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.

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

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

Form I-130, Petition for Alien Relative - Daniella Faria Arantes

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) **Bernnie Jesus**	Middle Name (if any) **N/A**	Family Name (Last Name) **MAILLOUX ENRIQUEZ**

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

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

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

Credit Card Information		
Credit Card Number	**Credit Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	Authorized Payment Amount $ 675.00
Credit Card Expiration Date (mm/yyyy) CVV Code		

Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

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Form I-130, Petition for Alien Relative - Yuri Faria Costa

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) **Bernnie Jesus**	Middle Name (if any) **N/A**	Family Name (Last Name) **MAILLOUX ENRIQUEZ**

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

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

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

Credit Card Information		
Credit Card Number	**Credit Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	Authorized Payment Amount $ 675.00
Credit Card Expiration Date (mm/yyyy) CVV Code		

Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

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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.
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Form I-130, Petition for Alien Relative - Victor Faria Costa

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) **Bernnie Jesus**	Middle Name (if any) **N/A**	Family Name (Last Name) **MAILLOUX ENRIQUEZ**

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

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

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

Credit Card Information		
Credit Card Number	**Credit Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	Authorized Payment Amount $ 675.00
Credit Card Expiration Date (mm/yyyy) CVV Code		

Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

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

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

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) **Daniella**	Middle Name (if any) **N/A**	Family Name (Last Name) **FARIA ARANTES**
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)		
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)
Credit Card Holder's Billing Address:		
Street Number and Name	Apt. Ste. Flr. ☐ ☐ ☐	Number
City or Town	State	ZIP Code
Credit Card Holder's Signature and Contact Information:		
Credit Card Holder's Signature		
Credit Card Holder's Daytime Telephone Number	Credit Card Holder's Email Address	

Credit Card Information		
Credit Card Number	**Credit Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	Authorized Payment Amount $ 1440.00
Credit Card Expiration Date (mm/yyyy) CVV Code		

Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

1. Type or print legibly in black ink.
2. Complete the "**Applicant's/Petitioner's/Requester's Information**," "**Credit Card Billing Information**," and "**Credit Card Information**" sections and sign the authorization. **NOTE:** The credit card must be issued by a U.S. bank.
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I-765, Application for Employment Authorization

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Daniella	Middle Name (if any) N/A	Family Name (Last Name) FARIA ARANTES

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

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

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

Credit Card Information		
Credit Card Number	**Credit Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	Authorized Payment Amount $ 260.00
Credit Card Expiration Date (mm/yyyy) CVV Code		

Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

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

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

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Yuri	Middle Name (if any) N/A	Family Name (Last Name) FARIA COSTA
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)		
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)
Credit Card Holder's Billing Address:		
Street Number and Name	Apt. Ste. Flr. ☐ ☐ ☐	Number
City or Town	State	ZIP Code
Credit Card Holder's Signature and Contact Information:		
Credit Card Holder's Signature		
Credit Card Holder's Daytime Telephone Number	Credit Card Holder's Email Address	

Credit Card Information		
Credit Card Number	**Credit Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	Authorized Payment Amount $ 1440.00
Credit Card Expiration Date (mm/yyyy) CVV Code		

Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

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I-765, Application for Employment Authorization

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Yuri	Middle Name (if any) N/A	Family Name (Last Name) FARIA COSTA

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

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

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

Credit Card Information		
Credit Card Number	**Credit Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	Authorized Payment Amount $ 260.00
Credit Card Expiration Date (mm/yyyy) CVV Code		

Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

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

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

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Victor	Middle Name (if any) N/A	Family Name (Last Name) FARIA COSTA

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 $ 950.00
Credit Card Expiration Date (mm/yyyy) CVV Code		

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Department of Homeland Security

Form G-1450

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I-765, Application for Employment Authorization

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Victor	Middle Name (if any) N/A	Family Name (Last Name) FARIA COSTA

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

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

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

Credit Card Information		
Credit Card Number	**Credit Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	Authorized Payment Amount $ 260.00
Credit Card Expiration Date (mm/yyyy) CVV Code		

USCIS
Attn: AOS
P.O. Box 20500
Phoenix, AZ 85036-0500

RE: Form I-130, Petition for Alien Relative
Petitioner: Bernnie Jesus Mailloux Enriquez (A-089567169)
Beneficiary: Daniella Faria Arantes (Spouse);
Beneficiary: Yuri Faria Costa (Stepchild);
Beneficiary: Victor Faria Arantes (Stepchild).

Dear Sir or Madam,

Please find enclosed Form I-130 Petition for Alien Relative and all requisite documentation, filed by counsel on behalf of **Daniella Faria Arantes, Yuri Faria Arantes and Victor Faria Arantes**.

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

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

- **Daniella Faria Arantes' Signed Forms:**
- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative
- Form I-485, Application to Register Permanent Residence or Adjust Status
- Form I-765, Application for Employment Authorization

- **Yuri Faria Costa's Signed Forms:**
- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative
- Form I-485, Application to Register Permanent Residence or Adjust Status
- Form I-765, Application for Employment Authorization

- **Victor Faria Costa's Signed Forms:**
- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative
- Form I-485, Application to Register Permanent Residence or Adjust Status
- Form I-765, Application for Employment Authorization

- **Luis Felipe Batres de Leon's Signed Forms (Joint-Sponsor):**
- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative
- Form I-864, Affidavit of Support Under Section 213A of the INA

I. Bernnie Jesus Mailloux Enriquez's Identification Documents
- Bernnie Jesus Mailloux Enriquez's Birth Certificate with English Translation;
- Bernnie Jesus Mailloux Enriquez's Valid Passport;
- Bernnie Jesus Mailloux Enriquez's Certificate of Naturalization;

- Bernnie Jesus Mailloux Enriquez's Driver License;

II. Daniella Faria Arantes' Identification Documents:

- Daniella Faria Arantes' Birth Certificate with English Translation;
- Daniella Faria Arantes' Valid Passport;
- Daniella Faria Arantes' Copy of I-94;
- Daniella Faria Arantes' Driver License;

III. Yuri Faria Costa's Identification Documents:

- Yuri Faria Costa's Birth Certificate with English Translation;
- Yuri Faria Costa's Valid Passport;
- Yuri Faria Costa's Previous Passport (expired) and VISA;
- Yuri Faria Costa's Copy of I-94;
- Yuri Faria Costa's Driver License;

IV. Victor Faria Costa's Identification Documents:

- Victor Faria Costa's Birth Certificate with English Translation;
- Victor Faria Costa's Valid Passport;
- Victor Faria Costa's Previous Passport (expired) and VISA;
- Victor Faria Costa's Copy of I-94;

V. Bernnie Jesus Mailloux Enriquez and Daniella Faria Arantes' Marriage Certificate;

VI. Evidence of Bona Fide Marriage

- Bernnie Jesus Mailloux Enriquez's Personal Declaration;
- Daniella Faria Arantes' Personal Declaration with English Translation;
- Joint Bank Account - Bank of America;
- Joint Bank Account - Umpqua Bank;
- Car Registration Certificate - Ford Fusion;
- Car Registration Certificate - Hyundai Sonata;
- Joint Energy Bill;
- Bernnie Jesus Mailloux Enriquez's Insurance Listing Daniella as his Spouse;
- Daniella Faria Arantes' Insurance Listing Bernnie as her Husband;
- Hotel Reservation for Honeymoon;

Letters of Support

- Letter of Support Delivered by Pastor Masiel with English Translation;
- Letter of Support Delivered by Yuri with English Translation;
- Letter of Support Delivered by Tami with English Translation;
- Letter of Support Delivered by Elisa with English Translation;
- Letter of Support Delivered by Luis;
- Letter of Support Delivered by Miria;
- Letter of Support Delivered by Maria;
- Letter of Support Delivered by Rayane with English Translation;

Photographic Evidence of Relationship

VII. Evidence of Bernnie Jesus Mailloux Enriquez's Dissolution of Prior Marriages

- Bernnie Jesus Mailloux Enriquez's 1st Marriage Dissolution Decree;

- Bernnie Jesus Mailloux Enriquez's 2nd Marriage Dissolution Decree;

VIII. Daniella Faria Arantes' Dissolution of a Common-law Marriage (Brazil)

IX. Evidence of stepfather-stepchild Cohabitation

- Yuri Faria Costa's Proof of Residence;
- Victor Faria Costa's Proof of Residence;

X. Ayla Santos Faria's Birth Certificate (Daniella Faria Arantes' U.S. Citizen Daughter)

XI. Petitioner's Financial Information - Bernnie Jesus Mailloux Enriquez

- Bernnie Jesus Mailloux Enriquez's IRS Federal Income Tax Return - 2024;
- Bernnie Jesus Mailloux Enriquez's W-2 and Earnings Summary - 2024;
- Bernnie Jesus Mailloux Enriquez's IRS Federal Income Tax Return - 2023;
- Bernnie Jesus Mailloux Enriquez's W-2 and Earnings Summary - 2023;
- Bernnie Jesus Mailloux Enriquez's IRS Federal Income Tax Return - 2022;
- Bernnie Jesus Mailloux Enriquez's W-2 and Earnings Summary - 2022;

XII. Joint Sponsor's Financial Information - Luis Felipe Batres de Leon

- Luis Felipe Batres de Leon's Lawful Permanent Resident Card;
- Luis Felipe Batres de Leon's IRS Federal Income Tax Return - 2024;
- Luis Felipe Batres de Leon's W-2 and Earnings Summary - 2024 (JETRO HOLDINGS);
- Luis Felipe Batres de Leon's W-2 and Earnings Summary - 2024 (GLOBAL AGRI-TRADE);
- Luis Felipe Batres de Leon's IRS Federal Income Tax Return - 2023;
- Luis Felipe Batres de Leon's W-2 and Earnings Summary - 2023;
- Luis Felipe Batres de Leon's IRS Federal Income Tax Return - 2022;
- Luis Felipe Batres de Leon's W-2 and Earnings Summary - 2022;

XIII. Daniella Faria Arantes' Photo 2x2;

XIV. Yuri Faria Costa's Photo 2x2;

XV. Victor Faria Costa's Photo 2x2.

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

Sincerely,



_____ Date: 02/10/2026

Otavio Haverroth Silva (Bar n. 343486) - Attorney at Law

+1 510 241 9336

BERNNIE JESUS MAILLOUX ENRIQUEZ'S SIGNED FORMS

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶ 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

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

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

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

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

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

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

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

Licensing Authority: California

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

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

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

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

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

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

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

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

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

Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

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

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

I-130 I-864

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

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

N/A

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

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

N/A

4. Receipt Number (if any)

► N / A

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

☐ Applicant ☒ Petitioner ☐ Requestor
☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

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

6.a. Family Name (Last Name): MAILLOUX ENRIQUEZ

6.b. Given Name (First Name): Bernnie Jesus

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- 0 8 9 5 6 7 1 6 9

Client's Contact Information

10. Daytime Telephone Number

4254203735

11. Mobile Telephone Number (if any)

4254203735

12. Email Address (if any)

maillouxbernie@icloud.com

Mailing Address of Client

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

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

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town: San Diego

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

13.f. Province: N/A

13.g. Postal Code: N/A

13.h. Country: USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

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

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

Options Regarding Receipt of USCIS Notices and Documents

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

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

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

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

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

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

Signature of Client or Authorized Signatory for an Entity

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

➡ [signature]

2.b. Date of Signature (mm/dd/yyyy) 01-15-2026

Part 5. Signature of Attorney or Accredited Representative

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

1. a. Signature of Attorney or Accredited Representative

[signature]

1.b. Date of Signature (mm/dd/yyyy) 01/15/2026

2.a. Signature of Law Student or Law Graduate

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

Part 6. Additional Information

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

1.a Family Name (Last Name): MAILLOUX ENRIQUEZ

1.b. Given Name (First Name): Bernnie Jesus

1.c. Middle Name: N/A

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

2.d. N/A

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

3.d. N/A

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

4.d. N/A

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

5.d. N/A

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

6.d. N/A

Petition for Alien Relative

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

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

For USCIS Use Only	Fee Stamp	Action Stamp
A-Number A-		
Initial Receipt		
Resubmitted		
Relocated	**Section of Law/Visa Category**	
Received	☐ 201(b) Spouse - IR-1/CR-1 ☐ 203(a)(1) Unm. S/D - F1-1 ☐ 203(a)(2)(B) Unm. S/D - F2-4	
Sent	☐ 201(b) Child - IR-2/CR-2 ☐ 203(a)(2)(A) Spouse - F2-1 ☐ 203(a)(3) Married S/D - F3-1	
Completed	☐ 201(b) Parent - IR-5 ☐ 203(a)(2)(A) Child - F2-2 ☐ 203(a)(4) Brother/Sister - F4-1	

Approved	Petition was filed on (Priority Date mm/dd/yyyy):	☐ Field Investigation	☐ Personal Interview	☐ 204(a)(2)(A) Resolved
Returned	PDR request granted/denied - New priority date (mm/dd/yyyy):	☐ Previously Forwarded	☐ Pet. A-File Reviewed	☐ I-485 Filed Simultaneously
		☐ 203(g) Resolved	☐ Ben. A-File Reviewed	☐ 204(g) Resolved
Remarks				

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

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

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

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

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

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

☒ Spouse ☐ Parent ☐ Brother/Sister ☐ Child

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

☐ Child was born to parents who were married to each other at the time of the child's birth

☐ Stepchild/Stepparent

☐ Child was born to parents who were not married to each other at the time of the child's birth

☐ Child was adopted (not an Orphan or Hague Convention adoptee)

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

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

Part 2. Information About You (Petitioner)

1. Alien Registration Number (A-Number) (if any)
► **A-** 089567169

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

3. U.S. Social Security Number (if any)
► 612619602

Your Full Name

4.a. Family Name (Last Name): MAILLOUX ENRIQUEZ

4.b. Given Name (First Name): Bernnie Jesus

4.c. Middle Name: N/A

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

Other Names Used (if any)

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

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

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

5.c. Middle Name: N/A

Other Information

6. City/Town/Village of Birth: San Jose

7. Country of Birth: Costa Rica

8. Date of Birth (mm/dd/yyyy): 06/03/1983

9. Sex ☒ Male ☐ Female

Mailing Address

(USPS ZIP Code Lookup)

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

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

10.c. ☐ Apt. ☐ Ste. ☐ Flr.

10.d. City or Town: San Diego

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

10.g. Province:

10.h. Postal Code:

10.i. Country: USA

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

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

Address History

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

Physical Address 1

12.a. Street Number and Name: 16720 North Road

12.b. ☒ Apt. ☐ Ste. ☐ Flr.: C208

12.c. City or Town: Bothell

12.d. State: WA **12.e.** ZIP Code: 98012

12.f. Province:

12.g. Postal Code:

12.h. Country: USA

13.a. Date From (mm/dd/yyyy): 12/2024

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

Physical Address 2

14.a. Street Number and Name: 12525 SE 312th ST

14.b. ☒ Apt. ☐ Ste. ☐ Flr.: 85

14.c. City or Town: Auburn

14.d. State: WA **14.e.** ZIP Code: 98092

14.f. Province:

14.g. Postal Code:

14.h. Country: USA

15.a. Date From (mm/dd/yyyy): 10/15/2021

15.b. Date To (mm/dd/yyyy): 12/2024

Your Marital Information

16. How many times have you been married? ▶ 3

17. Current Marital Status

☐ Single, Never Married ☒ Married ☐ Divorced

☐ Widowed ☐ Separated ☐ Annulled

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

18. Date of Current Marriage (if currently married) (mm/dd/yyyy) 05/10/2025

Place of Your Current Marriage (if married)

19.a. City or Town: Snohomish

19.b. State: WA

19.c. Province:

19.d. Country: USA

Names of All Your Spouses (if any)

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

Spouse 1

20.a. Family Name (Last Name): FARIA ARANTES

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

20.c. Middle Name: N/A

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

Spouse 2

22.a. Family Name (Last Name): SANCHEZLLANES ZARATE

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

22.c. Middle Name: N/A

23. Date Marriage Ended (mm/dd/yyyy): 05/01/2025

Information About Your Parents

Parent 1's Information

Full Name of Parent 1

24.a. Family Name (Last Name): MAILLOUX ESCOBAR

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

24.c. Middle Name: N/A

25. Date of Birth (mm/dd/yyyy): 12/11/1962

26. Sex ☒ Male ☐ Female

27. Country of Birth: Costa Rica

28. City/Town/Village of Residence: Alajuela

29. Country of Residence: Costa Rica

Parent 2's Information

Full Name of Parent 2

30.a. Family Name (Last Name): ENRIQUEZ GARCIA

30.b. Given Name (First Name): Maria Carmen

30.c. Middle Name: N/A

31. Date of Birth (mm/dd/yyyy): 04/26/1954

32. Sex ☐ Male ☒ Female

33. Country of Birth: Costa Rica

34. City/Town/Village of Residence: San Jose

35. Country of Residence: Costa Rica

Additional Information About You (Petitioner)

36. I am a (Select **only one** box):
☒ U.S. Citizen ☐ Lawful Permanent Resident

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

37. My citizenship was acquired through (Select **only one** box):
☐ Birth in the United States
☒ Naturalization
☐ Parents

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

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

39.a. Certificate Number: 38266308

39.b. Place of Issuance: Seattle, WA

39.c. Date of Issuance (mm/dd/yyyy): 09/06/2016

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

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

40.a. Class of Admission

N/A

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

Place of Admission

40.c. City or Town

N/A

40.d State N/A

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

☐ Yes ☐ No

Employment History

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

Employer 1

42. Name of Employer/Company

Quest Cleaning Services LLC

43.a. Street Number and Name 16720 North Rd

43.b. ☒ Apt. ☐ Ste. ☐ Flr. C208

43.c. City or Town Bothell

43.d. State WA **43.e.** ZIP Code 98012

43.f. Province N/A

43.g. Postal Code N/A

43.h. Country

USA

44. Your Occupation

Self Employer (Owner)

45.a. Date From (mm/dd/yyyy) 09/2025

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

Employer 2

46. Name of Employer/Company

Unemployed

47.a. Street Number and Name N/A

47.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

47.c. City or Town N/A

47.d. State N/A **47.e.** ZIP Code N/A

47.f. Province

47.g. Postal Code

47.h. Country

USA

48. Your Occupation

N/A

49.a. Date From (mm/dd/yyyy) 03/01/2025

49.b. Date To (mm/dd/yyyy) 08/2025

Part 3. Biographic Information

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

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

☒ Hispanic or Latino

☐ Not Hispanic or Latino

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

☒ White

☐ Asian

☐ Black or African American

☐ American Indian or Alaska Native

☐ Native Hawaiian or Other Pacific Islander

3. Height Feet 5 Inches 6

4. Weight Pounds 2 0 0

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

☐ Black ☐ Blue ☒ Brown

☐ Gray ☐ Green ☐ Hazel

☐ Maroon ☐ Pink ☐ Unknown/Other

Part 3. Biographic Information (continued)

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

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

Part 4. Information About Beneficiary

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

► **A-** N / A

2. USCIS Online Account Number (if any)

► N / A

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

► N / A

Beneficiary's Full Name

4.a. Family Name (Last Name): FARIA ARANTES

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

4.c. Middle Name: N/A

Other Names Used (if any)

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

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

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

5.c. Middle Name: N/A

Other Information About Beneficiary

6. City/Town/Village of Birth: Rio Verde

7. Country of Birth: Brazil

8. Date of Birth (mm/dd/yyyy): 03/04/1985

9. Sex ☐ Male ☒ Female

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

☐ Yes ☒ No ☐ Unknown

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

Beneficiary's Physical Address

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

11.a. Street Number and Name: 16720 North Road

11.b. ☒ Apt. ☐ Ste. ☐ Flr.: C208

11.c. City or Town: Bothell

11.d. State: WA **11.e.** ZIP Code: 98012

11.f. Province:

11.g. Postal Code:

11.h. Country: USA

Other Address and Contact Information

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

12.a Street Number and Name: SAME

12.b. ☐ Apt. ☐ Ste. ☐ Flr.: N/A

12.c. City or Town: N/A

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

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

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

13.b. ☐ Apt. ☐ Ste. ☐ Flr.: N/A

13.c. City or Town: N/A

13.d. Province: N/A

13.e. Postal Code: N/A

13.f. Country: N/A

14. Daytime Telephone Number (if any): +14257508937

Part 4. Information About Beneficiary (continued)

15. Mobile Telephone Number (if any)

+14257508937

16. Email Address (if any)

danyfariaarantes@hotmail.com

Beneficiary's Marital Information

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

18. Current Marital Status

☐ Single, Never Married ☒ Married ☐ Divorced

☐ Widowed ☐ Separated ☐ Annulled

19. Date of Current Marriage (if currently married) (mm/dd/yyyy) 05/10/2025

Place of Beneficiary's Current Marriage (if married)

20.a. City or Town: Snohomish

20.b. State: WA

20.c. Province:

20.d. Country: USA

Names of Beneficiary's Spouses (if any)

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

Spouse 1

21.a. Family Name (Last Name): MAILLOUX ENRIQUEZ

21.b. Given Name (First Name): Bernnie Jesus

21.c. Middle Name: N/A

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

Spouse 2

23.a. Family Name (Last Name): ALMEIDA COSTA

23.b. Given Name (First Name): Samuel

23.c. Middle Name: N/A

24. Date Marriage Ended (mm/dd/yyyy): 01/10/2021

Information About Beneficiary's Family

Provide information about the beneficiary's spouse and children.

Person 1

25.a. Family Name (Last Name): MAILLOUX ENRIQUEZ

25.b. Given Name (First Name): Bernnie Jesus

25.c. Middle Name: N/A

26. Relationship: Spouse

27. Date of Birth (mm/dd/yyyy): 06/03/1983

28. Country of Birth: Costa Rica

Person 2

29.a. Family Name (Last Name): FARIA COSTA

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

29.c. Middle Name: N/A

30. Relationship: Child

31. Date of Birth (mm/dd/yyyy): 05/18/2007

32. Country of Birth: Brazil

Person 3

33.a. Family Name (Last Name): FARIA COSTA

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

33.c. Middle Name: N/A

34. Relationship: Child

35. Date of Birth (mm/dd/yyyy): 08/08/2014

36. Country of Birth: Brazil

Part 4. Information About Beneficiary (continued)

Person 4

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

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

37.c. Middle Name: Santos

38. Relationship: Child

39. Date of Birth (mm/dd/yyyy): 01/20/2022

40. Country of Birth: United States

Person 5

41.a. Family Name (Last Name): MAILLOUX GARRO

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

41.c. Middle Name: N/A

42. Relationship: Stepchild

43. Date of Birth (mm/dd/yyyy): 02/23/2000

44. Country of Birth: Costa Rica

Beneficiary's Entry Information

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

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

46.a. He or she arrived as a (Class of Admission): B2 - TEMPORARY VISITOR FOR PLEASURE

46.b. Form I-94 Arrival-Departure Record Number: ► 47341825856

46.c. Date of Arrival (mm/dd/yyyy): 09/12/2018

46.d. Date authorized stay expired, or will expire, as shown on Form I-94 or Form I-95 (mm/dd/yyyy) or type or print "D/S" for Duration of Status: 03/11/2019

47. Passport Number: FV750611

48. Travel Document Number: N/A

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

50. Expiration Date for Passport or Travel Document (mm/dd/yyyy): 04/17/2028

Beneficiary's Employment Information

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

51.a. Name of Current Employer (if applicable): Quest Cleaning Services LLC

51.b. Street Number and Name: 16720 North Rd

51.c. ☒ Apt. ☐ Ste. ☐ Flr. C208

51.d. City or Town: Bothell

51.e. State: WA **51.f.** ZIP Code: 98012

51.g. Province: N/A

51.h. Postal Code: N/A

51.i. Country: USA

52. Date Employment Began (mm/dd/yyyy): 06/13/2025

Additional Information About Beneficiary

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

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

☐ Removal ☐ Exclusion/Deportation

☐ Rescission ☐ Other Judicial Proceedings

55.a. City or Town:

55.b. State:

56. Date (mm/dd/yyyy):

Part 4. Information About Beneficiary (continued)

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

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

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

57.c. Middle Name: N/A

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

58.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

58.c. City or Town: N/A

58.d. Province: N/A

58.e. Postal Code: N/A

58.f. Country: N/A

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

59.a. Street Number and Name: 16720 North Road

59.b. ☒ Apt. ☐ Ste. ☐ Flr. C208

59.c. City or Town: Bothell

59.d. State: WA **59.e.** ZIP Code: 98012

59.f. Province:

59.g. Postal Code:

59.h. Country: USA

60.a. Date From (mm/dd/yyyy): 12/2024

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

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

61.a. City or Town: Seattle

61.b. State: WA

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

62.a. City or Town: N/A

62.b. Province: N/A

62.c. Country: N/A

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

Part 5. Other Information

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

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

2.a. Family Name (Last Name):

2.b. Given Name (First Name):

2.c. Middle Name:

3.a. City or Town:

3.b. State:

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

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

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

Relative 1

6.a. Family Name (Last Name): FARIA COSTA

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

6.c. Middle Name: N/A

7. Relationship: Stepchild

Part 5. Other Information (continued)

Relative 2

8.a.	Family Name (Last Name)	FARIA COSTA
8.b.	Given Name (First Name)	Victor
8.c.	Middle Name	N/A
9.	Relationship	Stepchild

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

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

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

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

Petitioner's Statement

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

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

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

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

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number
4254203735

4. Petitioner's Mobile Telephone Number (if any)
4254203735

5. Petitioner's Email Address (if any)
maillouxbernie@icloud.com

Petitioner's Declaration and Certification

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

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

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

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

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

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

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

Petitioner's Signature

6.a. Petitioner's Signature (sign in ink)

6.b. Date of Signature (mm/dd/yyyy) 01-15-2026

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

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

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

Interpreter's Full Name

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

N/A

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

N/A

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

N/A

Interpreter's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: N/A

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country

N/A

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

N/A

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

N/A

6. Interpreter's Email Address (if any)

N/A

Interpreter's Certification

I certify, under penalty of perjury, that:

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

Interpreter's Signature

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

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

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

Provide the following information about the preparer.

Preparer's Full Name

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

HAVERROTH SILVA

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

Otavio

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

HS Law Corp

Preparer's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town: San Diego

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

3.f. Province

3.g. Postal Code

3.h. Country

USA

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

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5102419336

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

5102419336

6. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Statement

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

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

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

Preparer's Certification

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

Preparer's Signature

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



8.b. Date of Signature (mm/dd/yyyy) 01/15/2026

Part 9. Additional Information

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

1.a. Family Name (Last Name): MAILLOUX ENRIQUEZ

1.b. Given Name (First Name): Bernnie Jesus

1.c. Middle Name:

2. A-Number (if any) ► A- 0 8 9 5 6 7 1 6 9

3.a. Page Number: 2 **3.b.** Part Number: 2 **3.c.** Item Number: 12a

3.d.
602 29th St SE, apt 49, Auburn, WA 98002, USA
From 09/05/2020
To 10/14/2021.

4.a. Page Number: 3 **4.b.** Part Number: 2 **4.c.** Item Number: 20.a

4.d.
Spouse 3:
Monica SOLIS JIMENEZ
Date Marriage ended: 04/29/2021

5.a. Page Number: 4 **5.b.** Part Number: 42 **5.c.** Item Number: 2

5.d.
Employment 3:
Frito Lay - 33930 9th Ave S, Federal Way, WA, USA, 98003
Retail Sales Rep. (From 08/08/2022 to 02/28/2025)

Employment 4:
Unemployed (From 04/2022 To 08/07/2022)

Employment 5:
Holman Distribution Center of Washington - 6607 S 287th St B, Auburn, WA 98001, USA (From 07/2021 To 04/2022)

Employment 6:
S%J Food Distributors LLC - 22 30th St NE Suite 102, Auburn, WA 98002, USA (From 07/2020 To 07/2021)

6.a. Page Number: 6 **6.b.** Part Number: 4 **6.c.** Item Number: 25.a

6.d.
Person 6:
Isabella Mailloux Solis
DOB: 12/03/2009
Country of Birth: Costa Rica
Stepchild

Person 7:
Nicholas Mailloux Solis
DOB: 01/23/2013sa
Country of Birth: USA
Stepchild

Person 8:
Hailie Mailloux Sanchezllanes
DOB: 11/14/2019
Country of Birth: Mexico
Stepchild

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

7.d.
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

Supplemental Information for Spouse Beneficiary

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

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

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

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

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

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

Part 1. Information About You (Spouse Beneficiary)

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

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

Your Full Name

3.a. Family Name (Last Name): FARIA ARANTES
3.b. Given Name (First Name): Daniella
3.c. Middle Name: N/A

Address History

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

Physical Address 1

4.a. Street Number and Name: 16720 North Rd
4.b. ☒ Apt. ☐ Ste. ☐ Flr.: C208
4.c. City or Town: Bothell
4.d. State: WA **4.e.** ZIP Code: 98012
4.f. Province:
4.g. Postal Code:
4.h. Country: USA

5.a. Date From (mm/dd/yyyy): 08/01/2022
5.b. Date To (mm/dd/yyyy): PRESENT

Physical Address 2

6.a. Street Number and Name: 16720 6th Ave W
6.b. ☒ Apt. ☐ Ste. ☐ Flr.: D202
6.c. City or Town: Lynwood
6.d. State: WA **6.e.** ZIP Code: 98037
6.f. Province:
6.g. Postal Code:
6.h. Country: USA

7.a. Date From (mm/dd/yyyy): 02/11/2021
7.b. Date To (mm/dd/yyyy): 07/31/2022

Last Physical Address Outside the United States

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

8.a. Street Number and Name: Rua 140 QD 12 Lt 14
8.b. ☐ Apt. ☐ Ste. ☐ Flr.:
8.c. City or Town: Rio Verde
8.d. Province: Goias
8.e. Postal Code: 75908240
8.f. Country: Brazil

Part 1. Information About You (The Spouse Beneficiary)

9.a. Date From (mm/dd/yyyy) 08/01/2014

9.b. Date To (mm/dd/yyyy) 09/10/2018

Information About Parent 1

Full Name of Parent 1

10.a. Family Name (Maiden Name) LOURENCO ARANTES

10.b. Given Name (First Name) Gresogonio

10.c. Middle Name N/A

11. Date of Birth (mm/dd/yyyy) 01/02/1950

12. Sex ☒ Male ☐ Female

13. City/Town/Village of Birth
Corumbaiba

14. Country of Birth
Brazil

15. City/Town/Village of Residence
Deceased

16. Country of Residence
Deceased

Information About Parent 2

Full Name of Parent 2

17.a. Family Name (Last Name) FARIA

17.b. Given Name (First Name) Amalia

17.c. Middle Name N/A

18. Date of Birth (mm/dd/yyyy) 02/25/1951

19. Sex ☐ Male ☒ Female

20. City/Town/Village of Birth
Tupaciguara

21. Country of Birth
Brazil

22. City/Town/Village of Residence
Deceased

23. Country of Residence
Deceased

Part 2. Information About Your Employment

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

Employment History

Employer 1

1. Name of Employer/Company
Quest Cleaning Services LLC

2.a. Street Number and Name 16720 North Rd

2.b. ☒ Apt. ☐ Ste. ☐ Flr. C208

2.c. City or Town Bothell

2.d. State WA **2.e.** ZIP Code 98012

2.f. Province N/A

2.g. Postal Code N/A

2.h. Country
United States

3. Your Occupation
Self Employed (Owner) - House Cleaning

4.a. Date From (mm/dd/yyyy) 06/13/2025

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

Employer 2

5. Name of Employer/Company
Colegio Apice

6.a. Street Number and Name Rua 21 Qd 17 Lt 1

6.b. ☐ Apt. ☐ Ste. ☐ Flr.

6.c. City or Town Rio Verde

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

6.f. Province Goias

6.g. Postal Code 75907370

6.h. Country
Brazil

Part 2. Information About Your Employment (continued)

7. Your Occupation: Administrative Assistant

8.a. Date From (mm/dd/yyyy): 01/01/2011

8.b. Date To (mm/dd/yyyy): 08/30/2018

Part 3. Information About Your Employment Outside the United States

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

1. Name of Employer/Company: N/A

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

2.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

2.c. City or Town: N/A

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

2.f. Province: N/A

2.g. Postal Code: N/A

2.h. Country: N/A

3. Your Occupation: N/A

4.a. Date From (mm/dd/yyyy): N/A

4.b. Date To (mm/dd/yyyy): N/A

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

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

Spouse Beneficiary's Statement

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

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

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

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

Spouse Beneficiary's Contact Information

3. Spouse Beneficiary's Daytime Telephone Number: +1 425 750 8937

4. Spouse Beneficiary's Mobile Telephone Number (if any): +1 425 750 8937

5. Spouse Beneficiary's Email Address (if any): danyfariaarantes@hotmail.com

Spouse Beneficiary's Certification

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

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

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

Spouse Beneficiary's Signature

6.a. Spouse Beneficiary's Signature (sign in ink) ➡ Daniella Sonia Arantes

6.b. Date of Signature (mm/dd/yyyy): 01/15/2026

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

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

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

Interpreter's Full Name

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

INACIO PENNA MELLO

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

Andre Vinicius

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

HS Law Corp

Interpreter's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town: San Diego

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

3.f. Province

3.g. Postal Code

3.h. Country

USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

4154252508

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

4154252508

6. Interpreter's Email Address (if any)

andre@yousalaw.com

Interpreter's Certification

I certify, under penalty of perjury, that:

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

Interpreter's Signature

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

7.b. Date of Signature (mm/dd/yyyy) 01/15/2026

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

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

Preparer's Full Name

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

HAVERROTH SILVA

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

Otavio

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

HS Law Corp

Preparer's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town: San Diego

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

3.f. Province

3.g. Postal Code

3.h. Country

USA

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

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5102419336

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

5102419336

6. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Statement

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

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

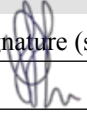
NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this form, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this form.

Preparer's Certification

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

Preparer's Signature

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



8.b. Date of Signature (mm/dd/yyyy) 01/15/2026

Part 7. Additional Information

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

1.a. Family Name (Last Name): FARIA ARANTES

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

1.c. Middle Name: N/A

2. A-Number (if any) ► A-

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

3.d. 15631 Ash Way, Apt. B202 - Lynwood, WA, 98087 - From 12/01/2018 to 02/10/2021.

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

4.d. Self Employed - House Cleaning - no specific address
From 10/01/2018 to 06/12/2025

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

5.d. N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

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

6.d. N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

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

7.d. N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

Petition for Alien Relative

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

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

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

Section of Law/Visa Category

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

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

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

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

Remarks

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

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

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

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

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

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

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

☐ Spouse ☐ Parent ☐ Brother/Sister ☒ Child

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

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

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

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

Part 2. Information About You (Petitioner)

1. Alien Registration Number (A-Number) (if any)
► A- 089567169

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

3. U.S. Social Security Number (if any)
► 612619602

Your Full Name

4.a. Family Name (Last Name): MAILLOUX ENRIQUEZ

4.b. Given Name (First Name): Bernnie Jesus

4.c. Middle Name: N/A

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

Other Names Used (if any)

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

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

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

5.c. Middle Name: N/A

Other Information

6. City/Town/Village of Birth: San Jose

7. Country of Birth: Costa Rica

8. Date of Birth (mm/dd/yyyy): 06/03/1983

9. Sex ☒ Male ☐ Female

Mailing Address

(USPS ZIP Code Lookup)

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

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

10.c. ☐ Apt. ☐ Ste. ☐ Flr.

10.d. City or Town: San Diego

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

10.g. Province:

10.h. Postal Code:

10.i. Country: USA

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

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

Address History

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

Physical Address 1

12.a. Street Number and Name: 16720 North Road

12.b. ☒ Apt. ☐ Ste. ☐ Flr. C208

12.c. City or Town: Bothell

12.d. State: WA **12.e.** ZIP Code: 98012

12.f. Province:

12.g. Postal Code:

12.h. Country: USA

13.a. Date From (mm/dd/yyyy): 12/2024

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

Physical Address 2

14.a. Street Number and Name: 12525 SE 312th ST

14.b. ☒ Apt. ☐ Ste. ☐ Flr. 85

14.c. City or Town: Auburn

14.d. State: WA **14.e.** ZIP Code: 98092

14.f. Province:

14.g. Postal Code:

14.h. Country: USA

15.a. Date From (mm/dd/yyyy): 10/15/2021

15.b. Date To (mm/dd/yyyy): 12/2024

Your Marital Information

16. How many times have you been married? ▶ 3

17. Current Marital Status

☐ Single, Never Married ☒ Married ☐ Divorced

☐ Widowed ☐ Separated ☐ Annulled

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

18. Date of Current Marriage (if currently married) (mm/dd/yyyy) 05/10/2025

Place of Your Current Marriage (if married)

19.a. City or Town: Snohomish

19.b. State: WA

19.c. Province:

19.d. Country: USA

Names of All Your Spouses (if any)

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

Spouse 1

20.a. Family Name (Last Name): FARIA ARANTES

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

20.c. Middle Name: N/A

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

Spouse 2

22.a. Family Name (Last Name): SANCHEZLLANES ZARATE

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

22.c. Middle Name: N/A

23. Date Marriage Ended (mm/dd/yyyy): 05/01/2025

Information About Your Parents

Parent 1's Information

Full Name of Parent 1

24.a. Family Name (Last Name): MAILLOUX ESCOBAR

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

24.c. Middle Name: N/A

25. Date of Birth (mm/dd/yyyy): 12/11/1962

26. Sex ☒ Male ☐ Female

27. Country of Birth: Costa Rica

28. City/Town/Village of Residence: Alajuela

29. Country of Residence: Costa Rica

Parent 2's Information

Full Name of Parent 2

30.a. Family Name (Last Name): ENRIQUEZ GARCIA

30.b. Given Name (First Name): Maria Carmen

30.c. Middle Name: N/A

31. Date of Birth (mm/dd/yyyy): 04/26/1954

32. Sex ☐ Male ☒ Female

33. Country of Birth: Costa Rica

34. City/Town/Village of Residence: San Jose

35. Country of Residence: Costa Rica

Additional Information About You (Petitioner)

36. I am a (Select **only one** box):
☒ U.S. Citizen ☐ Lawful Permanent Resident

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

37. My citizenship was acquired through (Select **only one** box):
☐ Birth in the United States
☒ Naturalization
☐ Parents

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

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

39.a. Certificate Number: 38266308

39.b. Place of Issuance: Seattle, WA

39.c. Date of Issuance (mm/dd/yyyy): 09/06/2016

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

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

40.a. Class of Admission

N/A

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

Place of Admission

40.c. City or Town

N/A

40.d State N/A

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

☐ Yes ☐ No

Employment History

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

Employer 1

42. Name of Employer/Company

Quest Cleaning Services LLC

43.a. Street Number and Name 16720 North Rd

43.b. ☒ Apt. ☐ Ste. ☐ Flr. C208

43.c. City or Town Bothell

43.d. State WA **43.e.** ZIP Code 98012

43.f. Province N/A

43.g. Postal Code N/A

43.h. Country

USA

44. Your Occupation

Self Employer (Owner)

45.a. Date From (mm/dd/yyyy) 09/2025

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

Employer 2

46. Name of Employer/Company

Unemployed

47.a. Street Number and Name N/A

47.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

47.c. City or Town N/A

47.d. State N/A **47.e.** ZIP Code N/A

47.f. Province

47.g. Postal Code

47.h. Country

USA

48. Your Occupation

N/A

49.a. Date From (mm/dd/yyyy) 03/01/2025

49.b. Date To (mm/dd/yyyy) 08/2025

Part 3. Biographic Information

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

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

☒ Hispanic or Latino
☐ Not Hispanic or Latino

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

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

3. Height Feet 5 Inches 6

4. Weight Pounds 2 0 0

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

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

Part 3. Biographic Information (continued)

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

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

Part 4. Information About Beneficiary

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

► **A-** N / A

2. USCIS Online Account Number (if any)

► N / A

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

► N / A

Beneficiary's Full Name

4.a. Family Name (Last Name): FARIA COSTA

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

4.c. Middle Name: N/A

Other Names Used (if any)

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

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

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

5.c. Middle Name: N/A

Other Information About Beneficiary

6. City/Town/Village of Birth: Rio Verde

7. Country of Birth: Brazil

8. Date of Birth (mm/dd/yyyy): 05/18/2007

9. Sex ☒ Male ☐ Female

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

☐ Yes ☒ No ☐ Unknown

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

Beneficiary's Physical Address

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

11.a. Street Number and Name: 16720 North Road

11.b. ☒ Apt. ☐ Ste. ☐ Flr.: C208

11.c. City or Town: Bothell

11.d. State: WA **11.e.** ZIP Code: 98012

11.f. Province:

11.g. Postal Code:

11.h. Country: USA

Other Address and Contact Information

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

12.a Street Number and Name: SAME

12.b. ☐ Apt. ☐ Ste. ☐ Flr.: N/A

12.c. City or Town: N/A

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

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

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

13.b. ☐ Apt. ☐ Ste. ☐ Flr.: N/A

13.c. City or Town: N/A

13.d. Province: N/A

13.e. Postal Code: N/A

13.f. Country: N/A

14. Daytime Telephone Number (if any): +1 425 205 0780

Part 4. Information About Beneficiary (continued)

15. Mobile Telephone Number (if any)
+1 425 205 0780

16. Email Address (if any)
yurifariacosta@gmail.com

Beneficiary's Marital Information

17. How many times has the beneficiary been married?
▶ 0

18. Current Marital Status

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

19. Date of Current Marriage (if currently married) (mm/dd/yyyy) N/A

Place of Beneficiary's Current Marriage (if married)

20.a. City or Town N/A

20.b. State WA

20.c. Province N/A

20.d. Country
N/A

Names of Beneficiary's Spouses (if any)

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

Spouse 1

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

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

21.c. Middle Name N/A

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

Spouse 2

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

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

23.c. Middle Name N/A

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

Information About Beneficiary's Family

Provide information about the beneficiary's spouse and children.

Person 1

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

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

25.c. Middle Name N/

26. Relationship N/A

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

28. Country of Birth
N/A

Person 2

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

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

29.c. Middle Name N/A

30. Relationship N/A

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

32. Country of Birth
N/A

Person 3

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

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

33.c. Middle Name N/A

34. Relationship N/A

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

36. Country of Birth
N/A

Part 4. Information About Beneficiary (continued)

Person 4

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

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

37.c. Middle Name: N/A

38. Relationship: N/A

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

40. Country of Birth: N/A

Person 5

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

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

41.c. Middle Name: N/A

42. Relationship: N/A

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

44. Country of Birth: N/A

Beneficiary's Entry Information

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

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

46.a. He or she arrived as a (Class of Admission): B2 - TEMPORARY VISITOR FOR PLEASURE

46.b. Form I-94 Arrival-Departure Record Number: ▶ 47341827656

46.c. Date of Arrival (mm/dd/yyyy): 09/12/2018

46.d. Date authorized stay expired, or will expire, as shown on Form I-94 or Form I-95 (mm/dd/yyyy) or type or print "D/S" for Duration of Status: 03/11/2019

47. Passport Number: FV750612

48. Travel Document Number: N/A

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

50. Expiration Date for Passport or Travel Document (mm/dd/yyyy): 04/17/2023

Beneficiary's Employment Information

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

51.a. Name of Current Employer (if applicable): Unemployed

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

51.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

51.d. City or Town: N/A

51.e. State: WA **51.f.** ZIP Code: N/A

51.g. Province: N/A

51.h. Postal Code: N/A

51.i. Country: USA

52. Date Employment Began (mm/dd/yyyy): N/A

Additional Information About Beneficiary

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

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

☐ Removal ☐ Exclusion/Deportation

☐ Rescission ☐ Other Judicial Proceedings

55.a. City or Town

55.b. State

56. Date (mm/dd/yyyy)

Part 4. Information About Beneficiary (continued)

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

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

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

57.c. Middle Name: N/A

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

58.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

58.c. City or Town: N/A

58.d. Province: N/A

58.e. Postal Code: N/A

58.f. Country: N/A

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

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

59.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

59.c. City or Town: N/A

59.d. State: **59.e.** ZIP Code: N/A

59.f. Province: N/A

59.g. Postal Code: N/A

59.h. Country: N/A

60.a. Date From (mm/dd/yyyy): N/A

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

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

61.a. City or Town: Seattle

61.b. State: WA

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

62.a. City or Town: N/A

62.b. Province: N/A

62.c. Country: N/A

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

Part 5. Other Information

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

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

2.a. Family Name (Last Name):

2.b. Given Name (First Name):

2.c. Middle Name:

3.a. City or Town:

3.b. State:

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

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

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

Relative 1

6.a. Family Name (Last Name): FARIA ARANTES

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

6.c. Middle Name: N/A

7. Relationship: Spouse

Part 5. Other Information (continued)

Relative 2

8.a. Family Name (Last Name): FARIA COSTA

8.b. Given Name (First Name): Victor

8.c. Middle Name: N/A

9. Relationship: Stepchild

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

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

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

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

Petitioner's Statement

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

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

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

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

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number: 4254203735

4. Petitioner's Mobile Telephone Number (if any): 4254203735

5. Petitioner's Email Address (if any): maillouxbernie@icloud.com

Petitioner's Declaration and Certification

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

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

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

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

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

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

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

Petitioner's Signature

6.a. Petitioner's Signature (sign in ink) ➡ _____

6.b. Date of Signature (mm/dd/yyyy): 01-15-2026

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

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

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

Interpreter's Full Name

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

N/A

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

N/A

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

N/A

Interpreter's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: N/A

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country

N/A

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

N/A

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

N/A

6. Interpreter's Email Address (if any)

N/A

Interpreter's Certification

I certify, under penalty of perjury, that:

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

Interpreter's Signature

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

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

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

Provide the following information about the preparer.

Preparer's Full Name

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

HAVERROTH SILVA

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

Otavio

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

HS Law Corp

Preparer's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town: San Diego

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

3.f. Province

3.g. Postal Code

3.h. Country

USA

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

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5102419336

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

5102419336

6. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Statement

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

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

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

Preparer's Certification

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

Preparer's Signature

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



8.b. Date of Signature (mm/dd/yyyy) 01/15/2026

Part 9. Additional Information

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

1.a. Family Name (Last Name): MAILLOUX ENRIQUEZ

1.b. Given Name (First Name): Bernnie Jesus

1.c. Middle Name:

2. A-Number (if any) ► A- 0 8 9 5 6 7 1 6 9

3.a. Page Number: 2 **3.b.** Part Number: 2 **3.c.** Item Number: 12a

3.d.
602 29th St SE, apt 49, Auburn, WA 98002, USA
From 09/05/2020
To 10/14/2021.

4.a. Page Number: 3 **4.b.** Part Number: 2 **4.c.** Item Number: 20.a

4.d.
Spouse 3:
Monica SOLIS JIMENEZ
Date Marriage ended: 04/29/2021

5.a. Page Number: 4 **5.b.** Part Number: 42 **5.c.** Item Number: 2

5.d.
Employment 3:
Frito Lay - 33930 9th Ave S, Federal Way, WA, USA, 98003
Retail Sales Rep. (From 08/08/2022 to 02/28/2025)

Employment 4:
Unemployed (From 04/2022 To 08/07/2022)

Employment 5:
Holman Distribution Center of Washington - 6607 S 287th St B, Auburn, WA 98001, USA (From 07/2021 To 04/2022)

Employment 6:
S%J Food Distributors LLC - 22 30th St NE Suite 102, Auburn, WA 98002, USA (From 07/2020 To 07/2021)

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

6.d. N/A

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

7.d.
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

Petition for Alien Relative

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

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

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

Section of Law/Visa Category

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

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

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

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

Remarks

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

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

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

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

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

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

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

☐ Spouse ☐ Parent ☐ Brother/Sister ☒ Child

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

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

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

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

Part 2. Information About You (Petitioner)

1. Alien Registration Number (A-Number) (if any)
► A- 089567169

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

3. U.S. Social Security Number (if any)
► 612619602

Your Full Name

4.a. Family Name (Last Name): MAILLOUX ENRIQUEZ

4.b. Given Name (First Name): Bernnie Jesus

4.c. Middle Name: N/A

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

Other Names Used (if any)

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

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

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

5.c. Middle Name: N/A

Other Information

6. City/Town/Village of Birth: San Jose

7. Country of Birth: Costa Rica

8. Date of Birth (mm/dd/yyyy): 06/03/1983

9. Sex ☒ Male ☐ Female

Mailing Address

(USPS ZIP Code Lookup)

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

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

10.c. ☐ Apt. ☐ Ste. ☐ Flr.

