMELAND SECURITY • U.S. CUSTOMS AND BORDER PROTECTION
ADMITTED
HOU
FEB 11 2020
Class B2
Until 10 AUG 2020

DEPARTMENT OF HOMELAND SECURITY • U.S. CUSTOMS AND BORDER PROTECTION
ADMITTED
SMP
OCT 31 2020
Class B2
Until 4872

C19 NON

ESTADOS UNIDOS MEXICANOS | SECRETARÍA DE GOBERNACIÓN
CIUDAD DE MÉXICO
06 OCT. 20E
MMMX

VISTOS VISAS

VISA

UNITED STATES OF AMERICA



Issuing Post Name
BRASILIA

Control Number
20200172560003

Surname
RODRIGUES ALVES

Given Name
JESSICA

Visa Type /Class
R B1/B2

Passport Number
GA034214

Sex
F

Birth Date
11MAY1994

Nationality
BRZL

Entries
M

Issue Date
21JAN2020

Expiration Date
16JAN2030

0111

Annotation

P3096065

*

VNUSARODRIGUES<ALVES<<JESSICA<<<<<<<<<<<<<<<<

GA034214<6BRA9405114F3001167B3BRA00R6K663338



Para uso das autoridades brasileiras

Reservé aux autorités brésiliennes

For the use of Brazilian authorities

Para uso de las autoridades brasileñas

616

INFORMAÇÕES PARA O TITULAR

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

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

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

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

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

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

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

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

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

GA034214

Jéssica Rodrigues Alves

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

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

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

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

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

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSPORT

TIPO / TYPE: P
PAÍS EMISSOR / ISSUING COUNTRY: BRA
PASSAPORTE Nº / PASSPORT No.: GA034214

SOBRENOME / SURNAME
RODRIGUES ALVES



NOME / GIVEN NAMES
JESSICA

NACIONALIDADE / NATIONALITY
BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH
11 MAI/MAY 1994

SEXO / SEX: F
NATURALIDADE / PLACE OF BIRTH: GOIÂNIA/GO

FILIAÇÃO / FILIATION
TATIANE CLAUDINA RODRIGUES ALVES

EDMAR FRANCISCO ALVES

DATA DE EXPEDIÇÃO / DATE OF ISSUE
05 AGO/AUG 2019

VÁLIDO ATÉ / DATE OF EXPIRY
04 AGO/AUG 2029

AUTORIDADE / AUTHORITY
SR/DPF/GO

P<BRARODRIGUES<ALVES<<JESSICA<<<<<<<<<<<<<<<
GA034214<6BRA9405114F2908041<<<<<<<<<<<<<<00

Este passaporte contém 32 páginas numeradas.
Ce passeport contient 32 pages numérotées.
This passport contains 32 numbered pages.
Este pasaporte contiene 32 páginas numeradas.

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

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

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

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

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

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

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

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

BRA

618

Este documento pertence à
Ce document appartient à la
This document is the property of the
Este documento pertenece a la

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE

1

DEC 22 2020

DEPARTMENT OF HOMELAND SECURITY • U.S. CUSTOMS AND BORDER PROTECTION
ADMITTED
HOU
FEB 11 2020
Class B2
Until 10 AUG 2020

DEPARTMENT OF HOMELAND SECURITY • U.S. CUSTOMS AND BORDER PROTECTION
ADMITTED
SMP
OCT 31 2020
Class B2
Until 28

C19 NON

ESTADOS UNIDOS MEXICANOS | SECRETARÍA DE GOBERNACIÓN
CIUDAD DE MÉXICO
06 OCT. 20E
MMMX

VISTOS VISAS

VISA

UNITED STATES OF AMERICA



Issuing Post Name
BRASILIA

Control Number
20200172560003

Surname
RODRIGUES ALVES

Given Name
JESSICA

Visa Type /Class
R B1/B2

Passport Number
GA034214

Sex
F

Birth Date
11MAY1994

Nationality
BRZL

Entries
M

Issue Date
21JAN2020

Expiration Date
16JAN2030

0111

Annotation

P3096065

*

VNUSARODRIGUES<ALVES<<JESSICA<<<<<<<<<<<<<<<<

GA034214<6BRA9405114F3001167B3BRA00R6K663338

CERTIFICATION OF VITAL RECORDS

State of Nevada

Marriage Certificate

NO . MA2025-0687

DOC #2025300644
02/18/2025 09:29:33 AM
Requested By
JOHN D MCARTHUR JR
Washoe County Recorder
Kalie M. Work

State of Nevada
County of Washoe } ss.