10.d. City or Town: San Diego

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

10.g. Province:

10.h. Postal Code:

10.i. Country: USA

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

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

Address History

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

Physical Address 1

12.a. Street Number and Name: 16720 North Road

12.b. ☒ Apt. ☐ Ste. ☐ Flr. C208

12.c. City or Town: Bothell

12.d. State: WA **12.e.** ZIP Code: 98012

12.f. Province:

12.g. Postal Code:

12.h. Country: USA

13.a. Date From (mm/dd/yyyy): 12/2024

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

Physical Address 2

14.a. Street Number and Name: 12525 SE 312th ST

14.b. ☒ Apt. ☐ Ste. ☐ Flr. 85

14.c. City or Town: Auburn

14.d. State: WA **14.e.** ZIP Code: 98092

14.f. Province:

14.g. Postal Code:

14.h. Country: USA

15.a. Date From (mm/dd/yyyy): 10/15/2021

15.b. Date To (mm/dd/yyyy): 12/2024

Your Marital Information

16. How many times have you been married? ▶ 3

17. Current Marital Status

☐ Single, Never Married ☒ Married ☐ Divorced

☐ Widowed ☐ Separated ☐ Annulled

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

18. Date of Current Marriage (if currently married) (mm/dd/yyyy) 05/10/2025

Place of Your Current Marriage (if married)

19.a. City or Town: Snohomish

19.b. State: WA

19.c. Province:

19.d. Country: USA

Names of All Your Spouses (if any)

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

Spouse 1

20.a. Family Name (Last Name): FARIA ARANTES

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

20.c. Middle Name: N/A

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

Spouse 2

22.a. Family Name (Last Name): SANCHEZLLANES ZARATE

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

22.c. Middle Name: N/A

23. Date Marriage Ended (mm/dd/yyyy): 05/01/2025

Information About Your Parents

Parent 1's Information

Full Name of Parent 1

24.a. Family Name (Last Name): MAILLOUX ESCOBAR

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

24.c. Middle Name: N/A

25. Date of Birth (mm/dd/yyyy): 12/11/1962

26. Sex ☒ Male ☐ Female

27. Country of Birth: Costa Rica

28. City/Town/Village of Residence: Alajuela

29. Country of Residence: Costa Rica

Parent 2's Information

Full Name of Parent 2

30.a. Family Name (Last Name): ENRIQUEZ GARCIA

30.b. Given Name (First Name): Maria Carmen

30.c. Middle Name: N/A

31. Date of Birth (mm/dd/yyyy): 04/26/1954

32. Sex ☐ Male ☒ Female

33. Country of Birth: Costa Rica

34. City/Town/Village of Residence: San Jose

35. Country of Residence: Costa Rica

Additional Information About You (Petitioner)

36. I am a (Select **only one** box):
☒ U.S. Citizen ☐ Lawful Permanent Resident

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

37. My citizenship was acquired through (Select **only one** box):
☐ Birth in the United States
☒ Naturalization
☐ Parents

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

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

39.a. Certificate Number: 38266308

39.b. Place of Issuance: Seattle, WA

39.c. Date of Issuance (mm/dd/yyyy): 09/06/2016

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

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

40.a. Class of Admission

N/A

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

Place of Admission

40.c. City or Town

N/A

40.d State N/A

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

☐ Yes ☐ No

Employment History

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

Employer 1

42. Name of Employer/Company

Quest Cleaning Services LLC

43.a. Street Number and Name 16720 North Rd

43.b. ☒ Apt. ☐ Ste. ☐ Flr. C208

43.c. City or Town Bothell

43.d. State WA **43.e.** ZIP Code 98012

43.f. Province N/A

43.g. Postal Code N/A

43.h. Country

USA

44. Your Occupation

Self Employer (Owner)

45.a. Date From (mm/dd/yyyy) 09/2025

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

Employer 2

46. Name of Employer/Company

Unemployed

47.a. Street Number and Name N/A

47.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

47.c. City or Town N/A

47.d. State N/A **47.e.** ZIP Code N/A

47.f. Province

47.g. Postal Code

47.h. Country

USA

48. Your Occupation

N/A

49.a. Date From (mm/dd/yyyy) 03/01/2025

49.b. Date To (mm/dd/yyyy) 08/2025

Part 3. Biographic Information

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

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

☒ Hispanic or Latino
☐ Not Hispanic or Latino

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

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

3. Height Feet 5 Inches 6

4. Weight Pounds 2 0 0

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

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

Part 3. Biographic Information (continued)

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

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

Part 4. Information About Beneficiary

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

► **A-** N / A

2. USCIS Online Account Number (if any)

► N / A

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

► N / A

Beneficiary's Full Name

4.a. Family Name (Last Name): FARIA COSTA

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

4.c. Middle Name: N/A

Other Names Used (if any)

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

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

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

5.c. Middle Name: N/A

Other Information About Beneficiary

6. City/Town/Village of Birth: Rio Verde

7. Country of Birth: Brazil

8. Date of Birth (mm/dd/yyyy): 08/08/2014

9. Sex ☒ Male ☐ Female

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

☐ Yes ☒ No ☐ Unknown

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

Beneficiary's Physical Address

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

11.a. Street Number and Name: 16720 North Road

11.b. ☒ Apt. ☐ Ste. ☐ Flr.: C208

11.c. City or Town: Bothell

11.d. State: WA **11.e.** ZIP Code: 98012

11.f. Province:

11.g. Postal Code:

11.h. Country: USA

Other Address and Contact Information

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

12.a Street Number and Name: SAME

12.b. ☐ Apt. ☐ Ste. ☐ Flr.: N/A

12.c. City or Town: N/A

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

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

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

13.b. ☐ Apt. ☐ Ste. ☐ Flr.: N/A

13.c. City or Town: N/A

13.d. Province: N/A

13.e. Postal Code: N/A

13.f. Country: N/A

14. Daytime Telephone Number (if any): +1 425 750 8937

Part 4. Information About Beneficiary (continued)

15. Mobile Telephone Number (if any)

+1 425 750 8937

16. Email Address (if any)

danyfariaarantes@hotmail.com

Beneficiary's Marital Information

17. How many times has the beneficiary been married?

▶ 0

18. Current Marital Status

☒ Single, Never Married ☐ Married ☐ Divorced

☐ Widowed ☐ Separated ☐ Annulled

19. Date of Current Marriage (if currently married) (mm/dd/yyyy) N/A

Place of Beneficiary's Current Marriage (if married)

20.a. City or Town N/A

20.b. State WA

20.c. Province N/A

20.d. Country

N/A

Names of Beneficiary's Spouses (if any)

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

Spouse 1

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

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

21.c. Middle Name N/A

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

Spouse 2

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

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

23.c. Middle Name N/A

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

Information About Beneficiary's Family

Provide information about the beneficiary's spouse and children.

Person 1

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

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

25.c. Middle Name N/

26. Relationship N/A

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

28. Country of Birth

N/A

Person 2

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

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

29.c. Middle Name N/A

30. Relationship N/A

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

32. Country of Birth

N/A

Person 3

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

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

33.c. Middle Name N/A

34. Relationship N/A

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

36. Country of Birth

N/A

Part 4. Information About Beneficiary (continued)

Person 4

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

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

37.c. Middle Name: N/A

38. Relationship: N/A

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

40. Country of Birth: N/A

Person 5

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

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

41.c. Middle Name: N/A

42. Relationship: N/A

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

44. Country of Birth: N/A

Beneficiary's Entry Information

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

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

46.a. He or she arrived as a (Class of Admission): B2 - TEMPORARY VISITOR FOR PLEASURE

46.b. Form I-94 Arrival-Departure Record Number: ▶ 47341826756

46.c. Date of Arrival (mm/dd/yyyy): 09/12/2018

46.d. Date authorized stay expired, or will expire, as shown on Form I-94 or Form I-95 (mm/dd/yyyy) or type or print "D/S" for Duration of Status: 03/11/2019

47. Passport Number: FV750613

48. Travel Document Number: N/A

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

50. Expiration Date for Passport or Travel Document (mm/dd/yyyy): 04/17/2022

Beneficiary's Employment Information

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

51.a. Name of Current Employer (if applicable): Unemployed

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

51.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

51.d. City or Town: N/A

51.e. State: WA **51.f.** ZIP Code: N/A

51.g. Province: N/A

51.h. Postal Code: N/A

51.i. Country: USA

52. Date Employment Began (mm/dd/yyyy): N/A

Additional Information About Beneficiary

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

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

☐ Removal ☐ Exclusion/Deportation

☐ Rescission ☐ Other Judicial Proceedings

55.a. City or Town

55.b. State

56. Date (mm/dd/yyyy)

Part 4. Information About Beneficiary (continued)

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

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

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

57.c. Middle Name: N/A

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

58.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

58.c. City or Town: N/A

58.d. Province: N/A

58.e. Postal Code: N/A

58.f. Country: N/A

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

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

59.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

59.c. City or Town: N/A

59.d. State: **59.e.** ZIP Code: N/A

59.f. Province: N/A

59.g. Postal Code: N/A

59.h. Country: N/A

60.a. Date From (mm/dd/yyyy): N/A

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

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

61.a. City or Town: Seattle

61.b. State: WA

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

62.a. City or Town: N/A

62.b. Province: N/A

62.c. Country: N/A

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

Part 5. Other Information

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

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

2.a. Family Name (Last Name):

2.b. Given Name (First Name):

2.c. Middle Name:

3.a. City or Town:

3.b. State:

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

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

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

Relative 1

6.a. Family Name (Last Name): FARIA ARANTES

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

6.c. Middle Name: N/A

7. Relationship: Spouse

Part 5. Other Information (continued)

Relative 2

8.a. Family Name (Last Name): FARIA COSTA

8.b. Given Name (First Name): Yuri

8.c. Middle Name: N/A

9. Relationship: Stepchild

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

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

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

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

Petitioner's Statement

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

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

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

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

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number: 4254203735

4. Petitioner's Mobile Telephone Number (if any): 4254203735

5. Petitioner's Email Address (if any): maillouxbernie@icloud.com

Petitioner's Declaration and Certification

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

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

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

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

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

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

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

Petitioner's Signature

6.a. Petitioner's Signature (sign in ink)

6.b. Date of Signature (mm/dd/yyyy): 01-15-2026

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

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

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

Interpreter's Full Name

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

N/A

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

N/A

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

N/A

Interpreter's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: N/A

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country

N/A

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

N/A

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

N/A

6. Interpreter's Email Address (if any)

N/A

Interpreter's Certification

I certify, under penalty of perjury, that:

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

Interpreter's Signature

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

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

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

Provide the following information about the preparer.

Preparer's Full Name

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

HAVERROTH SILVA

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

Otavio

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

HS Law Corp

Preparer's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town: San Diego

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

3.f. Province

3.g. Postal Code

3.h. Country

USA

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

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5102419336

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

5102419336

6. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Statement

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

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

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

Preparer's Certification

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

Preparer's Signature

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



8.b. Date of Signature (mm/dd/yyyy) 01/15/2026

Part 9. Additional Information

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

1.a. Family Name (Last Name): MAILLOUX ENRIQUEZ

1.b. Given Name (First Name): Bernnie Jesus

1.c. Middle Name:

2. A-Number (if any) ► A- 0 8 9 5 6 7 1 6 9

3.a. Page Number: 2 **3.b.** Part Number: 2 **3.c.** Item Number: 12a

3.d.
602 29th St SE, apt 49, Auburn, WA 98002, USA
From 09/05/2020
To 10/14/2021.

4.a. Page Number: 3 **4.b.** Part Number: 2 **4.c.** Item Number: 20.a

4.d.
Spouse 3:
Monica SOLIS JIMENEZ
Date Marriage ended: 04/29/2021

5.a. Page Number: 4 **5.b.** Part Number: 42 **5.c.** Item Number: 2

5.d.
Employment 3:
Frito Lay - 33930 9th Ave S, Federal Way, WA, USA, 98003
Retail Sales Rep. (From 08/08/2022 to 02/28/2025)

Employment 4:
Unemployed (From 04/2022 To 08/07/2022)

Employment 5:
Holman Distribution Center of Washington - 6607 S 287th St B, Auburn, WA 98001, USA (From 07/2021 To 04/2022)

Employment 6:
S%J Food Distributors LLC - 22 30th St NE Suite 102, Auburn, WA 98002, USA (From 07/2020 To 07/2021)

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

6.d. N/A

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

7.d.
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

Affidavit of Support Under Section 213A of the INA

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

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

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

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

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

Part 1. Basis For Filing Affidavit of Support

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

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

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

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

1.d. ☐ I am the only joint sponsor.

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

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

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

Part 2. Information About You (Sponsor)

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

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
MAILLOUX ENRIQUEZ	Bernnie Jesus	N/A

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

2. Sponsor's Current Mailing Address

In Care Of Name (if any)
Otavio Silva

Street Number and Name
P.O Box 90487

Apt. Ste. Flr. Number
☐ ☐ ☐

City or Town
San Diego

State
CA

ZIP Code
92169

Province

Postal Code

Country
USA

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

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

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

Street Number and Name
16720 North Road

Apt. Ste. Flr. Number
☒ ☐ ☐ C208

City or Town
Bothell

State
WA

ZIP Code
98012

Province

Postal Code

Country
USA

Other Information

5. Country of Domicile
United States

6. Date of Birth (mm/dd/yyyy)
06/03/1983

7. Country of Birth
Costa Rica

8. U.S. Social Security Number (Required)
► 6 1 2 6 1 9 6 0 2

9. Immigration Status

☒ I am a U.S. citizen.

☐ I am a U.S. national.

☐ I am a lawful permanent resident.

10. Sponsor's A-Number (if any)
► A-0 8 9 5 6 7 1 6 9

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

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

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

Part 3. Information About the Principal Immigrant

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

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

2. Current Mailing Address

In Care Of Name (if any): Otavio Silva

Street Number and Name: P.O Box 90487 | Apt. Ste. Flr. ☐ ☐ ☐ | Number:

City or Town: San Diego | State: CA | ZIP Code: 92169

Province: | Postal Code: | Country: USA

Other Information

3. Country of Citizenship or Nationality: Brazil

4. Date of Birth (mm/dd/yyyy): 03/04/1985

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

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

7. Daytime Telephone Number: +1 425 750 8937

Part 4. Information About the Immigrants You Are Sponsoring

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

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

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

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

4. **Family Member 1**

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

Relationship to Principal Immigrant	Date of Birth (mm/dd/yyyy)	Alien Registration Number (A-Number, if any)
Son	05/18/2007	► N / A

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

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

5. Family Member 2

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

Relationship to Principal Immigrant	Date of Birth (mm/dd/yyyy)	Alien Registration Number (A-Number, if any)
Son	08/08/2014	▶ N / A

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

6. Family Member 3

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

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

USCIS Online Account Number (if any)
▶

7. Family Member 4

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

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

USCIS Online Account Number (if any)
▶

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

For USCIS Use Only	

Part 5. Sponsor's Household Size

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

Persons you are sponsoring in this affidavit:

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

Persons NOT sponsored in this affidavit:

2. Yourself. **1**

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

4. If you have dependent children, enter the number here. (**NOTE:** Enter "0" if you already counted your dependent children in **Item Number 1.**) **3**

5. If you have any other dependents, enter the number here. (**NOTE:** Enter "0" if you already counted your other dependents in **Item Number 1.**) **1**

6. If you have sponsored any other persons on Form I-864 or Form I-864EZ who are now lawful permanent residents and you are still obligated to support, enter the number here. (**NOTE:** Enter "0" if you already counted these persons in **Item Number 1.**)

7. If you have siblings, parents, or adult children with the same principal residence who are combining their income with yours by submitting Form I-864A, enter the number here. (**NOTE:** Enter "0" if you already counted these persons in **Item Number 1.**)

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

Household Size: **8**

Part 6. Sponsor's Employment and Income

I am currently:

1. ☐ Employed as a/an

2. Name of Employer 1

3. Name of Employer 2 (if applicable)

4. ☒ Self-Employed as a/an (Occupation) Owner - Quest Cleaning Services LLC

5. ☐ Retired Since (mm/dd/yyyy)

6. ☐ Unemployed Since (mm/dd/yyyy)

7. My current individual annual income is: $ 67307,67

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

For USCIS Use Only	

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

8. **Person 1**

Name | Relationship

Current Income $

9. **Person 2**

Name | Relationship

Current Income $

10. **Person 3**

Name | Relationship

Current Income $

11. **Person 4**

Name | Relationship

Current Income $

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

Remarks

12. **My Current Annual Household Income** (Total all lines **from Part 6. Item Numbers 7. - 11.**; the total will be compared to Federal Poverty Guidelines on Form I-864P.) $ 67.307,67

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

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

Federal Tax Return Information

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

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

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

For USCIS Use Only	

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

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

	Tax Year	Total Income
16.a. Most Recent	2024	$ 67.307,67
16.b. 2nd Most Recent	2023	$ 68,908
16.c. 3rd Most Recent	2022	$ 43,931

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

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

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

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

Your Assets (if applicable)

1. Enter the balance of all cash, savings, and checking accounts. $

2. Enter the net cash value of real-estate holdings. (Net value means assessed value minus mortgage debt.) $ $

3. Enter the net cash value of all stocks, bonds, certificates of deposit, and any other assets not already included in **Item Number 1.** or **Item Number 2.** $

4. Add together **Item Numbers 1. - 3.** and enter the number here. $

Assets of your household members (if applicable)

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

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

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

Assets of the principal sponsored immigrant (if applicable).

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

6. Enter the balance of the principal immigrant's savings and checking accounts. $

7. Enter the net cash value of all the principal immigrant's real estate holdings. (Net value means investment value minus mortgage debt.) $

8. Enter the current cash value of the principal immigrant's stocks, bonds, certificates of deposit, and other assets not included in **Item Number 6.** or **Item Number 7.** $

9. Add together **Item Numbers 6. - 8.** and enter the number here. $

Total Value of Assets

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

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

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

Sponsor's Contract

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

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

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

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

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

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

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

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

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

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

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

What Other Consequences Are There?

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

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

What If I Do Not Fulfill My Obligations?

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

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

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

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

When Will These Obligations End?

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

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

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

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

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

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

Sponsor's Statement

1. Sponsor's Statement Regarding the Interpreter

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

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

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

Sponsor's Contact Information

3. Sponsor's Daytime Telephone Number
   +1 4254203735

4. Sponsor's Mobile Telephone Number (if any)
   +1 4254203735

5. Sponsor's Email Address (if any)
   Maillouxbernie@icloud.com

Sponsor's Declaration and Certification

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

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

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

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

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

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

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

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

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

Sponsor's Signature

6. Sponsor's Signature ➡ [signature]

   Date of Signature (mm/dd/yyyy) 01-15-2026

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

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

Interpreter's Full Name

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

Interpreter's Given Name (First Name)
N/A

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

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number
N/A

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

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

Interpreter's Certification and Signature

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

6. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

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

Preparer's Full Name

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

Preparer's Given Name (First Name)
Otavio

2. Preparer's Business or Organization Name
HS LAW

Preparer's Contact Information

3. Preparer's Daytime Telephone Number
+1 510 241 9336

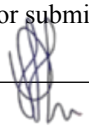
4. Preparer's Mobile Telephone Number (if any)
+1 510 241 9336

5. Preparer's Email Address (if any)
otavio@legalhs.com

Preparer's Certification and Signature

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

6. Preparer's Signature



Date of Signature (mm/dd/yyyy)
01/15/2026

Part 11. Additional Information

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

1. Family Name (Last Name): MAILLOUX ENRIQUEZ | Given Name (First Name): Bernnie Jesus | Middle Name (if applicable): N/A

2. A-Number (if any) ► **A-** 0 8 9 5 6 7 1 6 9

3. Page Number: N/A | Part Number: N/A | Item Number: N/A

N/A

4. Page Number: N/A | Part Number: N/A | Item Number: N/A

N/A

5. Page Number: N/A | Part Number: N/A | Item Number: N/A

N/A

6. Page Number: N/A | Part Number: N/A | Item Number: N/A

N/A

DANIELLA FARIA ARANTES' SIGNED FORMS

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

► 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

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

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

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

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

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

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

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

Licensing Authority: California

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

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

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

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

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

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

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

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

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

Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

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

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

I-130A I-485 I-765

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

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

N/A

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

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

N/A

4. Receipt Number (if any)

► N / A

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

☐ Applicant ☐ Petitioner ☐ Requestor

☒ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

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

6.a. Family Name (Last Name): FARIA ARANTES

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

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

+14257508937

11. Mobile Telephone Number (if any)

+14257508937

12. Email Address (if any)

danyfariaarantes@hotmail.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

➡ Gianella Sonia Arantes

2.b. Date of Signature (mm/dd/yyyy) 01/15/2026

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) 01/15/2026

2.a. Signature of Law Student or Law Graduate

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

Part 6. Additional Information

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

1.a Family Name (Last Name) FARIA ARANTES

1.b. Given Name (First Name) Daniella

1.c. Middle Name N/A

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

2.d. N/A

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

3.d. N/A

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

4.d. N/A

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

5.d. N/A

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

6.d. N/A

Application to Register Permanent Residence or Adjust Status

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

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

For USCIS Use Only

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

☐ Applicant Interviewed ☐ Interview Waived

Date of Initial Interview: _____

Lawful Permanent Resident as of: _____

Section of Law

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

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

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

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

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

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

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

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

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

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

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

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

3. Date of Birth (mm/dd/yyyy) 03/04/1985

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

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

A-Number ► **A-**

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

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

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

A-Number (if any) ► **A-**

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

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

6. Sex ☐ Male ☒ Female

7. Place of Birth

City or Town of Birth: **Rio Verde**

Country of Birth: **Brazil**

8. Country of Citizenship or Nationality: **Brazil**

9. USCIS Online Account Number (if any)

► **N / A**

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

10. Recent Immigration History

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

Passport or Travel Document Number Used at Last Arrival: **FV750611**

Expiration Date of this Passport or Travel Document (mm/dd/yyyy): **04/17/2028**

Country that Issued this Passport or Travel Document: **Brazil**

Nonimmigrant Visa Number Used During Most Recent Arrival (if any): **N3766508**

Date Nonimmigrant Visa Was Issued (mm/dd/yyyy): **07/17/2018**

Place and Date of Last Arrival into the United States

City or Town: **Miami**

State: **FL**

Date of Last Arrival (mm/dd/yyyy): **09/12/2018**

11. When I last arrived in the United States:

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

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

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

☐ Other:

A-Number ► **A-**

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

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

Family Name (Last Name): **FARIA ARANTES**

Given Name (First Name): **Daniella**

Form I-94 Arrival/Departure Record Number ► **4 7 3 4 1 8 2 5 8 5 6**

Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status: **03/11/2019**

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

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

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

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

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

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

18. Addresses

Current U.S. Physical Address

In Care Of Name (if any): Daniella Faria Arantes

Street Number and Name: **North Rd 16720**

Apt. Ste. Flr. Number: ☒ Apt ☐ Ste ☐ Flr **C208**

City or Town: **Bothell**

State: **WA**

ZIP Code: **98012**

Date You First Resided at This Address (mm/dd/yyyy): **08/01/2022**

Is this your current mailing address? ☐ Yes ☒ No

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

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

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

Street Number and Name: **PO Box 90487**

Apt. Ste. Flr. Number: ☐ Apt ☐ Ste ☐ Flr

City or Town: **San Diego**

State: **CA**

ZIP Code: **92169**

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

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

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

Prior Address

In Care Of Name (if any)

N/A

Street Number and Name: 16720 6th Ave W | Apt. Ste. Flr. Number: ☒ Apt ☐ Ste ☐ Flr | D202

City or Town: Lynnwood | State: WA | ZIP Code: 98037

Province | Postal Code | Country: USA

Dates of Residence

From (mm/dd/yyyy): 02/11/2021 To (mm/dd/yyyy): 07/31/2022

Most Recent Address Outside the United States

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

Street Number and Name: Rua 140 QD 12 Lt 14 | Apt. Ste. Flr. Number: ☐ Apt ☐ Ste ☐ Flr

City or Town: Rio Verde | State | ZIP Code

Province: Goias | Postal Code: 75908240 | Country: Brazil

Dates of Residence

From (mm/dd/yyyy): 08/01/2014 To (mm/dd/yyyy): 09/10/2018

19. Social Security Card

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

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

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

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

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

A-Number ► **A-**

Part 2. Application Type or Filing Category

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

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

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

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

☒ Principal Applicant

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

Principal Applicant's Name

Family Name (Last Name): **N/A**

Given Name (First Name): **N/A**

Middle Name (if applicable): **N/A**

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

Principal Applicant's Date of Birth (mm/dd/yyyy): **N/A**

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

3.a. Family-based

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

☒ Spouse of a U.S. Citizen.

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

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

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

☐ Widow or widower of a U.S. citizen.

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

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

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

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

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

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

☐ Spouse of a lawful permanent resident.

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

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

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

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

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

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

Part 2. Application Type or Filing Category (continued)

3.b. Employment-based

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

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

☐ Alien of Extraordinary Ability

☐ Outstanding Professor or Researcher

☐ Multinational Executive or Manager

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

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

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

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

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

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

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

☐ No

☐ Yes

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

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

☐ None of These

Is the relative above a:

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

3.c. Special Immigrant

☐ Special Immigrant Juvenile, Form I-360

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

☐ Certain International Broadcaster, Form I-360

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

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

☐ Panama Canal Zone Employees, Form I-360

☐ Certain Physicians, Form I-360

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

Religious Worker, Form I-360 (select your specific category below):

☐ Minister of Religion

☐ Other Religious Worker

Part 2. Application Type or Filing Category (continued)

3.d. Asylee or Refugee

☐ Asylum Status (Immigration and Nationality Act (INA) section 208), Form I-589 or Form I-730

If you selected asylum, date you were granted asylum (mm/dd/yyyy).

☐ Refugee Status (INA section 207), Form I-590 or Form I-730

If you selected refugee, date of initial admission as refugee (mm/dd/yyyy).

3.e. Human Trafficking Victim or Crime Victim

☐ Human Trafficking Victim (T Nonimmigrant), Form I-914 or Derivative Family Member, Form I-914A

☐ Victim of Qualifying Criminal Activity (U Nonimmigrant), Form I-918, Derivative Family Member, Form I-918A, or Qualifying Family Member, Form I-929

3.f. Special Programs Based on Certain Public Laws

☐ The Cuban Adjustment Act

☐ A Victim of Battery or Extreme Cruelty as a Spouse or Child Under the Cuban Adjustment Act

☐ Applicant Adjusting Based on Dependent Status Under the Haitian Refugee Immigrant Fairness Act

☐ A Victim of Battery or Extreme Cruelty as a Spouse or Child Applying Based on Dependent Status Under the Haitian Refugee Immigrant Fairness Act

☐ Lautenberg Parolees

☐ Diplomats or High-Ranking Officials Unable to Return Home (Section 13 of the Act of September 11, 1957)

☐ Nationals of Vietnam, Cambodia, and Laos Applying for Adjustment of Status Under section 586 of Public Law 106-429

☐ Applicant Adjusting Under the Amerasian Act (October 22, 1982), Form I-360

3.g. Additional Options

☐ Diversity Visa program

If you selected Diversity Visa program, provide your Diversity Visa Rank Number:

☐ Continuous Residence in the United States Since Before January 1, 1972 ("Registry")

☐ Individual Born in the United States Under Diplomatic Status

☐ S Nonimmigrants and Qualifying Family Members (can only adjust in this category with an approved Form I-854B filed by a law enforcement officer)

☐ Other Eligibility

4. If you selected a family-based, employment-based, special immigrant, or Diversity Visa immigrant category listed above in **Item Numbers 3.a. - 3.g.** as the basis for your application for adjustment of status, are you applying for adjustment based on INA section 245(i)? ☐ Yes ☒ No

5. Are you 21 years of age or older and applying for adjustment based on classification as a child, under the provisions of the Child Status Protection Act (CSPA)? ☐ Yes ☒ No

NOTE: For more information to determine if you are eligible under CSPA, see the **Who May File Form I-485** section of these Instructions.

Part 3. Request for Exemption for Intending Immigrant's Affidavit of Support Under Section 213A of the INA

I am requesting an exemption from submitting an Affidavit of Support Under Section 213A of the INA (Form I-864 or Form I-864EZ) because (select **only one**):

1.a. ☐ I have earned or can receive credit for 40 qualifying quarters (credits) of work in the United States (as defined by the Social Security Act (SSA)). (Attach your SSA earnings statements. Do not count any quarters during which you received a means-tested public benefit.)

1.b. ☐ I am under 18 years of age, unmarried, the child of a U.S. citizen, am not likely to become a public charge, and will automatically become a U.S. citizen under INA section 320, upon my admission as a lawful permanent resident.

1.c. ☐ I am applying under the widow or widower of a U.S. citizen (Form I-360) immigrant category.

1.d. ☐ I am applying as a VAWA self-petitioner.

1.e. ☐ None of these exemptions apply to me and I am not required by statute to submit an Affidavit of Support Under Section 213A of the INA, nor am I required to request an exemption.

1.f. ☒ None of these exemptions apply to me and I am not requesting an exemption as I am required to submit an Affidavit of Support Under Section 213A of the INA.

Part 4. Additional Information About You

1. Have you ever applied for an immigrant visa to obtain permanent resident status at a U.S. Embassy or U.S. Consulate abroad? ☐ Yes ☒ No

If you answered "Yes," complete **Item Numbers 2. - 4.** below.

2. Location of U.S. Embassy or U.S. Consulate

City or Town

Country

3. Decision (for example, approved, refused, denied, withdrawn)

4. Date of Decision (mm/dd/yyyy)

5. Have you previously applied for permanent residence while in the United States? ☐ Yes ☒ No

6. Have you **EVER** held lawful permanent resident status which was later rescinded under INA section 246? ☐ Yes ☒ No

Employment and Educational History

7. Provide **ALL** of your employment and educational history for the last 5 years as indicated in the Instructions. Provide your current employment or school attended first. Include periods of self-employment, unemployment, or retirement. For each period of unemployment or retirement, list source of financial support. If you have additional employment or educational history, use the space provided in **Part 14. Additional Information**.

Employer or School (current or most recent): **Employer**

Name of Employer, Company, or School: **Quest Cleaning Services LLC**

Your Occupation (if unemployed or retired, so state): Self Employed (Owner) - House Cleaning

Part 4. Additional Information About You (continued)

Address of Employer, Company, or School

Street Number and Name: 16720 North Rd | Apt. ☒ Ste. ☐ Flr. ☐ | Number: C208

City or Town: Bothell | State: WA | ZIP Code: 98012

Province: N/A | Postal Code: N/A | Country: USA

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy): 06/13/2025 | To (mm/dd/yyyy): PRESENT

If unemployed or retired, source of financial support: N/A

8. Provide your most recent employer or school outside of the United States (if not already listed above).

Name of Employer, Company, or School: Colegio Apice | Your Occupation (if unemployed or retired, so state): Administrative Assistant

Address of Employer, Company, or School

Street Number and Name: Rua 21 Qd17 Lt 1 | Apt. ☐ Ste. ☐ Flr. ☐ | Number:

City or Town: Rio Verde | State: | ZIP Code:

Province: Goias | Postal Code: 75907370 | Country: Brazil

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy): 01/01/2011 | To (mm/dd/yyyy): 08/30/2018

If unemployed or retired, source of financial support: N/A

Part 5. Information About Your Parents

Information About Your Parent 1

1. Parent 1's Legal Name

Family Name (Last Name): LOURENCO ARANTES | Given Name (First Name): Gresogonio | Middle Name (if applicable): N/A

2. Parent 1's Name at Birth (if different than above)

Family Name (Last Name): N/A | Given Name (First Name): N/A | Middle Name (if applicable): N/A

3. Date of Birth (mm/dd/yyyy): 01/02/1950

Part 5. Information About Your Parents (continued)

4. Country of Birth

Brazil

Information About Your Parent 2

5. Parent 2's Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
FARIA	Amalia	N/A

6. Parent 2's Name at Birth (if different than above)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

7. Date of Birth (mm/dd/yyyy) 02/25/1951

8. Country of Birth

Brazil

Part 6. Information About Your Marital History

1. What is your current marital status?

☐ Single, Never Married ☒ Married ☐ Divorced ☐ Widowed ☐ Marriage Annulled ☐ Legally Separated

2. If you are married, is your spouse a current member of the U.S. armed forces or U.S. Coast Guard? ☐ N/A ☐ Yes ☒ No

3. How many times have you been married (including your current marriage, marriages abroad, annulled marriages, and marriages to the same person)? 2

Information About Your Current Marriage (including if you are legally separated)

4. Current Spouse's Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
MAILLOUX ENRIQUEZ	Bernnie Jesus	N/A

5. Current Spouse's A-Number (if any)

► A- 0 8 9 5 6 7 1 6 9

6. Current Spouse's Date of Birth (mm/dd/yyyy) 06/03/1983

7. Current Spouse's Country of Birth

Costa Rica

8. Current Spouse's Current Physical Address

Street Number and Name: 16720 North Road

Apt. ☒ Ste. ☐ Flr. ☐ Number: C208

City or Town: Bothell

State: WA

ZIP Code: 98012

Province: N/A

Postal Code: N/A

Country: USA

Part 6. Information About Your Marital History (continued)

9. Place of Marriage to Current Spouse

City or Town: Lynnwood

State or Province: Washington

Country: USA

Date of Marriage to Current Spouse (mm/dd/yyyy): 05/10/2025

10. Is your current spouse applying with you? ☐ Yes ☒ No

Information About Prior Marriages (if any)

11. Prior Spouse's Legal Name (provide family name before marriage)

Family Name (Last Name): ALMEIDA COSTA

Given Name (First Name): Samuel

Middle Name (if applicable): N/A

12. Prior Spouse's Date of Birth (mm/dd/yyyy): 03/09/1983

13. Prior Spouse's Country of Birth: Brazil

14. Prior Spouse's Country of Citizenship or Nationality: Brazil

15. Date of Marriage to Prior Spouse's (mm/dd/yyyy): 05/18/2005

16. Place of Marriage to Prior Spouse

City or Town: Rio Verde

State or Province: Goias

Country: Brazil

17. Place Where Marriage with Prior Spouse Legally Ended

City or Town: Rio Verde

State or Province: Goias

Country: Brazil

Date of Marriage with Prior Spouse Legally Ended (mm/dd/yyyy): 01/10/2021

18. How Marriage Ended with Prior Spouse (select one):

☐ Annulled ☐ Divorced ☐ Spouse Deceased ☒ Other (Explain): Brazilian Stable Union formally terminated

Part 7. Information About Your Children

1. Indicate the total number of ALL living children anywhere in the world (including adult sons and daughters) that you have.

NOTE: The term "children" includes all biological or legally adopted children, as well as current stepchildren, of any age, whether born in the United States or other countries, married or unmarried, living with you or elsewhere and includes any missing children and those born to you outside of marriage.

7

Provide the following information for each of your children. If you have more than two children, use the space provided in **Part 14. Additional Information**.

2. Child 1

Current Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
FARIA COSTA	Yuri	N/A

A-Number (if any) ► A- N / A

Date of Birth (mm/dd/yyyy) 05/18/2007

Country of Birth

Brazil

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

Biological Child

Is this child also applying now on a separate Form I-485? ☒ Yes ☐ No

3. Child 2

Current Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
FARIA COSTA	Victor	N/A

A-Number (if any) ► A- N / A

Date of Birth (mm/dd/yyyy) 08/08/2014

Country of Birth

Brazil

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

Biological Child

Is this child also applying now on a separate Form I-485? ☒ Yes ☐ No

Part 8. Biographic Information

1. Ethnicity (Select **only one** box)

☒ Hispanic or Latino ☐ Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander ☒ White

3. Height Feet 5 Inches 6 **4.** Weight Pounds 1 6 6

5. Eye Color (Select **only one** box)

☐ Black ☐ Blue ☒ Brown ☐ Gray ☐ Green ☐ Hazel ☐ Maroon ☐ Pink ☐ Unknown/Other

6. Hair Color (Select **only one** box)

☐ Bald (No hair) ☒ Black ☐ Blond ☐ Brown ☐ Gray ☐ Red ☐ Sandy ☐ White ☐ Unknown/Other

Part 9. General Eligibility and Inadmissibility Grounds

Choose the answer that you think is correct in **Part 9.** If you answer "Yes" to any questions **(or if you answer "No," but are unsure of your answer)**, provide an explanation of the events and circumstances in the space provided in **Part 14. Additional Information**.

1. Have you **EVER** been a member of, involved in, or in any way associated with any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other location in the world? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 1.**, complete **Item Numbers 2. - 9.** If you were a member of more than two organizations, use the space provided in **Part 14. Additional Information**.

Organization 1

2. Name of Organization

3. City or Town

State or Province

Country

4. Nature of Organization, including its purposes and activities, whether illicit or legitimate.

Nature of involvement in organization, including role or positions(s) held, whether illicit or legitimate.

5. Dates of Membership or Dates of Involvement

From (mm/dd/yyyy) To (mm/dd/yyyy)

Organization 2

6. Name of Organization

Part 9. General Eligibility and Inadmissibility Grounds (continued)

7. City or Town

State or Province

Country

8. Nature of Organization, including its purposes and activities, whether illicit or legitimate.

Nature of involvement in organization, including role or positions(s) held, whether illicit or legitimate.

9. Dates of Membership or Dates of Involvement

From (mm/dd/yyyy) To (mm/dd/yyyy)

10. Have you **EVER** been denied admission to the United States? ☐ Yes ☒ No

11. Have you **EVER** been denied a visa to the United States? ☐ Yes ☒ No

12. Have you **EVER** worked in the United States without authorization? ☒ Yes ☐ No

13. Have you **EVER** violated the terms or conditions of your nonimmigrant status? ☒ Yes ☐ No

14. Are you presently or have you **EVER** been in removal, exclusion, rescission, or deportation proceedings, including expedited removal proceedings? ☐ Yes ☒ No

15. Have you **EVER** been issued a final order of exclusion, deportation, or removal? ☐ Yes ☒ No

16. Have you **EVER** had a prior final order of exclusion, deportation, or removal reinstated? ☐ Yes ☒ No

17. Have you **EVER** been granted voluntary departure by an immigration officer or an immigration judge but failed to depart within the allotted time? ☐ Yes ☒ No

18. Have you **EVER** applied for any kind of relief or protection from removal, exclusion, or deportation? ☐ Yes ☒ No

19. Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement? ☐ Yes ☒ No

20. If you answered "Yes" to **Item Number 19.**, have you complied with the foreign residence requirement? ☐ Yes ☐ No

21. If you answered "Yes" to **Item Number 19.** and "No" to **Item Number 20.**, have you been granted a waiver or has Department of State issued a favorable waiver recommendation letter for you? ☐ Yes ☐ No

Criminal Acts and Violations

For **Item Numbers 22. - 41.**, you must answer "Yes" to any question that applies to you, even if your records were sealed or otherwise cleared, or even if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. You must also answer "Yes" to the following questions whether the action or offense occurred here in the United States or anywhere else in the world. If you answer "Yes" to **Item Numbers 22. - 41.**, use the space provided in **Part 14. Additional Information** to provide an explanation for each offense, if applicable, that includes a description of the criminal offense; where the criminal offense occurred; when the criminal offense occurred; whether you were arrested, cited, charged, or detained for the criminal offense you committed; and the outcome or disposition of that criminal offense (for example, convicted, placement in a diversion program, no charges filed, charges dismissed, jail, prison, detention, probation, or community service). Your explanation must include the duration of any sentence to confinement (even if suspended).

22. Have you **EVER** been arrested, cited, charged, or permitted to participate in a diversion program (including pre-trial diversion, deferred prosecution, deferred adjudication, or any withheld adjudication), or detained for any reason by any law enforcement official in any country including but not limited to any U.S. immigration official or any official of the U.S. armed forces or U.S. Coast Guard or by a similar official of a country other than the United States? ☐ Yes ☒ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

23. Have you **EVER** committed a crime of any kind (even if you were not arrested, cited, charged with, or tried for that crime, or convicted)? ☐ Yes ☒ No

24. Have you **EVER** pled guilty to or been convicted of a crime or offense (even if the violation was subsequently expunged or sealed by a court, or if you were granted a pardon, amnesty, a rehabilitation decree, or other act of clemency)? ☐ Yes ☒ No

NOTE: If you were the beneficiary of a pardon, amnesty, a rehabilitation decree, or other act of clemency, provide documentation of that post-conviction action.

25. Have you **EVER** been ordered punished by a judge or had conditions imposed on you that restrained your liberty (such as a prison sentence, suspended sentence, house arrest, parole, alternative sentencing, drug or alcohol treatment, rehabilitative programs or classes, probation, or community service)? ☐ Yes ☒ No

26. Have you **EVER** violated (or attempted or conspired to violate) any controlled substance law or regulation of a state, the United States, or a foreign country? ☐ Yes ☒ No

27. Have you **EVER** trafficked in or benefited from, or knowingly aided, abetted, assisted, conspired or colluded in the illegal trafficking of any controlled substances, such as chemicals, illegal drugs, or narcotics? ☐ Yes ☒ No

28. Are you the spouse, son, or daughter of an alien who illicitly trafficked or aided (or otherwise abetted, assisted, conspired, or colluded) in the illicit trafficking of a controlled substance, such as chemicals, illegal drugs, or narcotics and you obtained, within the last 5 years, any financial or other benefit from this activity of your spouse or parent? ☐ Yes ☒ No

29. If your answer to **Item Number 28.** is "Yes," did you know or should you have reasonably known that the financial or other benefit you obtained resulted from this activity of your spouse or parent? ☐ Yes ☐ No

30. Have you **EVER** engaged in prostitution or are you coming to the United States to engage in prostitution? ☐ Yes ☒ No

31. Have you **EVER** directly or indirectly procured or attempted to procure, or imported prostitutes or persons for the purpose of prostitution? ☐ Yes ☒ No

32. Have you **EVER** received any proceeds or money from prostitution? ☐ Yes ☒ No

33. Do you intend to engage in illegal gambling or any other form of commercialized vice, such as prostitution, bootlegging, or the sale of child pornography, while in the United States? ☐ Yes ☒ No

34. Have you **EVER** exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a criminal offense in the United States? ☐ Yes ☒ No

35.a. Have you **EVER** served as a foreign government official? ☐ Yes ☒ No

35.b. If your answer to **Item Number 35.a.** is "Yes," have you **EVER** been responsible for, enforced, or directly carried out violations of religious freedoms? ☐ Yes ☐ No

36. Have you **EVER** induced by force, fraud, or coercion (or otherwise been involved in) the trafficking of another person for commercial sex acts (sex trafficking)? ☐ Yes ☒ No

NOTE: Sex trafficking involves inducing or causing an adult to engage in a commercial sex act (any sex act performed for anything of value) through fraud, force, or coercion, or inducing or causing any person under 18 years of age to engage in a commercial sex act (even without force, fraud, or coercion). Sex trafficking may include recruiting, enticing, harboring, transporting, providing, obtaining, advertising, maintaining, patronizing, or soliciting by any means a person to engage in the commercial sex act knowing (or, in the case of advertising, with reckless disregard of the fact) that the person is under 18 years of age or that force, fraud, or coercion was used to induce or cause the person to engage in the commercial sex act. Sex trafficking may also include knowingly benefiting financially or by receiving anything of value, from participation in a venture involving sex trafficking.

37. Have you **EVER** trafficked a person into involuntary servitude, peonage, debt bondage, or slavery? Trafficking includes recruiting, harboring, transporting, providing, or obtaining a person for labor or services through the use of force, fraud, or coercion. ☐ Yes ☒ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

38. Have you **EVER** knowingly aided, abetted, assisted, conspired, or colluded with others in trafficking in persons for commercial sex acts or involuntary servitude, peonage, debt bondage, or slavery? ☐ Yes ☒ No

39. Are you the spouse, son, or daughter of an alien who engaged in the trafficking in persons and have received or obtained, within the last 5 years, any financial or other benefits from this activity of your spouse or your parent? ☐ Yes ☒ No

40. If your answer is "Yes" to **Item Number 39.**, did you know or reasonably should have known that this benefit resulted from this activity of your spouse or parent? ☐ Yes ☐ No

41. Have you **EVER** engaged in money laundering or have you **EVER** knowingly aided, assisted, abetted, conspired, or colluded with others in money laundering or do you seek to enter the United States to engage in such activity? ☐ Yes ☒ No

Security and Related

Do you intend to:

42.a. Engage in any activity that violates or evades any law relating to espionage (including spying) or sabotage in the United States? ☐ Yes ☒ No

42.b. Engage in any activity in the United States that violates or evades any law prohibiting the export from the United States of goods, technology, or sensitive information? ☐ Yes ☒ No

42.c. Engage in any activity whose purpose includes opposing, controlling, or overthrowing the U.S. Government by force, violence, or other unlawful means while in the United States? ☐ Yes ☒ No

42.d. Engage in any other unlawful activity? ☐ Yes ☒ No

Have you **EVER**:

43.a. Received any weapons training, paramilitary training, or other military-type training? ☐ Yes ☒ No

43.b. Committed kidnapping, assassination, or hijacking or sabotage of a conveyance (including an aircraft, vessel, vehicle, or train)? ☐ Yes ☒ No

43.c. Used a weapon or explosive or any dangerous device with the intent to endanger the safety of another person or people or cause damage to property? ☐ Yes ☒ No

43.d. Threatened, attempted, conspired, prepared, or planned to do any of the things described in **Item Numbers 43.b. - 43.c.**? ☐ Yes ☒ No

43.e. Incited, under circumstances indicating an intention to cause death or serious bodily harm/injury, any of the activities described in **Item Numbers 43.b. - 43.c.?** ☐ Yes ☒ No

43.f. Participated in, or been a member of, a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

43.g. Recruited members or asked for money or things of value for a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

43.h. Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

43.i. Provided money, a thing of value, services or labor, or any other assistance or support for an individual, group, or organization who did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

44. Do you intend to engage in any of the activities listed in any part of **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

45. Do you intend to engage in any activity that could endanger the welfare, safety, or security of the United States? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any part of **Item Numbers 42.a. - 45.**, explain what you did, including the dates and location of the circumstances, or what you intend to do in the space provided in **Part 14. Additional Information**.

Part 9. General Eligibility and Inadmissibility Grounds (continued)

46. Are you the spouse or child of an individual who **EVER** engaged in any of the activities listed in **Item Numbers 43.b. - 43.i.**? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any part of **Item Number 46.**, explain what your parent or spouse did, including the dates and location of the circumstances in **Part 14. Additional Information**.

47. Have you **EVER** sold, provided, or transported weapons, or assisted any person in selling, providing, or transporting weapons, which you knew or believed would be used against another person? ☐ Yes ☒ No

48. Have you **EVER** worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other place where people were detained, or have you **EVER** directed or participated in any other activity that involved detaining people? ☐ Yes ☒ No

49. Have you **EVER** been a member of, assisted, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? ☐ Yes ☒ No

50. Have you **EVER** served in, been a member of, assisted (helped), or participated in any military or police unit? ☐ Yes ☒ No

51. Have you **EVER** served in, been a member of, assisted (helped), or participated in any armed group (a group that carries weapons), for example: paramilitary unit (a group of people who act like a military group, but are not part of the official military), self-defense unit, vigilante unit, rebel group, or guerrilla group? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 50.** or **51.**, include the name of the country, the name of the military unit or armed group, your rank or position, and your dates of involvement in your explanation in **Part 14. Additional Information**.

52. Have you **EVER** been a member of, or in any way affiliated with, the Communist Party or any totalitarian party (in the United States or abroad)? ☐ Yes ☒ No

Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

53.a. Torture? ☐ Yes ☒ No

53.b. Genocide? ☐ Yes ☒ No

53.c. Killing, or trying to kill, any person? ☐ Yes ☒ No

53.d. Intentionally and severely injuring or trying to injure any person? ☐ Yes ☒ No

54. Have you **EVER** recruited, enlisted, conscripted, or used any person under 15 years of age to take part in hostilities or to serve in or help an armed force or group, or attempted or worked with others to do so? ☐ Yes ☒ No

55. Have you **EVER** used any person under 15 years of age to take part in hostilities, for instance, participating in combat or providing services related to combat (such as sabotage or serving as a courier) or providing support services (such as transporting supplies), or attempted or worked with others to do so? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any part of **Item Numbers 47. - 55.**, explain what occurred, including the dates and location of the circumstances, in the space provided in **Part 14. Additional Information**.

Part 9. General Eligibility and Inadmissibility Grounds (continued)

Public Charge

Each alien who is subject to the public charge ground of inadmissibility in INA section 212(a)(4) must complete **Item Numbers 57. - 66.** An alien is subject to the public charge ground of inadmissibility if the alien does not fall under one of the categories exempt from the public charge ground of inadmissibility listed below. If you fall under one of the exempt categories listed below, please select the exempt category, and skip **Item Numbers 57. - 66.** If you do not fall under one of the exempt categories listed below, select "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**"

NOTE: For more information, see **Part 9. General Eligibility and Inadmissibility Grounds, *Public Charge*** section of these Instructions.

56. I am exempt from the public charge ground of inadmissibility because I am a/an (select **only one** box):

- ☐ VAWA Self-Petitioner (Form I-360)
- ☐ Special Immigrant Juvenile (Form I-360)
- ☐ Certain Afghan or Iraqi National (Form I-360 or Form DS-157)
- ☐ Asylee (Form I-589 or Form I-730)
- ☐ Refugee (Form I-590 or Form I-730)
- ☐ Victim of Qualifying Criminal Activity (U Nonimmigrant) under INA section 245(m) (Form I-918, Form I-918A, or Form I-929)
- ☐ Any category other than INA section 245(m), but you are in valid U nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if, at the time of the adjudication of Form I-485, you are still in valid U nonimmigrant status. If, at the time of adjudication of Form I-485, you are no longer in valid U nonimmigrant status, you will be subject to the public charge ground of inadmissibility.)
- ☐ Human Trafficking Victim (T nonimmigrant) under INA section 245(l) (Form I-914 or Form I-914A)
- ☐ Any category other than INA section 245(l), but you either have a pending application for T nonimmigrant status (Form I-914) that sets forth a prima facie case for eligibility or are in valid T nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if your Form I-914 is still pending and deemed to be prima facie eligible or you are in valid T nonimmigrant status when we adjudicate your adjustment of status application.)
- ☐ Cuban Adjustment Act
- ☐ Cuban Adjustment Act for Battered Spouses and Children
- ☐ Dependent Status under the Haitian Refugee Immigrant Fairness Act
- ☐ Dependent Status under the Haitian Refugee Immigrant Fairness Act for Battered Spouses and Children
- ☐ Cuban and Haitian Entrants Applying for Adjustment of Status under section 202 of the Immigration Reform and Control Act of 1986
- ☐ A Lautenberg Parolee
- ☐ National of Vietnam, Cambodia, or Laos Applying under the Foreign Operations, Export Financing, and Related Programs
- ☐ Continuous Residence in the United States Since Before January 1, 1972 (“Registry”)
- ☐ Amerasian Homecoming Act
- ☐ Polish or Hungarian Parolee
- ☐ Nicaraguans and Other Central Americans under section 203 of the Nicaraguan Adjustment and Central American Relief Act (NACARA)
- ☐ American Indian Born in Canada (INA section 289) or the Texas Band of Kickapoo Indians of the Kickapoo Tribe of Oklahoma, Public Law 97-429 (Jan. 8, 1983)
- ☐ Section 7611 of the National Defense Authorization Act for Fiscal Year 2020 (Liberian Refugee Immigration Fairness)

Part 9. General Eligibility and Inadmissibility Grounds (continued)

☐ Syrian National Adjusting Status under Public Law 106-378

☐ Spouse, Child, or Parent of a U.S. Active-Duty Service Member in the Armed Forces under the National Defense Authorization Act (NDAA) (Form I-130 or Form I-360)

☒ I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66**.

If you selected "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**" in **Item Number 56.**, complete **Item Numbers 57. - 66.** below. If you selected an exempt category in **Item Number 56.,** go to **Item Number 67.** If you need extra space to complete this section, use the space provided in **Part 14. Additional Information**.

57. What is the size of your household? 5

58. Indicate your annual household income.

☐ $0-27,000 ☐ $27,001-52,000 ☒ $52,001-85,000 ☐ $85,001-141,000 ☐ Over $141,000

59. Identify the total value of your household assets.

☒ $0-18,400 ☐ $18,401-136,000 ☐ $136,001-321,400 ☐ $321,401-707,100 ☐ Over $707,100

60. Identify the total value of your household liabilities (including both secured and unsecured liabilities).

☐ $0 ☒ $1-10,100 ☐ $10,101-57,700 ☐ $57,701-186,800 ☐ Over $186,800

61. What is the highest degree or grade of school you have completed?

☐ Less than a high school diploma. If you select this option, indicate the highest grade of school you have completed.

☒ High school diploma, GED, or alternative credential ☐ 1 or more years of college credit, no degree

☐ Associate's degree ☐ Bachelor's degree ☐ Master's degree ☐ Professional degree (JD, MD, DMD, etc.)

☐ Doctorate degree

62. List your certifications, licenses, skills obtained through work experience, and educational certificates.

List of Certifications

63. Have you ever received Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), or state, Tribal, territorial, or local cash benefit programs for income maintenance (often called "General Assistance" in the state context, but which also exist under other names)? ☐ Yes ☒ No

64. Have you ever received long-term institutionalization at government expense? ☐ Yes ☒ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

65. If your answer to **Item Number 63.** is "Yes," list the specific benefit(s) you received, the start and end dates of each period of receipt, the dollar amount of benefits received, and whether you received the benefits while you were in an immigration category exempt from the public charge ground of inadmissibility.

Benefit Received	Start Date	End Date	Dollar Amount	In a Category Exempt from Public Charge
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

66. If your answer to **Item Number 64.** is "Yes," list the name, city, and state for each institution, the start and end dates of each period of institutionalization, the reason you were institutionalized, and whether you were institutionalized while you were in an immigration category exempt from the public charge ground of inadmissibility.

Institution Name/City/State	Date From	Date To	Reason	In a Category Exempt from Public Charge
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

Illegal Entries and Other Immigration Violations

67. Have you **EVER** failed or refused to attend or to remain in attendance at any removal proceeding filed against you on or after April 1, 1997? ☐ Yes ☒ No

NOTE: If your answer to **Item Number 67.** is "Yes," attach a written statement explaining why you failed or refused to attend or remain in attendance at the removal proceeding, including any explanation of a reasonable cause for that failure or refusal.

68. Have you **EVER** submitted altered, fraudulent, or counterfeit documentation to any U.S. Government official to obtain or attempt to obtain any immigration benefit, including a visa or entry into the United States? ☐ Yes ☒ No

69. Have you **EVER** lied about, concealed, or misrepresented any information on an application or petition to obtain a visa, other documentation required for entry into the United States, admission to the United States, or any other kind of immigration benefit? ☐ Yes ☒ No

70. Have you **EVER** falsely claimed to be a U.S. citizen (in writing or any other way)? ☐ Yes ☒ No

71. Have you **EVER** been a stowaway on a vessel or aircraft arriving in the United States? ☐ Yes ☒ No

72. Have you **EVER** knowingly encouraged, induced, assisted, abetted, or aided any alien to enter or to try to enter the United States illegally (alien smuggling)? ☐ Yes ☒ No

73. Are you under a final order of civil penalty for violating INA section 274C for use of fraudulent documents? ☐ Yes ☒ No

Removal, Unlawful Presence, or Illegal Reentry After Previous Immigration Violations

74. Have you **EVER** been excluded, deported, or removed from the United States or have you ever departed the United States on your own after having been ordered excluded, deported, or removed from the United States? ☐ Yes ☒ No

75. Have you **EVER** entered the United States without being inspected and admitted or paroled? ☐ Yes ☒ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

76. Since April 1, 1997, have you been unlawfully present in the United States? You were unlawfully present in the United States if you were present in the United States after the expiration of the period of stay authorized by the Department of Homeland Security (DHS) Secretary or were present in the United States without being admitted or paroled. ☒ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 76.**, give the dates of unlawful presence in the space provided in **Part 14. Additional Information**.

77. If you answered "Yes" to **Item Number 76.**, was a severe form of trafficking in persons at least one central reason for your unlawful presence in the United States? ☐ Yes ☒ No

NOTE: Severe trafficking in persons involves sex trafficking (the recruitment, harboring, transportation, provision, or obtaining of a person to commit a commercial sex act) induced by force, fraud, coercion, or in which the person is induced to perform such act has not reached 18 years of age, or the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Since April 1, 1997, have you **EVER** reentered or attempted to reenter the United States without being inspected and admitted or paroled after:

78.a. Having been unlawfully present in the United States for more than one year in the aggregate on or after April 1, 1997? You were unlawfully present in the United States for more than one year in the aggregate if you count all of the days during all of your stays that you were present in the United States after the expiration of the period of stay authorized by the DHS Secretary or were present in the United States without being admitted or paroled. ☐ Yes ☒ No

78.b. Having been deported, excluded, or removed from the United States? ☐ Yes ☒ No

Miscellaneous Conduct

79. Do you plan to practice polygamy in the United States? ☐ Yes ☒ No

80. Are you accompanying an alien who is inadmissible and who has been certified by a medical officer as helpless from sickness, mental or physical disability, or infancy, and who requires your protection or guardianship, as described in INA section 232(c)? ☐ Yes ☒ No

81. Have you **EVER** assisted in detaining, retaining, or withholding custody of a U.S. citizen child outside the United States from a person who has been granted custody of the child? ☐ Yes ☒ No

82. Have you **EVER** voted in violation of any Federal, state, or local constitutional provision, statute, ordinance, or regulation in the United States? ☐ Yes ☒ No

83. Have you **EVER** renounced U.S. citizenship to avoid being taxed by the United States? ☐ Yes ☒ No

Have you **EVER:**

84.a. Applied for exemption or discharge from training or service in the U.S. armed forces or in the U.S. National Security Training Corps on the ground that you are an alien? ☐ Yes ☒ No

84.b. Been relieved or discharged from such training or service on the ground that you are an alien? ☐ Yes ☒ No

84.c. Been convicted of desertion from the U.S. armed forces? ☐ Yes ☒ No

85. Have you **EVER** left or remained outside the United States to avoid or evade training or service in the U.S. armed forces in time of war or a period declared by the President to be a national emergency? ☐ Yes ☒ No

86. If you answered "Yes" to **Item Number 85.**, what was your nationality or immigration status immediately before you left (for example, U.S. citizen or national, lawful permanent resident, nonimmigrant, parolee, present without admission or parole, or any other status)?

A-Number ▶ A-

Part 10. Applicant's Contact Information, Certification, and Signature

Applicant's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number: +14257508937
2. Applicant's Mobile Telephone Number (if any): +14257508937
3. Applicant's Email Address (if any): danyfariaarantes@hotmail.com

Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 11.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature ➡ Daniella Sonia Arantes — Date of Signature (mm/dd/yyyy): 01/15/2026

Part 11. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

1. Interpreter's Family Name (Last Name): INACIO PENNA MELLO
   Interpreter's Given Name (First Name): Andre Vinicius
2. Interpreter's Business or Organization Name: HS Law Corp

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number: 4154252508
4. Interpreter's Mobile Telephone Number (if any): 4154252508
5. Interpreter's Email Address (if any): andre@yousalaw.com

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and portuguese, and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that he or she understood every instruction, question, and answer on the application.

6. Interpreter's Signature — Date of Signature (mm/dd/yyyy): 01/15/2026

A-Number ► **A-**

Part 12. Contact Information, Certification, and Signature of the Person Preparing this Application, if Other Than the Applicant

Preparer's Full Name

1. Preparer's Family Name (Last Name)
HAVERROTH SILVA

Preparer's Given Name (First Name)
Otavio

2. Preparer's Business or Organization Name
HS Law Corp

Preparer's Contact Information

3. Preparer's Daytime Telephone Number
5102419336

4. Preparer's Mobile Telephone Number (if any)
5102419336

5. Preparer's Email Address (if any)
otavio@legalhs.com

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this application for the applicant at his or her request and with express consent and that all of the responses and information contained in and submitted with the application are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the application.

6. Preparer's Signature

Date of Signature (mm/dd/yyyy)
01/15/2026

NOTE: Do not complete Part 13. until the USCIS Officer instructs you to do so at the interview.

Part 13. Signature at Interview

I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this Form I-485, Application to Register Permanent Residence or Adjust Status, subscribed by me, including the changes made to this application, **numbered** _____ **through** _____, are complete, true, and correct. All information on additional pages submitted by me with this Form I-485, **on numbered pages** _____ **through** _____ are complete, true, and correct. All documents submitted at this interview were provided by me and are complete, true, and correct.

Subscribed to and sworn to (affirmed) before me

USCIS Officer's Printed Name or Stamp

Date of Signature (mm/dd/yyyy)

Applicant's Signature (sign in ink)

USCIS Officer's Signature (sign in ink)

Part 14. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number, Part Number,** and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name): **FARIA ARANTES** | Given Name (First Name): **Daniella** | Middle Name (if applicable):

2. Page Number: **4** | Part Number: **1** | Item Number: **18**

15631 Ash Way, Apt. B202 - Lynwood, WA, USA, 98087 - From 12/01/2018 to 02/10/2021.

3. Page Number: **8** | Part Number: **4** | Item Number: **7**

Self Employed - House Cleaning - no specific address
From 10/01/2018 to 06/12/2025

4. Page Number: **12** | Part Number: **7** | Item Number: **1**

Ayla Santos Faria - Born in the United States - Date of Birth: 01/20/2022 - Biological Child - Not applying a separate form I-485
Kevin Mailloux Garro - Born in Costa Rica - Date of Birth: 02/23/2000 - Stepchild - Not applying a separate form I-485
Isabella Mailloux Garro - Born in the United States - Date of Birth: 12/03/2009 - Stepchild - Not applying a separate form I-485
Nicholas Mailloux Solis - Born in the United States - Date of Birth: 02/23/2013 - Stepchild - Not applying a separate form I-485
Hailie Mailloux Sanchezllanes - Born in the United States - Date of Birth: 11/14/2019 - Stepchild - Not applying a separate form I-485

5. Page Number: **14** | Part Number: **9** | Item Number: **11**

I worked as a house cleaning in the United States to support myself and my children.

Part 14. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number, Part Number,** and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name): FARIA ARANTES | Given Name (First Name): Daniella | Middle Name (if applicable):

2. Page Number: 14 | Part Number: 9 | Item Number: 12

I entered the United States with B-2 Visa on September 12, 2018. I remained beyond the authorized period of stay and worked without authorization in order to support myself and my children.

3. Page Number: 21 | Part Number: 9 | Item Number: 76

I entered the United States with a B-2 visa on September 12, 2018. After the expiration of my authorized period of stay, I remained in the United States and have accrued unlawful presence from March 11, 2019 to present.

4. Page Number: N/A | Part Number: N/A | Item Number: N/A

N/A

5. Page Number: N/A | Part Number: N/A | Item Number: N/A

N/A

Application For Employment Authorization

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-765
OMB No. 1615-0040
Expires 09/30/2027

For USCIS Use Only	☐ Authorization/Extension Valid From _____	Fee Stamp	Action Block
	☐ Authorization/Extension Valid Through _____		
	Alien Registration Number A-		
	Remarks		

To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).	☒ Select this box if Form G-28 is attached.	Attorney or Accredited Representative USCIS Online Account Number (if any) 0 0 7 4 9 2 6 2 5 4 3 8

► **START HERE - Type or print in black ink.**

Part 1. Reason for Applying

I am applying for (select **only one** box):

1.a. ☒ Initial permission to accept employment.

1.b. ☐ Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document **NOT DUE** to U.S. Citizenship and Immigration Services (USCIS) error.

NOTE: Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to **Replacement for Card Error** in the **What is the Filing Fee** section of the Form I-765 Instructions for further details.

1.c. ☐ Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Part 2. Information About You

Your Full Legal Name

1.a. Family Name (Last Name): **FARIA ARANTES**

1.b. Given Name (First Name): **Daniella**

1.c. Middle Name: N/A

Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

2.a. Family Name (Last Name): **N/A**

2.b. Given Name (First Name): **N/A**

2.c. Middle Name: **N/A**

3.a. Family Name (Last Name): **N/A**

3.b. Given Name (First Name): **N/A**

3.c. Middle Name: **N/A**

4.a. Family Name (Last Name): **N/A**

4.b. Given Name (First Name): **N/A**

4.c. Middle Name: **N/A**

Part 2. Information About You (continued)

Your U.S. Mailing Address

5.a. In Care Of Name (if any)
Otavio Haverroth Silva

5.b. Street Number and Name: PO Box 90487

5.c. ☐ Apt. ☐ Ste. ☐ Flr.

5.d. City or Town: San Diego

5.e. State: CA **5.f.** ZIP Code: 92169

(USPS ZIP Code Lookup)

6. Is your current mailing address the same as your physical address? ☐ Yes ☒ No

NOTE: If you answered "No" to **Item Number 6.**, provide your physical address below.

U.S. Physical Address

7.a. Street Number and Name: 16720 North Rd

7.b. ☒ Apt. ☐ Ste. ☐ Flr. C208

7.c. City or Town: Bothell

7.d. State: WA **7.e.** ZIP Code: 98012

Other Information

8. Alien Registration Number (A-Number) (if any)
► **A-** N / A

9. USCIS Online Account Number (if any)
► N / A

10. Sex ☐ Male ☒ Female

11. Marital Status
☐ Single ☒ Married ☐ Divorced ☐ Widowed

12. Have you previously filed Form I-765? ☐ Yes ☒ No

13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? ☐ Yes ☒ No

NOTE: If you answered "No" to **Item Number 13.a.**, skip to **Item Number 14.** If you answered "Yes" to **Item Number 13.a.**, provide the information requested in **Item Number 13.b.**

13.b. Provide your Social Security number (SSN) (if known).
►

14. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to **Item Number 15.**, **Consent for Disclosure**, to receive a card.) ☒ Yes ☐ No

NOTE: If you answered "No" to **Item Number 14.**, skip to **Part 2.**, **Item Number 18.a.** If you answered "Yes" to **Item Number 14.**, you must also answer "Yes" to **Item Number 15.**

15. **Consent for Disclosure:** I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card. ☒ Yes ☐ No

NOTE: If you answered "Yes" to **Item Numbers 14. - 15.**, provide the information requested in **Item Numbers 16.a. - 17.b.**

Father's Name

Provide your father's birth name.

16.a. Family Name (Last Name): LOURENÇO ARANTES

16.b. Given Name (First Name): Gresogonio

Mother's Name

Provide your mother's birth name.

17.a. Family Name (Last Name): FARIA

17.b. Given Name (First Name): Amalia

Your Country or Countries of Citizenship or Nationality

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in **Part 6. Additional Information**.

18.a. Country
Brazil

18.b. Country
N/A

Part 2. Information About You (continued)

Place of Birth

List the city/town/village, state/province, and country where you were born.

19.a. City/Town/Village of Birth

Rio Verde

19.b. State/Province of Birth

Goias

19.c. Country of Birth

Brazil

20. Date of Birth (mm/dd/yyyy) 03/04/1985

Information About Your Last Arrival in the United States

21.a. Form I-94 Arrival-Departure Record Number (if any)

► 47341825856

21.b. Passport Number of Your Most Recently Issued Passport

FV750611

21.c. Travel Document Number (if any)

N/A

21.d. Country That Issued Your Passport or Travel Document

Brazil

21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy) 04/17/2028

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) 09/12/2018

23. Place of Your Last Arrival Into the United States

Miami FL

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

B-2 visitor

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

Adjustment of Status - I-485 pending

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

► N- N/A

Information About Your Eligibility Category

27. **Eligibility Category.** Refer to the **Who May File Form I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).

(c) (9) (N/A)

28. **(c)(3)(C) STEM OPT Eligibility Category.** If you entered the eligibility category **(c)(3)(C)** in **Item Number 27.**, provide the information requested in **Item Numbers 28.a - 28.c.**

28.a. Degree N/A

28.b. Employer's Name as Listed in E-Verify

N/A

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

N/A

29. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Item Number 27.**, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

►

30. **(c)(8) Eligibility Category.** If you entered the eligibility category (c)(8) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

☐ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 30.**, refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** in the **Required Documentation** section of the Form I-765 Instructions for information about providing court dispositions.

31.a. **(c)(35) and (c)(36) Eligibility Category.** If you entered the eligibility category (c)(35) in **Item Number 27.**, please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in **Item Number 27.**, please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.

►

31.b. If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime? ☐ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 31.b.**, refer to **Employment-Based Nonimmigrant Categories**, **Items 8. - 9.**, in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.

Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

Applicant's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a. ☐ I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.

1.b. ☒ The interpreter named in **Part 4.** read to me every question and instruction on this application and my answer to every question in

portuguese ,

a language in which I am fluent, and I understood everything.

2. ☒ At my request, the preparer named in **Part 5.,**

Otavio Haverroth Silva ,

prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

+14257508937

4. Applicant's Mobile Telephone Number (if any)

+14257508937

5. Applicant's Email Address (if any)

danyfariaarantes@hotmail.com

6. ☐ Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

1) I reviewed and understood all of the information contained in, and submitted with, my application; and

2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

Applicant's Signature

7.a. Applicant's Signature

➡ Daniella Faria Arantes

7.b. Date of Signature (mm/dd/yyyy) 01/15/2026

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

INACIO PENNA MELLO

1.b. Interpreter's Given Name (First Name)

Andre Vinicius

2. Interpreter's Business or Organization Name (if any)

HS Law Corp

Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Mailing Address

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code: 92169

3.f. Province:

3.g. Postal Code:

3.h. Country: USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number: 4154252508

5. Interpreter's Mobile Telephone Number (if any): 4154252508

6. Interpreter's Email Address (if any): andre@yousalaw.com

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and portuguese, which is the same language specified in **Part 3.**, **Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature

7.b. Date of Signature (mm/dd/yyyy): 01/15/2026

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name): HAVERROTH SILVA

1.b. Preparer's Given Name (First Name): Otavio

2. Preparer's Business or Organization Name (if any): HS Law Corp

Preparer's Mailing Address

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code: 92169

3.f. Province:

3.g. Postal Code:

3.h. Country: USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number: 5102419336

5. Preparer's Mobile Telephone Number (if any): 5102419336

6. Preparer's Email Address (if any): otavio@legalhs.com

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant (continued)

Preparer's Statement

7.a. ☐ I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.

7.b. ☒ I am an attorney or accredited representative and my representation of the applicant in this case ☒ extends ☐ does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy) 01/15/2026

Part 6. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name): **FARIA ARANTES**

1.b. Given Name (First Name): **Daniella**

1.c. Middle Name:

2. A-Number (if any) ► **A-**

3.a. Page Number **3.b.** Part Number **3.c.** Item Number

3.d.
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

4.a. Page Number **4.b.** Part Number **4.c.** Item Number

4.d.
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

5.a. Page Number **5.b.** Part Number **5.c.** Item Number

5.d.
N/A
N/A
N/A
N/A
N/A
N/A

6.a. Page Number **6.b.** Part Number **6.c.** Item Number

6.d.
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

7.a. Page Number **7.b.** Part Number **7.c.** Item Number

7.d.
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

YURI FARIA COSTA’S SIGNED FORMS

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶ 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name): HAVERROTH SILVA

2.b. Given Name (First Name): Otavio

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code: 92169 *(USPS ZIP Code Lookup)*

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

6. Email Address (if any): otavio@legalhs.com

7. Fax Number (if any): N/A

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority: California

1.b. Bar Number (if applicable): 343486

1.c. I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbarring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable): HS Law Corp

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization: N/A

2.c. Date of Accreditation (mm/dd/yyyy): N/A

3. ☐ I am associated with N/A, the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate: N/A

Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

I-130 I-765 I-485

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): FARIA COSTA

6.b. Given Name (First Name): Yuri

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

+1 425 205 0780

11. Mobile Telephone Number (if any)

+1 425 205 0780

12. Email Address (if any)

yurifariacosta@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

➡ Yuritania Costa

2.b. Date of Signature (mm/dd/yyyy) 01/15/2026

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) 01/15/2026

2.a. Signature of Law Student or Law Graduate

2.b. Date of Signature (mm/dd/yyyy) N/A

Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a Family Name (Last Name): FARIA COSTA

1.b. Given Name (First Name): Yuri

1.c. Middle Name: N/A

2.a. Page Number **2.b.** Part Number **2.c.** Item Number

2.d. N/A

3.a. Page Number **3.b.** Part Number **3.c.** Item Number

3.d. N/A

4.a. Page Number **4.b.** Part Number **4.c.** Item Number

4.d. N/A

5.a. Page Number **5.b.** Part Number **5.c.** Item Number

5.d. N/A

6.a. Page Number **6.b.** Part Number **6.c.** Item Number

6.d. N/A

Application to Register Permanent Residence or Adjust Status

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-485
OMB No. 1615-0023
Expires 10/31/2027

For USCIS Use Only

Preference Category:	**Receipt**	**Action Block**
Country Chargeable:		
Priority Date:		
Date Form I-693 Signed By Civil Surgeon:		

☐ Applicant Interviewed ☐ Interview Waived

Date of Initial Interview: _____

Lawful Permanent Resident as of: _____

Section of Law

☐ INA 209(a) ☐ INA 245(m)
☐ INA 209(b) ☐ INA 249
☐ INA 245(a) ☐ Sec. 13, Act of 9/11/57
☐ INA 245(i) ☐ Cuban Adjustment Act
☐ INA 245(j) ☐ Other _____

To be completed by an Attorney or Accredited Representative (if any).

☒ **Select this box if Form G-28 is attached.**	**Volag Number** (if any)	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
	N/A	343486	007492625438

► **START HERE - Type or print in black ink.** A-Number ► **A-** N / A

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, U.S. Citizenship and Immigration Services (USCIS) may reject or deny your application.

For all sections of this application, if you need to provide any additional information or are instructed to provide an explanation, use the space provided in **Part 14. Additional Information**.

Part 1. Information About You (Person applying for lawful permanent residence)

1. Your Current Legal Name (**Do not** provide a nickname)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
FARIA COSTA	Yuri	N/A

2. Other Names You Have Used Since Birth (if applicable)

Provide all other names you have ever used, including your family name at birth, other legal names, nicknames, aliases, and assumed names.

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A
N/A	N/A	N/A

3. Date of Birth (mm/dd/yyyy) 05/18/2007

Have you ever used any other date of birth? ☐ Yes ☒ No

If you answered "Yes," provide all other dates of birth (mm/dd/yyyy).

A-Number ► **A-**

Part 1. Information About You (Person applying for lawful permanent residence) (continued)

4. Do you have an Alien Registration Number (A-Number)? ☐ Yes ☒ No

If you answered "Yes," provide your A-Number.

A-Number (if any) ► **A-**

5. Have you ever used, or been assigned, any other A-Number? ☐ Yes ☒ No

If you answered "Yes," provide the A-Numbers.

6. Sex ☒ Male ☐ Female

7. Place of Birth

City or Town of Birth: **Rio Verde**

Country of Birth: **Brazil**

8. Country of Citizenship or Nationality: **Brazil**

9. USCIS Online Account Number (if any)

► **N / A**

If one has been assigned, you can find it on a notice that USCIS may have sent to you.

10. Recent Immigration History

If you last entered the United States using a passport or travel document, provide the following information.

Passport or Travel Document Number Used at Last Arrival: **FV750612**

Expiration Date of this Passport or Travel Document (mm/dd/yyyy): **04/17/2023**

Country that Issued this Passport or Travel Document: **Brazil**

Nonimmigrant Visa Number Used During Most Recent Arrival (if any): **N3766707**

Date Nonimmigrant Visa Was Issued (mm/dd/yyyy): **07/18/2018**

Place and Date of Last Arrival into the United States

City or Town: **Miami**

State: **FL**

Date of Last Arrival (mm/dd/yyyy): **09/12/2018**

11. When I last arrived in the United States:

☒ I was inspected at a Port of Entry and admitted as (for example, exchange visitor, visitor, temporary worker, student): **Visitor**

☐ I was inspected at a Port of Entry and paroled as (for example, humanitarian parole, Cuban parole):

☐ I came into the United States without admission or parole.

☐ Other:

Part 1. Information About You (Person applying for lawful permanent residence) (continued)

12. If you were issued a Form I-94 Arrival/Departure Record, provide the information from your most recent Form I-94 below:

Family Name (Last Name): FARIA COSTA

Given Name (First Name): Yuri

Form I-94 Arrival/Departure Record Number ► 47341827656

Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status: 03/11/2019

Immigration Status on Form I-94 (for example, class of admission, or paroled, if paroled): B2

13. Was your last arrival the first time you were physically present in the United States? ☒ Yes ☐ No

14. What is your current immigration status (if it has changed since your last arrival)? No legal status

15. Expiration Date of Current Immigration Status (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status: N/A

16. Have you ever been issued an "alien crewman" visa? ☐ Yes ☒ No

17. Did you last arrive in the United States to join a vessel as a seaman or crewman, or while serving in any capacity aboard a vessel or aircraft? ☐ Yes ☒ No

18. Addresses

Current U.S. Physical Address

In Care Of Name (if any): Daniella Faria Arantes

Street Number and Name: 16720 North Rd

Apt. ☒ Ste. ☐ Flr. ☐ Number: C208

City or Town: Bothell

State: WA

ZIP Code: 98012

Date You First Resided at This Address (mm/dd/yyyy): 08/01/2022

Is this your current mailing address? ☐ Yes ☒ No

If you answered "No," provide your current mailing address.

Current Mailing Address (Safe or Alternate Mailing Address, if applicable)

In Care Of Name (if any): Otavio Haverroth Silva

Street Number and Name: PO Box 90487

Apt. ☐ Ste. ☐ Flr. ☐ Number:

City or Town: San Diego

State: CA

ZIP Code: 92169

Part 1. Information About You (Person applying for lawful permanent residence) (continued)

Have you resided at your current address for at least 5 years? ☐ Yes ☒ No

If you answered "No," provide your prior address(es) for the last 5 years. Use the space provided in **Part 14. Additional Information**, if necessary.

Prior Address

In Care Of Name (if any)

N/A

Street Number and Name: 16720 6th Avenue | Apt. Ste. Flr. Number: ☒ Apt ☐ Ste ☐ Flr | D202

City or Town: Lynwood | State: WA | ZIP Code: 98037

Province: | Postal Code: | Country: USA

Dates of Residence

From (mm/dd/yyyy): 02/11/2021 To (mm/dd/yyyy): 07/31/2022

Most Recent Address Outside the United States

Provide your most recent physical address outside the United States where you lived for more than one year (if not already listed above).

Street Number and Name: Rua 140 QD 12 Lt 14 | Apt. Ste. Flr. Number: ☐ Apt ☐ Ste ☐ Flr |

City or Town: Rio Verde | State: | ZIP Code:

Province: Goias | Postal Code: 75908240 | Country: Brazil

Dates of Residence

From (mm/dd/yyyy): 08/01/2014 To (mm/dd/yyyy): 09/10/2018

19. Social Security Card

Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? ☐ Yes ☒ No

If you answered "Yes," provide your U.S. Social Security Number (SSN). ►

Do you want the SSA to issue you a Social Security card? ☒ Yes ☐ No

If you answered "Yes," you must also answer "Yes" to the **Consent for Disclosure** below.

Consent for Disclosure: I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security Card. ☒ Yes ☐ No

A-Number ► **A-**

Part 2. Application Type or Filing Category

1. Are you filing for adjustment of status with the Executive Office for Immigration Review (EOIR) while in removal, exclusion, rescission, or deportation proceedings? ☐ Yes ☒ No

2. Receipt Number of Underlying Petition (if any)

N/A

Priority Date from Underlying Petition (if any) (mm/dd/yyyy) N/A

I am filing this Form I-485 as a (select **only one** box):

☒ Principal Applicant

☐ Derivative Applicant (Provide the following information about the principal applicant.)

Principal Applicant's Name

Family Name (Last Name): N/A

Given Name (First Name): N/A

Middle Name (if applicable): N/A

Principal Applicant's A-Number (if any) ► A- N / A

Principal Applicant's Date of Birth (mm/dd/yyyy) N/A

I am applying based on the following category (You must select **ONLY ONE** category. If you are filing as a derivative applicant, select the appropriate box based on the category under which the principal applicant is applying or has applied. See the Form I-485 Instructions for more information, including any **Additional Instructions** that relate to the immigrant category you select.):

3.a. Family-based

Immediate relative of a U.S. citizen, Form I-130, I-129F, or I-360 (select your specific category below):

☐ Spouse of a U.S. Citizen.

☒ Unmarried child under 21 years of age of a U.S. citizen.

☐ Parent of a U.S. citizen (if the citizen is at least 21 years of age).

☐ Person admitted to the United States as a fiancé(e) or child of a fiancé(e) of a U.S. citizen (K-1/K-2 Nonimmigrant).

☐ Widow or widower of a U.S. citizen.

☐ Spouse, child, or parent of a deceased U.S. active-duty service member in the armed forces under the National Defense Authorization Act (NDAA).

Other relative of a U.S. citizen under the family-based preference categories, Form I-130 (select your specific category below):

☐ Unmarried son or daughter of a U.S. citizen and I am 21 years of age or older.

☐ Married son or daughter of a U.S. citizen.

☐ Brother or sister of a U.S. citizen (if the citizen is at least 21 years of age).

Relative of a lawful permanent resident under the family-based preference categories, Form I-130 (select your specific category below):

☐ Spouse of a lawful permanent resident.

☐ Unmarried child under 21 years of age of a lawful permanent resident.

☐ Unmarried son or daughter of a lawful permanent resident and I am 21 years of age or older.

VAWA self-petitioner (victim of battery or extreme cruelty), Form I-360 (select your specific category below):

☐ VAWA self-petitioning spouse of a U.S. citizen or lawful permanent resident.

☐ VAWA self-petitioning child of a U.S. citizen or lawful permanent resident.

☐ VAWA self-petitioning parent of a U.S. citizen (if the citizen is at least 21 years of age).

Part 2. Application Type or Filing Category (continued)

3.b. Employment-based

☐ Alien Investor, Form I-526 or Form I-526E

Alien Workers, Form I-140 (select your category below and answer the following questions below, as applicable):

☐ Alien of Extraordinary Ability

☐ Outstanding Professor or Researcher

☐ Multinational Executive or Manager

☐ Member of the Professions Holding an Advanced Degree or Alien of Exceptional Ability (who is NOT seeking a National Interest Waiver)

☐ A Professional (at a minimum, requiring a bachelor's degree or a foreign degree equivalent to a U.S. bachelor's degree)

☐ A Skilled Worker (requiring at least 2 years of specialized training or experience)

☐ Any Other Worker (requiring less than 2 years of training or experience)

☐ An Alien Applying For a National Interest Waiver (who IS a member of the professions holding an advanced degree or an alien of exceptional ability)

Did a relative file the associated Form I-140 for you (or for the principal applicant if you are a derivative applicant) or does a relative have a significant ownership interest (5 percent or more) in the business that filed Form I-140 for you (or for the principal applicant, if you are a derivative applicant)?

☐ N/A (I am adjusting on the basis of a Form I-140 self-petition)

☐ No

☐ Yes

If you answered "Yes," is this relative your (select **only one** box):

☐ Father ☐ Mother ☐ Child ☐ Adult Son ☐ Adult Daughter ☐ Brother ☐ Sister

☐ None of These

Is the relative above a:

☐ U.S. Citizen ☐ U.S. National ☐ Lawful Permanent Resident ☐ None of These

3.c. Special Immigrant

☐ Special Immigrant Juvenile, Form I-360

☐ Certain Afghan or Iraqi National, Form I-360 or Form DS-157

☐ Certain International Broadcaster, Form I-360

☐ Certain G-4 International Organization or Family Member or NATO-6 Employee or Family Member, Form I-360

☐ Certain U.S. Armed Forces Members (also known as the Six and Six program), Form I-360

☐ Panama Canal Zone Employees, Form I-360

☐ Certain Physicians, Form I-360

☐ Certain Employee or Former Employee of the U.S. Government Abroad, DS-1884

Religious Worker, Form I-360 (select your specific category below):

☐ Minister of Religion

☐ Other Religious Worker

Part 2. Application Type or Filing Category (continued)

3.d. Asylee or Refugee

☐ Asylum Status (Immigration and Nationality Act (INA) section 208), Form I-589 or Form I-730

If you selected asylum, date you were granted asylum (mm/dd/yyyy).

☐ Refugee Status (INA section 207), Form I-590 or Form I-730

If you selected refugee, date of initial admission as refugee (mm/dd/yyyy).

3.e. Human Trafficking Victim or Crime Victim

☐ Human Trafficking Victim (T Nonimmigrant), Form I-914 or Derivative Family Member, Form I-914A

☐ Victim of Qualifying Criminal Activity (U Nonimmigrant), Form I-918, Derivative Family Member, Form I-918A, or Qualifying Family Member, Form I-929

3.f. Special Programs Based on Certain Public Laws

☐ The Cuban Adjustment Act

☐ A Victim of Battery or Extreme Cruelty as a Spouse or Child Under the Cuban Adjustment Act

☐ Applicant Adjusting Based on Dependent Status Under the Haitian Refugee Immigrant Fairness Act

☐ A Victim of Battery or Extreme Cruelty as a Spouse or Child Applying Based on Dependent Status Under the Haitian Refugee Immigrant Fairness Act

☐ Lautenberg Parolees

☐ Diplomats or High-Ranking Officials Unable to Return Home (Section 13 of the Act of September 11, 1957)

☐ Nationals of Vietnam, Cambodia, and Laos Applying for Adjustment of Status Under section 586 of Public Law 106-429

☐ Applicant Adjusting Under the Amerasian Act (October 22, 1982), Form I-360

3.g. Additional Options

☐ Diversity Visa program

If you selected Diversity Visa program, provide your Diversity Visa Rank Number:

☐ Continuous Residence in the United States Since Before January 1, 1972 ("Registry")

☐ Individual Born in the United States Under Diplomatic Status

☐ S Nonimmigrants and Qualifying Family Members (can only adjust in this category with an approved Form I-854B filed by a law enforcement officer)

☐ Other Eligibility

4. If you selected a family-based, employment-based, special immigrant, or Diversity Visa immigrant category listed above in **Item Numbers 3.a. - 3.g.** as the basis for your application for adjustment of status, are you applying for adjustment based on INA section 245(i)? ☐ Yes ☒ No

5. Are you 21 years of age or older and applying for adjustment based on classification as a child, under the provisions of the Child Status Protection Act (CSPA)? ☒ Yes ☐ No

NOTE: For more information to determine if you are eligible under CSPA, see the **Who May File Form I-485** section of these Instructions.

Part 3. Request for Exemption for Intending Immigrant's Affidavit of Support Under Section 213A of the INA

I am requesting an exemption from submitting an Affidavit of Support Under Section 213A of the INA (Form I-864 or Form I-864EZ) because (select **only one**):

1.a. ☐ I have earned or can receive credit for 40 qualifying quarters (credits) of work in the United States (as defined by the Social Security Act (SSA)). (Attach your SSA earnings statements. Do not count any quarters during which you received a means-tested public benefit.)

1.b. ☐ I am under 18 years of age, unmarried, the child of a U.S. citizen, am not likely to become a public charge, and will automatically become a U.S. citizen under INA section 320, upon my admission as a lawful permanent resident.

1.c. ☐ I am applying under the widow or widower of a U.S. citizen (Form I-360) immigrant category.

1.d. ☐ I am applying as a VAWA self-petitioner.

1.e. ☐ None of these exemptions apply to me and I am not required by statute to submit an Affidavit of Support Under Section 213A of the INA, nor am I required to request an exemption.

1.f. ☒ None of these exemptions apply to me and I am not requesting an exemption as I am required to submit an Affidavit of Support Under Section 213A of the INA.

Part 4. Additional Information About You

1. Have you ever applied for an immigrant visa to obtain permanent resident status at a U.S. Embassy or U.S. Consulate abroad? ☐ Yes ☒ No

If you answered "Yes," complete **Item Numbers 2. - 4.** below.

2. Location of U.S. Embassy or U.S. Consulate

City or Town

Country

3. Decision (for example, approved, refused, denied, withdrawn)

4. Date of Decision (mm/dd/yyyy)

5. Have you previously applied for permanent residence while in the United States? ☐ Yes ☒ No

6. Have you **EVER** held lawful permanent resident status which was later rescinded under INA section 246? ☐ Yes ☒ No

Employment and Educational History

7. Provide **ALL** of your employment and educational history for the last 5 years as indicated in the Instructions. Provide your current employment or school attended first. Include periods of self-employment, unemployment, or retirement. For each period of unemployment or retirement, list source of financial support. If you have additional employment or educational history, use the space provided in **Part 14. Additional Information**.

Employer or School (current or most recent)

N/A

Name of Employer, Company, or School

N/A

Your Occupation (if unemployed or retired, so state)

Unemployed

Part 4. Additional Information About You (continued)

Address of Employer, Company, or School

Street Number and Name: N/A | Apt. Ste. Flr. Number:

City or Town: N/A | State: | ZIP Code: N/A

Province: | Postal Code: | Country: USA

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy): 01/22/2026 To (mm/dd/yyyy): PRESENT

If unemployed or retired, source of financial support:

Financial Support is provided by the applicant's mother and stepfather

8. Provide your most recent employer or school outside of the United States (if not already listed above).

Name of Employer, Company, or School: Colegio Apice | Your Occupation (if unemployed or retired, so state): Student

Address of Employer, Company, or School

Street Number and Name: Rua 21 | Apt. Ste. Flr. Number:

City or Town: Rio Verde | State: | ZIP Code:

Province: Goias | Postal Code: 7907370 | Country: Brazil

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy): 01/01/2012 To (mm/dd/yyyy): 09/09/2018

If unemployed or retired, source of financial support:

Financial Support was provided by the applicant's mother

Part 5. Information About Your Parents

Information About Your Parent 1

1. Parent 1's Legal Name

Family Name (Last Name): FARIA ARANTES | Given Name (First Name): Daniella | Middle Name (if applicable): N/A

2. Parent 1's Name at Birth (if different than above)

Family Name (Last Name): N/A | Given Name (First Name): N/A | Middle Name (if applicable): N/A

3. Date of Birth (mm/dd/yyyy): 03/04/1985

Part 5. Information About Your Parents (continued)

4. Country of Birth

Brazil

Information About Your Parent 2

5. Parent 2's Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
ALMEIDA COSTA	Samuel	N/A

6. Parent 2's Name at Birth (if different than above)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

7. Date of Birth (mm/dd/yyyy) 03/09/1983

8. Country of Birth

Brazil

Part 6. Information About Your Marital History

1. What is your current marital status?

☒ Single, Never Married ☐ Married ☐ Divorced ☐ Widowed ☐ Marriage Annulled ☐ Legally Separated

2. If you are married, is your spouse a current member of the U.S. armed forces or U.S. Coast Guard? ☒ N/A ☐ Yes ☐ No

3. How many times have you been married (including your current marriage, marriages abroad, annulled marriages, and marriages to the same person)? 0

Information About Your Current Marriage (including if you are legally separated)

4. Current Spouse's Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

5. Current Spouse's A-Number (if any)

► A-

6. Current Spouse's Date of Birth (mm/dd/yyyy) N/A

7. Current Spouse's Country of Birth

N/A

8. Current Spouse's Current Physical Address

Street Number and Name: N/A

Apt. ☐ Ste. ☐ Flr. ☐ Number

City or Town: N/A

State: N/A

ZIP Code: N/A

Province: N/A

Postal Code: N/A

Country: N/A

Part 6. Information About Your Marital History (continued)

9. Place of Marriage to Current Spouse

City or Town: N/

State or Province: N/A

Country: N/A

Date of Marriage to Current Spouse (mm/dd/yyyy): N/A

10. Is your current spouse applying with you? ☐ Yes ☐ No

Information About Prior Marriages (if any)

11. Prior Spouse's Legal Name (provide family name before marriage)

Family Name (Last Name): N/A

Given Name (First Name): N/A

Middle Name (if applicable): N/A

12. Prior Spouse's Date of Birth (mm/dd/yyyy): N/A

13. Prior Spouse's Country of Birth: N/A

14. Prior Spouse's Country of Citizenship or Nationality: N/A

15. Date of Marriage to Prior Spouse's (mm/dd/yyyy): N/A

16. Place of Marriage to Prior Spouse

City or Town: N/A

State or Province: N/A

Country: N/A

17. Place Where Marriage with Prior Spouse Legally Ended

City or Town: N/A

State or Province: N/A

Country: N/A

Date of Marriage with Prior Spouse Legally Ended (mm/dd/yyyy): N/A

18. How Marriage Ended with Prior Spouse (select one):

☐ Annulled ☐ Divorced ☐ Spouse Deceased ☐ Other (Explain):

Part 7. Information About Your Children

1. Indicate the total number of ALL living children anywhere in the world (including adult sons and daughters) that you have.

NOTE: The term "children" includes all biological or legally adopted children, as well as current stepchildren, of any age, whether born in the United States or other countries, married or unmarried, living with you or elsewhere and includes any missing children and those born to you outside of marriage.

0

Provide the following information for each of your children. If you have more than two children, use the space provided in **Part 14. Additional Information**.

2. Child 1

Current Legal Name

Family Name (Last Name): N/A

Given Name (First Name): N/A

Middle Name (if applicable): N/A

A-Number (if any) ► A-

Date of Birth (mm/dd/yyyy): N/A

Country of Birth: N/A

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child): N/A

Is this child also applying now on a separate Form I-485? ☐ Yes ☐ No

3. Child 2

Current Legal Name

Family Name (Last Name): N/A

Given Name (First Name): N/A

Middle Name (if applicable): N/A

A-Number (if any) ► A-

Date of Birth (mm/dd/yyyy): N/A

Country of Birth: N/A

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child): N/A

Is this child also applying now on a separate Form I-485? ☐ Yes ☐ No

Part 8. Biographic Information

1. Ethnicity (Select **only one** box)

☒ Hispanic or Latino ☐ Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander ☒ White

3. Height Feet 5 Inches 8 **4.** Weight Pounds 1 1 0

5. Eye Color (Select **only one** box)

☐ Black ☐ Blue ☒ Brown ☐ Gray ☐ Green ☐ Hazel ☐ Maroon ☐ Pink ☐ Unknown/Other

6. Hair Color (Select **only one** box)

☐ Bald (No hair) ☐ Black ☒ Blond ☐ Brown ☐ Gray ☐ Red ☐ Sandy ☐ White ☐ Unknown/Other

Part 9. General Eligibility and Inadmissibility Grounds

Choose the answer that you think is correct in **Part 9.** If you answer "Yes" to any questions **(or if you answer "No," but are unsure of your answer)**, provide an explanation of the events and circumstances in the space provided in **Part 14. Additional Information**.

1. Have you **EVER** been a member of, involved in, or in any way associated with any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other location in the world? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 1.**, complete **Item Numbers 2. - 9.** If you were a member of more than two organizations, use the space provided in **Part 14. Additional Information**.

Organization 1

2. Name of Organization

3. City or Town

State or Province

Country

4. Nature of Organization, including its purposes and activities, whether illicit or legitimate.

Nature of involvement in organization, including role or positions(s) held, whether illicit or legitimate.

5. Dates of Membership or Dates of Involvement

From (mm/dd/yyyy) To (mm/dd/yyyy)

Organization 2

6. Name of Organization

Part 9. General Eligibility and Inadmissibility Grounds (continued)

7. City or Town

State or Province

Country

8. Nature of Organization, including its purposes and activities, whether illicit or legitimate.

Nature of involvement in organization, including role or positions(s) held, whether illicit or legitimate.

9. Dates of Membership or Dates of Involvement

From (mm/dd/yyyy) To (mm/dd/yyyy)

10.	Have you **EVER** been denied admission to the United States?	☐ Yes	☒ No
11.	Have you **EVER** been denied a visa to the United States?	☐ Yes	☒ No
12.	Have you **EVER** worked in the United States without authorization?	☒ Yes	☐ No
13.	Have you **EVER** violated the terms or conditions of your nonimmigrant status?	☒ Yes	☐ No
14.	Are you presently or have you **EVER** been in removal, exclusion, rescission, or deportation proceedings, including expedited removal proceedings?	☐ Yes	☒ No
15.	Have you **EVER** been issued a final order of exclusion, deportation, or removal?	☐ Yes	☒ No
16.	Have you **EVER** had a prior final order of exclusion, deportation, or removal reinstated?	☐ Yes	☒ No
17.	Have you **EVER** been granted voluntary departure by an immigration officer or an immigration judge but failed to depart within the allotted time?	☐ Yes	☒ No
18.	Have you **EVER** applied for any kind of relief or protection from removal, exclusion, or deportation?	☐ Yes	☒ No
19.	Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement?	☐ Yes	☒ No
20.	If you answered "Yes" to **Item Number 19.**, have you complied with the foreign residence requirement?	☐ Yes	☐ No
21.	If you answered "Yes" to **Item Number 19.** and "No" to **Item Number 20.**, have you been granted a waiver or has Department of State issued a favorable waiver recommendation letter for you?	☐ Yes	☐ No

Criminal Acts and Violations

For **Item Numbers 22. - 41.**, you must answer "Yes" to any question that applies to you, even if your records were sealed or otherwise cleared, or even if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. You must also answer "Yes" to the following questions whether the action or offense occurred here in the United States or anywhere else in the world. If you answer "Yes" to **Item Numbers 22. - 41.**, use the space provided in **Part 14. Additional Information** to provide an explanation for each offense, if applicable, that includes a description of the criminal offense; where the criminal offense occurred; when the criminal offense occurred; whether you were arrested, cited, charged, or detained for the criminal offense you committed; and the outcome or disposition of that criminal offense (for example, convicted, placement in a diversion program, no charges filed, charges dismissed, jail, prison, detention, probation, or community service). Your explanation must include the duration of any sentence to confinement (even if suspended).