This is to certify that the undersigned, Officiant (Title)

did on the 15th day of February, 2025

at ARCH OF RENO WEDDING CHAPEL, RENO Nevada, join in lawful wedlock
Address or Church City

IBSON H I FRANCISCO PEREIRA SILVA of

SAN FRANCISCO (City) State/Country of CALIFORNIA Date of Birth 04/24/1993

and

JESSICA RODRIGUES ALVES of

SAN FRANCISCO (City) State/Country of CALIFORNIA Date of Birth 05/11/1994

with their mutual consent, in the presence of Maria Clark,
Print Name of Witness or Witnesses

Signature of person performing marriage

John D. MacArthur Jr., Minister

Print name under signature

119 N. Virginia St. Reno, NV 89501

Mailing Address of Official Performing Marriage

SEAL OF WASHOE COUNTY STATE OF NEVADA

Jan Galassini
WASHOE COUNTY CLERK

Couple's Mailing Address:
431 PARIS STREET
SAN FRANCISCO, CA 94112

MARRIAGE OFFICIANT:
YOU MUST PRESENT THIS **ORIGINAL** DOCUMENT **WITHIN 10 DAYS** TO:
WASHOE COUNTY RECORDER, 1001 E. 9TH STREET, BLDG. A, RENO, NV 89512

CCM-202503152
CERTIFIED COPY
DOCUMENT ATTACHED IS A TRUE AND CORRECT COPY OF THE DOCUMENT OR DATA ON FILE MINUS ANY REDACTED PORTIONS
Feb 18 2025

K Work
Kalie M. Work
WASHOE COUNTY RECORDER

Patent #5,636,874

W0122433

TouchSafe®

This copy is not valid unless prepared on *SafeImage*™ paper, impressed with the raised seal of Washoe County.

KEEP DOCUMENT IN A SAFE PLACE
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

SINGLE REGISTRY OFFICE OF Complementary Law No. 112 of 04/30/2018 AXIXÁ DO TOCANTINS - TO

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

BIRTH CERTIFICATE

NAME:
IBSON HUGGO ITALLO FRANCISCO PEREIRA SILVA

CPF
038.440.971-71

REGISTRATION:
128017 01 55 1994 1 00021 100 0020314 54

DATE OF BIRTH IN FULL	DAY/MONTH/YEAR
April twenty-fourth, nineteen ninety-three	24/04/1993

TIME OF BIRTH	CITY OF BIRTH
7:30 AM	Axixá do Tocantins - Tocantins

CITY OF REGISTRATION AND STATE	PLACE, CITY OF BIRTH	SEX
Axixá do Tocantins - Tocantins	at Axixá, Axixá do Tocantins - Tocantins	Male

FILIATION

FRANCISCO EDIVALDO PEREIRA DA SILVA, Brazilian,
WANUZA PEREIRA SILVA, Brazilian, born in Tocantins.

GRANDPARENTS

Grandparents of Filiation 1: EROCLIDES DA SILVA and LIDIA PEREIRA DA SILVA
Grandparents of Filiation 2: VALDEMAR PEREIRA SILVA and ALDEIDE PEREIRA DA SILVA

TWIN	NAME AND REGISTRATION NUMBER OF TWINS
NO	NOT A TWIN

DATE OF REGISTRATION IN FULL	LIVE BIRTH REGISTRATION NUMBER
March twenty-first, nineteen ninety-four	No Record

NOTES/ ANNOTATIONS TO BE ADDED

Annotation 01: Married JÉSSICA RODRIGUES ALVES ON 07/16/2016 IN GOIÂNIA, GOIÁS, BOOK B-225, PAGE 125, ENTRY 045501.