22.	Have you **EVER** been arrested, cited, charged, or permitted to participate in a diversion program (including pre-trial diversion, deferred prosecution, deferred adjudication, or any withheld adjudication), or detained for any reason by any law enforcement official in any country including but not limited to any U.S. immigration official or any official of the U.S. armed forces or U.S. Coast Guard or by a similar official of a country other than the United States?	☐ Yes	☒ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

23. Have you **EVER** committed a crime of any kind (even if you were not arrested, cited, charged with, or tried for that crime, or convicted)? ☐ Yes ☒ No

24. Have you **EVER** pled guilty to or been convicted of a crime or offense (even if the violation was subsequently expunged or sealed by a court, or if you were granted a pardon, amnesty, a rehabilitation decree, or other act of clemency)? ☐ Yes ☒ No

NOTE: If you were the beneficiary of a pardon, amnesty, a rehabilitation decree, or other act of clemency, provide documentation of that post-conviction action.

25. Have you **EVER** been ordered punished by a judge or had conditions imposed on you that restrained your liberty (such as a prison sentence, suspended sentence, house arrest, parole, alternative sentencing, drug or alcohol treatment, rehabilitative programs or classes, probation, or community service)? ☐ Yes ☒ No

26. Have you **EVER** violated (or attempted or conspired to violate) any controlled substance law or regulation of a state, the United States, or a foreign country? ☐ Yes ☒ No

27. Have you **EVER** trafficked in or benefited from, or knowingly aided, abetted, assisted, conspired or colluded in the illegal trafficking of any controlled substances, such as chemicals, illegal drugs, or narcotics? ☐ Yes ☒ No

28. Are you the spouse, son, or daughter of an alien who illicitly trafficked or aided (or otherwise abetted, assisted, conspired, or colluded) in the illicit trafficking of a controlled substance, such as chemicals, illegal drugs, or narcotics and you obtained, within the last 5 years, any financial or other benefit from this activity of your spouse or parent? ☐ Yes ☒ No

29. If your answer to **Item Number 28.** is "Yes," did you know or should you have reasonably known that the financial or other benefit you obtained resulted from this activity of your spouse or parent? ☐ Yes ☐ No

30. Have you **EVER** engaged in prostitution or are you coming to the United States to engage in prostitution? ☐ Yes ☒ No

31. Have you **EVER** directly or indirectly procured or attempted to procure, or imported prostitutes or persons for the purpose of prostitution? ☐ Yes ☒ No

32. Have you **EVER** received any proceeds or money from prostitution? ☐ Yes ☒ No

33. Do you intend to engage in illegal gambling or any other form of commercialized vice, such as prostitution, bootlegging, or the sale of child pornography, while in the United States? ☐ Yes ☒ No

34. Have you **EVER** exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a criminal offense in the United States? ☐ Yes ☒ No

35.a. Have you **EVER** served as a foreign government official? ☐ Yes ☒ No

35.b. If your answer to **Item Number 35.a.** is "Yes," have you **EVER** been responsible for, enforced, or directly carried out violations of religious freedoms? ☐ Yes ☐ No

36. Have you **EVER** induced by force, fraud, or coercion (or otherwise been involved in) the trafficking of another person for commercial sex acts (sex trafficking)? ☐ Yes ☒ No

NOTE: Sex trafficking involves inducing or causing an adult to engage in a commercial sex act (any sex act performed for anything of value) through fraud, force, or coercion, or inducing or causing any person under 18 years of age to engage in a commercial sex act (even without force, fraud, or coercion). Sex trafficking may include recruiting, enticing, harboring, transporting, providing, obtaining, advertising, maintaining, patronizing, or soliciting by any means a person to engage in the commercial sex act knowing (or, in the case of advertising, with reckless disregard of the fact) that the person is under 18 years of age or that force, fraud, or coercion was used to induce or cause the person to engage in the commercial sex act. Sex trafficking may also include knowingly benefiting financially or by receiving anything of value, from participation in a venture involving sex trafficking.

37. Have you **EVER** trafficked a person into involuntary servitude, peonage, debt bondage, or slavery? Trafficking includes recruiting, harboring, transporting, providing, or obtaining a person for labor or services through the use of force, fraud, or coercion. ☐ Yes ☒ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

38. Have you **EVER** knowingly aided, abetted, assisted, conspired, or colluded with others in trafficking in persons for commercial sex acts or involuntary servitude, peonage, debt bondage, or slavery? ☐ Yes ☒ No

39. Are you the spouse, son, or daughter of an alien who engaged in the trafficking in persons and have received or obtained, within the last 5 years, any financial or other benefits from this activity of your spouse or your parent? ☐ Yes ☒ No

40. If your answer is "Yes" to **Item Number 39.**, did you know or reasonably should have known that this benefit resulted from this activity of your spouse or parent? ☐ Yes ☐ No

41. Have you **EVER** engaged in money laundering or have you **EVER** knowingly aided, assisted, abetted, conspired, or colluded with others in money laundering or do you seek to enter the United States to engage in such activity? ☐ Yes ☒ No

Security and Related

Do you intend to:

42.a. Engage in any activity that violates or evades any law relating to espionage (including spying) or sabotage in the United States? ☐ Yes ☒ No

42.b. Engage in any activity in the United States that violates or evades any law prohibiting the export from the United States of goods, technology, or sensitive information? ☐ Yes ☒ No

42.c. Engage in any activity whose purpose includes opposing, controlling, or overthrowing the U.S. Government by force, violence, or other unlawful means while in the United States? ☐ Yes ☒ No

42.d. Engage in any other unlawful activity? ☐ Yes ☒ No

Have you **EVER**:

43.a. Received any weapons training, paramilitary training, or other military-type training? ☐ Yes ☒ No

43.b. Committed kidnapping, assassination, or hijacking or sabotage of a conveyance (including an aircraft, vessel, vehicle, or train)? ☐ Yes ☒ No

43.c. Used a weapon or explosive or any dangerous device with the intent to endanger the safety of another person or people or cause damage to property? ☐ Yes ☒ No

43.d. Threatened, attempted, conspired, prepared, or planned to do any of the things described in **Item Numbers 43.b. - 43.c.**? ☐ Yes ☒ No

43.e. Incited, under circumstances indicating an intention to cause death or serious bodily harm/injury, any of the activities described in **Item Numbers 43.b. - 43.c.?** ☐ Yes ☒ No

43.f. Participated in, or been a member of, a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

43.g. Recruited members or asked for money or things of value for a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

43.h. Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

43.i. Provided money, a thing of value, services or labor, or any other assistance or support for an individual, group, or organization who did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

44. Do you intend to engage in any of the activities listed in any part of **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

45. Do you intend to engage in any activity that could endanger the welfare, safety, or security of the United States? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any part of **Item Numbers 42.a. - 45.**, explain what you did, including the dates and location of the circumstances, or what you intend to do in the space provided in **Part 14. Additional Information**.

Part 9. General Eligibility and Inadmissibility Grounds (continued)

46. Are you the spouse or child of an individual who **EVER** engaged in any of the activities listed in **Item Numbers 43.b. - 43.i.**? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any part of **Item Number 46.**, explain what your parent or spouse did, including the dates and location of the circumstances in **Part 14. Additional Information**.

47. Have you **EVER** sold, provided, or transported weapons, or assisted any person in selling, providing, or transporting weapons, which you knew or believed would be used against another person? ☐ Yes ☒ No

48. Have you **EVER** worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other place where people were detained, or have you **EVER** directed or participated in any other activity that involved detaining people? ☐ Yes ☒ No

49. Have you **EVER** been a member of, assisted, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? ☐ Yes ☒ No

50. Have you **EVER** served in, been a member of, assisted (helped), or participated in any military or police unit? ☐ Yes ☒ No

51. Have you **EVER** served in, been a member of, assisted (helped), or participated in any armed group (a group that carries weapons), for example: paramilitary unit (a group of people who act like a military group, but are not part of the official military), self-defense unit, vigilante unit, rebel group, or guerrilla group? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 50.** or **51.**, include the name of the country, the name of the military unit or armed group, your rank or position, and your dates of involvement in your explanation in **Part 14. Additional Information**.

52. Have you **EVER** been a member of, or in any way affiliated with, the Communist Party or any totalitarian party (in the United States or abroad)? ☐ Yes ☒ No

Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

53.a. Torture? ☐ Yes ☒ No

53.b. Genocide? ☐ Yes ☒ No

53.c. Killing, or trying to kill, any person? ☐ Yes ☒ No

53.d. Intentionally and severely injuring or trying to injure any person? ☐ Yes ☒ No

54. Have you **EVER** recruited, enlisted, conscripted, or used any person under 15 years of age to take part in hostilities or to serve in or help an armed force or group, or attempted or worked with others to do so? ☐ Yes ☒ No

55. Have you **EVER** used any person under 15 years of age to take part in hostilities, for instance, participating in combat or providing services related to combat (such as sabotage or serving as a courier) or providing support services (such as transporting supplies), or attempted or worked with others to do so? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any part of **Item Numbers 47. - 55.**, explain what occurred, including the dates and location of the circumstances, in the space provided in **Part 14. Additional Information**.

Part 9. General Eligibility and Inadmissibility Grounds (continued)

Public Charge

Each alien who is subject to the public charge ground of inadmissibility in INA section 212(a)(4) must complete **Item Numbers 57. - 66.** An alien is subject to the public charge ground of inadmissibility if the alien does not fall under one of the categories exempt from the public charge ground of inadmissibility listed below. If you fall under one of the exempt categories listed below, please select the exempt category, and skip **Item Numbers 57. - 66.** If you do not fall under one of the exempt categories listed below, select "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**"

NOTE: For more information, see **Part 9. General Eligibility and Inadmissibility Grounds, *Public Charge*** section of these Instructions.

56. I am exempt from the public charge ground of inadmissibility because I am a/an (select **only one** box):

- ☐ VAWA Self-Petitioner (Form I-360)
- ☐ Special Immigrant Juvenile (Form I-360)
- ☐ Certain Afghan or Iraqi National (Form I-360 or Form DS-157)
- ☐ Asylee (Form I-589 or Form I-730)
- ☐ Refugee (Form I-590 or Form I-730)
- ☐ Victim of Qualifying Criminal Activity (U Nonimmigrant) under INA section 245(m) (Form I-918, Form I-918A, or Form I-929)
- ☐ Any category other than INA section 245(m), but you are in valid U nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if, at the time of the adjudication of Form I-485, you are still in valid U nonimmigrant status. If, at the time of adjudication of Form I-485, you are no longer in valid U nonimmigrant status, you will be subject to the public charge ground of inadmissibility.)
- ☐ Human Trafficking Victim (T nonimmigrant) under INA section 245(l) (Form I-914 or Form I-914A)
- ☐ Any category other than INA section 245(l), but you either have a pending application for T nonimmigrant status (Form I-914) that sets forth a prima facie case for eligibility or are in valid T nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if your Form I-914 is still pending and deemed to be prima facie eligible or you are in valid T nonimmigrant status when we adjudicate your adjustment of status application.)
- ☐ Cuban Adjustment Act
- ☐ Cuban Adjustment Act for Battered Spouses and Children
- ☐ Dependent Status under the Haitian Refugee Immigrant Fairness Act
- ☐ Dependent Status under the Haitian Refugee Immigrant Fairness Act for Battered Spouses and Children
- ☐ Cuban and Haitian Entrants Applying for Adjustment of Status under section 202 of the Immigration Reform and Control Act of 1986
- ☐ A Lautenberg Parolee
- ☐ National of Vietnam, Cambodia, or Laos Applying under the Foreign Operations, Export Financing, and Related Programs
- ☐ Continuous Residence in the United States Since Before January 1, 1972 (“Registry”)
- ☐ Amerasian Homecoming Act
- ☐ Polish or Hungarian Parolee
- ☐ Nicaraguans and Other Central Americans under section 203 of the Nicaraguan Adjustment and Central American Relief Act (NACARA)
- ☐ American Indian Born in Canada (INA section 289) or the Texas Band of Kickapoo Indians of the Kickapoo Tribe of Oklahoma, Public Law 97-429 (Jan. 8, 1983)
- ☐ Section 7611 of the National Defense Authorization Act for Fiscal Year 2020 (Liberian Refugee Immigration Fairness)

Part 9. General Eligibility and Inadmissibility Grounds (continued)

☐ Syrian National Adjusting Status under Public Law 106-378

☐ Spouse, Child, or Parent of a U.S. Active-Duty Service Member in the Armed Forces under the National Defense Authorization Act (NDAA) (Form I-130 or Form I-360)

☒ I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66**.

If you selected "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**" in **Item Number 56.**, complete **Item Numbers 57. - 66.** below. If you selected an exempt category in **Item Number 56.,** go to **Item Number 67.** If you need extra space to complete this section, use the space provided in **Part 14. Additional Information**.

57. What is the size of your household? 5

58. Indicate your annual household income.

☐ $0-27,000 ☐ $27,001-52,000 ☒ $52,001-85,000 ☐ $85,001-141,000 ☐ Over $141,000

59. Identify the total value of your household assets.

☒ $0-18,400 ☐ $18,401-136,000 ☐ $136,001-321,400 ☐ $321,401-707,100 ☐ Over $707,100

60. Identify the total value of your household liabilities (including both secured and unsecured liabilities).

☐ $0 ☒ $1-10,100 ☐ $10,101-57,700 ☐ $57,701-186,800 ☐ Over $186,800

61. What is the highest degree or grade of school you have completed?

☐ Less than a high school diploma. If you select this option, indicate the highest grade of school you have completed.

☒ High school diploma, GED, or alternative credential ☐ 1 or more years of college credit, no degree

☐ Associate's degree ☐ Bachelor's degree ☐ Master's degree ☐ Professional degree (JD, MD, DMD, etc.)

☐ Doctorate degree

62. List your certifications, licenses, skills obtained through work experience, and educational certificates.

List of Certifications

63. Have you ever received Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), or state, Tribal, territorial, or local cash benefit programs for income maintenance (often called "General Assistance" in the state context, but which also exist under other names)? ☐ Yes ☒ No

64. Have you ever received long-term institutionalization at government expense? ☐ Yes ☒ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

65. If your answer to **Item Number 63.** is "Yes," list the specific benefit(s) you received, the start and end dates of each period of receipt, the dollar amount of benefits received, and whether you received the benefits while you were in an immigration category exempt from the public charge ground of inadmissibility.

Benefit Received	Start Date	End Date	Dollar Amount	In a Category Exempt from Public Charge
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

66. If your answer to **Item Number 64.** is "Yes," list the name, city, and state for each institution, the start and end dates of each period of institutionalization, the reason you were institutionalized, and whether you were institutionalized while you were in an immigration category exempt from the public charge ground of inadmissibility.

Institution Name/City/State	Date From	Date To	Reason	In a Category Exempt from Public Charge
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

Illegal Entries and Other Immigration Violations

67. Have you **EVER** failed or refused to attend or to remain in attendance at any removal proceeding filed against you on or after April 1, 1997? ☐ Yes ☒ No

NOTE: If your answer to **Item Number 67.** is "Yes," attach a written statement explaining why you failed or refused to attend or remain in attendance at the removal proceeding, including any explanation of a reasonable cause for that failure or refusal.

68. Have you **EVER** submitted altered, fraudulent, or counterfeit documentation to any U.S. Government official to obtain or attempt to obtain any immigration benefit, including a visa or entry into the United States? ☐ Yes ☒ No

69. Have you **EVER** lied about, concealed, or misrepresented any information on an application or petition to obtain a visa, other documentation required for entry into the United States, admission to the United States, or any other kind of immigration benefit? ☐ Yes ☒ No

70. Have you **EVER** falsely claimed to be a U.S. citizen (in writing or any other way)? ☐ Yes ☒ No

71. Have you **EVER** been a stowaway on a vessel or aircraft arriving in the United States? ☐ Yes ☒ No

72. Have you **EVER** knowingly encouraged, induced, assisted, abetted, or aided any alien to enter or to try to enter the United States illegally (alien smuggling)? ☐ Yes ☒ No

73. Are you under a final order of civil penalty for violating INA section 274C for use of fraudulent documents? ☐ Yes ☒ No

Removal, Unlawful Presence, or Illegal Reentry After Previous Immigration Violations

74. Have you **EVER** been excluded, deported, or removed from the United States or have you ever departed the United States on your own after having been ordered excluded, deported, or removed from the United States? ☐ Yes ☒ No

75. Have you **EVER** entered the United States without being inspected and admitted or paroled? ☐ Yes ☒ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

76. Since April 1, 1997, have you been unlawfully present in the United States? You were unlawfully present in the United States if you were present in the United States after the expiration of the period of stay authorized by the Department of Homeland Security (DHS) Secretary or were present in the United States without being admitted or paroled. ☒ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 76.**, give the dates of unlawful presence in the space provided in **Part 14. Additional Information**.

77. If you answered "Yes" to **Item Number 76.**, was a severe form of trafficking in persons at least one central reason for your unlawful presence in the United States? ☐ Yes ☒ No

NOTE: Severe trafficking in persons involves sex trafficking (the recruitment, harboring, transportation, provision, or obtaining of a person to commit a commercial sex act) induced by force, fraud, coercion, or in which the person is induced to perform such act has not reached 18 years of age, or the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Since April 1, 1997, have you **EVER** reentered or attempted to reenter the United States without being inspected and admitted or paroled after:

78.a. Having been unlawfully present in the United States for more than one year in the aggregate on or after April 1, 1997? You were unlawfully present in the United States for more than one year in the aggregate if you count all of the days during all of your stays that you were present in the United States after the expiration of the period of stay authorized by the DHS Secretary or were present in the United States without being admitted or paroled. ☐ Yes ☒ No

78.b. Having been deported, excluded, or removed from the United States? ☐ Yes ☒ No

Miscellaneous Conduct

79. Do you plan to practice polygamy in the United States? ☐ Yes ☒ No

80. Are you accompanying an alien who is inadmissible and who has been certified by a medical officer as helpless from sickness, mental or physical disability, or infancy, and who requires your protection or guardianship, as described in INA section 232(c)? ☐ Yes ☒ No

81. Have you **EVER** assisted in detaining, retaining, or withholding custody of a U.S. citizen child outside the United States from a person who has been granted custody of the child? ☐ Yes ☒ No

82. Have you **EVER** voted in violation of any Federal, state, or local constitutional provision, statute, ordinance, or regulation in the United States? ☐ Yes ☒ No

83. Have you **EVER** renounced U.S. citizenship to avoid being taxed by the United States? ☐ Yes ☒ No

Have you **EVER:**

84.a. Applied for exemption or discharge from training or service in the U.S. armed forces or in the U.S. National Security Training Corps on the ground that you are an alien? ☐ Yes ☒ No

84.b. Been relieved or discharged from such training or service on the ground that you are an alien? ☐ Yes ☒ No

84.c. Been convicted of desertion from the U.S. armed forces? ☐ Yes ☒ No

85. Have you **EVER** left or remained outside the United States to avoid or evade training or service in the U.S. armed forces in time of war or a period declared by the President to be a national emergency? ☐ Yes ☒ No

86. If you answered "Yes" to **Item Number 85.**, what was your nationality or immigration status immediately before you left (for example, U.S. citizen or national, lawful permanent resident, nonimmigrant, parolee, present without admission or parole, or any other status)?

A-Number ▶ A-

Part 10. Applicant's Contact Information, Certification, and Signature

Applicant's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number: +1 425 205 0780
2. Applicant's Mobile Telephone Number (if any): +1 425 205 0780
3. Applicant's Email Address (if any): yurifariacosta@gmail.com

Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 11.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature ➡ Yuri Faria Costa — Date of Signature (mm/dd/yyyy): 01/15/2026

Part 11. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

1. Interpreter's Family Name (Last Name): INACIO PENNA MELLO — Interpreter's Given Name (First Name): Andre Vinicius
2. Interpreter's Business or Organization Name: HS Law Corp

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number: 4154252508
4. Interpreter's Mobile Telephone Number (if any): 4154252508
5. Interpreter's Email Address (if any): andre@yousalaw.com

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and portuguese, and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that he or she understood every instruction, question, and answer on the application.

6. Interpreter's Signature — Date of Signature (mm/dd/yyyy): 01/15/2026

A-Number ► **A-**

Part 12. Contact Information, Certification, and Signature of the Person Preparing this Application, if Other Than the Applicant

Preparer's Full Name

1. Preparer's Family Name (Last Name)
HAVERROTH SILVA

Preparer's Given Name (First Name)
Otavio

2. Preparer's Business or Organization Name
HS Law Corp

Preparer's Contact Information

3. Preparer's Daytime Telephone Number
5102419336

4. Preparer's Mobile Telephone Number (if any)
5102419336

5. Preparer's Email Address (if any)
otavio@legalhs.com

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this application for the applicant at his or her request and with express consent and that all of the responses and information contained in and submitted with the application are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the application.

6. Preparer's Signature

Date of Signature (mm/dd/yyyy)
01/15/2026

NOTE: Do not complete Part 13. until the USCIS Officer instructs you to do so at the interview.

Part 13. Signature at Interview

I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this Form I-485, Application to Register Permanent Residence or Adjust Status, subscribed by me, including the changes made to this application, **numbered** _____ **through** _____, are complete, true, and correct. All information on additional pages submitted by me with this Form I-485, **on numbered pages** _____ **through** _____ are complete, true, and correct. All documents submitted at this interview were provided by me and are complete, true, and correct.

Subscribed to and sworn to (affirmed) before me

USCIS Officer's Printed Name or Stamp

Date of Signature (mm/dd/yyyy)

Applicant's Signature (sign in ink)

USCIS Officer's Signature (sign in ink)

Part 14. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number, Part Number,** and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name): FARIA COSTA | Given Name (First Name): Yuri | Middle Name (if applicable):

2. Page Number: 4 | Part Number: 1 | Item Number: 18

15631 Ash Way, Apt. B202 - Lynnwood, WA 98087, USA - From 10/01/2018 to 02/10/2021.mploy

3. Page Number: 8 | Part Number: 4 | Item Number: 7

Employment - Fresh and Fluffy - Attendant - 13017 NE 134th PI, Kirkland, WA 98034, USA (From 11/05/2025 To 01/22/2026)
School - Lynnwood High School - Student - 12124 Bullis Rd., Lynnwood, WA 90262, USA (From 09/01/2021 To 07/01/2025)
School - Alderwood Middle School - Student - 1132 172nd Street SW, Lynnwood, WA 98037, USA (From 09/01/2019 To 07/01/2021)
School - Oak Height Elementary School - Student - 20000 28th Ave W, Lynnwood, WA, 90036, USA (From 10/01/2018 To 07/01/2019)

4. Page Number: 14 | Part Number: 9 | Item Number: 12

I worked in the United States without authorization to support myself from 11/05/2025 to 01/22/2026. I am unemployed since that date.

5. Page Number: 14 | Part Number: 9 | Item Number: 13

I entered the United States with B-2 VISA on September 12, 2018, and I have remained in the United States beyond the authorized period of stay since then.

Part 14. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number, Part Number,** and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name): FARIA COSTA | Given Name (First Name): Yuri | Middle Name (if applicable):

2. Page Number: 21 | Part Number: 9 | Item Number: 76

I entered the United States with a B-2 VISA on September 12, 2018. My authorized period of stay expired on March 11, 2019. After the expiration of my authorized stay, I remained in the United States and have continued to reside in the country up to the present. Although I remained in the United States after the expiration of my authorized period of stay, I did not accrue unlawful presente while I was under 18 years of age. I turned 18 years old on May 18, 2025. Accordingly, any unlawful presence began only after that date and has continued to the present.

3. Page Number: N/A | Part Number: N/A | Item Number: N/A

N/A

4. Page Number: N/A | Part Number: N/A | Item Number: N/A

N/A

5. Page Number: N/A | Part Number: N/A | Item Number: N/A

N/A

Application For Employment Authorization

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-765
OMB No. 1615-0040
Expires 09/30/2027

For USCIS Use Only			
	☐ **Authorization/Extension Valid From** _____	**Fee Stamp**	**Action Block**
	☐ **Authorization/Extension Valid Through** _____		
	Alien Registration Number A-		
	Remarks		

To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).	☒ **Select this box if Form G-28 is attached.**	**Attorney or Accredited Representative USCIS Online Account Number** (if any) 0 0 7 4 9 2 6 2 5 4 3 8

► **START HERE - Type or print in black ink.**

Part 1. Reason for Applying

I am applying for (select **only one** box):

1.a. ☒ Initial permission to accept employment.

1.b. ☐ Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document **NOT DUE** to U.S. Citizenship and Immigration Services (USCIS) error.

NOTE: Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to **Replacement for Card Error** in the **What is the Filing Fee** section of the Form I-765 Instructions for further details.

1.c. ☐ Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Part 2. Information About You

Your Full Legal Name

1.a. Family Name (Last Name): FARIA COSTA

1.b. Given Name (First Name): Yuri

1.c. Middle Name: N/A

Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

2.a. Family Name (Last Name): N/A

2.b. Given Name (First Name): N/A

2.c. Middle Name: N/A

3.a. Family Name (Last Name): N/A

3.b. Given Name (First Name): N/A

3.c. Middle Name: N/A

4.a. Family Name (Last Name): N/A

4.b. Given Name (First Name): N/A

4.c. Middle Name: N/A

Part 2. Information About You (continued)

Your U.S. Mailing Address

5.a. In Care Of Name (if any)
Otavio Haverroth Silva

5.b. Street Number and Name: PO Box 90487

5.c. ☐ Apt. ☐ Ste. ☐ Flr.

5.d. City or Town: San Diego

5.e. State: CA **5.f.** ZIP Code: 92169

(USPS ZIP Code Lookup)

6. Is your current mailing address the same as your physical address? ☐ Yes ☒ No

NOTE: If you answered "No" to **Item Number 6.**, provide your physical address below.

U.S. Physical Address

7.a. Street Number and Name: 16720 North Rd

7.b. ☒ Apt. ☐ Ste. ☐ Flr. C208

7.c. City or Town: Bothell

7.d. State: WA **7.e.** ZIP Code: 98012

Other Information

8. Alien Registration Number (A-Number) (if any)
▶ A- N / A

9. USCIS Online Account Number (if any)
▶ N / A

10. Sex ☒ Male ☐ Female

11. Marital Status
☒ Single ☐ Married ☐ Divorced ☐ Widowed

12. Have you previously filed Form I-765? ☐ Yes ☒ No

13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? ☐ Yes ☒ No

NOTE: If you answered "No" to **Item Number 13.a.**, skip to **Item Number 14.** If you answered "Yes" to **Item Number 13.a.**, provide the information requested in **Item Number 13.b.**

13.b. Provide your Social Security number (SSN) (if known).
▶

14. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to **Item Number 15.**, **Consent for Disclosure**, to receive a card.) ☒ Yes ☐ No

NOTE: If you answered "No" to **Item Number 14.**, skip to **Part 2.**, **Item Number 18.a.** If you answered "Yes" to **Item Number 14.**, you must also answer "Yes" to **Item Number 15.**

15. **Consent for Disclosure:** I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card. ☒ Yes ☐ No

NOTE: If you answered "Yes" to **Item Numbers 14. - 15.**, provide the information requested in **Item Numbers 16.a. - 17.b.**

Father's Name

Provide your father's birth name.

16.a. Family Name (Last Name): ALMEIDA COSTA

16.b. Given Name (First Name): Samuel

Mother's Name

Provide your mother's birth name.

17.a. Family Name (Last Name): FARIA ARANTES

17.b. Given Name (First Name): Daniella

Your Country or Countries of Citizenship or Nationality

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in **Part 6. Additional Information**.

18.a. Country
Brazil

18.b. Country
N/A

Part 2. Information About You (continued)

Place of Birth

List the city/town/village, state/province, and country where you were born.

19.a. City/Town/Village of Birth

Rio Verde

19.b. State/Province of Birth

Goias

19.c. Country of Birth

Brazil

20. Date of Birth (mm/dd/yyyy) 05/18/2007

Information About Your Last Arrival in the United States

21.a. Form I-94 Arrival-Departure Record Number (if any)

► 47341827656

21.b. Passport Number of Your Most Recently Issued Passport

YE766135

21.c. Travel Document Number (if any)

N/A

21.d. Country That Issued Your Passport or Travel Document

Brazil

21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy) 06/20/2029

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) 09/12/2018

23. Place of Your Last Arrival Into the United States

Miami FL

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

B-2 Visitor

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

Adjustment of Status - pending I-485

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

► N- N/A

Information About Your Eligibility Category

27. **Eligibility Category.** Refer to the **Who May File Form I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).

(c) (9) (N/A)

28. **(c)(3)(C) STEM OPT Eligibility Category.** If you entered the eligibility category **(c)(3)(C)** in **Item Number 27.**, provide the information requested in **Item Numbers 28.a - 28.c.**

28.a. Degree N/A

28.b. Employer's Name as Listed in E-Verify

N/A

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

N/A

29. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Item Number 27.**, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

►

30. **(c)(8) Eligibility Category.** If you entered the eligibility category (c)(8) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

☐ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 30.**, refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** in the **Required Documentation** section of the Form I-765 Instructions for information about providing court dispositions.

31.a. **(c)(35) and (c)(36) Eligibility Category.** If you entered the eligibility category (c)(35) in **Item Number 27.**, please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in **Item Number 27.**, please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.

►

31.b. If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime? ☐ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 31.b.**, refer to **Employment-Based Nonimmigrant Categories**, **Items 8. - 9.**, in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.

Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

Applicant's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a. ☐ I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.

1.b. ☒ The interpreter named in **Part 4.** read to me every question and instruction on this application and my answer to every question in

portuguese ,

a language in which I am fluent, and I understood everything.

2. ☒ At my request, the preparer named in **Part 5.,**

Otavio Haverroth Silva ,

prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

+1 425 205 0780

4. Applicant's Mobile Telephone Number (if any)

+1 425 205 0780

5. Applicant's Email Address (if any)

yurifariacosta@gmail.com

6. ☐ Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

1) I reviewed and understood all of the information contained in, and submitted with, my application; and

2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

Applicant's Signature

7.a. Applicant's Signature

➡ Yuri Faria Costa

7.b. Date of Signature (mm/dd/yyyy) 01/15/2026

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

INACIO PENNA MELLO

1.b. Interpreter's Given Name (First Name)

Andre Vinicius

2. Interpreter's Business or Organization Name (if any)

HS Law Corp

Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Mailing Address

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code: 92169

3.f. Province:

3.g. Postal Code:

3.h. Country: USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number: 4154252508

5. Interpreter's Mobile Telephone Number (if any): 4154252508

6. Interpreter's Email Address (if any): andre@yousalaw.com

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and portuguese, which is the same language specified in **Part 3.**, **Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature

7.b. Date of Signature (mm/dd/yyyy): 01/15/2026

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name): HAVERROTH SILVA

1.b. Preparer's Given Name (First Name): Otavio

2. Preparer's Business or Organization Name (if any): HS Law Corp

Preparer's Mailing Address

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code: 92169

3.f. Province:

3.g. Postal Code:

3.h. Country: USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number: 5102419336

5. Preparer's Mobile Telephone Number (if any): 5102419336

6. Preparer's Email Address (if any): otavio@legalhs.com

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant (continued)

Preparer's Statement

7.a. ☐ I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.

7.b. ☒ I am an attorney or accredited representative and my representation of the applicant in this case ☒ extends ☐ does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy) 01/15/2026

Part 6. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name): FARIA COSTA

1.b. Given Name (First Name): Yuri

1.c. Middle Name:

2. A-Number (if any) ► A-

3.a. Page Number **3.b.** Part Number **3.c.** Item Number

3.d.
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

4.a. Page Number **4.b.** Part Number **4.c.** Item Number

4.d.
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

5.a. Page Number **5.b.** Part Number **5.c.** Item Number

5.d.
N/A
N/A
N/A
N/A
N/A
N/A

6.a. Page Number **6.b.** Part Number **6.c.** Item Number

6.d.
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

7.a. Page Number **7.b.** Part Number **7.c.** Item Number

7.d.
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

VICTOR FARIA COSTA'S SIGNED FORMS - UNDER 14 YEARS OF AGE

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶ 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name): HAVERROTH SILVA

2.b. Given Name (First Name): Otavio

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code: 92169 *(USPS ZIP Code Lookup)*

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

6. Email Address (if any): otavio@legalhs.com

7. Fax Number (if any): N/A

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority: California

1.b. Bar Number (if applicable): 343486

1.c. I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbarring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable): HS Law Corp

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization: N/A

2.c. Date of Accreditation (mm/dd/yyyy): N/A

3. ☐ I am associated with N/A, the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate: N/A

Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

I-130 I-485 I-765

2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

N/A

3.a. ☐ U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

N/A

4. Receipt Number (if any)

► N / A

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

☐ Applicant ☐ Petitioner ☐ Requestor
☒ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

6.a. Family Name (Last Name): FARIA COSTA

6.b. Given Name (First Name): Victor

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 (425) 750-8937

11. Mobile Telephone Number (if any)

+1 (425) 750-8937

12. Email Address (if any)

danyfariaarantes@hotmail.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

➡ Daniella Faria Antunes

2.b. Date of Signature (mm/dd/yyyy) 01/15/2026

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) 01/15/2026

2.a. Signature of Law Student or Law Graduate

2.b. Date of Signature (mm/dd/yyyy) N/A

Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a Family Name (Last Name): FARIA COSTA

1.b. Given Name (First Name): Victor

1.c. Middle Name: N/A

2.a. Page Number **2.b.** Part Number **2.c.** Item Number

2.d. N/A

3.a. Page Number **3.b.** Part Number **3.c.** Item Number

3.d. N/A

4.a. Page Number **4.b.** Part Number **4.c.** Item Number

4.d. N/A

5.a. Page Number **5.b.** Part Number **5.c.** Item Number

5.d. N/A

6.a. Page Number **6.b.** Part Number **6.c.** Item Number

6.d. N/A

Application to Register Permanent Residence or Adjust Status

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-485
OMB No. 1615-0023
Expires 10/31/2027

For USCIS Use Only

Preference Category:	**Receipt**	**Action Block**
Country Chargeable:		
Priority Date:		
Date Form I-693 Signed By Civil Surgeon:		

☐ Applicant Interviewed ☐ Interview Waived

Date of Initial Interview: _____

Lawful Permanent Resident as of: _____

Section of Law

☐ INA 209(a) ☐ INA 245(m)
☐ INA 209(b) ☐ INA 249
☐ INA 245(a) ☐ Sec. 13, Act of 9/11/57
☐ INA 245(i) ☐ Cuban Adjustment Act
☐ INA 245(j) ☐ Other _____

To be completed by an Attorney or Accredited Representative (if any).

☒ **Select this box if Form G-28 is attached.**	**Volag Number** (if any)	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
	N/A	343486	007492625438

► **START HERE - Type or print in black ink.** A-Number ► **A-** N / A

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, U.S. Citizenship and Immigration Services (USCIS) may reject or deny your application.

For all sections of this application, if you need to provide any additional information or are instructed to provide an explanation, use the space provided in **Part 14. Additional Information**.

Part 1. Information About You (Person applying for lawful permanent residence)

1. Your Current Legal Name (**Do not** provide a nickname)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
FARIA COSTA	Victor	N/A

2. Other Names You Have Used Since Birth (if applicable)

Provide all other names you have ever used, including your family name at birth, other legal names, nicknames, aliases, and assumed names.

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A
N/A	N/A	N/A

3. Date of Birth (mm/dd/yyyy) 08/08/2014

Have you ever used any other date of birth? ☐ Yes ☒ No

If you answered "Yes," provide all other dates of birth (mm/dd/yyyy).

A-Number ► **A-**

Part 1. Information About You (Person applying for lawful permanent residence) (continued)

4. Do you have an Alien Registration Number (A-Number)? ☐ Yes ☒ No

If you answered "Yes," provide your A-Number.

A-Number (if any) ► **A-**

5. Have you ever used, or been assigned, any other A-Number? ☐ Yes ☒ No

If you answered "Yes," provide the A-Numbers.

6. Sex ☒ Male ☐ Female

7. Place of Birth

City or Town of Birth: **Rio Verde**

Country of Birth: **Brazil**

8. Country of Citizenship or Nationality: **Brazil**

9. USCIS Online Account Number (if any)

► **N / A**

If one has been assigned, you can find it on a notice that USCIS may have sent to you.

10. Recent Immigration History

If you last entered the United States using a passport or travel document, provide the following information.

Passport or Travel Document Number Used at Last Arrival: **FV750613**

Expiration Date of this Passport or Travel Document (mm/dd/yyyy): **04/17/2022**

Country that Issued this Passport or Travel Document: **Brazil**

Nonimmigrant Visa Number Used During Most Recent Arrival (if any): **N3766706**

Date Nonimmigrant Visa Was Issued (mm/dd/yyyy): **07/18/2018**

Place and Date of Last Arrival into the United States

City or Town: **Miami**

State: **FL**

Date of Last Arrival (mm/dd/yyyy): **09/12/2018**

11. When I last arrived in the United States:

☒ I was inspected at a Port of Entry and admitted as (for example, exchange visitor, visitor, temporary worker, student): **Visitor**

☐ I was inspected at a Port of Entry and paroled as (for example, humanitarian parole, Cuban parole):

☐ I came into the United States without admission or parole.

☐ Other:

Part 1. Information About You (Person applying for lawful permanent residence) (continued)

12. If you were issued a Form I-94 Arrival/Departure Record, provide the information from your most recent Form I-94 below:

Family Name (Last Name): FARIA COSTA

Given Name (First Name): Victor

Form I-94 Arrival/Departure Record Number ► 47341826756

Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status: 03/11/2019

Immigration Status on Form I-94 (for example, class of admission, or paroled, if paroled): B2

13. Was your last arrival the first time you were physically present in the United States? ☒ Yes ☐ No

14. What is your current immigration status (if it has changed since your last arrival)? No legal status

15. Expiration Date of Current Immigration Status (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status: N/A

16. Have you ever been issued an "alien crewman" visa? ☐ Yes ☒ No

17. Did you last arrive in the United States to join a vessel as a seaman or crewman, or while serving in any capacity aboard a vessel or aircraft? ☐ Yes ☒ No

18. Addresses

Current U.S. Physical Address

In Care Of Name (if any): Daniella Faria Arantes

Street Number and Name: 16720 North Rd

Apt. ☒ Ste. ☐ Flr. ☐ Number: C208

City or Town: Bothell

State: WA

ZIP Code: 98012

Date You First Resided at This Address (mm/dd/yyyy): 08/01/2022

Is this your current mailing address? ☐ Yes ☒ No

If you answered "No," provide your current mailing address.

Current Mailing Address (Safe or Alternate Mailing Address, if applicable)

In Care Of Name (if any): Otavio Haverroth Silva

Street Number and Name: PO Box 90487

Apt. ☐ Ste. ☐ Flr. ☐ Number:

City or Town: San Diego

State: CA

ZIP Code: 92169

Part 1. Information About You (Person applying for lawful permanent residence) (continued)

Have you resided at your current address for at least 5 years? ☐ Yes ☒ No

If you answered "No," provide your prior address(es) for the last 5 years. Use the space provided in **Part 14. Additional Information**, if necessary.

Prior Address

In Care Of Name (if any)

N/A

Street Number and Name | Apt. Ste. Flr. | Number

16720 6th Ave W | ☒ Apt ☐ Ste ☐ Flr | D202

City or Town | State | ZIP Code

Lynnwood | WA | 98037

Province | Postal Code | Country

USA

Dates of Residence

From (mm/dd/yyyy) 02/11/2021 To (mm/dd/yyyy) 07/31/2022

Most Recent Address Outside the United States

Provide your most recent physical address outside the United States where you lived for more than one year (if not already listed above).

Street Number and Name | Apt. Ste. Flr. | Number

Rua 140 QD 12 Lt 14 | ☐ Apt ☐ Ste ☐ Flr |

City or Town | State | ZIP Code

Rio Verde | |

Province | Postal Code | Country

Goias | 75908240 | Brazil

Dates of Residence

From (mm/dd/yyyy) 08/08/2014 To (mm/dd/yyyy) 09/10/2018

19. Social Security Card

Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? ☐ Yes ☒ No

If you answered "Yes," provide your U.S. Social Security Number (SSN). ►

Do you want the SSA to issue you a Social Security card? ☒ Yes ☐ No

If you answered "Yes," you must also answer "Yes" to the **Consent for Disclosure** below.

Consent for Disclosure: I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security Card. ☒ Yes ☐ No

A-Number ► **A-**

Part 2. Application Type or Filing Category

1. Are you filing for adjustment of status with the Executive Office for Immigration Review (EOIR) while in removal, exclusion, rescission, or deportation proceedings? ☐ Yes ☒ No

2. Receipt Number of Underlying Petition (if any) **N/A**

Priority Date from Underlying Petition (if any) (mm/dd/yyyy) **N/A**

I am filing this Form I-485 as a (select **only one** box):

☒ Principal Applicant

☐ Derivative Applicant (Provide the following information about the principal applicant.)

Principal Applicant's Name

Family Name (Last Name) **N/A**

Given Name (First Name) **N/A**

Middle Name (if applicable) **N/A**

Principal Applicant's A-Number (if any) ► **A-** **N / A**

Principal Applicant's Date of Birth (mm/dd/yyyy) **N/A**

I am applying based on the following category (You must select **ONLY ONE** category. If you are filing as a derivative applicant, select the appropriate box based on the category under which the principal applicant is applying or has applied. See the Form I-485 Instructions for more information, including any **Additional Instructions** that relate to the immigrant category you select.):

3.a. Family-based

Immediate relative of a U.S. citizen, Form I-130, I-129F, or I-360 (select your specific category below):

☐ Spouse of a U.S. Citizen.

☒ Unmarried child under 21 years of age of a U.S. citizen.

☐ Parent of a U.S. citizen (if the citizen is at least 21 years of age).

☐ Person admitted to the United States as a fiancé(e) or child of a fiancé(e) of a U.S. citizen (K-1/K-2 Nonimmigrant).

☐ Widow or widower of a U.S. citizen.

☐ Spouse, child, or parent of a deceased U.S. active-duty service member in the armed forces under the National Defense Authorization Act (NDAA).

Other relative of a U.S. citizen under the family-based preference categories, Form I-130 (select your specific category below):

☐ Unmarried son or daughter of a U.S. citizen and I am 21 years of age or older.

☐ Married son or daughter of a U.S. citizen.

☐ Brother or sister of a U.S. citizen (if the citizen is at least 21 years of age).

Relative of a lawful permanent resident under the family-based preference categories, Form I-130 (select your specific category below):

☐ Spouse of a lawful permanent resident.

☐ Unmarried child under 21 years of age of a lawful permanent resident.

☐ Unmarried son or daughter of a lawful permanent resident and I am 21 years of age or older.

VAWA self-petitioner (victim of battery or extreme cruelty), Form I-360 (select your specific category below):

☐ VAWA self-petitioning spouse of a U.S. citizen or lawful permanent resident.

☐ VAWA self-petitioning child of a U.S. citizen or lawful permanent resident.

☐ VAWA self-petitioning parent of a U.S. citizen (if the citizen is at least 21 years of age).

Part 2. Application Type or Filing Category (continued)

3.b. Employment-based

☐ Alien Investor, Form I-526 or Form I-526E

Alien Workers, Form I-140 (select your category below and answer the following questions below, as applicable):

☐ Alien of Extraordinary Ability

☐ Outstanding Professor or Researcher

☐ Multinational Executive or Manager

☐ Member of the Professions Holding an Advanced Degree or Alien of Exceptional Ability (who is NOT seeking a National Interest Waiver)

☐ A Professional (at a minimum, requiring a bachelor's degree or a foreign degree equivalent to a U.S. bachelor's degree)

☐ A Skilled Worker (requiring at least 2 years of specialized training or experience)

☐ Any Other Worker (requiring less than 2 years of training or experience)

☐ An Alien Applying For a National Interest Waiver (who IS a member of the professions holding an advanced degree or an alien of exceptional ability)

Did a relative file the associated Form I-140 for you (or for the principal applicant if you are a derivative applicant) or does a relative have a significant ownership interest (5 percent or more) in the business that filed Form I-140 for you (or for the principal applicant, if you are a derivative applicant)?

☐ N/A (I am adjusting on the basis of a Form I-140 self-petition)

☐ No

☐ Yes

If you answered "Yes," is this relative your (select **only one** box):

☐ Father ☐ Mother ☐ Child ☐ Adult Son ☐ Adult Daughter ☐ Brother ☐ Sister

☐ None of These

Is the relative above a:

☐ U.S. Citizen ☐ U.S. National ☐ Lawful Permanent Resident ☐ None of These

3.c. Special Immigrant

☐ Special Immigrant Juvenile, Form I-360

☐ Certain Afghan or Iraqi National, Form I-360 or Form DS-157

☐ Certain International Broadcaster, Form I-360

☐ Certain G-4 International Organization or Family Member or NATO-6 Employee or Family Member, Form I-360

☐ Certain U.S. Armed Forces Members (also known as the Six and Six program), Form I-360

☐ Panama Canal Zone Employees, Form I-360

☐ Certain Physicians, Form I-360

☐ Certain Employee or Former Employee of the U.S. Government Abroad, DS-1884

Religious Worker, Form I-360 (select your specific category below):

☐ Minister of Religion

☐ Other Religious Worker

Part 2. Application Type or Filing Category (continued)

3.d. Asylee or Refugee

☐ Asylum Status (Immigration and Nationality Act (INA) section 208), Form I-589 or Form I-730

If you selected asylum, date you were granted asylum (mm/dd/yyyy).

☐ Refugee Status (INA section 207), Form I-590 or Form I-730

If you selected refugee, date of initial admission as refugee (mm/dd/yyyy).

3.e. Human Trafficking Victim or Crime Victim

☐ Human Trafficking Victim (T Nonimmigrant), Form I-914 or Derivative Family Member, Form I-914A

☐ Victim of Qualifying Criminal Activity (U Nonimmigrant), Form I-918, Derivative Family Member, Form I-918A, or Qualifying Family Member, Form I-929

3.f. Special Programs Based on Certain Public Laws

☐ The Cuban Adjustment Act

☐ A Victim of Battery or Extreme Cruelty as a Spouse or Child Under the Cuban Adjustment Act

☐ Applicant Adjusting Based on Dependent Status Under the Haitian Refugee Immigrant Fairness Act

☐ A Victim of Battery or Extreme Cruelty as a Spouse or Child Applying Based on Dependent Status Under the Haitian Refugee Immigrant Fairness Act

☐ Lautenberg Parolees

☐ Diplomats or High-Ranking Officials Unable to Return Home (Section 13 of the Act of September 11, 1957)

☐ Nationals of Vietnam, Cambodia, and Laos Applying for Adjustment of Status Under section 586 of Public Law 106-429

☐ Applicant Adjusting Under the Amerasian Act (October 22, 1982), Form I-360

3.g. Additional Options

☐ Diversity Visa program

If you selected Diversity Visa program, provide your Diversity Visa Rank Number:

☐ Continuous Residence in the United States Since Before January 1, 1972 ("Registry")

☐ Individual Born in the United States Under Diplomatic Status

☐ S Nonimmigrants and Qualifying Family Members (can only adjust in this category with an approved Form I-854B filed by a law enforcement officer)

☐ Other Eligibility

4. If you selected a family-based, employment-based, special immigrant, or Diversity Visa immigrant category listed above in **Item Numbers 3.a. - 3.g.** as the basis for your application for adjustment of status, are you applying for adjustment based on INA section 245(i)? ☐ Yes ☒ No

5. Are you 21 years of age or older and applying for adjustment based on classification as a child, under the provisions of the Child Status Protection Act (CSPA)? ☒ Yes ☐ No

NOTE: For more information to determine if you are eligible under CSPA, see the **Who May File Form I-485** section of these Instructions.

Part 3. Request for Exemption for Intending Immigrant's Affidavit of Support Under Section 213A of the INA

I am requesting an exemption from submitting an Affidavit of Support Under Section 213A of the INA (Form I-864 or Form I-864EZ) because (select **only one**):

1.a. ☐ I have earned or can receive credit for 40 qualifying quarters (credits) of work in the United States (as defined by the Social Security Act (SSA)). (Attach your SSA earnings statements. Do not count any quarters during which you received a means-tested public benefit.)

1.b. ☐ I am under 18 years of age, unmarried, the child of a U.S. citizen, am not likely to become a public charge, and will automatically become a U.S. citizen under INA section 320, upon my admission as a lawful permanent resident.

1.c. ☐ I am applying under the widow or widower of a U.S. citizen (Form I-360) immigrant category.

1.d. ☐ I am applying as a VAWA self-petitioner.

1.e. ☐ None of these exemptions apply to me and I am not required by statute to submit an Affidavit of Support Under Section 213A of the INA, nor am I required to request an exemption.

1.f. ☒ None of these exemptions apply to me and I am not requesting an exemption as I am required to submit an Affidavit of Support Under Section 213A of the INA.

Part 4. Additional Information About You

1. Have you ever applied for an immigrant visa to obtain permanent resident status at a U.S. Embassy or U.S. Consulate abroad? ☐ Yes ☒ No

If you answered "Yes," complete **Item Numbers 2. - 4.** below.

2. Location of U.S. Embassy or U.S. Consulate

City or Town

Country

3. Decision (for example, approved, refused, denied, withdrawn)

4. Date of Decision (mm/dd/yyyy)

5. Have you previously applied for permanent residence while in the United States? ☐ Yes ☒ No

6. Have you **EVER** held lawful permanent resident status which was later rescinded under INA section 246? ☐ Yes ☒ No

Employment and Educational History

7. Provide **ALL** of your employment and educational history for the last 5 years as indicated in the Instructions. Provide your current employment or school attended first. Include periods of self-employment, unemployment, or retirement. For each period of unemployment or retirement, list source of financial support. If you have additional employment or educational history, use the space provided in **Part 14. Additional Information**.

Employer or School (current or most recent)

School

Name of Employer, Company, or School

Martha Lake Elementary school

Your Occupation (if unemployed or retired, so state)

Student

Part 4. Additional Information About You (continued)

Address of Employer, Company, or School

Street Number and Name: 17500 Larch Way | Apt. Ste. Flr. ☐ ☐ ☐ | Number:

City or Town: Lynnwood | State: WA | ZIP Code: 98037

Province: | Postal Code: | Country: USA

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy): 09/01/2020 To (mm/dd/yyyy): PRESENT

If unemployed or retired, source of financial support:

Financial Support is provided by the applicant's mother and stepfather

8. Provide your most recent employer or school outside of the United States (if not already listed above).

Name of Employer, Company, or School: Colegio Apice | Your Occupation (if unemployed or retired, so state): Student

Address of Employer, Company, or School

Street Number and Name: Rua 21 | Apt. Ste. Flr. ☐ ☐ ☐ | Number:

City or Town: Rio Verde | State: | ZIP Code:

Province: Goias | Postal Code: 7907370 | Country: Brazil

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy): 01/01/2017 To (mm/dd/yyyy): 09/09/2018

If unemployed or retired, source of financial support:

Financial Support was provided by the applicant's mother

Part 5. Information About Your Parents

Information About Your Parent 1

1. Parent 1's Legal Name

Family Name (Last Name): FARIA ARANTES | Given Name (First Name): Daniella | Middle Name (if applicable): N/A

2. Parent 1's Name at Birth (if different than above)

Family Name (Last Name): N/A | Given Name (First Name): N/A | Middle Name (if applicable): N/A

3. Date of Birth (mm/dd/yyyy): 03/04/1985

Part 5. Information About Your Parents (continued)

4. Country of Birth

Brazil

Information About Your Parent 2

5. Parent 2's Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
ALMEIDA COSTA	Samuel	N/A

6. Parent 2's Name at Birth (if different than above)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

7. Date of Birth (mm/dd/yyyy) 03/09/1983

8. Country of Birth

Brazil

Part 6. Information About Your Marital History

1. What is your current marital status?

☒ Single, Never Married ☐ Married ☐ Divorced ☐ Widowed ☐ Marriage Annulled ☐ Legally Separated

2. If you are married, is your spouse a current member of the U.S. armed forces or U.S. Coast Guard? ☒ N/A ☐ Yes ☐ No

3. How many times have you been married (including your current marriage, marriages abroad, annulled marriages, and marriages to the same person)? 0

Information About Your Current Marriage (including if you are legally separated)

4. Current Spouse's Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

5. Current Spouse's A-Number (if any) ► A-

6. Current Spouse's Date of Birth (mm/dd/yyyy) N/A

7. Current Spouse's Country of Birth

N/A

8. Current Spouse's Current Physical Address

Street Number and Name: N/A — Apt. ☐ Ste. ☐ Flr. ☐ Number

City or Town: N/A — State: N/A — ZIP Code: N/A

Province: N/A — Postal Code: N/A — Country: N/A

Part 6. Information About Your Marital History (continued)

9. Place of Marriage to Current Spouse

City or Town: N/A

State or Province: N/A

Country: N/A

Date of Marriage to Current Spouse (mm/dd/yyyy): N/A

10. Is your current spouse applying with you? ☐ Yes ☐ No

Information About Prior Marriages (if any)

11. Prior Spouse's Legal Name (provide family name before marriage)

Family Name (Last Name): N/A

Given Name (First Name): N/A

Middle Name (if applicable): N/A

12. Prior Spouse's Date of Birth (mm/dd/yyyy): N/A

13. Prior Spouse's Country of Birth: N/A

14. Prior Spouse's Country of Citizenship or Nationality: N/A

15. Date of Marriage to Prior Spouse's (mm/dd/yyyy): N/A

16. Place of Marriage to Prior Spouse

City or Town: N/A

State or Province: N/A

Country: N/A

17. Place Where Marriage with Prior Spouse Legally Ended

City or Town: N/A

State or Province: N/A

Country: N/A

Date of Marriage with Prior Spouse Legally Ended (mm/dd/yyyy): N/A

18. How Marriage Ended with Prior Spouse (select one):

☐ Annulled ☐ Divorced ☐ Spouse Deceased ☐ Other (Explain):

Part 7. Information About Your Children

1. Indicate the total number of ALL living children anywhere in the world (including adult sons and daughters) that you have.

NOTE: The term "children" includes all biological or legally adopted children, as well as current stepchildren, of any age, whether born in the United States or other countries, married or unmarried, living with you or elsewhere and includes any missing children and those born to you outside of marriage.

0

Provide the following information for each of your children. If you have more than two children, use the space provided in **Part 14. Additional Information**.

2. Child 1

Current Legal Name

Family Name (Last Name): N/A

Given Name (First Name): N/A

Middle Name (if applicable): N/A

A-Number (if any) ► A-

Date of Birth (mm/dd/yyyy): N/A

Country of Birth: N/A

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child): N/A

Is this child also applying now on a separate Form I-485? ☐ Yes ☐ No

3. Child 2

Current Legal Name

Family Name (Last Name): N/A

Given Name (First Name): N/A

Middle Name (if applicable): N/A

A-Number (if any) ► A-

Date of Birth (mm/dd/yyyy): N/A

Country of Birth: N/A

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child): N/A

Is this child also applying now on a separate Form I-485? ☐ Yes ☐ No

Part 8. Biographic Information

1. Ethnicity (Select **only one** box)

☒ Hispanic or Latino ☐ Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander ☒ White

3. Height Feet **4** Inches **10** **4.** Weight Pounds **7** **5**

5. Eye Color (Select **only one** box)

☐ Black ☐ Blue ☒ Brown ☐ Gray ☐ Green ☐ Hazel ☐ Maroon ☐ Pink ☐ Unknown/Other

6. Hair Color (Select **only one** box)

☐ Bald (No hair) ☒ Black ☐ Blond ☐ Brown ☐ Gray ☐ Red ☐ Sandy ☐ White ☐ Unknown/Other

Part 9. General Eligibility and Inadmissibility Grounds

Choose the answer that you think is correct in **Part 9.** If you answer "Yes" to any questions **(or if you answer "No," but are unsure of your answer)**, provide an explanation of the events and circumstances in the space provided in **Part 14. Additional Information**.

1. Have you **EVER** been a member of, involved in, or in any way associated with any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other location in the world? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 1.**, complete **Item Numbers 2. - 9.** If you were a member of more than two organizations, use the space provided in **Part 14. Additional Information**.

Organization 1

2. Name of Organization

3. City or Town

State or Province

Country

4. Nature of Organization, including its purposes and activities, whether illicit or legitimate.

Nature of involvement in organization, including role or positions(s) held, whether illicit or legitimate.

5. Dates of Membership or Dates of Involvement

From (mm/dd/yyyy) To (mm/dd/yyyy)

Organization 2

6. Name of Organization

Part 9. General Eligibility and Inadmissibility Grounds (continued)

7. City or Town

State or Province

Country

8. Nature of Organization, including its purposes and activities, whether illicit or legitimate.

Nature of involvement in organization, including role or positions(s) held, whether illicit or legitimate.

9. Dates of Membership or Dates of Involvement

From (mm/dd/yyyy) To (mm/dd/yyyy)

10. Have you **EVER** been denied admission to the United States? ☐ Yes ☒ No

11. Have you **EVER** been denied a visa to the United States? ☐ Yes ☒ No

12. Have you **EVER** worked in the United States without authorization? ☐ Yes ☒ No

13. Have you **EVER** violated the terms or conditions of your nonimmigrant status? ☒ Yes ☐ No

14. Are you presently or have you **EVER** been in removal, exclusion, rescission, or deportation proceedings, including expedited removal proceedings? ☐ Yes ☒ No

15. Have you **EVER** been issued a final order of exclusion, deportation, or removal? ☐ Yes ☒ No

16. Have you **EVER** had a prior final order of exclusion, deportation, or removal reinstated? ☐ Yes ☒ No

17. Have you **EVER** been granted voluntary departure by an immigration officer or an immigration judge but failed to depart within the allotted time? ☐ Yes ☒ No

18. Have you **EVER** applied for any kind of relief or protection from removal, exclusion, or deportation? ☐ Yes ☒ No

19. Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement? ☐ Yes ☒ No

20. If you answered "Yes" to **Item Number 19.**, have you complied with the foreign residence requirement? ☐ Yes ☐ No

21. If you answered "Yes" to **Item Number 19.** and "No" to **Item Number 20.**, have you been granted a waiver or has Department of State issued a favorable waiver recommendation letter for you? ☐ Yes ☐ No

Criminal Acts and Violations

For **Item Numbers 22. - 41.**, you must answer "Yes" to any question that applies to you, even if your records were sealed or otherwise cleared, or even if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. You must also answer "Yes" to the following questions whether the action or offense occurred here in the United States or anywhere else in the world. If you answer "Yes" to **Item Numbers 22. - 41.**, use the space provided in **Part 14. Additional Information** to provide an explanation for each offense, if applicable, that includes a description of the criminal offense; where the criminal offense occurred; when the criminal offense occurred; whether you were arrested, cited, charged, or detained for the criminal offense you committed; and the outcome or disposition of that criminal offense (for example, convicted, placement in a diversion program, no charges filed, charges dismissed, jail, prison, detention, probation, or community service). Your explanation must include the duration of any sentence to confinement (even if suspended).

22. Have you **EVER** been arrested, cited, charged, or permitted to participate in a diversion program (including pre-trial diversion, deferred prosecution, deferred adjudication, or any withheld adjudication), or detained for any reason by any law enforcement official in any country including but not limited to any U.S. immigration official or any official of the U.S. armed forces or U.S. Coast Guard or by a similar official of a country other than the United States? ☐ Yes ☒ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

23. Have you **EVER** committed a crime of any kind (even if you were not arrested, cited, charged with, or tried for that crime, or convicted)? ☐ Yes ☒ No

24. Have you **EVER** pled guilty to or been convicted of a crime or offense (even if the violation was subsequently expunged or sealed by a court, or if you were granted a pardon, amnesty, a rehabilitation decree, or other act of clemency)? ☐ Yes ☒ No

NOTE: If you were the beneficiary of a pardon, amnesty, a rehabilitation decree, or other act of clemency, provide documentation of that post-conviction action.

25. Have you **EVER** been ordered punished by a judge or had conditions imposed on you that restrained your liberty (such as a prison sentence, suspended sentence, house arrest, parole, alternative sentencing, drug or alcohol treatment, rehabilitative programs or classes, probation, or community service)? ☐ Yes ☒ No

26. Have you **EVER** violated (or attempted or conspired to violate) any controlled substance law or regulation of a state, the United States, or a foreign country? ☐ Yes ☒ No

27. Have you **EVER** trafficked in or benefited from, or knowingly aided, abetted, assisted, conspired or colluded in the illegal trafficking of any controlled substances, such as chemicals, illegal drugs, or narcotics? ☐ Yes ☒ No

28. Are you the spouse, son, or daughter of an alien who illicitly trafficked or aided (or otherwise abetted, assisted, conspired, or colluded) in the illicit trafficking of a controlled substance, such as chemicals, illegal drugs, or narcotics and you obtained, within the last 5 years, any financial or other benefit from this activity of your spouse or parent? ☐ Yes ☒ No

29. If your answer to **Item Number 28.** is "Yes," did you know or should you have reasonably known that the financial or other benefit you obtained resulted from this activity of your spouse or parent? ☐ Yes ☐ No

30. Have you **EVER** engaged in prostitution or are you coming to the United States to engage in prostitution? ☐ Yes ☒ No

31. Have you **EVER** directly or indirectly procured or attempted to procure, or imported prostitutes or persons for the purpose of prostitution? ☐ Yes ☒ No

32. Have you **EVER** received any proceeds or money from prostitution? ☐ Yes ☒ No

33. Do you intend to engage in illegal gambling or any other form of commercialized vice, such as prostitution, bootlegging, or the sale of child pornography, while in the United States? ☐ Yes ☒ No

34. Have you **EVER** exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a criminal offense in the United States? ☐ Yes ☒ No

35.a. Have you **EVER** served as a foreign government official? ☐ Yes ☒ No

35.b. If your answer to **Item Number 35.a.** is "Yes," have you **EVER** been responsible for, enforced, or directly carried out violations of religious freedoms? ☐ Yes ☐ No

36. Have you **EVER** induced by force, fraud, or coercion (or otherwise been involved in) the trafficking of another person for commercial sex acts (sex trafficking)? ☐ Yes ☒ No

NOTE: Sex trafficking involves inducing or causing an adult to engage in a commercial sex act (any sex act performed for anything of value) through fraud, force, or coercion, or inducing or causing any person under 18 years of age to engage in a commercial sex act (even without force, fraud, or coercion). Sex trafficking may include recruiting, enticing, harboring, transporting, providing, obtaining, advertising, maintaining, patronizing, or soliciting by any means a person to engage in the commercial sex act knowing (or, in the case of advertising, with reckless disregard of the fact) that the person is under 18 years of age or that force, fraud, or coercion was used to induce or cause the person to engage in the commercial sex act. Sex trafficking may also include knowingly benefiting financially or by receiving anything of value, from participation in a venture involving sex trafficking.

37. Have you **EVER** trafficked a person into involuntary servitude, peonage, debt bondage, or slavery? Trafficking includes recruiting, harboring, transporting, providing, or obtaining a person for labor or services through the use of force, fraud, or coercion. ☐ Yes ☒ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

38. Have you **EVER** knowingly aided, abetted, assisted, conspired, or colluded with others in trafficking in persons for commercial sex acts or involuntary servitude, peonage, debt bondage, or slavery? ☐ Yes ☒ No

39. Are you the spouse, son, or daughter of an alien who engaged in the trafficking in persons and have received or obtained, within the last 5 years, any financial or other benefits from this activity of your spouse or your parent? ☐ Yes ☒ No

40. If your answer is "Yes" to **Item Number 39.**, did you know or reasonably should have known that this benefit resulted from this activity of your spouse or parent? ☐ Yes ☐ No

41. Have you **EVER** engaged in money laundering or have you **EVER** knowingly aided, assisted, abetted, conspired, or colluded with others in money laundering or do you seek to enter the United States to engage in such activity? ☐ Yes ☒ No

Security and Related

Do you intend to:

42.a. Engage in any activity that violates or evades any law relating to espionage (including spying) or sabotage in the United States? ☐ Yes ☒ No

42.b. Engage in any activity in the United States that violates or evades any law prohibiting the export from the United States of goods, technology, or sensitive information? ☐ Yes ☒ No

42.c. Engage in any activity whose purpose includes opposing, controlling, or overthrowing the U.S. Government by force, violence, or other unlawful means while in the United States? ☐ Yes ☒ No

42.d. Engage in any other unlawful activity? ☐ Yes ☒ No

Have you **EVER**:

43.a. Received any weapons training, paramilitary training, or other military-type training? ☐ Yes ☒ No

43.b. Committed kidnapping, assassination, or hijacking or sabotage of a conveyance (including an aircraft, vessel, vehicle, or train)? ☐ Yes ☒ No

43.c. Used a weapon or explosive or any dangerous device with the intent to endanger the safety of another person or people or cause damage to property? ☐ Yes ☒ No

43.d. Threatened, attempted, conspired, prepared, or planned to do any of the things described in **Item Numbers 43.b. - 43.c.**? ☐ Yes ☒ No

43.e. Incited, under circumstances indicating an intention to cause death or serious bodily harm/injury, any of the activities described in **Item Numbers 43.b. - 43.c.?** ☐ Yes ☒ No

43.f. Participated in, or been a member of, a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

43.g. Recruited members or asked for money or things of value for a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

43.h. Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

43.i. Provided money, a thing of value, services or labor, or any other assistance or support for an individual, group, or organization who did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

44. Do you intend to engage in any of the activities listed in any part of **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

45. Do you intend to engage in any activity that could endanger the welfare, safety, or security of the United States? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any part of **Item Numbers 42.a. - 45.**, explain what you did, including the dates and location of the circumstances, or what you intend to do in the space provided in **Part 14. Additional Information**.

Part 9. General Eligibility and Inadmissibility Grounds (continued)

46. Are you the spouse or child of an individual who **EVER** engaged in any of the activities listed in **Item Numbers 43.b. - 43.i.**? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any part of **Item Number 46.**, explain what your parent or spouse did, including the dates and location of the circumstances in **Part 14. Additional Information**.

47. Have you **EVER** sold, provided, or transported weapons, or assisted any person in selling, providing, or transporting weapons, which you knew or believed would be used against another person? ☐ Yes ☒ No

48. Have you **EVER** worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other place where people were detained, or have you **EVER** directed or participated in any other activity that involved detaining people? ☐ Yes ☒ No

49. Have you **EVER** been a member of, assisted, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? ☐ Yes ☒ No

50. Have you **EVER** served in, been a member of, assisted (helped), or participated in any military or police unit? ☐ Yes ☒ No

51. Have you **EVER** served in, been a member of, assisted (helped), or participated in any armed group (a group that carries weapons), for example: paramilitary unit (a group of people who act like a military group, but are not part of the official military), self-defense unit, vigilante unit, rebel group, or guerrilla group? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 50.** or **51.**, include the name of the country, the name of the military unit or armed group, your rank or position, and your dates of involvement in your explanation in **Part 14. Additional Information**.

52. Have you **EVER** been a member of, or in any way affiliated with, the Communist Party or any totalitarian party (in the United States or abroad)? ☐ Yes ☒ No

Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

53.a. Torture? ☐ Yes ☒ No

53.b. Genocide? ☐ Yes ☒ No

53.c. Killing, or trying to kill, any person? ☐ Yes ☒ No

53.d. Intentionally and severely injuring or trying to injure any person? ☐ Yes ☒ No

54. Have you **EVER** recruited, enlisted, conscripted, or used any person under 15 years of age to take part in hostilities or to serve in or help an armed force or group, or attempted or worked with others to do so? ☐ Yes ☒ No

55. Have you **EVER** used any person under 15 years of age to take part in hostilities, for instance, participating in combat or providing services related to combat (such as sabotage or serving as a courier) or providing support services (such as transporting supplies), or attempted or worked with others to do so? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any part of **Item Numbers 47. - 55.**, explain what occurred, including the dates and location of the circumstances, in the space provided in **Part 14. Additional Information**.

Part 9. General Eligibility and Inadmissibility Grounds (continued)

Public Charge

Each alien who is subject to the public charge ground of inadmissibility in INA section 212(a)(4) must complete **Item Numbers 57. - 66.** An alien is subject to the public charge ground of inadmissibility if the alien does not fall under one of the categories exempt from the public charge ground of inadmissibility listed below. If you fall under one of the exempt categories listed below, please select the exempt category, and skip **Item Numbers 57. - 66.** If you do not fall under one of the exempt categories listed below, select "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**"

NOTE: For more information, see **Part 9. General Eligibility and Inadmissibility Grounds, *Public Charge*** section of these Instructions.

56. I am exempt from the public charge ground of inadmissibility because I am a/an (select **only one** box):

- ☐ VAWA Self-Petitioner (Form I-360)
- ☐ Special Immigrant Juvenile (Form I-360)
- ☐ Certain Afghan or Iraqi National (Form I-360 or Form DS-157)
- ☐ Asylee (Form I-589 or Form I-730)
- ☐ Refugee (Form I-590 or Form I-730)
- ☐ Victim of Qualifying Criminal Activity (U Nonimmigrant) under INA section 245(m) (Form I-918, Form I-918A, or Form I-929)
- ☐ Any category other than INA section 245(m), but you are in valid U nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if, at the time of the adjudication of Form I-485, you are still in valid U nonimmigrant status. If, at the time of adjudication of Form I-485, you are no longer in valid U nonimmigrant status, you will be subject to the public charge ground of inadmissibility.)
- ☐ Human Trafficking Victim (T nonimmigrant) under INA section 245(l) (Form I-914 or Form I-914A)
- ☐ Any category other than INA section 245(l), but you either have a pending application for T nonimmigrant status (Form I-914) that sets forth a prima facie case for eligibility or are in valid T nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if your Form I-914 is still pending and deemed to be prima facie eligible or you are in valid T nonimmigrant status when we adjudicate your adjustment of status application.)
- ☐ Cuban Adjustment Act
- ☐ Cuban Adjustment Act for Battered Spouses and Children
- ☐ Dependent Status under the Haitian Refugee Immigrant Fairness Act
- ☐ Dependent Status under the Haitian Refugee Immigrant Fairness Act for Battered Spouses and Children
- ☐ Cuban and Haitian Entrants Applying for Adjustment of Status under section 202 of the Immigration Reform and Control Act of 1986
- ☐ A Lautenberg Parolee
- ☐ National of Vietnam, Cambodia, or Laos Applying under the Foreign Operations, Export Financing, and Related Programs
- ☐ Continuous Residence in the United States Since Before January 1, 1972 (“Registry”)
- ☐ Amerasian Homecoming Act
- ☐ Polish or Hungarian Parolee
- ☐ Nicaraguans and Other Central Americans under section 203 of the Nicaraguan Adjustment and Central American Relief Act (NACARA)
- ☐ American Indian Born in Canada (INA section 289) or the Texas Band of Kickapoo Indians of the Kickapoo Tribe of Oklahoma, Public Law 97-429 (Jan. 8, 1983)
- ☐ Section 7611 of the National Defense Authorization Act for Fiscal Year 2020 (Liberian Refugee Immigration Fairness)

Part 9. General Eligibility and Inadmissibility Grounds (continued)

☐ Syrian National Adjusting Status under Public Law 106-378

☐ Spouse, Child, or Parent of a U.S. Active-Duty Service Member in the Armed Forces under the National Defense Authorization Act (NDAA) (Form I-130 or Form I-360)

☒ I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66**.

If you selected "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**" in **Item Number 56.**, complete **Item Numbers 57. - 66.** below. If you selected an exempt category in **Item Number 56.,** go to **Item Number 67.** If you need extra space to complete this section, use the space provided in **Part 14. Additional Information**.

57. What is the size of your household? `5`

58. Indicate your annual household income.

☐ $0-27,000 ☐ $27,001-52,000 ☒ $52,001-85,000 ☐ $85,001-141,000 ☐ Over $141,000

59. Identify the total value of your household assets.

☒ $0-18,400 ☐ $18,401-136,000 ☐ $136,001-321,400 ☐ $321,401-707,100 ☐ Over $707,100

60. Identify the total value of your household liabilities (including both secured and unsecured liabilities).

☐ $0 ☒ $1-10,100 ☐ $10,101-57,700 ☐ $57,701-186,800 ☐ Over $186,800

61. What is the highest degree or grade of school you have completed?

☒ Less than a high school diploma. If you select this option, indicate the highest grade of school you have completed.
`6th grade`

☐ High school diploma, GED, or alternative credential ☐ 1 or more years of college credit, no degree

☐ Associate's degree ☐ Bachelor's degree ☐ Master's degree ☐ Professional degree (JD, MD, DMD, etc.)

☐ Doctorate degree

62. List your certifications, licenses, skills obtained through work experience, and educational certificates.

List of Certifications

63. Have you ever received Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), or state, Tribal, territorial, or local cash benefit programs for income maintenance (often called "General Assistance" in the state context, but which also exist under other names)? ☐ Yes ☒ No

64. Have you ever received long-term institutionalization at government expense? ☐ Yes ☒ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

65. If your answer to **Item Number 63.** is "Yes," list the specific benefit(s) you received, the start and end dates of each period of receipt, the dollar amount of benefits received, and whether you received the benefits while you were in an immigration category exempt from the public charge ground of inadmissibility.

Benefit Received	Start Date	End Date	Dollar Amount	In a Category Exempt from Public Charge
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

66. If your answer to **Item Number 64.** is "Yes," list the name, city, and state for each institution, the start and end dates of each period of institutionalization, the reason you were institutionalized, and whether you were institutionalized while you were in an immigration category exempt from the public charge ground of inadmissibility.

Institution Name/City/State	Date From	Date To	Reason	In a Category Exempt from Public Charge
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

Illegal Entries and Other Immigration Violations

67. Have you **EVER** failed or refused to attend or to remain in attendance at any removal proceeding filed against you on or after April 1, 1997? ☐ Yes ☒ No

NOTE: If your answer to **Item Number 67.** is "Yes," attach a written statement explaining why you failed or refused to attend or remain in attendance at the removal proceeding, including any explanation of a reasonable cause for that failure or refusal.

68. Have you **EVER** submitted altered, fraudulent, or counterfeit documentation to any U.S. Government official to obtain or attempt to obtain any immigration benefit, including a visa or entry into the United States? ☐ Yes ☒ No

69. Have you **EVER** lied about, concealed, or misrepresented any information on an application or petition to obtain a visa, other documentation required for entry into the United States, admission to the United States, or any other kind of immigration benefit? ☐ Yes ☒ No

70. Have you **EVER** falsely claimed to be a U.S. citizen (in writing or any other way)? ☐ Yes ☒ No

71. Have you **EVER** been a stowaway on a vessel or aircraft arriving in the United States? ☐ Yes ☒ No

72. Have you **EVER** knowingly encouraged, induced, assisted, abetted, or aided any alien to enter or to try to enter the United States illegally (alien smuggling)? ☐ Yes ☒ No

73. Are you under a final order of civil penalty for violating INA section 274C for use of fraudulent documents? ☐ Yes ☒ No

Removal, Unlawful Presence, or Illegal Reentry After Previous Immigration Violations

74. Have you **EVER** been excluded, deported, or removed from the United States or have you ever departed the United States on your own after having been ordered excluded, deported, or removed from the United States? ☐ Yes ☒ No

75. Have you **EVER** entered the United States without being inspected and admitted or paroled? ☐ Yes ☒ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

76. Since April 1, 1997, have you been unlawfully present in the United States? You were unlawfully present in the United States if you were present in the United States after the expiration of the period of stay authorized by the Department of Homeland Security (DHS) Secretary or were present in the United States without being admitted or paroled. ☐ Yes ☒ No

NOTE: If you answered "Yes" to **Item Number 76.**, give the dates of unlawful presence in the space provided in **Part 14. Additional Information**.

77. If you answered "Yes" to **Item Number 76.**, was a severe form of trafficking in persons at least one central reason for your unlawful presence in the United States? ☐ Yes ☐ No

NOTE: Severe trafficking in persons involves sex trafficking (the recruitment, harboring, transportation, provision, or obtaining of a person to commit a commercial sex act) induced by force, fraud, coercion, or in which the person is induced to perform such act has not reached 18 years of age, or the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Since April 1, 1997, have you **EVER** reentered or attempted to reenter the United States without being inspected and admitted or paroled after:

78.a. Having been unlawfully present in the United States for more than one year in the aggregate on or after April 1, 1997? You were unlawfully present in the United States for more than one year in the aggregate if you count all of the days during all of your stays that you were present in the United States after the expiration of the period of stay authorized by the DHS Secretary or were present in the United States without being admitted or paroled. ☐ Yes ☒ No

78.b. Having been deported, excluded, or removed from the United States? ☐ Yes ☒ No

Miscellaneous Conduct

79. Do you plan to practice polygamy in the United States? ☐ Yes ☒ No

80. Are you accompanying an alien who is inadmissible and who has been certified by a medical officer as helpless from sickness, mental or physical disability, or infancy, and who requires your protection or guardianship, as described in INA section 232(c)? ☐ Yes ☒ No

81. Have you **EVER** assisted in detaining, retaining, or withholding custody of a U.S. citizen child outside the United States from a person who has been granted custody of the child? ☐ Yes ☒ No

82. Have you **EVER** voted in violation of any Federal, state, or local constitutional provision, statute, ordinance, or regulation in the United States? ☐ Yes ☒ No

83. Have you **EVER** renounced U.S. citizenship to avoid being taxed by the United States? ☐ Yes ☒ No

Have you **EVER:**

84.a. Applied for exemption or discharge from training or service in the U.S. armed forces or in the U.S. National Security Training Corps on the ground that you are an alien? ☐ Yes ☒ No

84.b. Been relieved or discharged from such training or service on the ground that you are an alien? ☐ Yes ☒ No

84.c. Been convicted of desertion from the U.S. armed forces? ☐ Yes ☒ No

85. Have you **EVER** left or remained outside the United States to avoid or evade training or service in the U.S. armed forces in time of war or a period declared by the President to be a national emergency? ☐ Yes ☒ No

86. If you answered "Yes" to **Item Number 85.**, what was your nationality or immigration status immediately before you left (for example, U.S. citizen or national, lawful permanent resident, nonimmigrant, parolee, present without admission or parole, or any other status)?

A-Number ▶ A-

Part 10. Applicant's Contact Information, Certification, and Signature

Applicant's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number
+14257508937

2. Applicant's Mobile Telephone Number (if any)
+14257508937

3. Applicant's Email Address (if any)
danyfariaarantes@hotmail.com

Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 11.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature ➡ Daniella Faria Arantes
Date of Signature (mm/dd/yyyy) 01/15/2026

Part 11. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)
INACIO PENNA MELLO

Interpreter's Given Name (First Name)
Andre Vinicius

2. Interpreter's Business or Organization Name
HS Law Corp

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number
4154252508

4. Interpreter's Mobile Telephone Number (if any)
4154252508

5. Interpreter's Email Address (if any)
andre@yousalaw.com

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and portuguese, and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that he or she understood every instruction, question, and answer on the application.

6. Interpreter's Signature
Date of Signature (mm/dd/yyyy) 01/15/2026

A-Number ► **A-**

Part 12. Contact Information, Certification, and Signature of the Person Preparing this Application, if Other Than the Applicant

Preparer's Full Name

1. Preparer's Family Name (Last Name)
HAVERROTH SILVA

Preparer's Given Name (First Name)
Otavio

2. Preparer's Business or Organization Name
HS Law Corp

Preparer's Contact Information

3. Preparer's Daytime Telephone Number
5102419336

4. Preparer's Mobile Telephone Number (if any)
5102419336

5. Preparer's Email Address (if any)
otavio@legalhs.com

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this application for the applicant at his or her request and with express consent and that all of the responses and information contained in and submitted with the application are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the application.

6. Preparer's Signature

Date of Signature (mm/dd/yyyy)
01/15/2026

NOTE: Do not complete Part 13. until the USCIS Officer instructs you to do so at the interview.

Part 13. Signature at Interview

I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this Form I-485, Application to Register Permanent Residence or Adjust Status, subscribed by me, including the changes made to this application, **numbered** **through** , are complete, true, and correct. All information on additional pages submitted by me with this Form I-485, **on numbered pages** **through** are complete, true, and correct. All documents submitted at this interview were provided by me and are complete, true, and correct.

Subscribed to and sworn to (affirmed) before me

USCIS Officer's Printed Name or Stamp

Date of Signature (mm/dd/yyyy)

Applicant's Signature (sign in ink)

USCIS Officer's Signature (sign in ink)

Part 14. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number, Part Number,** and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name): **FARIA COSTA** | Given Name (First Name): **Victor** | Middle Name (if applicable):

2. Page Number: **4** | Part Number: **1** | Item Number: **18**

15631 Ash Way, Apt. B202 - Lynwood, WA, USA, 98087 - From 10/01/2018 to 02/10/2021.

3. Page Number: **14** | Part Number: **9** | Item Number: **13**

I entered the United States with B-2 Visa on September 12, 2018, and I have remained in the United States beyond the authorized period of stay since then.

4. Page Number: **21** | Part Number: **9** | Item Number: **76**

My authorized period of stay expired on March 11, 2019. After that date, I remained in the United States and have continued to reside in the country up to the present. As I am currently under 18 years of age, I have not accrued unlawful presence.

5. Page Number: N/A | Part Number: **N/A** | Item Number: **N/A**

N/A

Application For Employment Authorization

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-765
OMB No. 1615-0040
Expires 09/30/2027

For USCIS Use Only			
	☐ **Authorization/Extension Valid From** _____	**Fee Stamp**	**Action Block**
	☐ **Authorization/Extension Valid Through** _____		
	Alien Registration Number A-		
	Remarks		

To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).	☒ **Select this box if Form G-28 is attached.**	**Attorney or Accredited Representative USCIS Online Account Number** (if any) 0 0 7 4 9 2 6 2 5 4 3 8

► **START HERE - Type or print in black ink.**

Part 1. Reason for Applying

I am applying for (select **only one** box):

1.a. ☒ Initial permission to accept employment.

1.b. ☐ Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document **NOT DUE** to U.S. Citizenship and Immigration Services (USCIS) error.

NOTE: Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to **Replacement for Card Error** in the **What is the Filing Fee** section of the Form I-765 Instructions for further details.

1.c. ☐ Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Part 2. Information About You

Your Full Legal Name

1.a. Family Name (Last Name): FARIA COSTA

1.b. Given Name (First Name): Victor

1.c. Middle Name: N/A

Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

2.a. Family Name (Last Name): N/A

2.b. Given Name (First Name): N/A

2.c. Middle Name: N/A

3.a. Family Name (Last Name): N/A

3.b. Given Name (First Name): N/A

3.c. Middle Name: N/A

4.a. Family Name (Last Name): N/A

4.b. Given Name (First Name): N/A

4.c. Middle Name: N/A

Part 2. Information About You (continued)

Your U.S. Mailing Address

5.a. In Care Of Name (if any)
Otavio Haverroth Silva

5.b. Street Number and Name: PO Box 90487

5.c. ☐ Apt. ☐ Ste. ☐ Flr.

5.d. City or Town: San Diego

5.e. State: CA **5.f.** ZIP Code: 92169

(USPS ZIP Code Lookup)

6. Is your current mailing address the same as your physical address? ☐ Yes ☒ No

NOTE: If you answered "No" to **Item Number 6.**, provide your physical address below.

U.S. Physical Address

7.a. Street Number and Name: 16720 North Rd

7.b. ☒ Apt. ☐ Ste. ☐ Flr. C208

7.c. City or Town: Bothell

7.d. State: WA **7.e.** ZIP Code: 98012

Other Information

8. Alien Registration Number (A-Number) (if any)
▶ A- N / A

9. USCIS Online Account Number (if any)
▶ N / A

10. Sex ☒ Male ☐ Female

11. Marital Status
☒ Single ☐ Married ☐ Divorced ☐ Widowed

12. Have you previously filed Form I-765? ☐ Yes ☒ No

13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? ☐ Yes ☒ No

NOTE: If you answered "No" to **Item Number 13.a.**, skip to **Item Number 14.** If you answered "Yes" to **Item Number 13.a.**, provide the information requested in **Item Number 13.b.**

13.b. Provide your Social Security number (SSN) (if known).
▶

14. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to **Item Number 15.**, **Consent for Disclosure**, to receive a card.) ☒ Yes ☐ No

NOTE: If you answered "No" to **Item Number 14.**, skip to **Part 2.**, **Item Number 18.a.** If you answered "Yes" to **Item Number 14.**, you must also answer "Yes" to **Item Number 15.**

15. **Consent for Disclosure:** I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card. ☒ Yes ☐ No

NOTE: If you answered "Yes" to **Item Numbers 14. - 15.**, provide the information requested in **Item Numbers 16.a. - 17.b.**

Father's Name

Provide your father's birth name.

16.a. Family Name (Last Name): ALMEIDA COSTA

16.b. Given Name (First Name): Samuel

Mother's Name

Provide your mother's birth name.

17.a. Family Name (Last Name): FARIA ARANTES

17.b. Given Name (First Name): Daniella

Your Country or Countries of Citizenship or Nationality

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in **Part 6. Additional Information**.

18.a. Country
Brazil

18.b. Country
N/A

Part 2. Information About You (continued)

Place of Birth

List the city/town/village, state/province, and country where you were born.

19.a. City/Town/Village of Birth

Rio Verde

19.b. State/Province of Birth

Goias

19.c. Country of Birth

Brazil

20. Date of Birth (mm/dd/yyyy) 08/08/2014

Information About Your Last Arrival in the United States

21.a. Form I-94 Arrival-Departure Record Number (if any)

► 47341826756

21.b. Passport Number of Your Most Recently Issued Passport

YE783507

21.c. Travel Document Number (if any)

N/A

21.d. Country That Issued Your Passport or Travel Document

Brazil

21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy) 06/19/2029

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) 09/12/2018

23. Place of Your Last Arrival Into the United States

Miami FL

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

B-2 visitor

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

Adjustment of Status - I-485 Pending

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

► N- N/A

Information About Your Eligibility Category

27. **Eligibility Category.** Refer to the **Who May File Form I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).

(c) (9) (N/A)

28. **(c)(3)(C) STEM OPT Eligibility Category.** If you entered the eligibility category **(c)(3)(C)** in **Item Number 27.**, provide the information requested in **Item Numbers 28.a - 28.c.**

28.a. Degree N/A

28.b. Employer's Name as Listed in E-Verify

N/A

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

N/A

29. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Item Number 27.**, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

►

30. **(c)(8) Eligibility Category.** If you entered the eligibility category (c)(8) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

☐ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 30.**, refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** in the **Required Documentation** section of the Form I-765 Instructions for information about providing court dispositions.

31.a. **(c)(35) and (c)(36) Eligibility Category.** If you entered the eligibility category (c)(35) in **Item Number 27.**, please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in **Item Number 27.**, please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.

►

31.b. If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime? ☐ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 31.b.**, refer to **Employment-Based Nonimmigrant Categories**, **Items 8. - 9.**, in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.

Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

Applicant's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a. ☐ I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.

1.b. ☒ The interpreter named in **Part 4.** read to me every question and instruction on this application and my answer to every question in

portuguese,

a language in which I am fluent, and I understood everything.

2. ☒ At my request, the preparer named in **Part 5.,**

Otavio Haverroth Silva,

prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

+14257508937

4. Applicant's Mobile Telephone Number (if any)

+14257508937

5. Applicant's Email Address (if any)

danyfariaarantes@hotmail.com

6. ☐ Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

1) I reviewed and understood all of the information contained in, and submitted with, my application; and

2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

Applicant's Signature

7.a. Applicant's Signature

➡ Daniella Tania Arantes

7.b. Date of Signature (mm/dd/yyyy) 01/15/2026

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

INACIO PENNA MELLO

1.b. Interpreter's Given Name (First Name)

Andre Vinicius

2. Interpreter's Business or Organization Name (if any)

HS Law Corp

Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Mailing Address

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code: 92169

3.f. Province:

3.g. Postal Code:

3.h. Country: USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number: 4154252508

5. Interpreter's Mobile Telephone Number (if any): 4154252508

6. Interpreter's Email Address (if any): andre@yousalaw.com

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and portuguese, which is the same language specified in **Part 3.**, **Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature

7.b. Date of Signature (mm/dd/yyyy): 01/15/2026

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name): HAVERROTH SILVA

1.b. Preparer's Given Name (First Name): Otavio

2. Preparer's Business or Organization Name (if any): HS Law Corp

Preparer's Mailing Address

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code: 92169

3.f. Province:

3.g. Postal Code:

3.h. Country: USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number: 5102419336

5. Preparer's Mobile Telephone Number (if any): 5102419336

6. Preparer's Email Address (if any): otavio@legalhs.com

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant (continued)

Preparer's Statement

7.a. ☐ I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.

7.b. ☒ I am an attorney or accredited representative and my representation of the applicant in this case ☒ extends ☐ does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy) 01/15/2026

Part 6. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name): FARIA COSTA

1.b. Given Name (First Name): Victor

1.c. Middle Name:

2. A-Number (if any) ► A-

3.a. Page Number **3.b.** Part Number **3.c.** Item Number

3.d.
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

4.a. Page Number **4.b.** Part Number **4.c.** Item Number

4.d.
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

5.a. Page Number **5.b.** Part Number **5.c.** Item Number

5.d.
N/A
N/A
N/A
N/A
N/A
N/A

6.a. Page Number **6.b.** Part Number **6.c.** Item Number

6.d.
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

7.a. Page Number **7.b.** Part Number **7.c.** Item Number

7.d.
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

LUIS FELIPE BATRES DE LEON'S SIGNED FORMS - JOINT-SPONSOR

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶ 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name): HAVERROTH SILVA

2.b. Given Name (First Name): Otavio

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code: 92169 *(USPS ZIP Code Lookup)*

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

6. Email Address (if any): otavio@legalhs.com

7. Fax Number (if any): N/A

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority: California

1.b. Bar Number (if applicable): 343486

1.c. I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, 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-864

2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

N/A

3.a. ☐ U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

N/A

4. Receipt Number (if any)

► N / A

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

☐ Applicant ☐ Petitioner ☒ Requestor

☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

6.a. Family Name (Last Name): BATRES DE LEON

6.b. Given Name (First Name): Luis

6.c. Middle Name: Felipe

7.a. Name of Entity (if applicable)

N/A

7.b. Title of Authorized Signatory for Entity (if applicable)

N/A

8. Client's USCIS Online Account Number (if any)

► N / A

9. Client's Alien Registration Number (A-Number) (if any)

► A- 0 4 7 3 9 7 0 3 9

Client's Contact Information

10. Daytime Telephone Number

+1 206 698 9445

11. Mobile Telephone Number (if any)

+1 206 698 9445

12. Email Address (if any)

Luisbatres33@gmail.com

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

13.a. Street Number and Name: PO Box 90487

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town: San Diego

13.d. State: CA **13.e.** ZIP Code: 92169

13.f. Province: N/A

13.g. Postal Code: N/A

13.h. Country: USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.

1.b. ☒ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity

2.b. Date of Signature (mm/dd/yyyy) 1-14-26

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) 01/14/2026

2.a. Signature of Law Student or Law Graduate

2.b. Date of Signature (mm/dd/yyyy) N/A

Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a Family Name (Last Name): BATRES DE LEON

1.b. Given Name (First Name): Luis

1.c. Middle Name: Felipe

2.a. Page Number **2.b.** Part Number **2.c.** Item Number

2.d. N/A

3.a. Page Number **3.b.** Part Number **3.c.** Item Number

3.d. N/A

4.a. Page Number **4.b.** Part Number **4.c.** Item Number

4.d. N/A

5.a. Page Number **5.b.** Part Number **5.c.** Item Number

5.d. N/A

6.a. Page Number **6.b.** Part Number **6.c.** Item Number

6.d. N/A

Affidavit of Support Under Section 213A of the INA

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-864
OMB No. 1615-0075
Expires 10/31/2027

For USCIS Use Only	Affidavit of Support Submitter	Section 213A Review	Number of Support Affidavits in File
	☐ Petitioner ☐ 1st Joint Sponsor ☐ 2nd Joint Sponsor ☐ Substitute Sponsor ☐ 5% Owner	☐ MEETS requirements ☐ DOES NOT MEET requirements Reviewed By:_____ Office: _____ Date (mm/dd/yyyy): _____	☐ 1 ☐ 2 **Remarks**

To be completed by an Attorney or Accredited Representative (if any).	☒ Select this box if Form G-28 or G-28I is attached.	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)
		343486	0 0 7 4 9 2 6 2 5 4 3 8

► **START HERE - Type or print in black ink.**

Part 1. Basis For Filing Affidavit of Support

I am the sponsor submitting this affidavit of support because (Select **only one** box).

1.a. ☐ I am the petitioner. I filed or am filing for the immigration of my relative.

1.b. ☐ I filed an alien worker petition on behalf of the intending immigrant,who is related to me as my _____

1.c. ☐ I have an ownership interest of at least 5 percent in _____ which filed an alien worker petition on behalf of the intending immigrant, who is related to me as my _____

1.d. ☒ I am the only joint sponsor.

1.e. ☐ I am the ☐ first ☐ second of two joint sponsors.

1.f. ☐ The original petitioner is deceased. I am the substitute sponsor. I am the intending immigrant's _____

NOTE: As a sponsor, you must include proof of your U.S. citizenship, U.S. national status, or lawful permanent resident status.

Part 2. Information About You (Sponsor)

1. Sponsor's Full Legal Name (**Do not** provide a nickname)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
BATRES DE LEON	Luis	Felipe

Part 2. Information About You (Sponsor) (continued)

2. Sponsor's Current Mailing Address

In Care Of Name (if any)
Otavio Haverroth Silva

Street Number and Name
PO Box 90487

Apt. Ste. Flr. Number
☐ ☐ ☐

City or Town
San Diego

State
CA

ZIP Code
92169

Province

Postal Code

Country
USA

3. Is your current mailing address the same as your physical address? ☐ Yes ☒ No

If you answered "No" to **Item Number 3.**, provide your physical address in **Item Number 4.**

4. Sponsor's Physical Address (if different from the address above)

Street Number and Name
5511 S Cushman Ave

Apt. Ste. Flr. Number
☐ ☐ ☐ N/A

City or Town
Tacoma

State
WA

ZIP Code
98408

Province
N/A

Postal Code
N/A

Country
USA

Other Information

5. Country of Domicile
United States

6. Date of Birth (mm/dd/yyyy)
01/03/1982

7. Country of Birth
Guatemala

8. U.S. Social Security Number (Required)
► 6 1 3 1 9 0 7 8 2

9. Immigration Status

☐ I am a U.S. citizen.

☐ I am a U.S. national.

☒ I am a lawful permanent resident.

10. Sponsor's A-Number (if any)
► A-0 4 7 3 9 7 0 3 9

11. USCIS Online Account Number (if any)
► N / A

Military Service (To be completed by petitioner sponsors only.)

12. I am currently on **active duty** in the United States Armed Forces or U.S. Coast Guard. ☐ Yes ☒ No

Part 3. Information About the Principal Immigrant

1. Principal Immigrant's Full Legal Name (**Do not** provide a nickname)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
FARIA ARANTES	Daniella	N/A

2. Current Mailing Address

In Care Of Name (if any)

Otavio Haverroth Silva

Street Number and Name	Apt. Ste. Flr.	Number
PO Box 90487	☐ ☐ ☐	

City or Town	State	ZIP Code
San Diego	CA	92169

Province	Postal Code	Country
		USA

Other Information

3. Country of Citizenship or Nationality: Brazil

4. Date of Birth (mm/dd/yyyy): 03/04/1985

5. Alien Registration Number (A-Number) (if any): ► A-N / A

6. USCIS Online Account Number (if any): ► N / A

7. Daytime Telephone Number: +1 425 750 8973

Part 4. Information About the Immigrants You Are Sponsoring

1. I am sponsoring the principal immigrant named in **Part 3.**

☒ Yes ☐ No, I am sponsoring family members in **Part 4.** as the second joint sponsor or I am sponsoring family members who are immigrating more than six months after the principal immigrant.

2. ☒ I am sponsoring the following family members immigrating at the same time or within six months of the principal immigrant named in **Part 3.** (List family members in **Item Numbers 4. - 7.** Do not include any relative listed on a separate visa petition.)

3. ☐ I am sponsoring the following family members who are immigrating more than six months after the principal immigrant. (List family members in **Item Numbers 4. - 7.**)

4. **Family Member 1**

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
FARIA COSTA	Yuri	N/A

Relationship to Principal Immigrant	Date of Birth (mm/dd/yyyy)	Alien Registration Number (A-Number, if any)
Son	05/18/2007	► N/A

USCIS Online Account Number (if any): ► N/A

Part 4. Information About the Immigrants You Are Sponsoring (continued)

5. Family Member 2

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
FARIA COSTA	Victor	N/A

Relationship to Principal Immigrant	Date of Birth (mm/dd/yyyy)	Alien Registration Number (A-Number, if any)
Son	08/08/2014	► N/A

USCIS Online Account Number (if any)
► N/A

6. Family Member 3

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

Relationship to Principal Immigrant	Date of Birth (mm/dd/yyyy)	Alien Registration Number (A-Number, if any)
N/A	N/A	► N/A

USCIS Online Account Number (if any)
► N/A

7. Family Member 4

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

Relationship to Principal Immigrant	Date of Birth (mm/dd/yyyy)	Alien Registration Number (A-Number, if any)
N/A	N/A	► N/A

USCIS Online Account Number (if any)
► N/A

If you need additional space, use the space provided in **Part 11. Additional Information**.

For USCIS Use Only	

Part 5. Sponsor's Household Size

NOTE: Do not count any member of your household more than once.