Annotation 02: According to the mandate issued by Dr. FLÁVIA MORAIS NAGATO, Honorable Judge of the 3rd Family Court of the District of Goiânia/Goiás, extracted from case No. 5559189.39.2024.8.09.0051, I annotate: Consensual Divorce, in which the couple are the applicants, decreed by judgment on 08/31/2024, and finalized on 09/05/2024, with him continuing to sign: IBSON HUGGO ITALLO FRANCISCO PEREIRA SILVA, and her continuing to sign: JÉSSICA RODRIGUES ALVES. Annotated on 09/09/2024**.**

REGISTRATION NOTES

SINGLE NOTARIAL AND REGISTRATION SERVICE WITH SPECIALIZED FUNCTIONS IN: NOTARY PUBLIC, PROTEST OF TITLES, REAL ESTATE REGISTRIES, REGISTRATION OF TITLES AND DOCUMENTS, CIVIL REGISTRY OF LEGAL ENTITIES, CIVIL REGISTRY OF NATURAL PERSONS, AND GUARDIANSHIP AND TUTELAGE
Registrar: Norma Klédina Araújo Mendonça Almeida
Rua Paraense, Centro, No. 61, Axixá do Tocantins, TO, ZIP Code 77930-000
Phone: (63) 9118-8812 | Mobile: (63) 98413-9848 | Email: cartoriounicoax@hotmail.com

The content of this certificate is true. I certify.
Axixá do Tocantins - Tocantins, November 04, 2025

----//signature//----
Signature of the Registrar/Deputy

Dayane Silva de Souza
Clerk

IA 006148201

Judiciary
State of Tocantins
Digital Seal for Civil Registry Supervision
128017AAA144707-FWI
Verify the authenticity of the act at:
https://www.tjto.jus.br
3 Acts Performed
Fees: R$81.76; Service Tax (ISS): R$4.09; Total: R$85.85

SINGLE REGISTRY OFFICE OF Complementary Law No. 112 of 04/30/2018 AXIXÁ DO TOCANTINS - TO

REGISTRATION DETAILS

Registration 0018830155 1987 1 0003 050 0000533 31	cc (55) Type of Service Provided, being: 55: Civil Registration Service for Natural Persons	fff (0003)	Book number
Standard aaaaaabbcc dddd e fff ggg hhhhhhh ii		ggg (050)	Sheet number
DETAILS	dddd (1987) Year of Registration	hhhhhhh (0000533)	Term Number
aaaaaa (00188-3) National Service Code (Unique identification of the registry office)	e (1) Type of book, being: 1: Book A (Birth) 4: Book C (Death) 2: Book B (Marriage) 5: Book C (Stillborn Registry) 3: Auxiliary Book B (Record of Religious marriage for civil purposes) 6: Book D (Publication of Banns) 7: Book E (Other Acts Related to Civil Registration)	ii (31)	Check Digit
bb (01) Collection Code, being: 01 - Own Collection Other Incorporated Collections			

Exclusive use for issuing civil registration certificates for natural persons

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MIX
Paper | Supporting Responsible Forest Management
FSC CO15899

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


_____ Date: December 31, 2025.

CARTÓRIO UNICO DE AXIXÁ DO TOCANTINS-TO Lei Complementar Nº 112 de 30/04/2018

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE NASCIMENTO

NOME:
IBSON HUGGO ITALLO FRANCISCO PEREIRA SILVA

CPF
038.440.971-71

MATRÍCULA:
128017 01 55 1994 1 00021 100 0020314 54

DATA DE NASCIMENTO POR EXTENSO
vinte e quatro de abril de mil novecentos e noventa e três

DIA/ MÊS/ ANO
24/04/1993

HORA
07:30

NATURALIDADE
Axixá do Tocantins-TO

MUNICÍPIO DE REGISTRO E UNIDADE DA FEDERAÇÃO
Axixá do Tocantins-TO

LOCAL, MUNICIPIO DE NASCIMENTO
no axixa, Axixá do Tocantins-TO

SEXO
Masculino

FILIAÇÃO
FRANCISCO EDIVALDO PEREIRA DA SILVA, brasileiro,
WANUZA PEREIRA SILVA, brasileira, natural do Tocantins.