Persons you are sponsoring in this affidavit:

1. Enter the total number of immigrants you are sponsoring on this affidavit which includes the principal immigrant listed in **Part 3.**, any immigrants listed in **Part 4.**, **Item Numbers 4. - 7.** and, any additional sponsored immigrants you listed in **Part 11. Additional Information**. Do not count the principal immigrant if you are only sponsoring family members entering more than six months after the principal immigrant. **3**

Persons NOT sponsored in this affidavit:

2. Yourself. **1**

3. If you are currently married, enter "1" for your spouse. (**NOTE:** Enter "0" if you already counted your spouse in **Item Number 1.**) **1**

4. If you have dependent children, enter the number here. (**NOTE:** Enter "0" if you already counted your dependent children in **Item Number 1.**) **1**

5. If you have any other dependents, enter the number here. (**NOTE:** Enter "0" if you already counted your other dependents in **Item Number 1.**)

6. If you have sponsored any other persons on Form I-864 or Form I-864EZ who are now lawful permanent residents and you are still obligated to support, enter the number here. (**NOTE:** Enter "0" if you already counted these persons in **Item Number 1.**)

7. If you have siblings, parents, or adult children with the same principal residence who are combining their income with yours by submitting Form I-864A, enter the number here. (**NOTE:** Enter "0" if you already counted these persons in **Item Number 1.**)

8. Add together **Part 5.**, **Item Numbers 1. - 7.** and enter the number here.

Household Size: **6**

Part 6. Sponsor's Employment and Income

I am currently:

1. ☒ Employed as a/an — Warehouse Manager

2. Name of Employer 1 — Agri-Trade Corporation

3. Name of Employer 2 (if applicable) — N/A

4. ☐ Self-Employed as a/an (Occupation) — N/A

5. ☐ Retired Since (mm/dd/yyyy) — N/A

6. ☐ Unemployed Since (mm/dd/yyyy) — N/A

7. My current individual annual income is: $ 84.121,81

Income you are using from any other person who was counted in your household size, including, in certain conditions, the intending immigrant. (See Form I-864 Instructions.) Please indicate name, relationship, and income.

For USCIS Use Only	

Part 6. Sponsor's Employment and Income (continued)

8. **Person 1**

Name: N/A

Relationship: N/A

Current Income $ N/A

9. **Person 2**

Name: N/A

Relationship: N/A

Current Income $ N/A

10. **Person 3**

Name: N/A

Relationship: N/A

Current Income $ N/A

11. **Person 4**

Name: N/A

Relationship: N/A

Current Income $ N/A

If you need additional space, use the space provided in **Part 11. Additional Information**

Remarks

12. **My Current Annual Household Income** (Total all lines **from Part 6. Item Numbers 7. - 11.**; the total will be compared to Federal Poverty Guidelines on Form I-864P.) $ 129,577

13. ☐ The people listed in **Item Numbers 8. - 11.** have completed Form I-864A. I am filing along with this affidavit all necessary Form I-864As completed by these people.

14. ☐ One or more of the people listed in **Item Numbers 8. - 11.** do not need to complete Form I-864A because he or she is the intending immigrant and has no accompanying dependents. N/A

Federal Tax Return Information

15. Have you filed a Federal income tax return for each of the three most recent tax years? ☒ Yes ☐ No

NOTE: You **MUST** attach a photocopy or transcript of your Federal income tax return for only the most recent tax year and complete **Item Number 16.a.** If you believe additional returns may help you to establish your ability to maintain sufficient income, you may submit transcripts or photocopies of your Federal individual income tax returns for the three most recent years and complete **Item Numbers 16.a. - 16.c.**

Type or print the most recent tax year and your total income for that most recent tax year. If the amount was zero, type or print "zero" or if you were not required to file a Federal income tax return type or print "N/A" for not applicable. Type or print "N/A" for not applicable for **Item Numbers 16.b. - 16.c.** if you do are not submitting any additional tax returns.

For USCIS Use Only	

Part 6. Sponsor's Employment and Income (continued)

My total income (adjusted gross income on IRS Form 1040EZ) as reported on my Federal income tax returns for the most recent year was:

	Tax Year	Total Income
16.a. Most Recent	2024	$ 129,577
16.b. 2nd Most Recent	2023	$ 118,894
16.c. 3rd Most Recent	2022	$ 123,494

17. ☐ I was not required to file a Federal income tax return as my income was below the IRS required level and I have attached evidence to support this.

For USCIS Use Only	Household Size	Poverty Guideline	Sponsor's Household Income *(Page 5, Line 10)*	Remarks
	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ Other_____	Year: 2 0____ Poverty Line: $_____	$_____	*The total value of all assets, line 10, must equal 5 times (3 times for spouses and children of USCs, or 1 time for orphans to be formally adopted in the U.S.) the difference between the poverty guidelines and the sponsor's household income, line 10.*

Part 7. Use of Assets to Supplement Income (if Applicable)

If your income, or the total income for you and your household, from **Part 6.**, **Item Numbers 12.** or **16.** exceeds the Federal Poverty Guidelines for your household size, **YOU ARE NOT REQUIRED** to complete this **Part 7.** Skip to **Part 8.**

Your Assets (if applicable)

1. Enter the balance of all cash, savings, and checking accounts. $

2. Enter the net cash value of real-estate holdings. (Net value means assessed value minus mortgage debt.) $ $

3. Enter the net cash value of all stocks, bonds, certificates of deposit, and any other assets not already included in **Item Number 1.** or **Item Number 2.** $

4. Add together **Item Numbers 1. - 3.** and enter the number here. $

Assets of your household members (if applicable)

Your household members who are combining their income with yours, report their assets on Form I-864A **Part 4.**, in **Item Number 6.**

5. Add together the household members' assets reported on all the Form I-864A **Part 4.**, **Item Number 6.** and enter the number here. **TOTAL:** $

Part 7. Use of Assets to Supplement Income (if Applicable) (continued)

Assets of the principal sponsored immigrant (if applicable).

The principal sponsored immigrant is the person listed in **Part 3.**, **Item Number 1.** Only include the assets if the principal immigrant is being sponsored by this affidavit of support.

6. Enter the balance of the principal immigrant's savings and checking accounts. $

7. Enter the net cash value of all the principal immigrant's real estate holdings. (Net value means investment value minus mortgage debt.) $

8. Enter the current cash value of the principal immigrant's stocks, bonds, certificates of deposit, and other assets not included in **Item Number 6.** or **Item Number 7.** $

9. Add together **Item Numbers 6. - 8.** and enter the number here. $

Total Value of Assets

10. Add together **Item Numbers 4.**, **5.**, and **9.** and enter the number here. **TOTAL: $**

Part 8. Sponsor's Contract, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-864 Instructions before completing this part.

Sponsor's Contract

Please note that, by signing this Form I-864, you agree to assume certain specific obligations under the Immigration and Nationality Act (INA) and other Federal laws. The following paragraphs describe those obligations. Please read the following information carefully before you sign Form I-864. If you do not understand the obligations, you may wish to consult an attorney or accredited representative.

What is the Legal Effect of My Signing Form I-864?

If you sign Form I-864 on behalf of any person (called the intending immigrant) who is applying for an immigrant visa or for adjustment of status to a lawful permanent resident, and that intending immigrant submits Form I-864 to the U.S. Government with his or her application for an immigrant visa or adjustment of status, under INA section 213A, these actions create a contract between you and the U.S. Government. The intending immigrant becoming a lawful permanent resident is the consideration for the contract.

Under this contract, you agree that, in deciding whether the intending immigrant can establish that he or she is not inadmissible to the United States as a person likely to become a public charge, the U.S. Government can consider your income and assets as available for the support of the intending immigrant.

What If I Choose Not to Sign Form I-864?

The U.S. Government cannot make you sign Form 1-864 if you do not want to do so. But if you do not sign Form I-864, the intending immigrant may not become a lawful permanent resident in the United States.

What Does Signing Form I-864 Require Me To Do?

If an intending immigrant becomes a lawful permanent resident in the United States based on a Form I-864 that you have signed, then, until your obligations under Form I-864 terminate, you must:

A. Provide the intending immigrant any support necessary to maintain him or her at an income that is at least 125 percent of the Federal Poverty Guidelines for his or her household size (100 percent if you are the petitioning sponsor and are on active duty in the U.S. Armed Forces or U.S. Coast Guard, and the person is your husband, wife, or unmarried child under 21 years of age); and

B. Notify U.S. Citizenship and Immigration Services (USCIS) of any change in your address, within 30 days of the change, by filing Form I-865.

Part 8. Sponsor's Contract, Contact Information, Certification, and Signature (continued)

What Other Consequences Are There?

If an intending immigrant becomes a lawful permanent resident in the United States based on a Form I-864 that you have signed, then, until your obligations under Form I-864 terminate, the U.S. Government may consider (deem) your income and assets as available to that person, in determining whether he or she is eligible for certain Federal means-tested public benefits and also for state or local means-tested public benefits, if the state or local government's rules provide for consideration (deeming) of your income and assets as available to the person.

This provision does **not** apply to public benefits specified in section 403(c) of the Welfare Reform Act such as emergency Medicaid, short-term, non-cash emergency relief; services provided under the National School Lunch and Child Nutrition Acts; immunizations and testing and treatment for communicable diseases; and means-tested programs under the Elementary and Secondary Education Act.

What If I Do Not Fulfill My Obligations?

If you do not provide sufficient support to the person who becomes a lawful permanent resident based on a Form I-864 that you signed, that person may sue you for this support.

If a Federal, state, local, or private agency provided any covered means-tested public benefit to the person who becomes a lawful permanent resident based on a Form I-864 that you signed, the agency may ask you to reimburse them for the amount of the benefits they provided. If you do not make the reimbursement, the agency may sue you for the amount that the agency believes you owe.

If you are sued, and the court enters a judgment against you, the person or agency that sued you may use any legally permitted procedures for enforcing or collecting the judgment. You may also be required to pay the costs of collection, including attorney fees.

If you do not file a properly completed Form I-865 within 30 days of any change of address, USCIS may impose a civil fine for your failing to do so.

When Will These Obligations End?

Your obligations under a Form I-864 that you signed will end if the person who becomes a lawful permanent resident based on that affidavit:

- **A.** Becomes a U.S. citizen;
- **B.** Has worked, or can receive credit for, 40 quarters of coverage under the Social Security Act;
- **C.** No longer has lawful permanent resident status and has departed the United States;
- **D.** Is subject to removal, but applies for and obtains, in removal proceedings, a new grant of adjustment of status, based on a new affidavit of support, if one is required; or
- **E.** Dies.

NOTE: Divorce **does not** terminate your obligations under Form I-864.

Your obligations under a Form I-864 that you signed also end if you die. Therefore, if you die, your estate is not required to take responsibility for the person's support after your death. However, your estate may owe any support that you accumulated before you died.

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

Part 8. Sponsor's Contract, Contact Information, Certification, and Signature (continued)

Sponsor's Statement

1. Sponsor's Statement Regarding the Interpreter

   A. ☒ I can read and understand English, and I have read and understand every question and instruction on this affidavit and my answer to every question.

   B. ☐ The interpreter named in **Part 9.** read to me every question and instruction on this affidavit and my answer to every question in [ ], a language in which I am fluent, and I understood everything.

2. ☒ At my request, the preparer named in **Part 10.**, [Otavio Haverroth Silva], prepared this affidavit for me based only upon information I provided or authorized.

Sponsor's Contact Information

3. Sponsor's Daytime Telephone Number: +1 206 698-9445

4. Sponsor's Mobile Telephone Number (if any): +1 206 698-9445

5. Sponsor's Email Address (if any): luisbatres33@gmail.com

Sponsor's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS or the U.S. Department of State (DOS) may require that I submit original documents to USCIS or DOS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS or DOS may need to determine my eligibility for the immigration benefit I seek.

I furthermore authorize release of information contained in this affidavit, in supporting documents, and in my USCIS or DOS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I certify, under penalty of perjury, that all of the information in my affidavit and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my affidavit, and that all of this information is complete, true, and correct.

A. I know the contents of this affidavit of support that I signed;

B. I have read and I understand each of the obligations described in **Part 8.**, and I agree, freely and without any mental reservation or purpose of evasion, to accept each of those obligations in order to make it possible for the immigrant indicated in **Part 3.** to become a lawful permanent resident of the United States;

C. I agree to submit to the personal jurisdiction of any Federal or state court that has subject matter jurisdiction of a lawsuit against me to enforce my obligations under this Form I-864EZ;

D. Each of the Federal income tax returns submitted in support of this affidavit are true copies, or are unaltered tax transcripts, of the tax returns I filed with the IRS;

E. I understand that, if I am related to the sponsored immigrant by marriage, the termination of the marriage (by divorce, dissolution, annulment, or other legal process) will not relieve me of my obligations under this Form I-864EZ; and

F. I authorize the Social Security Administration to release information about me in its records to the USCIS and DOS.

Sponsor's Signature

6. Sponsor's Signature ➡ [signature] Date of Signature (mm/dd/yyyy): 1-14-26

NOTE TO ALL SPONSORS: If you do not completely fill out this affidavit or fail to submit required documents listed in the Instructions, USCIS or DOS may deny your request.

Part 9. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)
N/A

Interpreter's Given Name (First Name)
N/A

2. Interpreter's Business or Organization Name
N/A

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number
N/A

4. Interpreter's Mobile Telephone Number (if any)
N/A

5. Interpreter's Email Address (if any)
N/A

Interpreter's Certification and Signature

I certify, under penalty of perjury, that: that I am fluent in English and N/A, and I have interpreted every question on the affidavit and Instructions and interpreted the sponsor's answers to the questions in that language, and the sponsor informed me that they understood every instruction, question, and answer on the affidavit.

6. Interpreter's Signature

Date of Signature (mm/dd/yyyy)
N/A

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Affidavit, if Other Than the Sponsor

Preparer's Full Name

1. Preparer's Family Name (Last Name)
HAVERROTH SILVA

Preparer's Given Name (First Name)
Otavio

2. Preparer's Business or Organization Name
HS Law Corp

Preparer's Contact Information

3. Preparer's Daytime Telephone Number
5102419336

4. Preparer's Mobile Telephone Number (if any)
5102419336

5. Preparer's Email Address (if any)
otavio@legalhs.com

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this affidavit for the sponsor at their request and with express consent and that all of the responses and information contained in and submitted with the affidavit are complete, true, and correct and reflects only information provided by the sponsor. The sponsor reviewed the responses and information and informed me that they understand the responses and information in or submitted with the affidavit.

6. Preparer's Signature



Date of Signature (mm/dd/yyyy)
01/14/2026

Part 11. Additional Information

If you need extra space to provide any additional information within this contract, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this contract or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name): BATRES DE LEON | Given Name (First Name): Luis | Middle Name (if applicable): Felipe

2. A-Number (if any) ► **A-** 047397039

3. Page Number | Part Number | Item Number

N/A

N/A

N/A

N/A

N/A

4. Page Number | Part Number | Item Number

N/A

N/A

N/A

N/A

N/A

5. Page Number | Part Number | Item Number

N/A

N/A

N/A

N/A

N/A

6. Page Number | Part Number | Item Number

N/A

N/A

N/A

N/A

N/A

Exhibit list

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Exhibit 1 - Bernnie Jesus Mailloux Enriquez's Identification Documents

REPUBLIC OF COSTA RICA
CIVIL REGISTRY
ATTESTS

No. 14588896

THAT IN BIRTH RECORDS OF

THE PROVINCE OF SAN JOSE 1-1173-289-0577

BOOK : ONE THOUSAND ONE HUNDRED SEVENTY-THREE

PAGE : TWO HUNDRED EIGHTY-NINE

ENTRY : FIVE HUNDRED SEVENTY-SEVEN

READS THAT : BERNNIE JESUS MAILLOUX ENRIQUEZ

SEX : MALE

WAS BORN AT : HOSPITAL CENTRAL SAN JOSE

ON : JUNE THREE, NINETEEN EIGHTY-THREE

FATHER : FREDDY MAILLOUX E.

FATHER'S NATIONALITY : COSTA RICAN

MOTHER : CARMEN MARIA ENRIQUEZ G.

MOTHER'S NATIONALITY : COSTA RICAN

DULY GIVEN IN SAN JOSE AT TWO THIRTY-FIVE PM

ON OCTOBER TEN, TWO THOUSAND FIVE

STAMPS AND FEES ACCORDING TO THE LAW HAVE BEEN AFFIXED AND PAID.

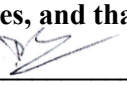
X.G.H..

.../stamp of the * REPUBLIC OF COSTA RICA* TSE Supreme Electoral Court of Costa Rica MAIN CIVIL REGISTRY OFFICE/...	.../signature/.... Gerardo Zamora Barahona SUPPORT COORDINATOR

VOID IF FEES AND STAMPS PAID ARE NOT RECORDED
IN THE ATTACHED PROOF OF PAYMENT

Translator note: Document printed on stationery with "REPUBLIC OF COSTA RICA - CIVIL REGISTRY FOUNDED IN 1886 - CIVIL REGISTRY - SUPREME ELECTORAL COURT" in the background.

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: August 19, 2025.

REPUBLICA DE COSTA RICA
REGISTRO CIVIL

CERTIFICA No. 14588896

QUE EN EL REGISTRO DE NACIMIENTOS DE
LA PROVINCIA DE SAN JOSE 1-1173-289-0577

AL TOMO : MIL CIENTO SETENTA Y TRES

PAGINA : DOSCIENTOS OCHENTA Y NUEVE

ASIENTO : QUINIENTOS SETENTA Y SIETE

DICE QUE: BERNNIE JESUS MAILLOUX ENRIQUEZ

SEXO : VARON

NACIO EN: HOSPITAL CENTRAL SAN JOSE

EL DIA : TRES DE JUNIO DE MIL NOVECIENTOS OCHENTA Y TRES

PADRE : FREDDY MAILLOUX E.

NACIONALIDAD DEL PADRE: COSTARRICENSE

MADRE : CARMEN MARIA ENRIQUEZ G.

NACIONALIDAD DE LA MADRE: COSTARRICENSE

ES CONFORME- DADA EN SAN JOSE A LAS CATORCE HORAS CON TREINTA Y CINCO MINUTOS DEL DIEZ DE OCTUBRE DEL DOS MIL CINCO

SE AGREGAN Y CANCELAN TIMBRES DE LEY.

X.G.H..

REPUBLICA DE COSTA RICA * TSE * OFICIALIA MAYOR C.J.

Gerardo Zamora Barahona
COORDINADOR DE APOYO

NULA SI NO CONSTAN CANCELADOS LOS DERECHOS
Y TIMBRES EN BOLETA ADJUNTA

O say does that star
spangled banner yet wave
O'er the land of the free
& the home of the brave



USA

. . .AND THAT GOVERNMENT OF THE PEOPLE,
BY THE PEOPLE, FOR THE PEOPLE,
SHALL NOT PERISH FROM THE EARTH.

Abraham Lincoln

The Secretary of State of the United States of America hereby requests all whom it may concern to permit the citizen/national of the United States named herein to pass without delay or hindrance and in case of need to give all lawful aid and protection.

Le Secrétaire d'Etat des Etats-Unis d'Amérique prie par les présentes toutes autorités compétentes de laisser passer le citoyen ou ressortissant des Etats-Unis titulaire du présent passeport, sans délai ni difficulté et, en cas de besoin, de lui accorder toute aide et protection légitimes.

El Secretario de Estado de los Estados Unidos de América por el presente solicita a las autoridades competentes permitir el paso del ciudadano o nacional de los Estados Unidos aquí nombrado, sin demora ni dificultades, y en caso de necesidad, prestarle toda la ayuda y protección lícitas.

We the People

Of the United States,
in Order to form a more perfect Union, establish Justice, insure domestic Tranquility, provide for the common defence, promote the general Welfare, and secure the Blessings of Liberty to ourselves and our Posterity, do ordain and establish this Constitution for the United States of America.

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT
PASAPORTE

USA

UNITED STATES OF AMERICA



Type / Type / Tipo: P
Code / Code / Codigo: USA
Passport No. / No. du Passeport / No. de Pasaporte: 563859324

Surname / Nom / Apellidos
MAILLOUX ENRIQUEZ

Given Names / Prénoms / Nombres
BERNNIE JESUS

Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento
03 Jun 1983

Sex / Sexe / Sexo
M

Place of birth / Lieu de naissance / Lugar de nacimiento
COSTA RICA

Date of issue / Date de délivrance / Fecha de expedición
14 Feb 2017

Authority / Autorité / Autoridad
United States
Department of State

Date of expiration / Date d'expiration / Fecha de caducidad
13 Feb 2027

Endorsements / Mentions Spéciales / Anotaciones
SEE PAGE 27

USA

P<USAMAILLOUX<ENRIQUEZ<<BERNNIE<JESUS<<<<<<<
5638593247USA8306030M2702135280118798<314668

PERSONAL DATA AND EMERGENCY CONTACT

FOR YOUR PROTECTION, COMPLETE THE INFORMATION REQUESTED BELOW USING PENCIL. PLEASE KEEP THESE ENTRIES UP TO DATE.

BEARER'S ADDRESS IN THE UNITED STATES:
ADRESSE DU TITULAIRE AUX ETATS-UNIS:
DIRECCION DEL PORTADOR EN LOS ESTADOS UNIDOS:

BEARER'S FOREIGN ADDRESS:
ADRESSE DU TITULAIRE A L'ETRANGER:
DIRECCION DEL PORTADOR EN EL EXTRANJERO:

IN CASE OF EMERGENCY, NOTIFY THE NEAREST AMERICAN EMBASSY OR CONSULATE OR THE STATE DEPARTMENT, OFFICE OF AMERICAN CITIZENS SERVICES AND CRISIS MANAGEMENT, AT 202–647–5225, AND THE EMERGENCY CONTACT YOU NAME BELOW:

EN CAS D'URGENCE, PRIERE D'AVISER L'AMBASSADE OU LE CONSULAT DES ETATS-UNIS LE PLUS PROCHE OU LE BUREAU DES SERVICES AUX CITOYENS AMERICAINS ET DE REPONSE AUX CRISES DU DEPARTMENT D'ETAT, AU 202–647–5225, AINSI QUE LA PERSONNE QUE VOUS DESIGNEZ CI-DESSOUS.

EN CASO DE EMERGENCIA, NOTIFIQUE A LA EMBAJADA O CONSULADO DE LOS ESTADOS UNIDOS MAS CERCANO, O AL CENTRO DE EMERGENCIA PARA CIUDADANOS Y GESTION DE CRISIS, DEPARTAMENTO DE ESTADO, POR EL TELEFONO 202–647–5225, Y A LA PERSONA QUE SE INDICA A CONTINUACION.

Name / Nom / Nombre

Address / Adresse / Dirección

Telephone / Téléphone / Teléfono

IMPORTANT INFORMATION REGARDING YOUR PASSPORT

THIS PASSPORT IS NOT VALID UNLESS SIGNED BY THE BEARER IN THE AREA DESIGNATED ON PAGE THREE.

IT IS UNLAWFUL for any person other than the original, lawful recipient to use this passport. Use of this passport in contravention of passport regulations or of the conditions or restrictions set out in the passport, or for travel to countries where a U.S. passport is not valid is a felony (Title 18, U.S. Code, Section 1544). For further information, contact the nearest U.S. embassy or consulate, or the Department of State, Office of Passport Policy and Legal Advisory Services, at the telephone number listed at *www.travel.state.gov*

U.S. GOVERNMENT PROPERTY This passport is the property of the United States (Title 22, Code of Federal Regulations, Section 51.9). It must be surrendered upon demand made by an authorized representative of the United States Government.

LOSS OR THEFT The loss, theft, or destruction of a passport should be reported immediately to local police authorities and to Passport Services, CLASP Unit, Washington, D.C. 20522-1705, or, if overseas, to the nearest U.S. embassy or consulate. Your passport is a valuable citizenship and identification document. It should be carefully safeguarded.

ALTERATION OR MUTILATION OF PASSPORT This passport must not be altered or mutilated in any way. Alteration could make the passport invalid, and if willful, may subject you to prosecution (Title 18, U.S. Code, Section 1543). Only authorized officials of the United States or of foreign countries may place stamps or make notations or additions in this passport. You may amend or update personal information for your own convenience on the adjoining PERSONAL DATA AND EMERGENCY CONTACT page.

The principle of free governments adheres to the American soil. It is bedded in it, immovable as its mountains.

Daniel Webster

IMPORTANT INFORMATION

1. TRAVEL INFORMATION Consult our Consular Information Sheets, Travel Warnings, and Public Announcements at *http://travel.state.gov*

2. HEALTH AND VACCINATIONS Contact the Centers for Disease Control and Prevention (CDC) via the International Travelers Info Line, at 1-877-347-8747, or *http://www.cdc.gov*

3. HEALTH INSURANCE Medicare/Medicaid does not cover healthcare costs outside the U.S. Does your insurance apply overseas, including medical evacuation, payment to a hospital or doctor overseas, or reimbursement to you later? See our brochure "Medical Information For Americans Traveling Abroad," or consult *http://travel.state.gov*

4. YOUR PASSPORT Make sure you have a signed, valid passport, and foreign entry visas, if required. Make two photocopies of your passport data page. Carry one copy with you in a separate place from your passport. Leave one at home with family/friends, along with a copy of your proposed travel itinerary.

5. EMERGENCY CONTACT Use a pencil to fill in the PERSONAL DATA AND EMERGENCY CONTACT information requested on page 4 of this passport.

6. AVOID VIOLATING FOREIGN LAWS Remember, while in a foreign country, you are subject to its laws. Penalties for violating local laws, even unknowingly, can be more severe than in the U.S. for similar offenses. Deal only with authorized agents when exchanging money, or purchasing souvenirs. If in trouble, contact the nearest U.S. embassy or consulate. If you are arrested, demand to see the U.S. Consul.

7. ILLEGAL DRUGS Do not carry packages abroad or to the U.S. at the request of or as a favor to a stranger. Penalties for possession or trafficking in illegal drugs, even unknowingly, are strict and convicted offenders can expect prison sentences and heavy fines.

8. SAFETY Avoid becoming a target. Do not wear conspicuous clothing or expensive jewelry, and do not carry excessive amounts of money or unnecessary credit cards. Consular Information Sheets include a security and crime section that discusses conditions in specific countries. Consult "A Safe Trip Abroad" at *http://travel.state.gov*

9. BE MINDFUL OF SECURITY THREATS Do not leave luggage unattended in public areas, nor accept packages from strangers.

10. DISASTERS AND CATASTROPHIC EVENTS If a catastrophic event occurs, call home to let family and friends know you are okay. If you require assistance, contact the nearest U.S. embassy or consulate.

11. REGISTER WITH U.S. EMBASSY When visiting a foreign country for a prolonged stay, traveling to remote or volatile areas, or residing overseas, register with the U.S. embassy or consulate by telephone, fax, or in person or register online through the Department's Registration Home Page at *https://travelregistration.state.gov/ibrs/*

12. PARENTAL CHILD ABDUCTION For information on prevention of international child abduction, or help if your child has been taken, contact the Department of State's Office of Children's Issues at 1-202-736-7000, or consult our home page at *http://travel.state.gov*

13. LOSS OF U.S. CITIZENSHIP Under certain circumstances, you may lose your U.S. citizenship by performing, voluntarily and with the intention to relinquish U.S. citizenship, any of the following acts: (1) being naturalized in a foreign state; (2) taking an oath or making a declaration to a foreign state; (3) serving in the armed forces of a foreign state; (4) accepting employment with a foreign government; or (5) formally renouncing U.S. citizenship before a U.S. consular officer overseas. Consult the nearest U.S. embassy or consulate, or contact the Office of American Citizens Services and Crisis Management, Department of State, SA-29, 4th Floor, 2201 C Street NW, Washington DC 20520, or call 1-202-647-5225. Toll free hot-line 1-888-407-4747, or if calling from outside the U.S., 1-317-472-2338.

14. DUAL CITIZENS A person who has the citizenship of more than one country at the same time is considered a dual citizen. A dual citizen may be subject to the laws of the other country that considers that person its citizen while in that country's jurisdiction, including conscription for military service. Dual nationality may hamper efforts to provide U.S. consular protection to dual citizens in the foreign country of their other nationality. Dual citizens who encounter problems abroad should contact the nearest U.S. embassy or consulate.

Let us raise a standard to which the wise and honest can repair.

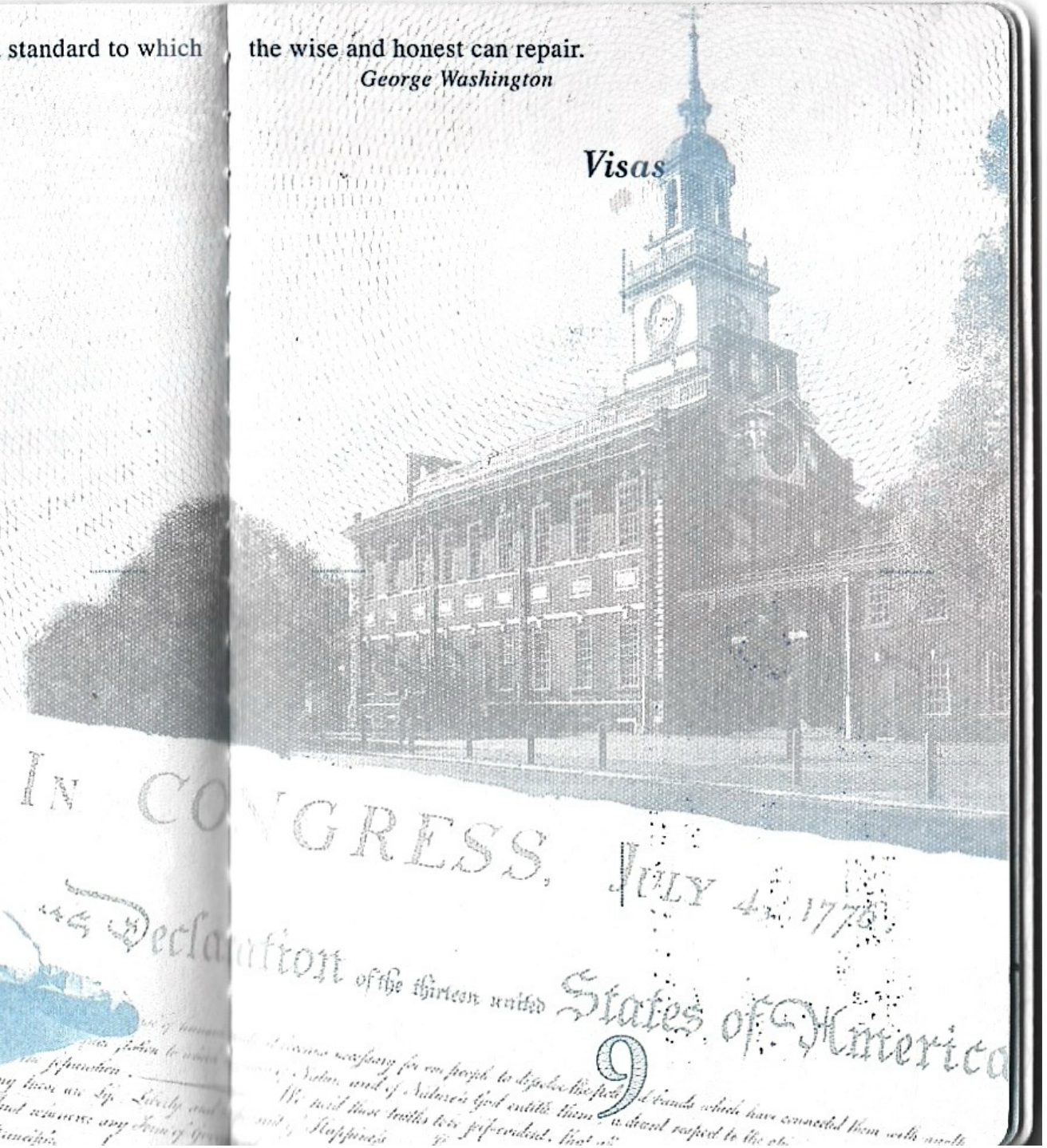
George Washington

Visas

REPÚBLICA DE COSTA RICA - DIRECCIÓN GENERAL DE MIGRACIÓN Y EXTRANJERÍA
Aeropuerto Intl. Juan Santamaría
26 ABR 2022
E
Permanencia
días
Autorizado por 2100 AS 2A
COSTA RICA

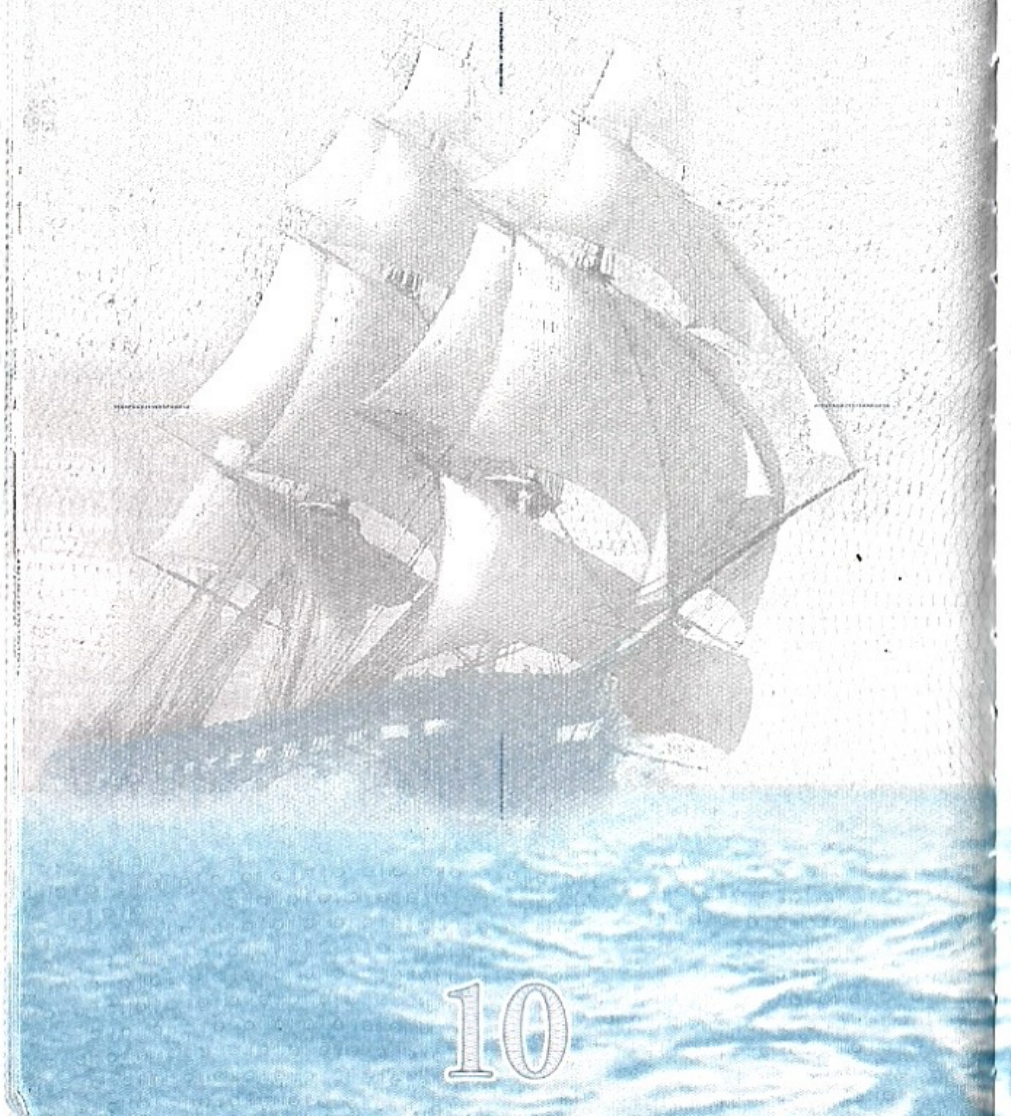
REPÚBLICA DE COSTA RICA
Dirección General de Migración y Extranjería
16 ENE 2020
E
Permanencia
días
Autorizado por 2064 AS 2A
Aeropuerto Intl. Juan Santamaría

Visas



We hold these truths to be self-evident: that all men are with certain unalienable rights, that among these

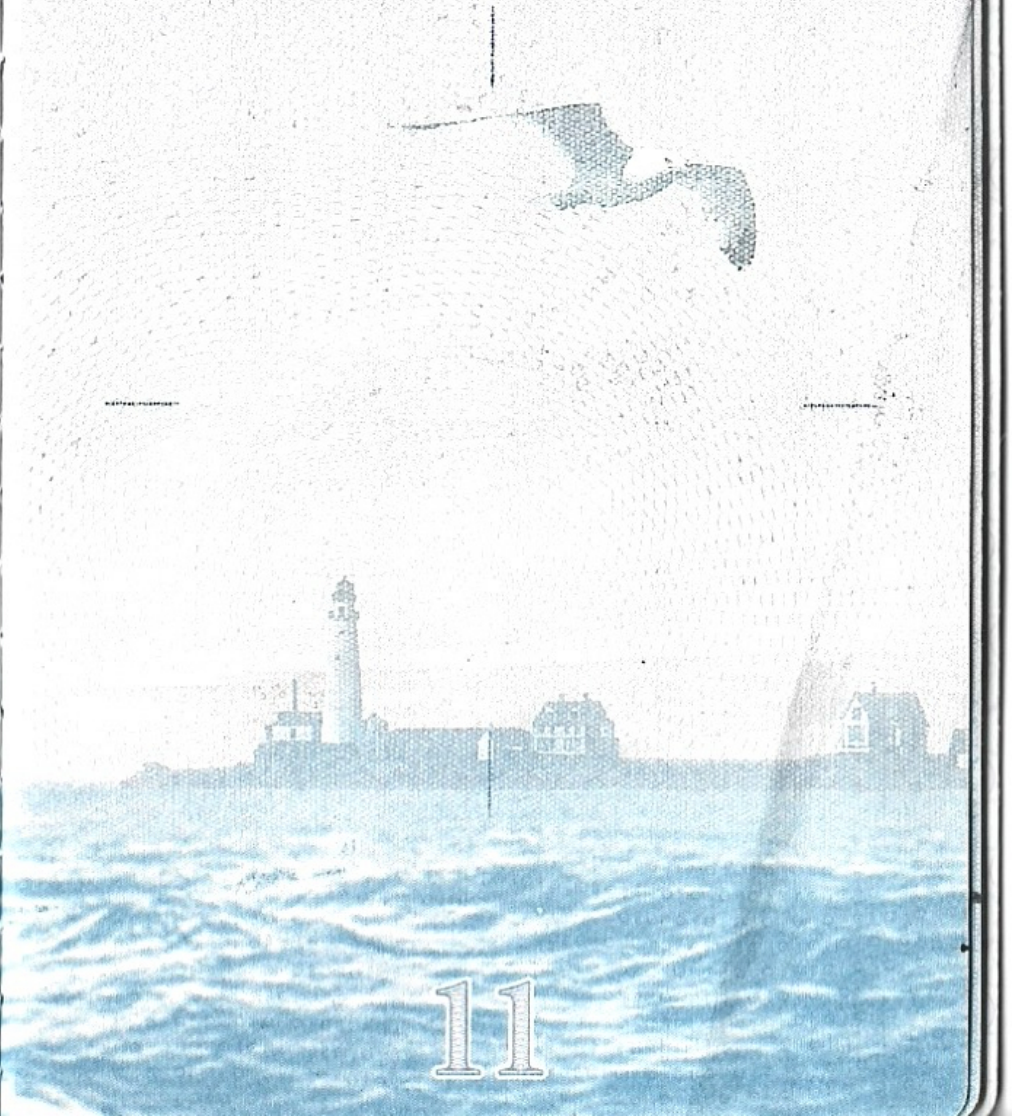
Visas



created equal, that they are endowed by their Creator are life, liberty, and the pursuit of happiness.

excerpt from the Declaration of Independence

Visas



We have a great dream. It started way back in 1776,

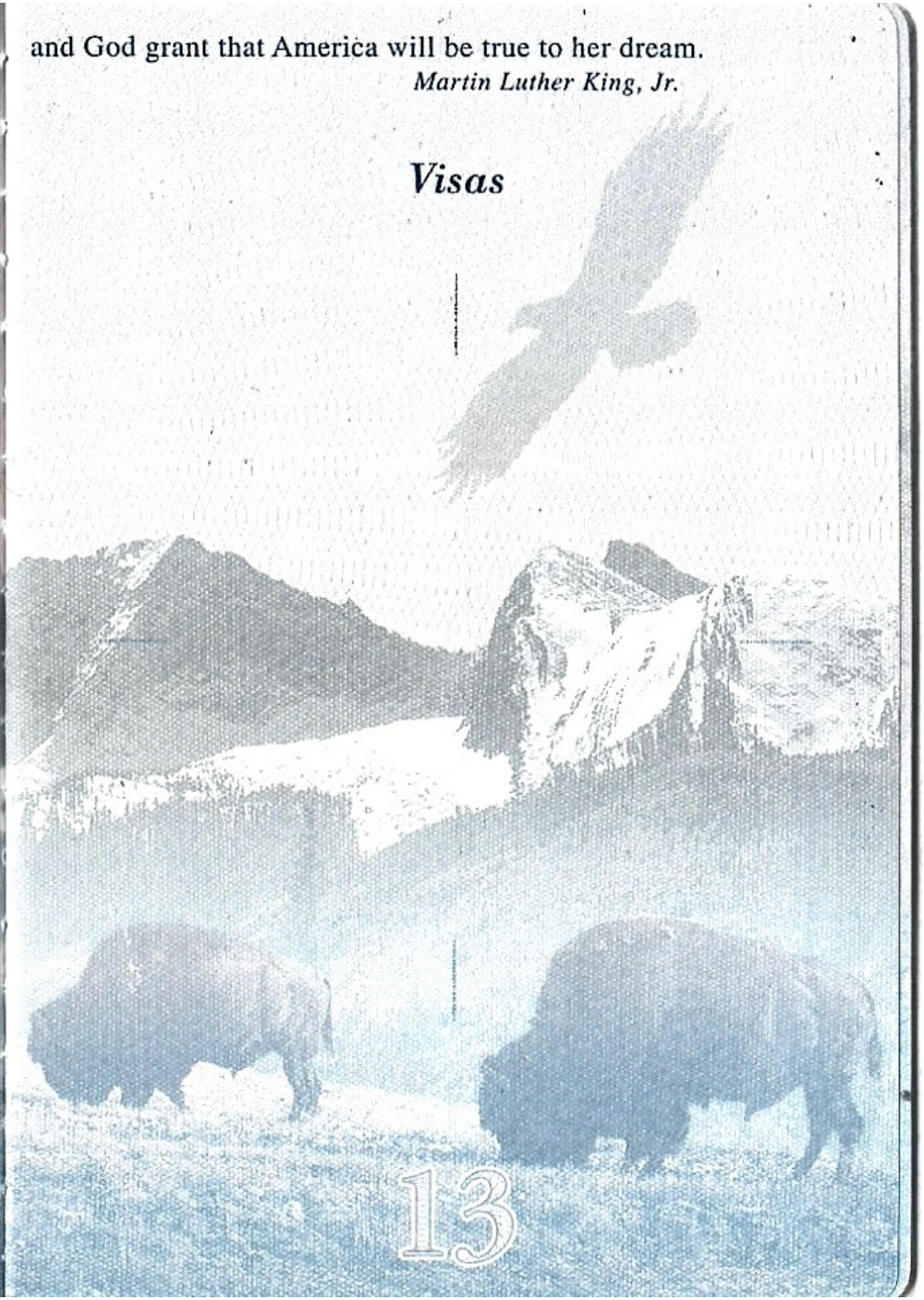
Visas



and God grant that America will be true to her dream.

Martin Luther King, Jr.

Visas



Let every nation know, whether it wishes us well or
any hardship, support any friend, oppose any foe, in

Visas



l, that we shall pay any price, bear any burden, meet
order to assure the survival and the success of liberty.

John F. Kennedy

Visas



This is a new nation, based on a mighty

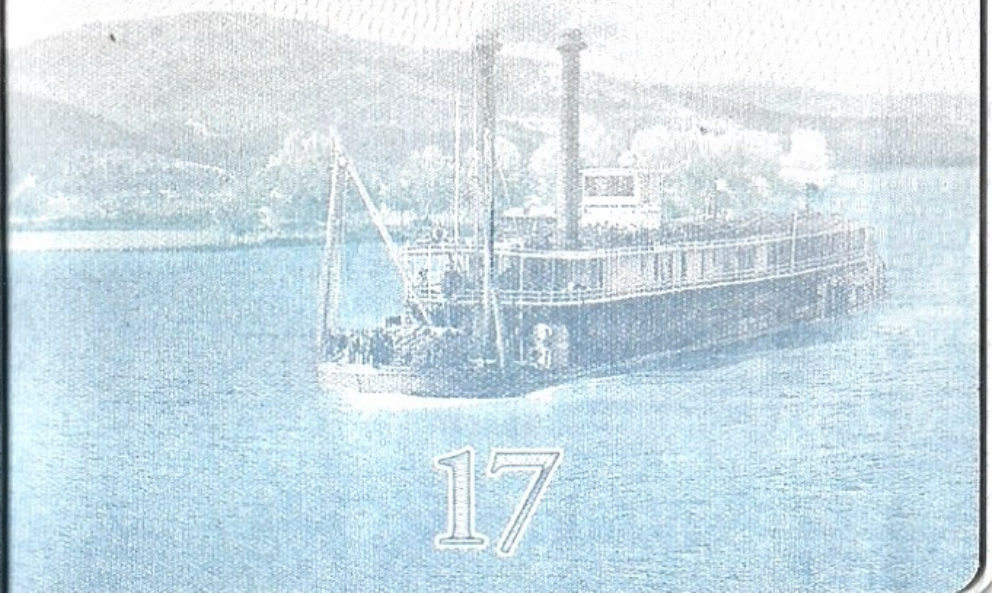
Visas



continent, of boundless possibilities.

Theodore Roosevelt

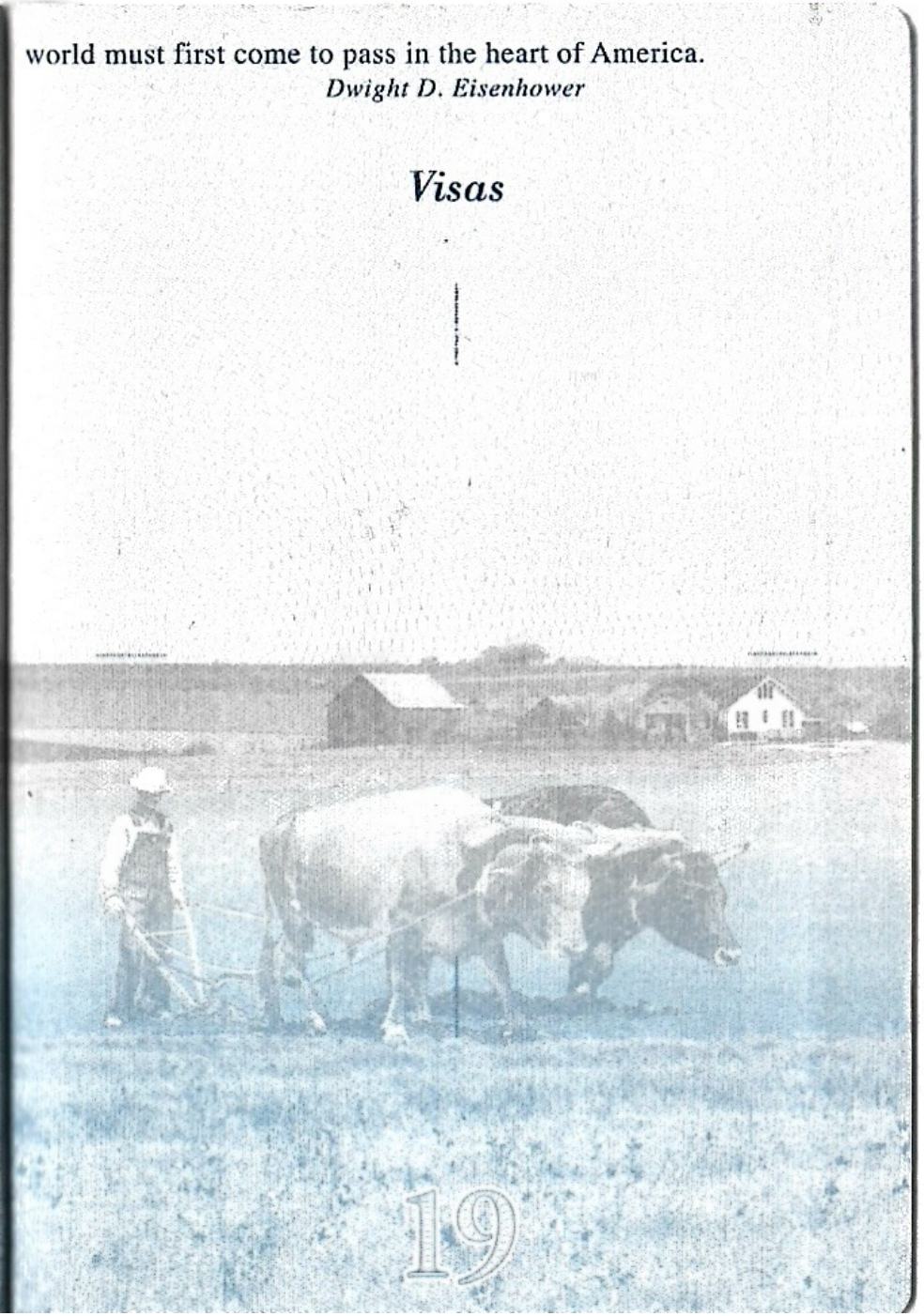
Visas



Whatever America hopes to bring to pass in the world must first come to pass in the heart of America.