AVÓS
Avós de filiação 1: EROCLIDES DA SILVA e LIDIA PEREIRA DA SILVA
Avós de filiação 2: VALDEMAR PEREIRA SILVA e ALDEIDE PEREIRA SILVA

GEMEOS
NÃO

NOME E MATRÍCULA DO(S) GÊMEO(S)
NÃO GEMELAR

DATA DO REGISTRO POR EXTENSO
vinte e um de março de mil novecentos e noventa e quatro

NÚMERO DA DECLARAÇÃO DE NASCIDO VIVO
Não consta

ANOTAÇÕES/AVERBAÇÕES À ACRESCER
AVERBAÇÃO 01:CASOU-SE COM JÉSSICA RODRIGUES ALVES, NO DIA 16/07/2016, EM GOIÂNIA-GO. LIVRO: B-225, FLS: 125, TERMO: 045501.
AVERBAÇÃO 02: Conforme mandado expedido pelo Dra. FLÁVIA MORAIS NAGATO, MM. Juiza de Direito da 3ª VARA DE FAMÍLIA da Comarca de Golânia/GO, extraido do processo n° 5559189.39.2024.8.09.0051, averbo o :Divórcio Consensual, em que são requerentes o casal, decretado por sentença em 31/08/2024, e transitado em julgado em 05/09/2024, continuando ele a assinar: IBSON HUGGO ÍTALLO FRANCISCO PEREIRA SILVA, continuando ela a assinar: JESSICA RODRIGUES ALVES. averbado no dia 09/09/2024.

ANOTAÇÕES DE CADASTRO

O conteúdo da certidão é verdadeiro. Dou fé
Axixá do Tocantins-TO, 04 de Novembro de 2025

Assinatura do Oficial/Substituto

Dayane Silva de Sousa
Escrevente

ÚNICO SERVIÇO NOTARIAL E REGISTRO COM ATRIBUIÇÕES ESPECIALIZADAS DE TABELIONATO DE NOTAS, TABELIONATO DE PROTESTO DE TÍTULOS, REGISTROS DE IMÓVEIS, REGISTRO DE TÍTULOS E DOCUMENTOS, REGISTRO CIVIL DAS PESSOAS JURÍDICAS, REGISTRO CIVIL DAS PESSOAS NATURAIS E DE INTERDIÇÃO E TUTELAS
Oficial: Norma Klédina Araújo Mendonça Almeida
Rua Paraense , Centro, nº 61, Axixá do Tocantins-TO, Cep 77930-000
Telefone: (63) 9118-8812 Celular: (63) 98413-9848 E-mail: cartoriounicoax@hotmail.com

CARTÓRIO UNICO DE AXIXÁ DO TOCANTINS-TO Lei Complementar Nº 112 de 30/04/2018

Poder Judiciário
Estado do Tocantins
Selo Digital de Fiscalização de Registro Civil
128017AAA144707-FWI
Confira a autenticidade do ato em
https://www.tjto.jus.br
3 Ato(s) Praticado(s)
Emolumento R$ 81,76; ISS R$ 4,09; Total R$ 85,85;

IA 006148201

Indústria Gráfica Brasileira Ltda

DETALHAMENTO DA MATRÍCULA			
MATRÍCULA			ANO DO REGISTRO
PADRÃO			
DETALHAMENTO			TIPO DO LIVRO, SENDO: 1. LIVRO A (NASCIMENTO) 2. LIVRO B (CASAMENTO) 3. LIVRO B (REGISTRO DE CASAMENTO RELIGIOSO PARA FINS CIVIS) 4. LIVRO C (ÓBITO) 5. LIVRO C AUXILIAR (REGISTRO DE NATIMORTOS) 6. LIVRO D (REGISTRO DE PROCLAMAS) 7. LIVRO E (DEMAIS ATOS RELATIVOS AO REGISTRO CIVIL)
	CÓDIGO NACIONAL DA SERVENTIA (IDENTIFICAÇÃO ÚNICA DO CARTÓRIO)		
	CÓDIGO DO ACERVO, SENDO: 01 - ACERVO PRÓPRIO OUTROS - ACERVOS INCORPORADOS		NÚMERO DO LIVRO
	TIPO DE SERVIÇO PRESTADO, SENDO: 51. SERVIÇO DE NOTAS 52. SERVIÇO DE PROTESTO DE TÍTULOS 53. SERVIÇO DE REGISTRO DE IMÓVEIS 54. SERVIÇO DE REGISTRO DE TÍTULOS E DOCUMENTO CIVIL DE PESSOA JURÍDICA 55. SERVIÇO DE REGISTRO CIVIL DAS PESSOAS NATURAIS 56. SERVIÇO DE REGISTRO DE CONTRATOS MARÍTIMOS 57. REGISTRO DE DISTRIBUIÇÃO		NÚMERO DA FOLHA
			NÚMERO DO TERMO
			DÍGITO VERIFICADOR

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SILVA REGISTRY OFFICE

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

Judiciary of the State of Goiás
Electronic Supervision Seal

01971609221814128990098 4

Check this seal at
http://extrajudicial.tjgo.jus.br/selo

BIRTH CERTIFICATE

Name

MIGUEL ALVES PEREIRA RODRIGUES

CPF: 081.726.621-65

Registration

024729 01 55 2017 1 00393 092 0232828 67

Date of birth in full	Day	Month	Year
December thirty-first, two thousand sixteen **	31	12	2016

Time	City of Birth and Federative Unit
07:33 AM	Goiânia–GO **

City of Registration and Federation Unit	Place of birth	Sex
Goiânia–GO **	ELA Maternity **	Male

Filiation
IBSON HUGGO ÍTALLO FRANCISCO PEREIRA SILVA **
JÉSSICA RODRIGUES ALVES **

Paternal
GRANDPARENTS: **FRANCISCO EDIVALDO PEREIRA DA SILVA ****
and **WANUSA PEREIRA DA SILVA ****
Maternal
GRANDPARENTS: **EDMAR FRANCISCO ALVES ****
and **TATIANE CLAUDINA RODRIGUES ALVES ****

Twin	Name of the twin(s)
No	---------- **

Date of registration in full	Number of live birth certificate
January second, two thousand and seventeen **	30-71171027-0

Annotations/Notes to be added
Registered with CPF under No. 081.726.621-65, in accordance with RFB Normative Instruction No. 1548/15. No record found. Fees: Exempt; Court Fee: Not Applicable; State Funds: Not Applicable; ISS (Tax on Services): Not Applicable.

Name of the Office
1st Civil Registry and Notary Office

Registrar
Mateus da Silva

Municipality/State
Goiânia – State of Goiás

Address
Avenida 85, Block 231, Lot 25/26 - Marista Sector
ZIP Code 74.160-010 - Phone: (62) 3926-0300 - 3928-0300

The content of this certificate is true. I certify.

Goiânia-GO, January 02, 2017.

----//signature//----
Rosângela Esteves de Matos Santos
Clerk

Silva Registry Office
1st Civil Registry and Notary Office
Av 85, Bl 231
Lot 25/26, Marista Sec.
ZIP Code 74.160-010
3926-0300/3928-0300
Goiânia-GO

I, Carolina Favero da Silva, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



_____ Date: April 17, 2025.

CARTÓRIO SILVA

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

Poder Judiciário Estado de Goias
Selo Eletrônico de Fiscalização
01971609221814128900984
consulte esse selo em
http://extrajudicial.tjgo.jus.br/selo

CERTIDÃO DE NASCIMENTO

Nome

MIGUEL ALVES PEREIRA RODRIGUES

CPF nº 081.726.621-65

Matrícula

024729 01 55 2017 1 00393 092 0232828 67

Data do nascimento por extenso	Dia	Mês	Ano
Trinta e um de dezembro de dois mil e dezesseis ••	31	12	2016