Dwight D. Eisenhower





For this is what America is all about. It is the uncrossed
is not reached and the harvest sleeping in the unplowed
Is a new world coming? We welcome it — and we will

Visas

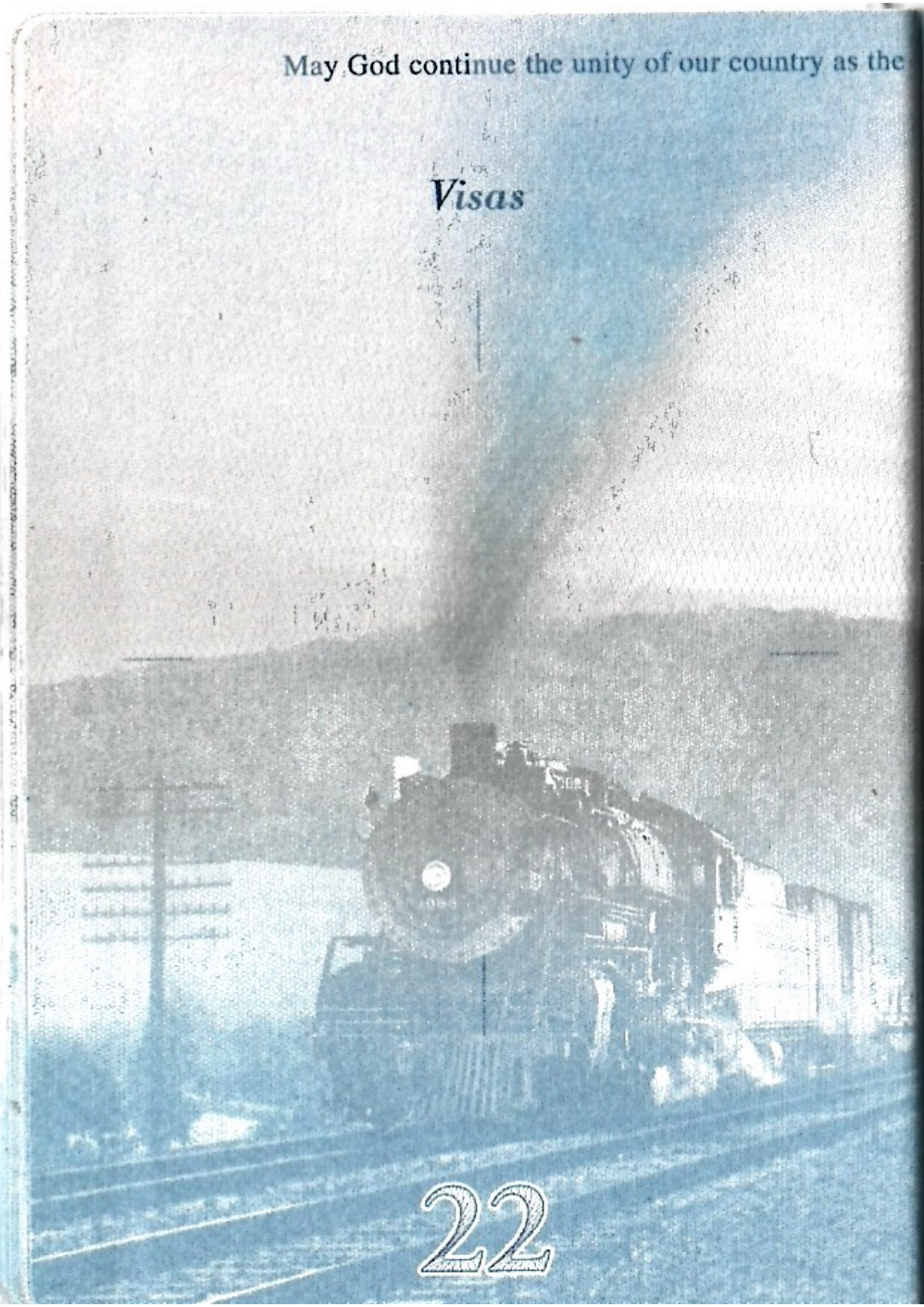


desert and the unclimbed ridge. It is the star that
ground. Is our world gone? We say "Farewell."
bend it to the hopes of man. *Lyndon B. Johnson*

Visas



May God continue the unity of our country as the



railroad unites the two great oceans of the world.
inscribed on the Golden Spike, Promontory Point, 1869

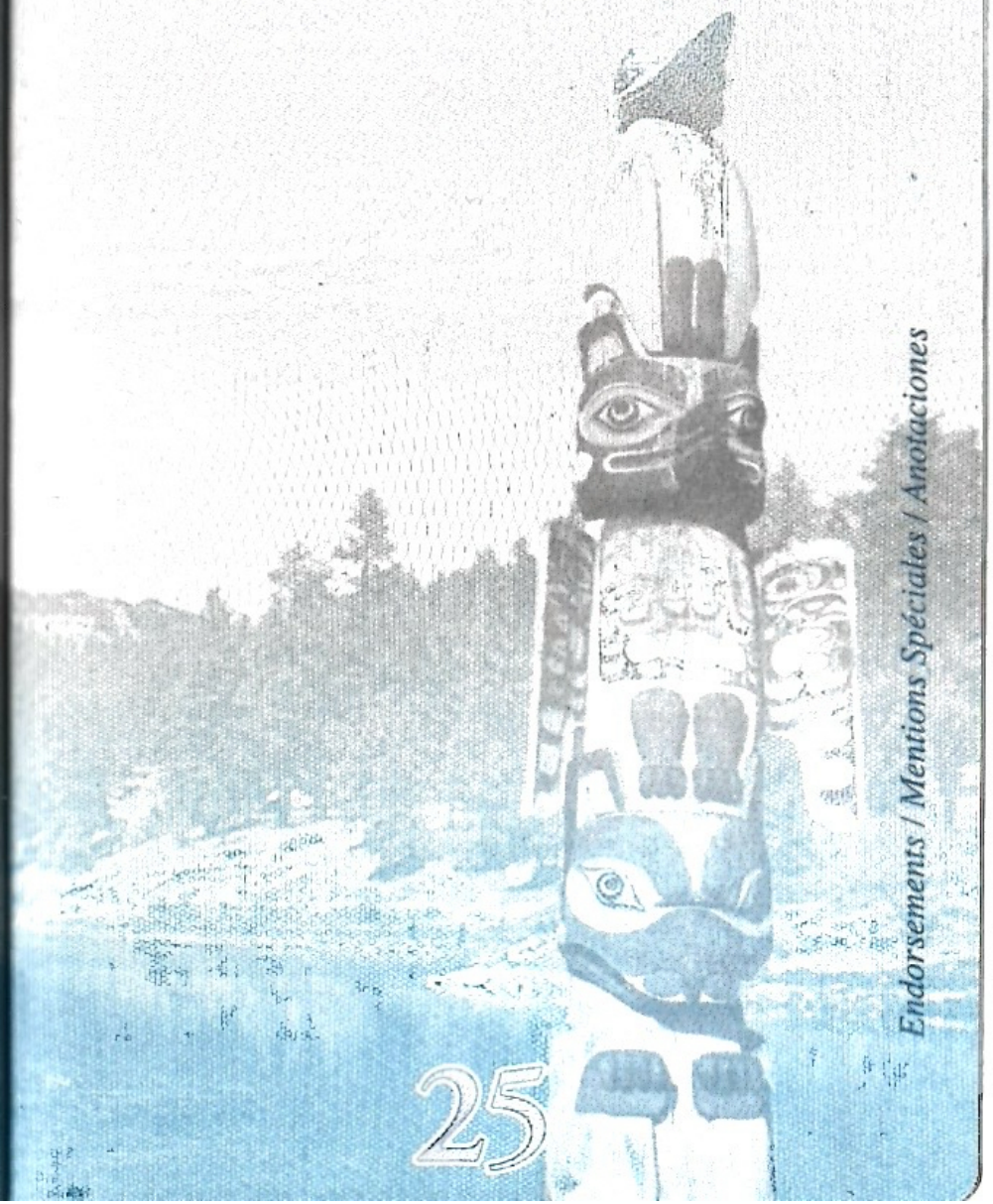
We send thanks to all the Animal life in the world.
We are glad they are still here and

Visas



They have many things to teach us as people.
we hope it will always be so.

Excerpt from the Thanksgiving Address, Mohawk version



The cause of freedom is not the cause
of a race or a sect, a party or a class –
it is the cause of humankind,
the very birthright of humanity.
Anna Julia Cooper

Every generation has the obligation to free men's minds for a look at new worlds . . . to look out from a higher plateau than the last generation.

Ellison S. Onizuka

This document contains sensitive electronics. For best performance, do not bend, perforate or expose to extreme temperatures.

A. RESTRICTIONS ON IMPORTATION OF GOODS AND SERVICES For information, write the Department of the Treasury, Office of Foreign Assets Control, Treasury Annex, 1500 Pennsylvania Avenue N.W., Washington, D.C. 20220, or consult *http://www.treas.gov/ofac*

B. CUSTOMS & BORDER PROTECTION Contact Customs & Border Protection (CBP), for a copy of "Know Before You Go" and "Pets, Wildlife - Licensing and Health Requirements," at *http://www.cbp.gov/xp/cgov/travel/*

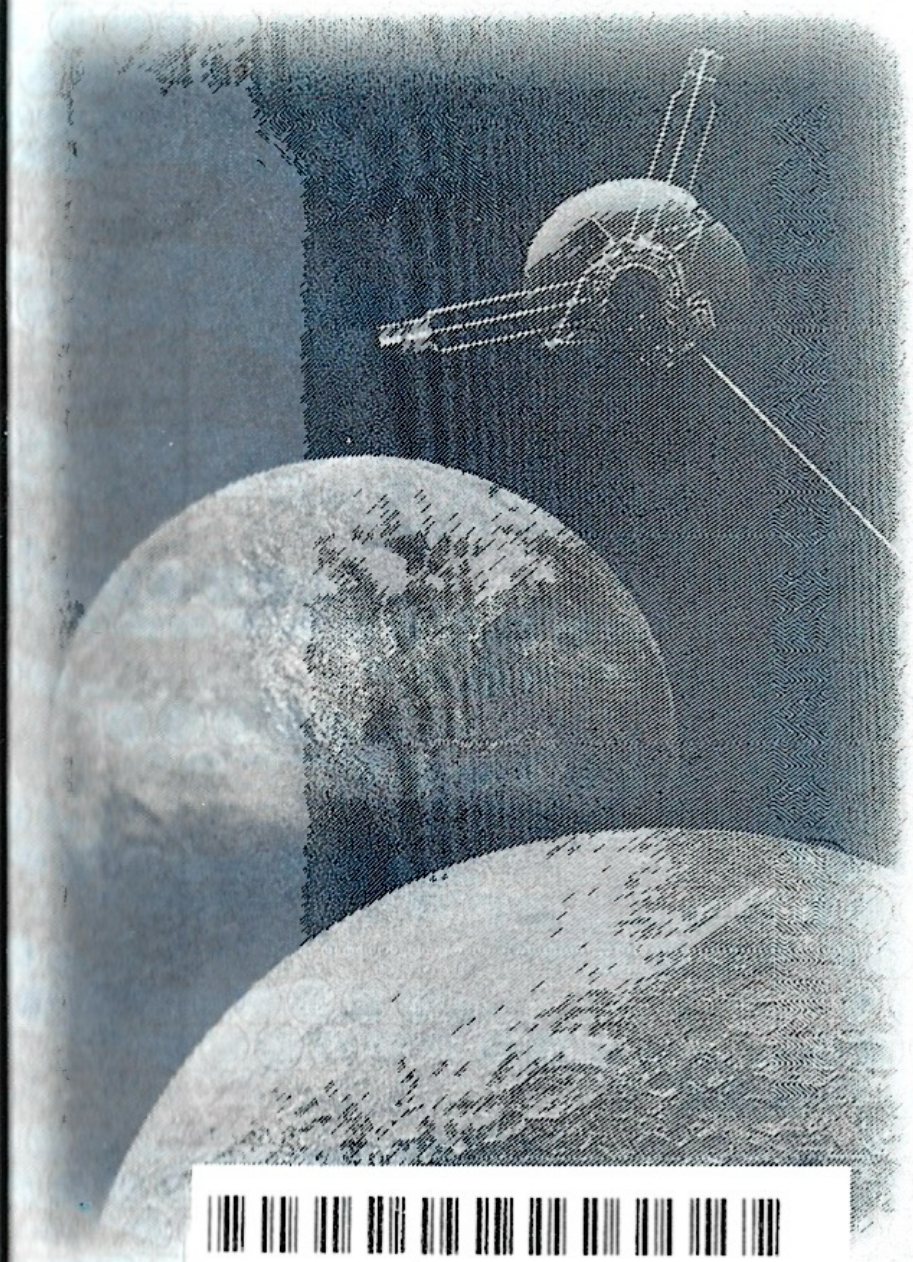
C. AGRICULTURE For a copy of "Travelers' Tips On Bringing Food, Plant, and Animal Products into the United States,"contact the U.S. Department of Agriculture, *http://www.aphis.usda.gov/travel* See also U.S. Fish and Wildlife Service, *http://www.le.fws.gov/TipsforTravelers.htm* for other important "Information for International Travelers."

D. U.S. TAXES All U.S. citizens working and residing abroad are required to file and report on their worldwide income. Consult IRS Publication 54, "Tax Guide for U.S. Citizens and Resident Aliens Abroad," available at *http://irs.gov/publications/p54/index.html*

E. SOCIAL SECURITY Write to the Social Security Administration, Office of International Operations, P.O. Box 17769, Baltimore, MD 21235, or consult *http://www.ssa.gov/international* about receiving payments while outside the U.S., or contact the nearest Social Security office in the United States or at a U.S. embassy or consulate abroad.

EXACT WEBSITE ADDRESSES SUBJECT TO CHANGE.

28



5638593 24

THE UNITED STATES OF AMERICA

No. 38266308

CERTIFICATE OF NATURALIZATION

Personal description of holder as of date of naturalization:

Date of birth: **JUNE 03, 1983**

Sex: **MALE**

Height: **5** *feet* **6** *inches*

Marital status: **MARRIED**

Country of former nationality: **COSTA RICA**



USCIS Registration No. **A089567169**

I certify that the description given is true, and that the photograph affixed hereto is a likeness of me.

(Complete and true signature of holder)

Be it known that, pursuant to an application filed with the Secretary of Homeland Security

at: **SEATTLE, WASHINGTON**

The Secretary having found that:

BERNNIE JESUS MAILLOUX-ENRIQUEZ

residing at: **FEDERAL WAY, WASHINGTON**

having complied in all respects with all of the applicable provisions of the naturalization laws of the United States, being entitled to be admitted as a citizen of the United States, and having taken the oath of allegiance at a ceremony conducted by

U.S. CITIZENSHIP AND IMMIGRATION SERVICES

at: **SEATTLE, WASHINGTON** *on:* **SEPTEMBER 06, 2016**

such person is admitted as a citizen of the United States of America.

U. S. Citizenship and Immigration Services

ALTERATION OR MISUSE OF THIS DOCUMENT IS A FEDERAL OFFENSE AND PUNISHABLE BY LAW

DEPARTMENT OF HOMELAND SECURITY

FORM N-550 (REV. 10/12)


WA USA WASHINGTON
DRIVER LICENSE
FEDERAL LIMITS APPLY
4d LIC# WDL6RZS4F3SB
9 CLASS
1 MAILLOUX ENRIQUEZ
2 BERNNIE J
3 DOB 06/03/1983
4a ISS 06/05/2025
8 16720 NORTH RD APT C208
BOTHELL WA 98012-4901
15 SEX M
18 EYES BRO
16 HGT 5'-06"
17 WGT 185 lb
12 RESTRICTIONS NONE
9a END NONE
4b EXP 06/03/2026
5 DD WDL6RZS4F3SBP060525981934
REV 02/18/202

Exhibit 2 - Daniella Faria Arantes' Identification Documents

FEDERATIVE REPUBLIC OF BRAZIL
STATE OF GOIÁS - JUDICIAL DISTRICT OF RIO VERDE
CIVIL REGISTRY OF NATURAL PERSONS

Walter Baylão - Registrar
Eva Áurea A.C. Guimarães – Deputy Registrar

BIRTH CERTIFICATE

Book A 22 page 68-V under order No. 23.946

Under the numbers above, **DANIELLA FARIA ARANTES**.x.x.x

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 11, 2025.

REPÚBLICA FEDERATIVA DO BRASIL
ESTADO DE GOIÁS - COMARCA DE RIO VERDE
REGISTRO CIVIL DE PESSOAS NATURAIS

Walter Baylão - Oficial
Eva Áurea A. C. Guimarães - Sub-Oficial

CERTIDÃO DE NASCIMENTO

Livro nº A 22 Fls. 68-Vº Sob nº 23.946

Sob os Nºs acima, foi registrado: DANIELLA FARIA ARANTES. -x-x-x-x-x-x-x-x-x-x-x

Nascid a em 04/03/1985, às 09 hs, 07 minutos em hospital Evangélico, nesta cidade. -x-x-x-x-x-x-x-x-x-x-x-x-

Sexo feminino.-x-x-x-x-x-x-x-x-x

Filh a de Gresogonio Lourenço Arantes. -x-x-x-x-x-x-x-x-x-x-x-

e Amalia Faria.-x-x-x-x-x-x-x-x

x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x

Avós Paternos Orlando Lourenço Arantes e Maria Julia Arantes.-x-x-x-x-

x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x

Avós Maternos Marcolino Nergino de Faria e Maria das Dores de Faria.

x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x

foi Declarante Os pais. -x-x-x-x-x-x-x-x

x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x

e Testemunhas as constantes do termo.

Obs.: Registrada em 25.03.1985.-x-

x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x

Cartório do Registro Civil
WALTER BAYLÃO - OFICIAL
EVA ÁUREA A. C. GUIMARÃES
SUB. OFICIAL
Rio Verde — Goiás

O referido é verdade e dou fé.

Rio Verde 11 de abril de 1.995

Oficial

Este passaporte contém 32 páginas numeradas.
Ce passeport contient 32 pages numérotées.
This passport contains 32 numbered pages.
Este pasaporte contiene 32 páginas numeradas.

Roga-se às autoridades estrangeiras que prestem ao titular deste passaporte auxílio e assistência em caso de necessidade.

Les autorités des Etats étrangers sont priées de bien vouloir prêter au titulaire de ce passeport aide et assistance au besoin.

Foreign authorities are requested to afford the bearer such assistance and protection as may be necessary.

Se ruega a las autoridades extranjeras que presten al titular de este pasaporte auxilio y asistencia en caso de necesidad.

Este passaporte é válido para todos os países com os quais o Brasil mantém relações diplomáticas.

Ce passeport est valable dans tous les pays avec lesquels le Brésil maintient des relations diplomatiques.

This passport is valid for all countries with which Brazil maintains diplomatic relations.

Este pasaporte es válido para todos los países con los que Brasil mantiene relaciones diplomáticas.

BRA

Este documento pertence à
Ce document appartient à la
This document is the property of the
Este documento pertenece a la

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE

1

FV750611

Daniella Faria Arantes

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: FV750611

SOBRENOME / SURNAME
FARIA ARANTES

NOME / GIVEN NAMES
DANIELLA

NACIONALIDADE / NATIONALITY
BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH
04 MAR/MAR 1985

IDENTIDADE Nº / PERSONAL No

SEXO / SEX: F
NATURALIDADE / PLACE OF BIRTH: RIO VERDE/GO

FILIAÇÃO / FILIATION
AMALIA FARIA

GRESOGONIO LOURENCO ARANTES

DATA DE EXPEDIÇÃO / DATE OF ISSUE
18 ABR/APR 2018

AUTORIDADE / AUTHORITY
DPF/JTI/GO

VÁLIDO ATÉ / DATE OF EXPIRY
17 ABR/APR 2028

P<BRAFARIA<ARANTES<<DANIELLA<<<<<<<<<<<<<<<<
FV750611<6BRA8503046F2804176<<<<<<<<<<<<<<08

Para uso das autoridades brasileiras

Reservé aux autorités brésiliennes

For the use of Brazilian authorities

Para uso de las autoridades brasileñas

INFORMAÇÕES PARA O TITULAR

Este passaporte é propriedade da República Federativa do Brasil e qualquer tentativa de adulteração o tornará inválido.

O extravio – perda, roubo ou destruição – do passaporte constitui fato grave e deve ser comunicado imediatamente à autoridade policial e à Embaixada ou ao Consulado do Brasil, conforme o caso. Para isso, recomenda-se que o titular copie as informações da página 2. Se o passaporte for entregue a pessoa ou serviço que não pertença ao Governo Brasileiro (por exemplo, para obtenção de visto, compra de passagem, etc.) e não for restituído, o titular deve considerá-lo como extraviado. A concessão de novo passaporte em substituição ao extraviado depende de investigação.

Apenas o titular do passaporte poderá usá-lo. A utilização fraudulenta ou a cessão a outra pessoa constituem crimes, pela lei brasileira. Para ressalvar sua responsabilidade, o titular deve assinar seu passaporte, no local previsto na página 3, imediatamente após recebê-lo. Este passaporte só é válido com a assinatura do titular, salvo em caso de incapacidade.

É recomendável que o brasileiro residente no exterior, ou de passagem por região conturbada, matricule-se na Embaixada ou no Consulado do Brasil mais próximo. Impossibilitado de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

O brasileiro que viaje por áreas conturbadas deve ter presente que a assistência do Governo Brasileiro poderá ser limitada e dependerá das autoridades locais. A contratação de seguro de viagem poderá trazer tranquilidade ao viajante e a seus familiares.

É responsabilidade do titular verificar, antes da viagem, a validade do passaporte e a necessidade de visto. O titular poderá solicitar a substituição do passaporte mesmo antes do vencimento, em vista de que muitos países exigem prazo mínimo de validade.

O menor de idade, não emancipado, viajando desacompanhado de qualquer um dos pais, ou responsável legal, só poderá sair do Brasil munido da autorização pertinente prevista em lei.

O cidadão brasileiro que tenha outra nacionalidade deve ter em conta que a assistência consular brasileira no país de que também é nacional poderá ser consideravelmente limitada.

Consulte / Consultez / Consult / Consulte
www.portalconsular.mre.gov.br ou www.pf.gov.br

VISTOS VISAS

VISA

UNITED STATES OF AMERICA



Issuing Post Name
BRASILIA

Control Number
20181970860010

Surname
FARIA ARANTES

Given Name
DANIELLA

Visa Type /Class
R B1/B2

Passport Number
FV750611

Sex
F

Birth Date
04MAR1985

Nationality
BRZL

Entries
M

Issue Date
17JUL2018

Expiration Date
16JUL2028

1000

Annotation

N3766508

*

VNUSAFARIA<ARANTES<<DANIELLA<<<<<<<<<<<<<<<<

FV750611<6BRA8503046F2807166B3BRAOMJ6L973298


VISTOS 8 VISAS
VISTOS 9 VISAS

VISTOS 11 VISAS

VISTOS 10 VISAS

VISTOS 15 VISAS

VISTOS 14 VISAS

VISTOS 17 VISAS

SEP 12 2018

VISTOS 16 VISAS

VISTOS 19 VISAS

VISTOS 18 VISAS

VISTOS 27 VISAS

VISTOS 26 VISAS

VISTOS 29 VISAS

VISTOS 28 VISAS

VISTOS 31 VISAS

VISTOS 30 VISAS

For: **DANIELLA FARIA ARANTES**

U.S. Customs and Border Protection
Securing America's Borders

Most Recent I-94

Note to employers, local, state or federal agency granting benefits:
Please visit the CBP I-94/I-95 Website and click on the tab for "Get Most Recent I-94/I-95" to perform a search for the applicant to confirm that the biographic and travel information displayed on this I-94/I-95 printout matches the "Get Most Recent I-94/I-95" returned results for this applicant. Reference the CBP I-94/I-95 Website FAQs.

Admission I-94 Record Number: 47341825856

Arrival/Issued Date: 2018 September 12

Class of Admission: B2

Admit Until Date: 2019 March 11

Details provided on the I-94 Information form:

Last/Surname: FARIA ARANTES

First (Given) Name: DANIELLA

Birth Date: 1985 March 04

Document Number: FV750611

Country of Citizenship: Brazil

- Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94/I-95. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).
- What to do if someone requests your admission info: If an employer, local, state or federal agency requests admission information, present your admission (I-94/I-95) number along with any additional required documents requested by that employer or agency.
- For security, close your browser after retrieving your I-94/I-95 number.

OMB No. 1651-0111
Expiration Date: 01/31/2026

View Travel History

Travel history includes up to 100 arrivals and departures spanning the last ten years

Travel History Results

Document Number: **FV750611**

Document Country of Issuance: **Brazil**

Row	DATE	TYPE	LOCATION
1	2018-09-12	Arrival	MIA

OMB No. 1651-0111 Expiration Date: 01/31/2026


WA USA WASHINGTON
DRIVER LICENSE
FEDERAL LIMITS APPLY
4d LIC# WDL16N8FC93B
9 CLASS
DONOR
1 FARIA ARANTES
2 DANIELLA
3 DOB 03/04/1985
4a ISS 06/05/2024
8 16720 NORTH RD APT C208
BOTHELL WA 98012-4901
15 SEX F
16 HGT 5'-06"
12 RESTRICTIONS
NONE
18 EYES BRO
17 WGT 165 lb
9a END NONE
4b EXP 03/04/2031
5 DD WDL16N8FC93BR060524231459
REV 11/12/2019
20 R060524231459

Exhibit 3 - Yuri Faria Costa’s Identification Documents

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY AND NOTARY OFFICE

Rio Verde - Goiás

Book A176 Page 014 Entry 79.305

BIRTH CERTIFICATE

NAME

YURI FARIA COSTA

REGISTRATION

025817 01 55 2007 1 00176 014 0079305 48

DATE OF BIRTH IN FULL	DATE	MONTH	YEAR
May eighteenth, two thousand seven (05/18/2007) **	18	05	2007

TIME	CITY OF BIRTH AND FEDERATION UNIT
1:30 PM	Rio Verde - Goiás **

CITY OF REGISTRATION AND FEDERATION UNIT	PLACE OF BIRTH	SEX
Rio Verde GO **	Evangelical Hospital **	male

FILIATION

SAMUEL ALMEIDA COSTA **
DANIELLA FARIA ARANTES **

GRANDPARENTS

Paternal: **JAMARIO DO CARMO COSTA ****
and **HONORINA DE ALMEIDA COSTA ****
Maternal: **GRESOGONIO LOURENÇO ARANTES ****
and **AMALIA FARIA ****

TWIN

NO

NAME OF TWIN(S)

**

DATE OF REGISTRATION

May eighteenth, two thousand seven (05/18/2007) **

LIVE BIRTH REGISTRATION NUMBER

038662587 **

NOTES / ANNOTATIONS

2nd Copy - **

NAME OF THE REGISTRY:
CIVIL REGISTRY AND NOTARY OFFICE

REGISTRAR
EVA AUREA APARECIDA COSTA GUIMARÃES

CITY/STATE
Rio Verde - Goiás

ADDRESS:
Rua Coronel Vaiano 227, Centro
ZIP Code: 75.901-190 – Phone: 0xx(64) 3621-3756

The content of this certificate is true.
I certify.

Rio Verde, Goiás, July 3, 2012

Registrar's Signature

STATE OF GOIÁS
Judiciary

Seal of Authenticity
Judicial Administrative Department
CERTIFICATE/TRANSCRIPT
0691B031787

Civil Registry and Notary Office
Rio Verde . Goiás . Phone (64) 621-3756
Célia Ferreira Franco
Clerk

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 14, 2025.

REPÚBLICA FEDERATIVA DO BRASIL

CARTÓRIO DE REGISTRO CIVIL E TABELIONATO

Rio Verde - Goiás

Livro A176 Folha 014 Termo 79.305

CERTIDÃO DE NASCIMENTO

NOME

YURI FARIA COSTA

MATRÍCULA

025817 01 55 2007 1 00176 014 0079305 48

DATA DE NASCIMENTO POR EXTENSO	DIA	MÊS	ANO
dezoito de maio de dois mil e sete (18/05/2007) **	18	05	2007

HORA	MUNICÍPIO DE NASCIMENTO E UNIDADE DA FEDERAÇÃO
13h 30min	Rio Verde - Goiás **

MUNICÍPIO DE REGISTRO E UF	LOCAL DE NASCIMENTO	SEXO
Rio Verde GO **	Hospital Evangélico **	masculino

FILIAÇÃO

SAMUEL ALMEIDA COSTA **

DANIELLA FARIA ARANTES **

AVÓS

Paternos: JAMARIO DO CARMO COSTA **

e HONORINA DE ALMEIDA COSTA **

Maternos: GRESOGONIO LOURENÇO ARANTES **

e AMALIA FARIA **

GÊMEO

NÃO

NOME DO(S) GÊMEO(S)

**

DATA DO REGISTRO

dezoito de maio de dois mil e sete (18/05/2007) **

NÚMERO DA D.N.V.

038662587 **

OBSERVAÇÕES / AVERBAÇÕES

2ª Via - **

NOME DO OFÍCIO
CARTÓRIO DE REGISTRO CIVIL E TABELIONATO

OFICIAL REGISTRADOR
EVA AUREA APARECIDA COSTA GUIMARÃES

MUNICÍPIO/UF
Rio Verde - Goiás

ENDEREÇO
Rua Coronel Vaiano, 227 Centro
CEP: 75.901-190 - Fone: 0xx(64)3621-3756

O Conteúdo da certidão é verdadeiro.
Dou fé.

Rio Verde GO, 03 de julho de 2012

Assinatura do Oficial

ESTADO DE GOIÁS
Poder Judiciário
Selo de Autenticidade
Corregedoria Geral da Justiça
CERTIDÃO/TRASLADO
0691B031787

Cartório do Registro Civil e Tabelionato
Rio Verde - GO - Fone: (64) 3621-3756
Célia Ferreira Franco
Escrevente

Este passaporte contém 32 páginas numeradas.
Ce passeport contient 32 pages numérotées.
This passport contains 32 numbered pages.
Este pasaporte contiene 32 páginas numeradas.

Roga-se às autoridades estrangeiras que prestem ao titular deste passaporte auxílio e assistência em caso de necessidade.

Les autorités des Etats étrangers sont priées de bien vouloir prêter au titulaire de ce passeport aide et assistance au besoin.

Foreign authorities are requested to afford the bearer such assistance and protection as may be necessary.

Se ruega a las autoridades extranjeras que presten al titular de este pasaporte auxilio y asistencia en caso de necesidad.

Este passaporte é válido para todos os países com os quais o Brasil mantém relações diplomáticas.

Ce passeport est valable dans tous les pays avec lesquels le Brésil maintient des relations diplomatiques.

This passport is valid for all countries with which Brazil maintains diplomatic relations.

Este pasaporte es válido para todos los países con los que Brasil mantiene relaciones diplomáticas.

BRA

Este documento pertence à
Ce document appartient à la
This document is the property of the
Este documento pertenece a la

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE

YE766135

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.

PASSAPORTE
PASSPORT



REPÚBLICA FEDERATIVA DO BRASIL

TIPO / TYPE
PP

PAÍS EMISSOR / ISSUING COUNTRY
BRA

PASSAPORTE Nº / PASSPORT No.
YE766135

SOBRENOME / SURNAME
FARIA COSTA

NOME / GIVEN NAMES
YURI

NACIONALIDADE / NATIONALITY
BRASILEIRO

DATA DE NASCIMENTO / DATE OF BIRTH
18 MAI/MAY 2007

IDENTIDADE Nº / PERSONAL No.

SEXO / SEX
M

NATURALIDADE / PLACE OF BIRTH
RIO VERDE, GO, BRASIL

DATA DE EXPEDIÇÃO / DATE OF ISSUE
21 JUN/JUN 2024

AUTORIDADE / AUTHORITY
SÃO FRANCISCO CG

VÁLIDO ATÉ / DATE OF EXPIRY
20 JUN/JUN 2029

PPBRAFARIA<COSTA<<YURI<<<<<<<<<<<<<<<<<<<<<<<<
YE766135<4BRA0705187M2906209<<<<<<<<<<<<<<06

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

BRA

CASA DA MOEDA DO BRASIL

BRA

635897MR

CONSULADO-GERAL DO BRASIL EM SÃO FRANCISCO

FILIAÇÃO/PARENTS: DANIELLA FARIA ARANTES
SAMUEL ALMEIDA COSTA

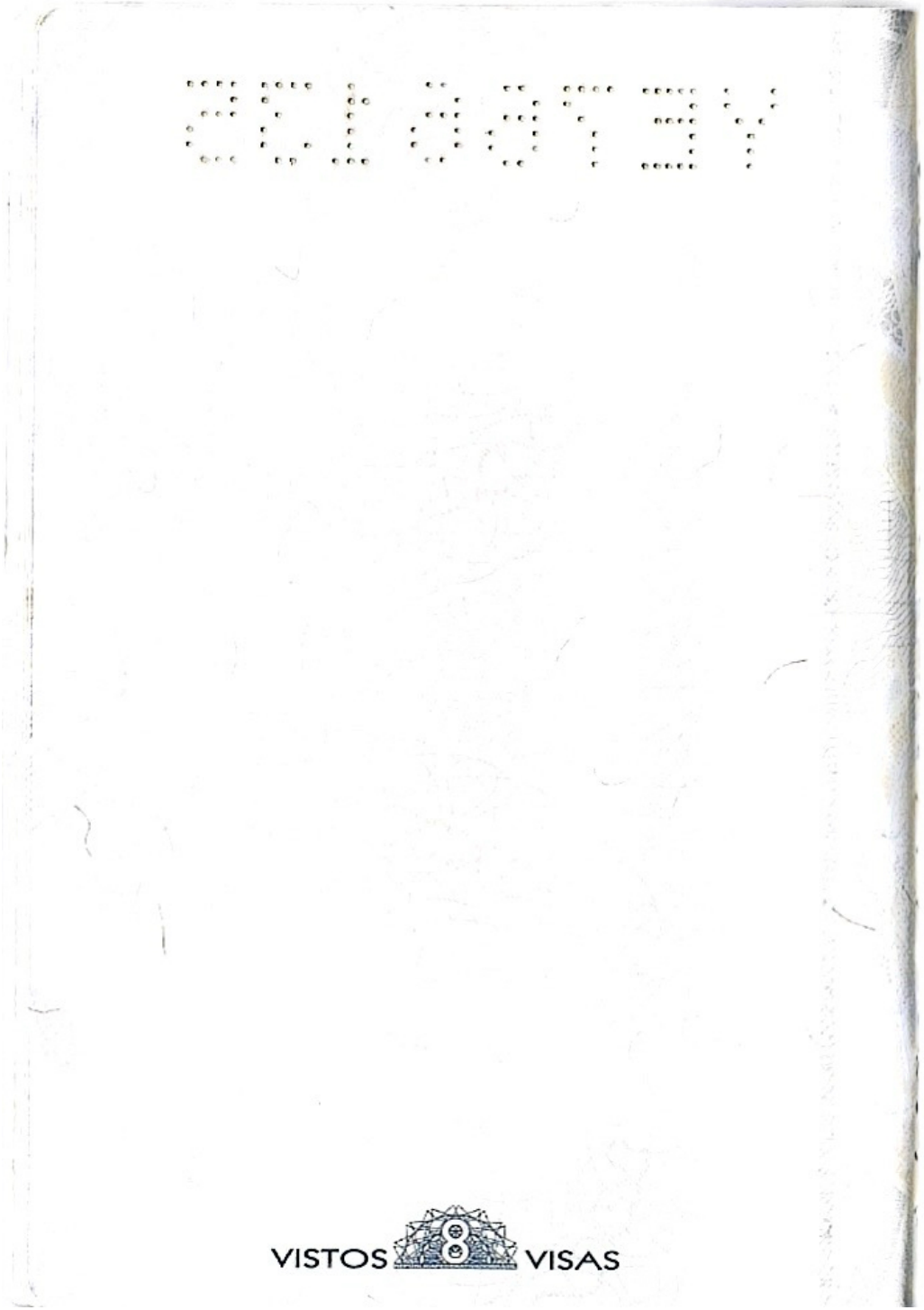
O TITULAR ESTÁ AUTORIZADO PELOS GENITORES, PELO PRAZO DE VALIDADE DESTE DOCUMENTO, A VIAJAR DESACOMPANHADO. (RES. CNJ 131/11, ART.13).

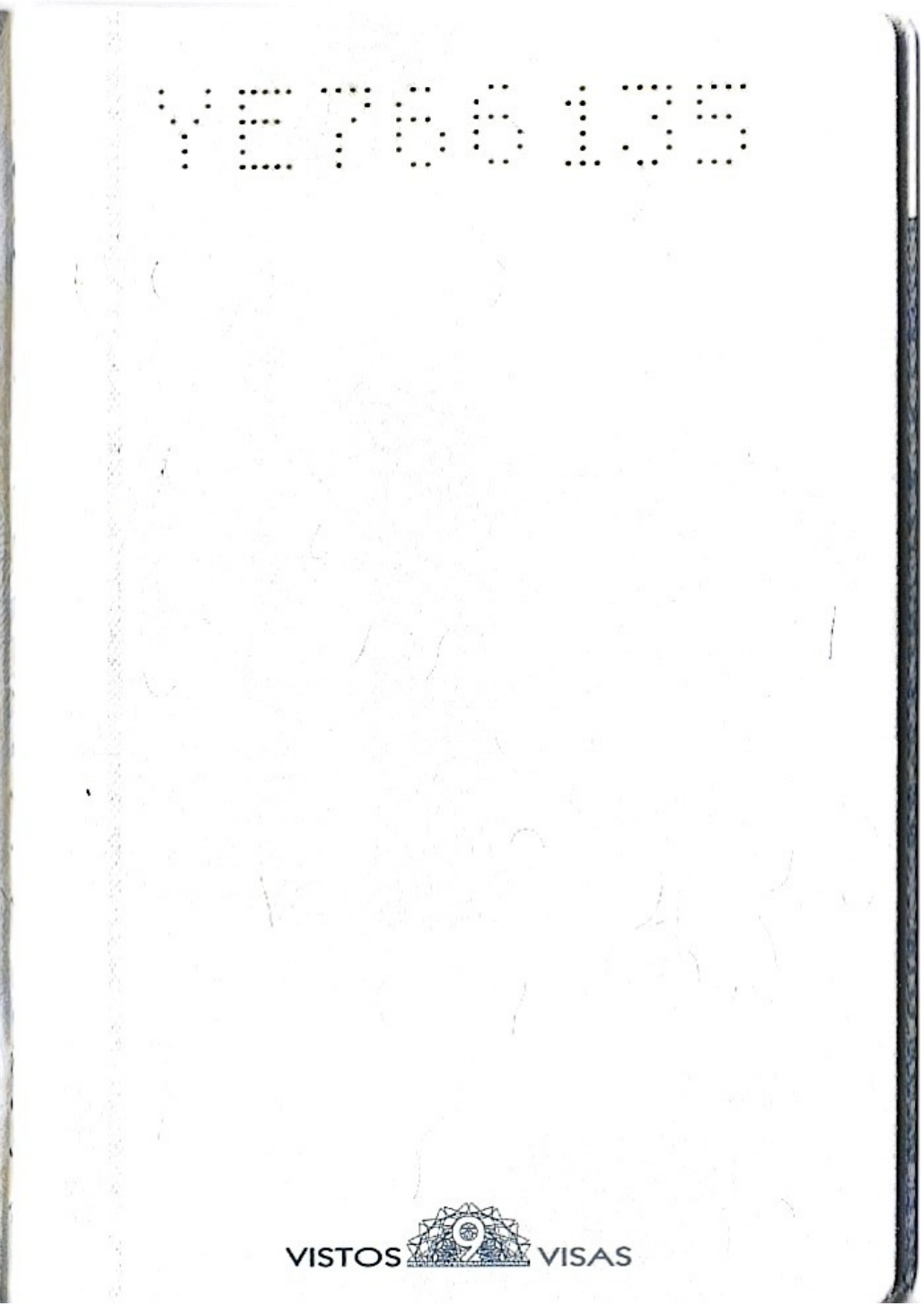
CONCEDIDO EM SUBSTITUIÇÃO AO PASSAPORTE Nº FV750612, EMITIDO POR DPF/JTI/GO, EM 18/04/2018.

PAGOU
R$-Ouro 80.00
US$ 80.00
TEC 1.01.01.000.007

YE766135

21 JUN/JUN 2024
VERIDIANA DA SILVA VELAME
VICE-CÔNSUL


VISTOS 8 VISAS


VISTOS 9 VISAS

VISTOS 15 VISAS

VISTOS 14 VISAS

VISTOS 17 VISAS

VISTOS 18 VISAS

VISTOS 21 VISAS

VISTOS 20 VISAS

VISTOS 25 VISAS

VISTOS 24 VISAS

VISTOS VISAS 27

VISTOS VISAS 26

VISTOS 27 VISAS

VISTOS 28 VISAS

VISTOS 31 VISAS

VISTOS 30 VISAS

ENDEREÇO

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: _____

VETROS

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

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This passport contains 32 numbered pages.
Este pasaporte contiene 32 páginas numeradas.

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BRA

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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

FV750612

Yuri Faria Costa

Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular

Este passaporte deve ser assinado pelo titular,
salvo em caso de incapacidade.

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REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSPORT



TIPO / TYPE
P

PAÍS EMISSOR / ISSUING COUNTRY
BRA

PASSAPORTE Nº / PASSPORT No
FV750612

SOBRENOME / SURNAME
FARIA COSTA

NOME / GIVEN NAMES
YURI

NACIONALIDADE / NATIONALITY
BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH
18 MAI/MAY 2007

IDENTIDADE Nº / PERSONAL No

SEXO / SEX
M

NATURALIDADE / PLACE OF BIRTH
RIO VERDE/GO

FILIAÇÃO / FILIATION
DANIELLA FARIA ARANTES

SAMUEL ALMEIDA COSTA

O titular, enquanto menor, está autorizado pelos genitores, pelo prazo deste documento, a viajar desacompanhado ou apenas com um dos pais, indistintamente. Res. CNJ 131/11, Art. 13.

DATA DE EXPEDIÇÃO / DATE OF ISSUE
18 ABR/APR 2018

AUTORIDADE / AUTHORITY
DPF/JTI/GO

VÁLIDO ATÉ / DATE OF EXPIRY
17 ABR/APR 2023

P<BRAFARIA<COSTA<<YURI<<<<<<<<<<<<<<<<<<<<<<<<
FV750612<9BRA0705187M2304171<<<<<<<<<<<<<<08

Para uso das autoridades brasileiras
Reservé aux autorités brésiliennes
For the use of Brazilian authorities
Para uso de las autoridades brasileñas

INFORMAÇÕES PARA O TITULAR

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Consulte / Consultez / Consult / Consulte
www.portalconsular.mre.gov.br ou www.pf.gov.br

VISTOS VISAS

VISA

UNITED STATES OF AMERICA



Issuing Post Name
BRASILIA

Control Number
20181970860012

Surname
FARIA COSTA

Given Name
YURI

Visa Type /Class
R B1/B2

Passport Number
FV750612

Sex
M

Birth Date
18MAY2007

Nationality
BRZL

Entries
M

Issue Date
18JUL2018

Expiration Date
16JUL2028

0111

Annotation

N3766707

* *

VNUSAFARIA<COSTA<<YURI<<<<<<<<<<<<<<<<<<<<<<

FV750612<9BRA0705187M2807166B3BRAOMJC4810321

SEP 12 2018

VISTOS VISAS

VISTOS VISAS

VISTOS 11 VISAS

VISTOS 10 VISAS

VISTOS 13 VISAS

VISTOS 12 VISAS

VISTOS 15 VISAS

VISTOS 14 VISAS

VISTOS 17 VISAS

VISTOS 16 VISAS

VISTOS VISAS

VISTOS VISAS

VISTOS 21 VISAS

VISTOS 20 VISAS

VISTOS 23 VISAS

VISTOS 22 VISAS

VISTOS VISAS

VISTOS VISAS

VISTOS 27 VISAS

VISTOS 26 VISAS

VISTOS VISAS

VISTOS VISAS

VISTOS 31 VISAS

VISTOS 30 VISAS

ATENÇÃO

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ENDEREÇO DO TITULAR / ADRESSE DU TITULAIRE
BEARER'S ADDRESS / DIRECCIÓN DEL TITULAR

Endereço / Address: _____
Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____

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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: _____

ATENÇÃO

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Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade e luz excessivas, campos eletromagnéticos intensos ou substâncias químicas.
Além do respeito e dos cuidados normais dispensados a um passaporte, tenha com este documento as mesmas precauções que teria com qualquer outro dispositivo eletrônico portátil, assegurando que ele não ficará úmido, dobrado ou amassado. Abusos podem afetar adversamente a operação do chip e reduzir sua utilidade para o titular e para o controle de fronteira.

NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA

NE PAS AGRAFER OU TAMPONNER CETTE PAGE

DO NOT STAPLE OR STAMP THIS PAGE

NO GRAPAR NI SELLAR ESTA PAGINA

Símbolo Internacional do Passaporte Eletrônico

CASA DA MOEDA DO BRASIL

For: **YURI FARIA COSTA**

U.S. Customs and Border Protection
Securing America's Borders

Most Recent I-94

Note to employers, local, state or federal agency granting benefits:
Please visit the CBP I-94/I-95 Website and click on the tab for "Get Most Recent I-94/I-95" to perform a search for the applicant to confirm that the biographic and travel information displayed on this I-94/I-95 printout matches the "Get Most Recent I-94/I-95" returned results for this applicant. Reference the CBP I-94/I-95 Website FAQs.

Admission I-94 Record Number: 47341827656

Arrival/Issued Date: 2018 September 12

Class of Admission: B2

Admit Until Date: 2019 March 11

Details provided on the I-94 Information form:

Last/Surname: FARIA COSTA

First (Given) Name: YURI

Birth Date: 2007 May 18

Document Number: FV750612

Country of Citizenship: Brazil

- Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94/I-95. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).
- What to do if someone requests your admission info: If an employer, local, state or federal agency requests admission information, present your admission (I-94/I-95) number along with any additional required documents requested by that employer or agency.
- For security, close your browser after retrieving your I-94/I-95 number.

OMB No. 1651-0111
Expiration Date: 01/31/2026


WA USA WASHINGTON
DRIVER LICENSE
FEDERAL LIMITS APPLY
4d LIC# WDL3178BF13B
9 CLASS
3 DOB 05/18/2007
4a ISS 09/09/2025
4b EXP 05/18/2029
AGE 21 ON 05/18/2028
1 FARIA COSTA
2 YURI
8 16720 NORTH RD APT C208
BOTHELL WA 98012-4901
15 SEX M
17 WGT 110 lb
18 EYES BRO
16 HGT 5'-07"
9a END NONE
12 RESTRICTIONS NONE
5 DD WDL3178BF13BO090925231559
REV 02/18/2025
20 00909252231559

Exhibit 4 - Victor Faria Costa's Identification Documents

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

Judiciary - State of Goiás
Electronic Inspection Seal

06461405171509092001340

You can check this seal at:
http://extrajudicial.tjgo.jus.br/sel

BIRTH CERTIFICATE

Name

VICTOR FARIA COSTA

Registration

025817 01 55 2014 1 00284 118 0101301 61

Date of birth in full	Day	Month	Year
August eighth, two thousand fourteen **	08	08	2014

Time of birth	City of birth and federation unit
11:05 AM	Rio Verde-Goiás **

City of registration and federation unit	Place of birth	Sex
Rio Verde- Goiás **	Augusta Gomes Bastos Maternity Hospital	Male

Filiation
SAMUEL ALMEIDA COSTA **
DANIELLA FARIA ARANTES **

Grandparents
Paternal: **JAMARIO DO CARMO COSTA ****
and **HONORINA DE ALMEIDA COSTA ****
Maternal: **GRESOGONIO LOURENCO ARANTES ****
and **AMALIA FARIA ****

Twin	Name and registration number of twin(s)
No	---------- **

Date of registration in full	Live birth registration number
August eighth, two thousand fourteen **	30-64094061-9

Notes/Annotations
Nothing on record. Fees: Exempt; Court Fee: Not applicable.