Hora	Município do nascimento e unidade de federação
07h 33min	Goiânia-GO ••

Município de registro e unidade de federação	Local de nascimento	Sexo
Goiânia -GO ••	ELA Maternidade ••	Masculino

Filiação
IBSON HUGGO ÍTALLO FRANCISCO PEREIRA SILVA ••
JÉSSICA RODRIGUES ALVES ••

Avós
Paternos: **FRANCISCO EDIVALDO PEREIRA DA SILVA ••**
e **WANUZA PEREIRA SILVA ••**
Maternos: **EDMAR FRANCISCO ALVES ••**
e **TATIANE CLAUDINA RODRIGUES ALVES ••**

Gêmeo	Nome do(s) gêmeo(s)
Não	---------- ••

Data do registro por extenso	Número da D.N.V
Dois de janeiro de dois mil e dezessete ••	30-71171027-0

Observações / Averbações
Inscrito no CPF sob o nº 081.726.621-65, conforme Instrução Normativa RFB nº 1548/15. Nada consta. Emolumentos: Isento; Taxa Judiciária: Não incide; Fundos Estaduais: Não incide; ISS Não incide. ••

Nome do Ofício
1º Registro Civil e Tabelionato de Notas

Oficial Registrador
Mateus da Silva

Município / UF
Goiânia - Estado de Goiás

Endereço
Avenida 85, Quadra 231, Lote 25/26 - Setor Marista
CEP: 74.160-010 - Fone: (62) 3926-0300 - 3928-0300

O conteúdo da certidão é verdadeiro. Dou fé.

Goiânia -GO, 02 de janeiro de 2017.

Rosangela Esteves de Matos Santos
Escrevente

Cartório Silva
1º Registro Civil e Tabelionato de Notas
Av. 85, Qd. 231
Lts. 25/26 St. Marista
CEP 74.160-010
3926-0300 / 3928-0300
Goiânia - GO

Este passaporte contém 32 páginas numeradas.
Ce passeport contient 32 pages numérotées.
This passport contains 32 numbered pages.
Este pasaporte contiene 32 páginas numeradas.

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

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

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

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

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

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

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

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

BRA

629

Este documento pertence à
Ce document appartient à la
This document is the property of the
Este documento pertenece a la

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE

1

GA034215

Ibson Hugo Italo F. P. Silva

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

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

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

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

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

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSPORT

TIPO / TYPE: P
PAÍS EMISSOR / ISSUING COUNTRY: BRA
PASSAPORTE Nº / PASSPORT No: GA034215

SOBRENOME / SURNAME
PEREIRA SILVA



NOME / GIVEN NAMES
IBSON HUGGO ITALLO FRANCISCO

NACIONALIDADE / NATIONALITY
BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH
24 ABR/APR 1993

IDENTIDADE Nº / PERSONAL No

SEXO / SEX
M

NATURALIDADE / PLACE OF BIRTH
AXIXÁ DO TOCANTINS/TO

FILIAÇÃO / FILIATION
WANUZA PEREIRA SILVA

FRANCISCO EDIVALDO PEREIRA DA SILVA

DATA DE EXPEDIÇÃO / DATE OF ISSUE
05 AGO/AUG 2019

AUTORIDADE / AUTHORITY
SR/DPF/GO

VÁLIDO ATÉ / DATE OF EXPIRY
04 AGO/AUG 2029

P<BRAPEREIRA<SILVA<<IBSON<HUGGO<ITALLO<FRANC
GA034215<9BRA9304240M2908041<<<<<<<<<<<<<<00

INFORMAÇÕES PARA O TITULAR

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

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

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

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

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

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

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

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

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

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

DEC 22 2020

Class Until B2

OCT 31 2020

ADMITTED SMF

DEPARTMENT OF HOMELAND SECURITY, U.S. CUSTOMS AND BORDER PROTECTION

4872 23

C19 NUU

ADMITTED HOU

FEB 11 2020

Class Until B2

10 AUG 2020

DEPARTMENT OF HOMELAND SECURITY, U.S. CUSTOMS AND BORDER PROTECTION

2659

VISTOS VISAS

ESTADOS UNIDOS MEXICANOS | SECRETARÍA DE GOBERNACIÓN

CIUDAD DE MÉXICO

MMMX

6 OCT. 20E

MÉXICO O.R.CDOAOMX862

VISA

UNITED STATES OF AMERICA



Issuing Post Name
BRASILIA

Control Number
20200172560001

Surname
PEREIRA SILVA

Given Name
IBSON HUGGO ITALLO FRANCISCO

Visa Type /Class
R B1/B2

Passport Number
GA034215

Sex
M

Birth Date
24APR1993

Nationality
BRZL

Entries
M

Issue Date
21JAN2020

Expiration Date
16JAN2030

0101

Annotation

P3096066

*

VNUSAPEREIRA<SILVA<<IBSON<HUGGO<ITALLO<FRANC

GA034215<9BRA9304240M3001167B3BRA00R6L542241

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

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

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

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

633

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

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

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

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

Este passaporte contém um dispositivo eletrônico e elementos de segurança sensíveis.
Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade e luz excessivas, campos eletromagnéticos intensos ou substâncias químicas.
Além do respeito e dos cuidados normais dispensados a um passaporte, tenha com este documento as mesmas precauções que teria com qualquer outro dispositivo eletrônico portátil, assegurando que ele não ficará úmido, dobrado ou amassado. Abusos podem afetar adversamente a operação do chip e reduzir sua utilidade para o titular e para o controle de fronteira.

NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA

NE PAS AGRAFER OU TAMPONNER CETTE PAGE

DO NOT STAPLE OR STAMP THIS PAGE

NO GRAPAR NI SELLAR ESTA PAGINA

Símbolo Internacional do Passaporte Eletrônico

CASA DA MOEDA DO BRASIL

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

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

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

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

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

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

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

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

634

Este passaporte contém um dispositivo eletrônico e elementos de segurança sensíveis.
Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade e luz excessivas, campos eletromagnéticos intensos ou substâncias químicas.
Além do respeito e dos cuidados normais dispensados a um passaporte, tenha com este documento as mesmas precauções que teria com qualquer outro dispositivo eletrônico portátil, assegurando que ele não ficará úmido, dobrado ou amassado. Abusos podem afetar adversamente a operação do chip e reduzir sua utilidade para o titular e para o controle de fronteira.

NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA

NE PAS AGRAFER OU TAMPONNER CETTE PAGE

DO NOT STAPLE OR STAMP THIS PAGE

NO GRAPAR NI SELLAR ESTA PAGINA

Símbolo Internacional do Passaporte Eletrônico

CASA DA MOEDA DO BRASIL

635

Este passaporte contém 32 páginas numeradas.
Ce passeport contient 32 pages numérotées.
This passport contains 32 numbered pages.
Este pasaporte contiene 32 páginas numeradas.

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

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

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

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

BRA

Este documento pertence à
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REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE

1

Menor não alfabetizado
illiterate minor

GA034216

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

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

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

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

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

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSPORT



TIPO / TYPE: **P**
PAÍS EMISSOR / ISSUING COUNTRY: **BRA**
PASSAPORTE Nº / PASSPORT No.: **GA034216**

SOBRENOME / SURNAME
ALVES PEREIRA RODRIGUES

NOME / GIVEN NAMES
MIGUEL

NACIONALIDADE / NATIONALITY
BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH
31 DEZ/DEC 2016

IDENTIDADE Nº / PERSONAL No.:

SEXO / SEX: **M**
NATURALIDADE / PLACE OF BIRTH: **GOIÂNIA/GO**

FILIAÇÃO / FILIATION
JESSICA RODRIGUES ALVES

IBSON HUGGO ITALLO FRANCISCO PEREIRA SILVA

O titular, enquanto menor, está autorizado pelos genitores, pelo prazo deste documento, a viajar apenas com um dos pais, indistintamente. Res. CNJ 131/11, Art. 13.

DATA DE EXPEDIÇÃO / DATE OF ISSUE: **05 AGO/AUG 2019**
AUTORIDADE / AUTHORITY: **SR/DPF/GO**

VALIDO ATÉ / DATE OF EXPIRY
04 AGO/AUG 2022

P<BRAALVES<PEREIRA<RODRIGUES<<MIGUEL<<<<<<<<
GA034216<2BRA1612310M2208040<<<<<<<<<<<<<<04

BRASILEIRA

Para uso das autoridades brasileiras

Reservé aux autorités brésiliennes

For the use of Brazilian authorities

Para uso de las autoridades brasileñas

BRASILEIRA

INFORMAÇÕES PARA O TITULAR

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

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

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

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

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

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

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

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

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

637

DEC 22 2020

DEPARTMENT OF HOMELAND SECURITY, U.S. CUSTOMS AND BORDER PROTECTION
ADMITTED
HOU
FEB 11 2020
Class B2
Until 10 AUG 2020
2859

DEPARTMENT OF HOMELAND SECURITY, U.S. CUSTOMS AND BORDER PROTECTION
ADMITTED
SMF
OCT 21 2020
Class B2
Until
23
4872

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ESTADOS UNIDOS MEXICANOS | SECRETARÍA DE GOBERNACIÓN
CIUDAD DE MÉXICO
MMMX
06 OCT. 20E
INM
MÉXICO O.R.CD0A0MX062

VISTOS VISAS

VISA

UNITED STATES OF AMERICA



Issuing Post Name
BRASILIA

Control Number
20200172560002

Surname
ALVES PEREIRA RODRIGUES

Given Name
MIGUEL

Visa Type /Class
R B1/B2

Passport Number
GA034216

Sex
M

Birth Date
31DEC2016

Nationality
BRZL

Entries
M

Issue Date
21JAN2020

Expiration Date
16JAN2030

0110

Annotation

P3096067

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VNUSAALVES<PEREIRA<RODRIGUES<<MIGUEL<<<<<<<<

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DEC 22 2020

OCT 31 2020

ADMITTED SMF

DEPARTMENT OF HOMELAND SECURITY U.S. CUSTOMS AND BORDER PROTECTION

ADMITTED HOU

FEB 11 2020

Class B2

Until 10 AUG 2020

VISTOS VISAS

ESTADOS UNIDOS MEXICANOS | SECRETARÍA DE GOBERNACIÓN

CIUDAD DE MÉXICO

06 OCT, 20E

INM

MMMX

MEXICO

VISA

UNITED STATES OF AMERICA



Issuing Post Name
BRASILIA

Control Number
20200172560001

Surname
PEREIRA SILVA

Given Name
IBSON HUGGO ITALLO FRANCISCO

Visa Type /Class
R B1/B2

Passport Number
GA034215

Sex
M

Birth Date
24APR1993

Nationality
BRZL

Entries
M

Issue Date
21JAN2020

Expiration Date
16JAN2030

0101

Annotation

P3096066

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VNUSAPEREIRA<SILVA<<IBSON<HUGGO<ITALLO<FRANC

GA034215<9BRA9304240M3001167B3BRA00R6L542241

DEC 22 2020

DEPARTMENT OF HOMELAND SECURITY, U.S. CUSTOMS AND BORDER PROTECTION
ADMITTED
HOU
FEB 11 2020
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ESTADOS UNIDOS MEXICANOS | SECRETARÍA DE GOBERNACIÓN
CIUDAD DE MÉXICO
MMMX
06 OCT. 20E
INM
MÉXICO O.R.CD0A0MX062

VISTOS VISAS

VISA

UNITED STATES OF AMERICA



Issuing Post Name
BRASILIA

Control Number
20200172560002

Surname
ALVES PEREIRA RODRIGUES

Given Name
MIGUEL

Visa Type /Class
R B1/B2

Passport Number
GA034216

Sex
M

Birth Date
31DEC2016

Nationality
BRZL

Entries
M

Issue Date
21JAN2020

Expiration Date
16JAN2030

0110

Annotation

P3096067

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VNUSAALVES<PEREIRA<RODRIGUES<<MIGUEL<<<<<<<<

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