Name of the Office
Civil Registry and Notary Public Office

Registrar
Evandro Antunes Teixeira – Registrar and Notary

City/State
City and Judicial District of Rio Verde - State of Goiás

Address
Avenida Presidente Vargas, No. 292
ZIP Code: 75.901-040 - Phone: (64) 3051-0011 - Fax: 3051-1701

The content of this certificate is true. I certify.

Rio Verde - Goiás, August 8, 2014.

----//signature//----

Thais de Oliveira Azevedo
Clerk

02581-7-1747-0414

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 14, 2025.

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

Poder Judiciário Estado de Goiás
Selo Eletrônico de Fiscalização
06461405171509092001340
consulte esse selo em
http://extrajudicial.tjgo.jus.br/selo

CERTIDÃO DE NASCIMENTO

Nome

VICTOR FARIA COSTA

Matrícula

025817 01 55 2014 1 00284 118 0101301 61

Data do nascimento por extenso	Dia	Mês	Ano
Oito de agosto de dois mil e quatorze ••	08	08	2014

Hora	Município do nascimento e unidade de federação
11h 05min	Rio Verde-GO ••

Município de registro e unidade de federação	Local de nascimento	Sexo
Rio Verde-GO ••	Maternidade Augusta Gomes Bastos ••	Masculino

Filiação
SAMUEL ALMEIDA COSTA ••
DANIELLA FARIA ARANTES ••

Avós
Paternos: **JAMARIO DO CARMO COSTA ••**
e **HONORINA DE ALMEIDA COSTA ••**
Maternos: **GRESOGONIO LOURENÇO ARANTES ••**
e **AMALIA FARIA ••**

Gêmeo	Nome e Matrícula do(s) gêmeo(s)
Não	---------- ••

Data do registro por extenso	Número da D.N.V
Oito de agosto de dois mil e quatorze ••	30-64094061-9

Observações / Averbações
Nada consta. Emolumentos: Isento; Taxa Judiciária: Não incide . ••

Nome do Ofício
Registro Civil e Tabelionato de Notas

Oficial Registrador
Evandro Antunes Teixeira - Oficial e Tabelião

Município / UF
Município e Comarca de Rio Verde - Estado de Goiás

Endereço
Av. Presidente Vargas, nº 292
CEP: 75.901-040 - Fone: (64) 3051-0011 - Fax: 3051-1701

O conteúdo da certidão é verdadeiro. Dou fé.

Rio Verde -GO, 08 de agosto de 2014 .

Thais Azevedo
Thais de Oliveira Azevedo
Escrevente

02581-7-1747-0414

Este passaporte contém 32 páginas numeradas.
Ce passeport contient 32 pages numérotées.
This passport contains 32 numbered pages.
Este pasaporte contiene 32 páginas numeradas.

Roga-se às autoridades estrangeiras que prestem ao titular deste passaporte auxílio e assistência em caso de necessidade.

Les autorités des Etats étrangers sont priées de bien vouloir prêter au titulaire de ce passeport aide et assistance au besoin.

Foreign authorities are requested to afford the bearer such assistance and protection as may be necessary.

Se ruega a las autoridades extranjeras que presten al titular de este pasaporte auxilio y asistencia en caso de necesidad.

Este passaporte é válido para todos os países com os quais o Brasil mantém relações diplomáticas.

Ce passeport est valable dans tous les pays avec lesquels le Brésil maintient des relations diplomatiques.

This passport is valid for all countries with which Brazil maintains diplomatic relations.

Este pasaporte es válido para todos los países con los que Brasil mantiene relaciones diplomáticas.

BRA

Este documento pertence à
Ce document appartient à la
This document is the property of the
Este documento pertenece a la

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE

1

Incapacitado para assinar
Unable to sign

Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular

YE783507

Este passaporte deve ser assinado pelo titular,
salvo em caso de incapacidade.

Ce passeport doit être signé par le titulaire,
sauf en cas d'incapacité.

This passport must be signed,
except where the bearer is unable to do so.

Este pasaporte debe ser firmado por el titular,
salvo en caso de incapacidad.

PASSAPORTE
PASSPORT



REPÚBLICA FEDERATIVA DO BRASIL

TIPO / TYPE: PP
PAÍS EMISSOR / ISSUING COUNTRY: BRA
PASSAPORTE Nº / PASSPORT No.: YE783507

SOBRENOME / SURNAME
FARIA COSTA

NOME / GIVEN NAMES
VICTOR

NACIONALIDADE / NATIONALITY
BRASILEIRO

DATA DE NASCIMENTO / DATE OF BIRTH
08 AGO/AUG 2014

IDENTIDADE Nº / PERSONAL No.

SEXO / SEX: M
NATURALIDADE / PLACE OF BIRTH: RIO VERDE, GO, BRASIL

DATA DE EXPEDIÇÃO / DATE OF ISSUE
20 JUN/JUN 2024

AUTORIDADE / AUTHORITY
SÃO FRANCISCO CG

VÁLIDO ATÉ / DATE OF EXPIRY
19 JUN/JUN 2029

PPBRAFARIA<COSTA<<VICTOR<<<<<<<<<<<<<<<<<<<<<
YE783507<8BRA1408083M2906195<<<<<<<<<<<<<<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 / Consult / Consulte
www.portalconsular.mre.gov.br ou www.pf.gov.br

BRA

CASA DA MOEDA DO BRASIL

BRA

635884MR

CONSULADO-GERAL DO BRASIL EM SÃO FRANCISCO

FILIAÇÃO/PARENTS: DANIELLA FARIA ARANTES
SAMUEL ALMEIDA COSTA

O TITULAR ESTÁ AUTORIZADO PELOS GENITORES, PELO PRAZO DE VALIDADE DESTE DOCUMENTO, A VIAJAR COM UM DELES, INDISTINTAMENTE. (RES. CNJ 131/11, ART. 13).

CONCEDIDO EM SUBSTITUIÇÃO AO PASSAPORTE Nº FV750613, EMITIDO POR DPF/JTI/GO, EM 18/04/2018.

PAGOU
R$-Ouro 80.00
US$ 80.00
TEC 1.01.01.000.007

YE783507

20 JUN/JUN 2024
VERIDIANA DA SILVA VELAME
VICE-CÔNSUL

VISTOS VISAS

VISTOS VISAS

VISTOS VISAS

VISTOS VISAS

VISTOS 11 VISAS

VISTOS 10 VISAS

VISTOS 13 VISAS

VISTOS 12 VISAS

VISTOS 17 VISAS

VISTOS 16 VISAS

VISTOS 19 VISAS

VISTOS 20 VISAS

VISTOS 21 VISAS

VISTOS 20 VISAS

VISTOS 25 VISAS

VISTOS 24 VISAS

VISTOS 27 VISAS

VISTOS 28 VISAS

VISTOS 31 VISAS

VISTOS 30 VISAS

Os campos abaixo devem ser preenchidos pelo titular.
Aconselha-se usar lápis preto para possibilitar a atualização dos dados.

ENDEREÇO DO TITULAR / ADRESSE DU TITULAIRE
BEARER'S ADDRESS / DIRECCIÓN DEL TITULAR

Endereço / Address: _____
Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____

Em caso de acidente, avisar a Embaixada ou o Consulado do Brasil mais próximo e a pessoa abaixo indicada:

En cas d'accident, contacter l'Ambassade ou le Consulat du Brésil le plus proche ainsi que la personne indiquée ci-dessous:

In case of accident, notify the nearest Brazilian Embassy or Consulate and the individual named below:

En caso de accidente, contactar con la Embajada o el Consulado de Brasil más próximo y la persona indicada abajo:

Nome / Name: _____
Endereço / Address: _____
Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____

Este passaporte contém um dispositivo eletrônico e elementos de segurança sensíveis.
Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade e luz excessivas, campos eletromagnéticos intensos ou substâncias químicas.
Além do respeito e dos cuidados normais dispensados a um passaporte, tenha com este documento as mesmas precauções que teria com qualquer outro dispositivo eletrônico portátil, assegurando que ele não ficará úmido, dobrado ou amassado. Abusos podem afetar adversamente a operação do chip e reduzir sua utilidade para o titular e para o controle de fronteira.

NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA

NE PAS AGRAFER OU TAMPONNER CETTE PAGE

DO NOT STAPLE OR STAMP THIS PAGE

NO GRAPAR NI SELLAR ESTA PAGINA

Símbolo Internacional do Passaporte Eletrônico

CASA DA MOEDA DO BRASIL

Este passaporte contém 32 páginas numeradas.
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This passport contains 32 numbered pages.
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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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BRA

Este documento pertence à
Ce document appartient à la
This document is the property of the
Este documento pertenece a la

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE

1

Menor não alfabetizado.
Illiterate minor

Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular

FV750613

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.

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REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSPORT



TIPO / TYPE: **P**
PAÍS EMISSOR / ISSUING COUNTRY: **BRA**
PASSAPORTE Nº / PASSPORT No: **FV750613**

SOBRENOME / SURNAME
FARIA COSTA

NOME / GIVEN NAMES
VICTOR

NACIONALIDADE / NATIONALITY
BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH
08 AGO/AUG 2014

IDENTIDADE Nº / PERSONAL No

SEXO / SEX
M

NATURALIDADE / PLACE OF BIRTH
RIO VERDE/GO

FILIAÇÃO / FILIATION
DANIELLA FARIA ARANTES

SAMUEL ALMEIDA COSTA

O titular, enquanto menor, está autorizado pelos genitores, pelo prazo deste documento, a viajar desacompanhado ou apenas com um dos pais, indistintamente. Res. CNJ 131/11, Art. 13.

DATA DE EXPEDIÇÃO / DATE OF ISSUE
18 ABR/APR 2018

AUTORIDADE / AUTHORITY
DPF/JTI/GO

VÁLIDO ATÉ / DATE OF EXPIRY
17 ABR/APR 2022

P<BRAFARIA<COSTA<<VICTOR<<<<<<<<<<<<<<<<<<<<
FV750613<2BRA1408083M2204178<<<<<<<<<<<<<<08

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Consulte / Consultez / Consult / 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

VISTOS VISAS

VISA

UNITED STATES OF AMERICA



Issuing Post Name
BRASILIA

Control Number
20181970860011

Surname
FARIA COSTA

Given Name
VICTOR

Visa Type /Class
R B1/B2

Passport Number
FV750613

Sex
M

Birth Date
08AUG2014

Nationality
BRZL

Entries
M

Issue Date
18JUL2018

Expiration Date
16JUL2028

1001

Annotation

N3766706

**

VNUSAFARIA<COSTA<<VICTOR<<<<<<<<<<<<<<<<<<<<

FV750613<2BRA1408083M2807166B3BRAOMJC3741446

SEP 12 2018

VISTOS VISAS

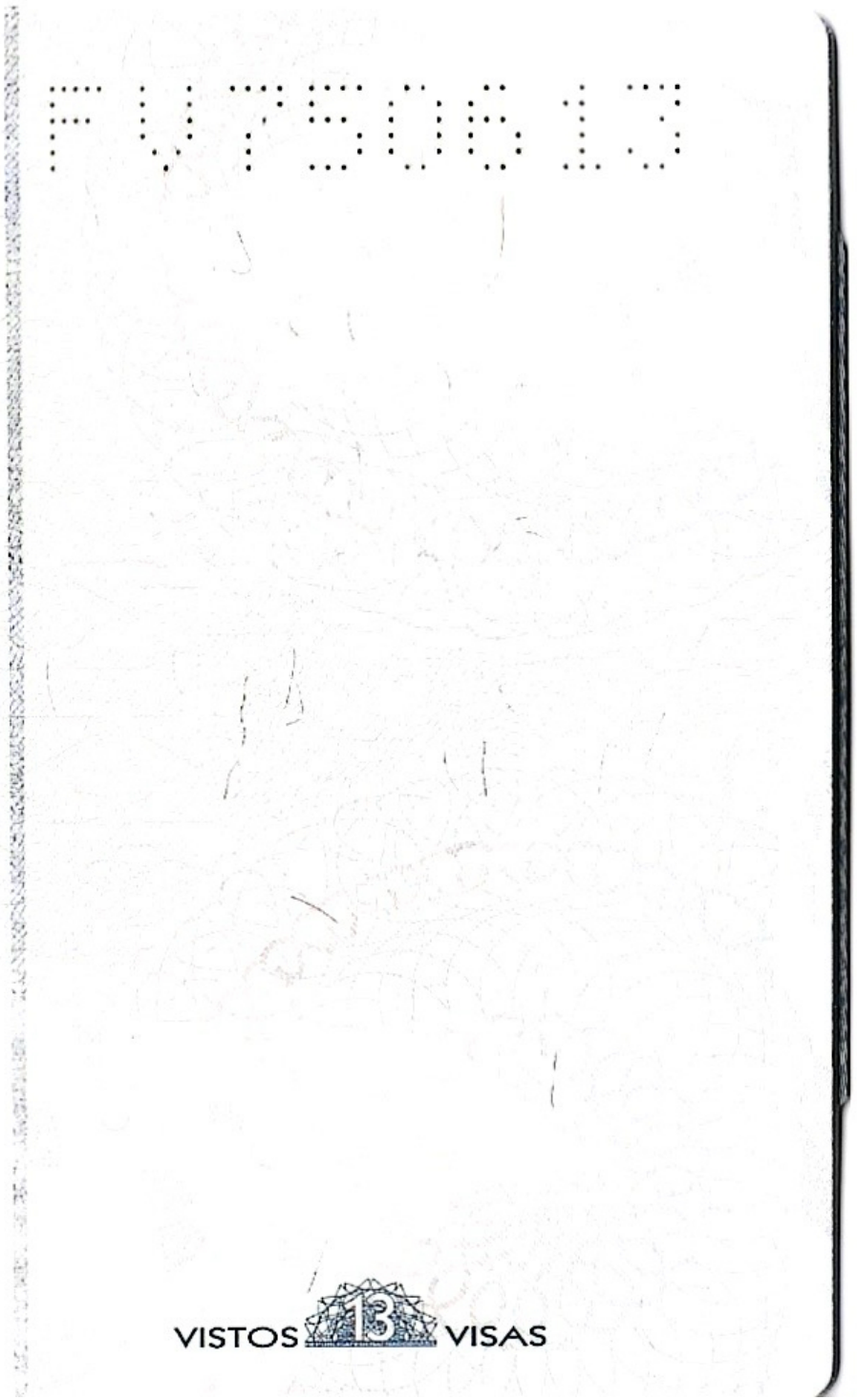
VISTOS VISAS

VISTOS VISAS

VISTOS VISAS



VISTOS 12 VISAS



VISTOS 13 VISAS

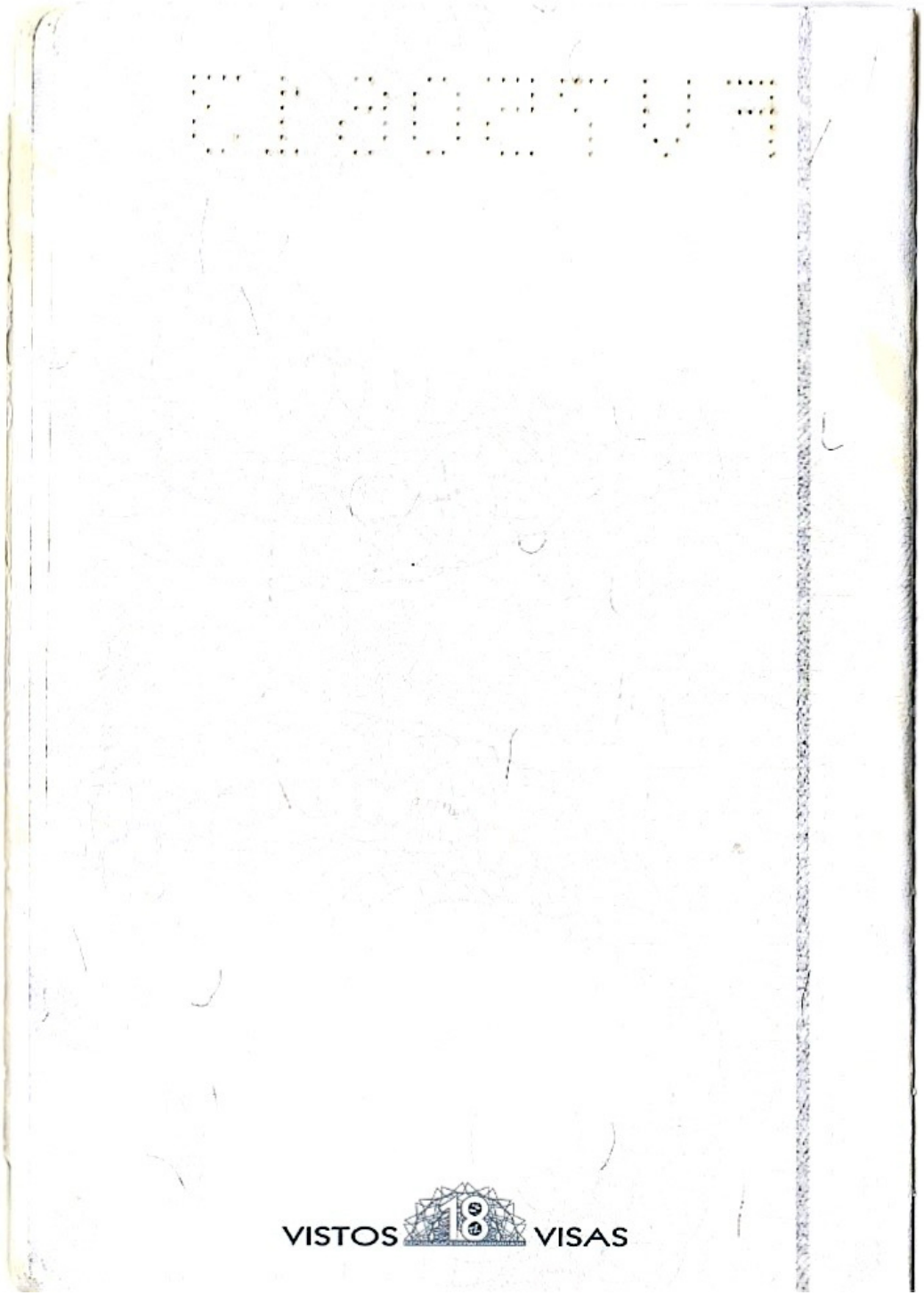


VISTOS 14 VISAS

VISTOS 15 VISAS

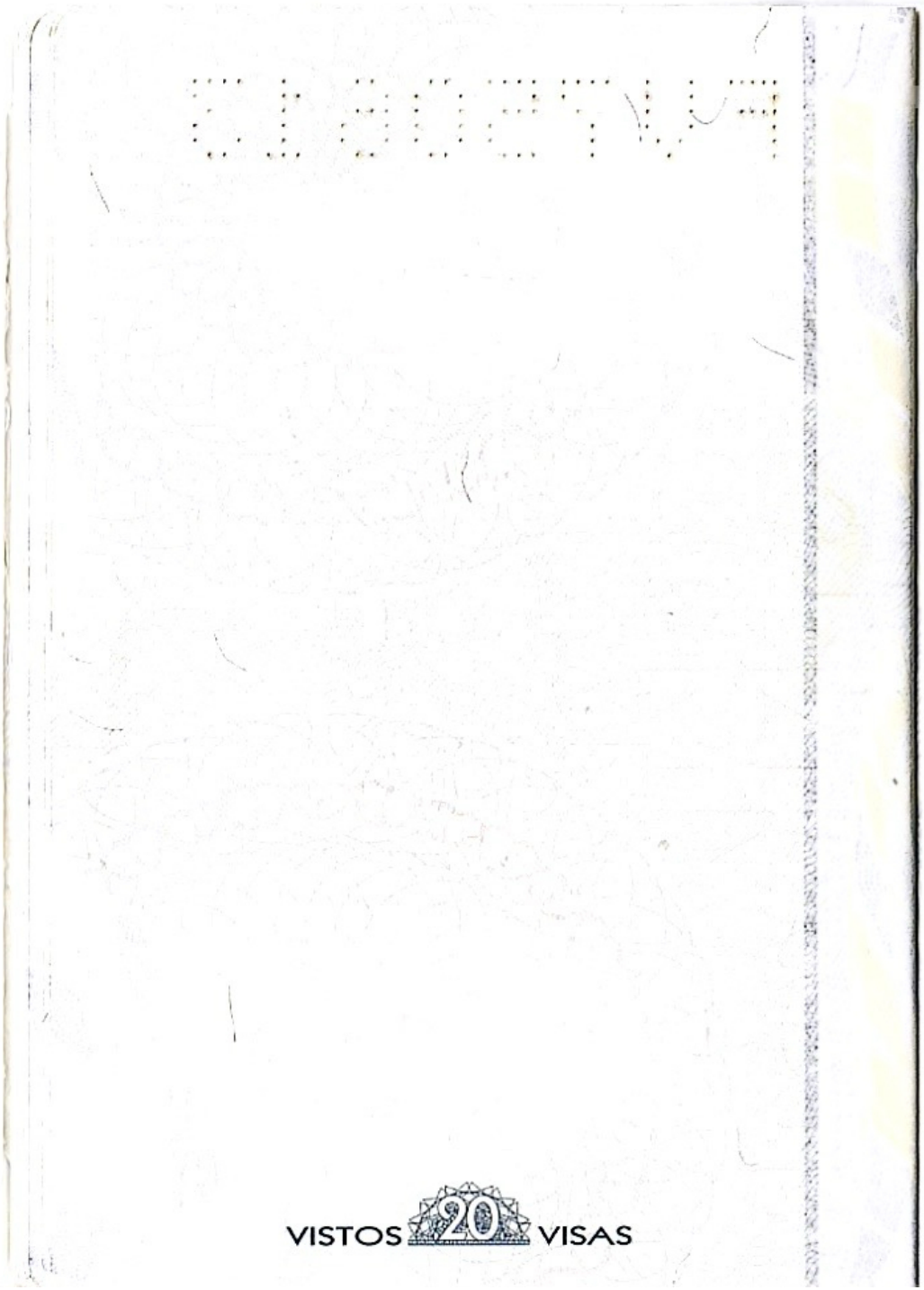
VISTOS VISAS

VISTOS VISAS

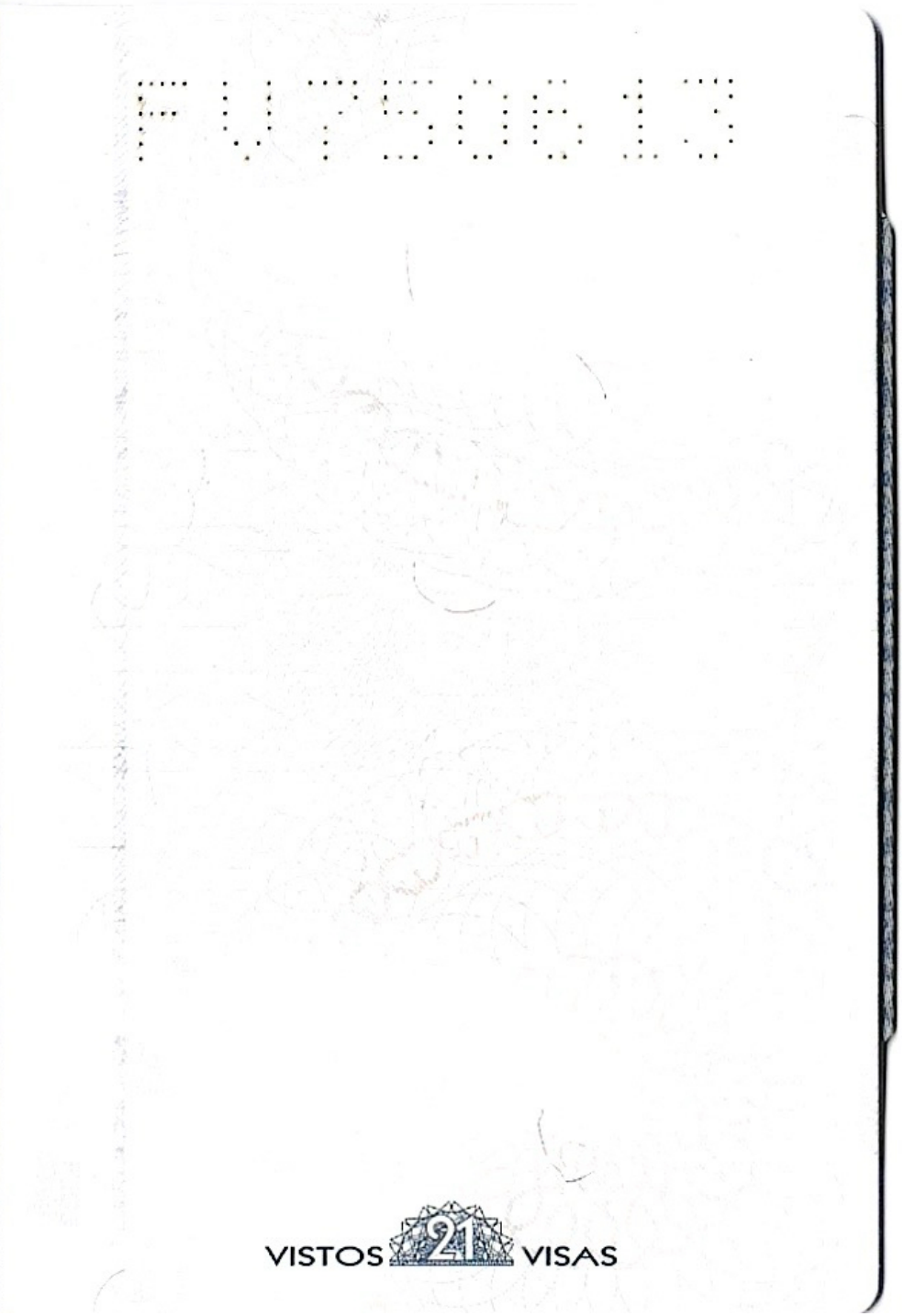


VISTOS 18 VISAS

VISTOS 19 VISAS



VISTOS 20 VISAS



VISTOS 21 VISAS

VISTOS 23 VISAS

VISTOS 22 VISAS

VISTOS 25 VISAS

VISTOS 24 VISAS

VISTOS 27 VISAS

VISTOS 28 VISAS

VISTOS VISAS

VISTOS VISAS

VISTOS 31 VISAS

VISTOS 30 VISAS

CADERNETA

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: _____

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En cas d'accident, contacter l'Ambassade ou le Consulat du Brésil le plus proche ainsi que la personne indiquée ci-dessous:

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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: _____

PASSAPORTE

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Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade e luz excessivas, campos eletromagnéticos intensos ou substâncias químicas.
Além do respeito e dos cuidados normais dispensados a um passaporte, tenha com este documento as mesmas precauções que teria com qualquer outro dispositivo eletrônico portátil, assegurando que ele não ficará úmido, dobrado ou amassado. Abusos podem afetar adversamente a operação do chip e reduzir sua utilidade para o titular e para o controle de fronteira.

NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA

NE PAS AGRAFER OU TAMPONNER CETTE PAGE

DO NOT STAPLE OR STAMP THIS PAGE

NO GRAPAR NI SELLAR ESTA PAGINA



Símbolo Internacional do Passaporte Eletrônico

CASA DA MOEDA DO BRASIL

For: **VICTOR FARIA COSTA**

U.S. Customs and Border Protection
Securing America's Borders

Most Recent I-94

Note to employers, local, state or federal agency granting benefits:
Please visit the CBP I-94/I-95 Website and click on the tab for "Get Most Recent I-94/I-95" to perform a search for the applicant to confirm that the biographic and travel information displayed on this I-94/I-95 printout matches the "Get Most Recent I-94/I-95" returned results for this applicant. Reference the CBP I-94/I-95 Website FAQs.

Admission I-94 Record Number: 47341826756

Arrival/Issued Date: 2018 September 12

Class of Admission: B2

Admit Until Date: 2019 March 11

Details provided on the I-94 Information form:

Last/Surname: FARIA COSTA

First (Given) Name: VICTOR

Birth Date: 2014 August 08

Document Number: FV750613

Country of Citizenship: Brazil

- Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94/I-95. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).
- What to do if someone requests your admission info: If an employer, local, state or federal agency requests admission information, present your admission (I-94/I-95) number along with any additional required documents requested by that employer or agency.
- For security, close your browser after retrieving your I-94/I-95 number.

OMB No. 1651-0111
Expiration Date: 01/31/2026

Exhibit 5 - Bernnie Jesus Mailloux Enriquez and Daniella Faria Arantes' Marriage Certificate

202505120545
MARRIAGE CERTIFICATE
5/12/2025 4:19 PM 1 of 1
SNOHOMISH COUNTY, WA

Washington State Department of Health

Washington State
CERTIFICATE OF MARRIAGE

COUNTY or TRIBE OF LICENSE: SNOHOMISH COUNTY					
DATE VALID			NOT VALID AFTER		
5	8	2025	7	4	2025

Marriage ceremony must be performed in the State of Washington.

Please type or print clearly in permanent black ink. **State File Number**

COUNTY AUDITOR

COUNTY AUDITOR or TRIBAL OFFICIAL'S SIGNATURE
x

DATE RECEIVED (MM|DD|YYYY) MAY 12 2025

PERSON A CHECK ONE ☐ BRIDE ☒ GROOM ☐ SPOUSE		PERSON B CHECK ONE ☐ BRIDE ☐ GROOM ☒ SPOUSE	
LEGAL NAME BEFORE MARRIAGE (FIRST/MIDDLE/LAST)		LEGAL NAME BEFORE MARRIAGE (FIRST/MIDDLE/LAST)	
BERNNIE JESUS MAILLOUX ENRIQUEZ		DANIELLA FARIA ARANTES	
BIRTH NAME (IF DIFFERENT)	☒ MALE ☐ FEMALE	BIRTH NAME (IF DIFFERENT)	☐ MALE ☒ FEMALE
CURRENT RESIDENCE - STREET, CITY/TOWN		CURRENT RESIDENCE - STREET, CITY/TOWN	
16720 NORTH RD, BOTHELL		16720 NORTH RD, BOTHELL	
COUNTY OF RESIDENCE	STATE OF RESIDENCE	COUNTY OF RESIDENCE	STATE OF RESIDENCE
SNOHOMISH	WASHINGTON	SNOHOMISH COUNTY	WASHINGTON
DATE OF BIRTH (MM|DD|YYYY)	BIRTH STATE (IF NOT USA, PROVIDE COUNTRY)	DATE OF BIRTH (MM|DD|YYYY)	BIRTH STATE (IF NOT USA, PROVIDE COUNTRY)
6 | 3 | 1983	COSTA RICA	3 | 4 | 1985	BRAZIL
MOTHER/PARENT BIRTH NAME		MOTHER/PARENT BIRTH NAME	
CARMEN MARIA ENRIQUEZ GARCIA		AMALIA FARIA	
FATHER/PARENT BIRTH NAME		FATHER/PARENT BIRTH NAME	
FREDDY MAILLOUX ESCOBAR		GRESOGONIO LOURENÇO ARANTES	
MOTHER/PARENT BIRTH STATE (OR COUNTRY)	FATHER/PARENT BIRTH STATE (OR COUNTRY)	MOTHER/PARENT BIRTH STATE (OR COUNTRY)	FATHER/PARENT BIRTH STATE (OR COUNTRY)
CRI	CRI	BRA	BRA

OFFICIANT

I certify that the undersigned, by authority of license issued by the County noted above, did on this day join in lawful wedlock with their mutual consent in the presence of witnesses . In testimony whereof, witness our signatures :

DATE OF MARRIAGE (MM|DD|YYYY)	COUNTY OF CEREMONY	TYPE OF CEREMONY (CHECK ONE)	DATE SIGNED (MM|DD|YYYY)
05 | 10 | 2025	SNOHOMISH	☑ RELIGIOUS ☑ CIVIL	05 | 10 | 2025

OFFICIANT'S ADDRESS (STREET, CITY, STATE AND ZIP CODE PLEASE PRINT)	OFFICIANT'S DAYTIME PHONE
4611 NE 5th Renton - WA - 98059	407 246-9908

OFFICIANT'S NAME (PRINT)	OFFICIANT'S SIGNATURE
MISAEL DE LARA	x

WITNESS SIGNATURE	WITNESS SIGNATURE
x	x

PERSON A SIGNATURE	DATE SIGNED (MM|DD|YYYY)
x	5-10-2025

PERSON B SIGNATURE	DATE SIGNED (MM|DD|YYYY)
x Daniella Faria Arantes	5-10-2025

DOH 422-026 (REV 07/2023) FORM VALID ON JULY24,2023

STATE OF WASHINGTON } ss
COUNTY OF SNOHOMISH }

I, Garth Fell, Snohomish County Auditor, do hereby certify that the foregoing instrument is a true and correct copy of the document now on file or recorded in my office.

In witness whereof, I hereunto set my hand this 12 day of May 20 25

GARTH FELL, County Auditor

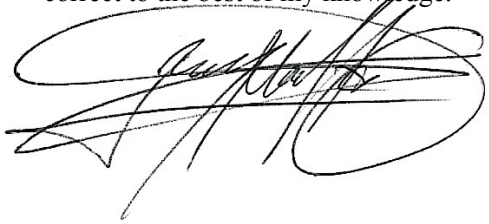
_____ Deputy



Exhibit 6 - Evidence of Bona Fide Marriage

My name is Bernnie Jesus Mailloux Enriquez,

Born in Costa Rica on June 3, 1983.
I met Daniella on a Christian dating app called Upward, where we started texting each other then I felt very connected with her I decided to ask her out on a first date after a few days we scheduled our first date for August 25, 2024. We met at Bellevue Botanical Garden in the late afternoon, I remember something so funny that happened that day my cellphone has the bible app and every so often the app will chant halleluiah with a choir voice very angelical as we were walking and talking about each other's life all of the sudden the app made the sound, then Dany asked me did you heard that? I said yes I did must be a sign 😊 (I had to tell her later it was my phone) she was laughing so much because she started to think it was something very strange...
That day we talked a lot about many subjects, we had many things in common at that moment I could feel there was something special about her that caught my attention. Then I invited her to eat dinner at a very romantic restaurant, I felt so attracted to her I want it to hear more about her life and spend more time with her that night. That night was very special she told me she didn't feel so special in a very long time, I was so damn happy to hear that I went home dreaming many things. After that first Date, we started talking every day, sharing what happened during the day and preparing for our second date.
Each day we felt more connected, and with every new date, our bond grew stronger.
In December, I traveled to my hometown to spend the holidays and New Year's celebrations with my family.
We spent a few days apart, and when I returned to Seattle, I decided I could no longer be away from her.
So I chose to move in together at her place, I wanted to be part of her life, we really want it each other's company every day.
In February, during a Valentine's Day event at the church we attended, I decided to surprise her by proposing in front of all her friends and the entire church, It was very emotional, and I was overjoyed when she say yes, there was no other way to do it she deserve something very special then we decided to set our wedding date soon, which was meant to be something simple, since I strongly believe we should not live in sin.
So May 10th was chosen first by God and then by us as the day we would celebrate our marriage. we thought of a simple ceremony, God keep making it more special for us full of details we chose together.
In each detail, I could see God's hand guiding us, for it was He who brought us together.
We have a healthy, peaceful, and loving marriage. we share expenses and chores: whenever I arrive home first, I cook, help with organizing the house. and assist with the children whenever she needs.
Every two weeks, my youngest daughter comes to spend the weekend with us, and she and Daniella have a very good relationship, our daughters enjoy playing together, and whenever possible, we go out for family activities. Daniellas boys are very kind and respectful to me
We have a healthy, peaceful, and loving marriage.
I certify, under penalty of perjury, that the information contained in this letter is true and correct to the best of my knowledge.



09/24/2025

My name is Daniella Faria Arantes, Brazilian, born on March 4, 1985, I have been living in the United States since 2018 and I met Bernnie through a Christian dating app called Upward. Our first contact was through the app but soon we exchanged phone numbers and started talking by text message and WhatsApp. Our first conversation was on August 25, 2024 and we exchanged a few messages and then had a video call, from then on we scheduled our first date at the botanical garden in Bellevue and afterwards we went to a beautiful restaurant in Bellevue, we talked a lot and on that day I could see how much Bernnie has a beautiful and huge heart and how much he loves God and that for me was a big sign because for a long time I had been praying to God for a man according to God's own heart! I was really delighted when he welcomed me with flowers and opened the car door for me; it was something remarkable! After that, our meetings became more frequent, and we started talking daily and several times a day, sharing our whole day, and our connection grew stronger each day.

On October 27, I was diagnosed with Bell's Palsy, and I had to stay home without working for 1 week. Bernnie came to my house every day to help me and take care of me, this gesture was so important to me because I felt very loved.

In December he went to Costa Rica to spend Christmas and New Year with his family and it was very challenging to stay here without him by my side, so as soon as he came back from the trip we decided not to wait any longer and to live together and set the date of our wedding because for us receiving the Lord's blessing and no longer living in sin is something very important.

So, on February 14, we had a Valentine's Day dinner at the church where we congregate, MSBN church, and he gave me a wonderful surprise, he proposed in front of all our friends and church members! It was beautiful, and I felt so special and loved by him!

We then set our wedding for May 10, until then it was supposed to be a simple ceremony, but it quickly became something very special, we had no doubt that God was present in every detail, everything was beautiful and prepared by God, it was a rainy day at first but as soon as I arrived at the venue the sun came out as if it were God's answer to our union! Bernnie insisted on buying me the wedding dress I had always dreamed of, and there, together with our closest friends, we said yes to this new story.

We went on our honeymoon the following weekend, since it would be our weekend without the little girls, so we took a road trip to Lake Chelan, and it was all wonderful! We have a very sincere, healthy relationship with much respect and love. Bernnie helps me a lot around the home, he always makes sure the food is ready when I get home from work and vice versa, he helps me with grocery shopping and also with the children when necessary! His youngest daughter, Hailie, comes to our house every other weekend, which is also when I have my youngest daughter, Ayla. We get along very well, and we always do activities with the children. My children and Bernnie have a very nice and respectful relationship, and God has been blessing us more and more each day!

I attest, under penalty of perjury, that the information contained in this letter is true and correct to the best of my knowledge.

Daniella Faria Arantes

09/24/2025

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: September 24, 2025.

Meu nome é Daniella Faria Arantes , brasileira , nascida em 04 de março de 1985, moro nos Estados Unidos desde 2018 e conheci o Bernnie através de um aplicativo de namoro para cristãos chamado Upward, nosso primeiro contato foi através do app porém logo trocamos número de telefone e começamos a nos falar por mensagem de texto e WhatsApp, nossa primeira conversa foi no dia 25 de agosto de 2024 e trocamos algumas mensagens e depois fizemos uma ligação de vídeo , a partir de então marcamos nosso primeiro encontro no jardim botânico em Bellevue e depois fomos em um restaurante lindo em Bellevue , conversamos bastante e neste dia pude perceber o quanto Bernnie tem um coração lindo e gigante e o quanto ele ama a Deus e isso para mim foi um grande sinal pois a tempos eu orava a Deus por um homem segundo o coração de Deus ! Eu realmente fiquei encantada quando ele me recebeu com flores e abriu a porta do carro para mim , foi algo marcante ! Após isso nossos encontros se intensificaram e passamos a nos falar diariamente e várias vezes ao dia compartilhando todo o nosso dia , e nossa conexão ficou cada dia mais forte.

Em 27 de outubro fui diagnosticada com Bells Palsy e precisei ficar em casa sem trabalhar por 1 semana , Bernnie veio todos os dias até minha casa para me ajudar e cuidar de mim , esse gesto foi tão importante para mim pois me senti muito amada.

Em dezembro ele foi para Costa Rica passar natal e ano novo com a família e foi muito desafiador ficar aqui sem ele ao meu lado , foi quando assim que ele voltou de viagem nos decidimos não esperar mais e morarmos juntos e marcarmos a data do nosso casamento pois para nós recebermos a benção do Senhor e não mais viver em pecado é algo muito importante.

Então no dia 14 de fevereiro tivemos um jantar de valentines day na igreja onde congregamos, a MSBN church ,e ele me fez uma supresa maravilhosa, me pediu em casamento na frente de todos os amigos e irmaos da igreja! Foi lindo demais e eu me senti ali tao especial e amada por ele!

Marcamos então nosso casamento pro dia 10 de maio, ate entao seria uma cerimonia simples porem foi se tornando algo muito especial, nao tinhamos duvidas de que Deus estava prsente em cada detalhe, foi tudo lindo e preparado por Deus , estava um dia chuvoso no início mas assim que eu cheguei no local o sol saiu como sendo uma resposta de Deus a nossa união !Bernnie fez questao de comprar para mim vestido de noiva que eu sempre sonhei, e ali junto com nossos amigos mais intimos nos dissemos sim para essa nova historia.

Viajamos no outro fim de semana de lua de mel pois seria nosso fim de semana sem as meninas pequenas então fizemos uma road trip até o lake chelan e foi tudo lindo ! Temos um relacionamento muito sincero, saudável, com muito respeito e amor, Bernnie me ajuda muito em casa, sempre se preocupa em deixar a comida pronta quando chego do trabalho e vice e versa , ele me ajuda com as compras de casa e tambem com as crianças quando é necessário! A filha menor dele a Hailie vem para nossa casa quinzenalmente aos finais de semana, que é também quando tenho minha filha menor a Ayla , nos damos muito bem, sempre fazemos programas junto com as criancas, meus filhos e Bernnie tem um relacionamento bem legal e respeitoso, e Deus tem nos abencoado cada dia mais !

Atesto, sob pena de perjúrio, que as informações contidas nesta carta são verdadeiras e corretas, de acordo com o meu melhor conhecimento

24/09/2025

Daniella Faria Arantes

BANK OF AMERICA

P.O. Box 15284
Wilmington, DE 19850

Customer service information

Customer service: 1.800.432.1000

En Español: 1.800.688.6086

bankofamerica.com

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

BERNNIE JESUS MAILLOUX ENRIQUEZ
DANIELLA FARIA ARANTES
16720 NORTH ROAD
C 208
BOTHELL, WA 98012

Your Adv SafeBalance Banking

for May 21, 2025 to June 18, 2025

Account number: 1381 2824 7471

BERNNIE JESUS MAILLOUX ENRIQUEZ **DANIELLA FARIA ARANTES**

Account summary

Beginning balance on May 21, 2025	$897.97
Deposits and other additions	6,084.25
ATM and debit card subtractions	-3,988.83
Other subtractions	-2,062.32
Service fees	-4.95
Ending balance on June 18, 2025	**$926.12**

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BANK DEPOSIT ACCOUNTS

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Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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Deposits and other additions

Date	Description	Amount
05/21/25	Zelle payment from Tania Melo Conf# 0JED1HNK7	250.00
05/22/25	Zelle payment from BROOKE WINNER Conf# m7t0uxw3i	100.00
05/23/25	Zelle payment from CARLOS MEMBRENO for "05-23-25"; Conf# khcprkloz	180.00
05/27/25	Zelle Recurring payment from for "weekly office cleaning"; Conf# jq1kif9se	150.00
05/28/25	APPLE CASH INS 05/28 #000226033 PMNT RCVD APPLE CASH INST X CUPERTINO CA	312.24
05/28/25	Zelle payment from RUCHI MURARKA Conf# 99ba2o6e9	200.00
05/29/25	Zelle payment from BROOKE WINNER Conf# vl8mx3mna	100.00
05/30/25	Transfer VENMO	294.75
05/30/25	Zelle payment from KIRTI SINGH Conf# wpqvl77ms	180.00
06/02/25	Zelle payment from WENCY YAN Conf# 99bapzjtm	200.00
06/02/25	Zelle payment from NIRUPAMA DESHPANDE for "NIRU HOUSE CLEAN"; Conf# T0YW9D6D6	180.00
06/02/25	Zelle Recurring payment from for "weekly office cleaning"; Conf# qegeijblu	150.00
06/03/25	Zelle payment from Tania Melo Conf# 0JEQD8J5I	250.00
06/03/25	Transfer VENMO	196.50
06/03/25	Zelle payment from YURI FARIA COSTA Conf# vh4dvp00o	50.00
06/03/25	Zelle payment from YURI FARIA COSTA Conf# sshlmmsl9	35.00
06/05/25	Zelle payment from BROOKE WINNER Conf# zhxfvyj2s	100.00
06/06/25	BKOFAMERICA ATM 06/06 #000001767 DEPOSIT KENMORE KENMORE WA	380.00
06/06/25	Transfer VENMO	294.75
06/06/25	Zelle payment from CARLOS MEMBRENO for "06-06-25"; Conf# qe96jm0fq	180.00
06/09/25	Zelle Recurring payment from for "weekly office cleaning"; Conf# qe1ed1n6q	150.00
06/11/25	Transfer VENMO	245.63
06/11/25	Transfer VENMO	245.63
06/11/25	Zelle payment from BARATH HASSAN VENUGOPAL Conf# fhmwxk0i8	235.00

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Deposits and other additions - continued

Date	Description	Amount
06/12/25	Zelle payment from BROOKE WINNER Conf# ob2r5rqca	100.00
06/13/25	Transfer VENMO	294.75
06/16/25	Zelle payment from CARLOS DOS SANTOS for "Ayla do Papai"; Conf# ocrnkq9ig	500.00
06/16/25	Zelle payment from NIRUPAMA DESHPANDE for "NIRU HOUSE CLEAN"; Conf# T0YXPYV76	180.00
06/16/25	Zelle Recurring payment from for "weekly office cleaning"; Conf# j8fyoa566	150.00
06/18/25	Zelle payment from WENCY YAN Conf# 99bckc1z1	200.00
Total deposits and other additions		**$6,084.25**

Withdrawals and other subtractions

ATM and debit card subtractions

Date	Description	Amount
05/21/25	CF UNITED APRO 05/21 #000379621 PURCHASE CF UNITED APRO LYNNWOOD WA	-2.97
05/22/25	CHECKCARD 0521 WSDOT-GOODTOGO CSC RENTON WA 24240525142346992580003	-18.50
05/22/25	PURCHASE 0521 SP IMRTL immortal82123CA	-57.87
05/22/25	CHECKCARD 0522 Subway 5867 Lynnwood WA 24204295142000055296023	-24.27
05/23/25	PURCHASE 0521 SDOT PAYBYPHONE PARKING 2066845260 WA	-2.99
05/23/25	BKOFAMERICA ATM 05/23 #000008946 WITHDRWL KENMORE KENMORE WA	-700.00
05/27/25	PURCHASE 0523 SDOT PAYBYPHONE PARKING 2066845260 WA	-2.12
05/27/25	PURCHASE 0524 STATE FARM INSURANCE 800-956-6310 IL	-305.10
05/27/25	CHECKCARD 0523 TST* BURGERMASTER - BOT BOTHELL WA 24137465144501353445914	-77.51
05/27/25	PURCHASE 0524 MICROSOFT*STORE MICROSOFT.COMWA	-11.04
05/27/25	COSTCO GAS #11 05/24 #000195864 PURCHASE COSTCO GAS #1190 LYNWOOD WA	-67.31
05/27/25	CHECKCARD 0524 Eldorado vilnius 24871155144003365050425	-11.15
05/27/25	CHECKCARD 0524 SQ *KOOL KIDZ ICE CREAM Lynnwood WA 24692165145100091984664	-17.00
05/27/25	CHECKCARD 0524 WAL-MART #2594 LYNNWOOD WA	-35.27
05/27/25	CHECKCARD 0524 LITTLE CEASARS 3022-001 LYNNWOOD WA 24445005145500766880147	-29.80
05/27/25	PURCHASE 0524 ROBLOX 1.888.858.2569 CORP.ROBLOX.CCA	-5.50
05/27/25	CHECKCARD 0524 WAL-MART #2594 LYNNWOOD WA	-46.43
05/27/25	CHECKCARD 0526 Subway 5867 Lynnwood WA 24204295145002363691025	-21.62
05/27/25	PURCHASE 0526 AMAZON DIGITAL WWW.AMAZON.COWA	-18.77
05/28/25	CHECKCARD 0528 NETFLIX COM LOS GATOS CA 00000000000000000191726 RECURRING	-19.88
05/29/25	PURCHASE 0528 AMAZON MKTPL*NN6KA13C0 Amzn.com/billWA	-19.86
05/30/25	PURCHASE 0529 TST* ANTHONY'S HOMEPORT 425-771-4400 WA	-100.26
05/30/25	BKOFAMERICA ATM 05/30 #000009728 WITHDRWL KENMORE KENMORE WA	-560.00

continued on the next page

Withdrawals and other subtractions - continued

ATM and debit card subtractions - continued

Date	Description	Amount
06/02/25	PURCHASE 0531 SPOTIFY 877-778-1161 NY	-18.77
06/02/25	CHECKCARD 0531 MCDONALD'S F5945 MILLCREEK WA 24427335151740276972307	-23.97
06/02/25	PURCHASE 0531 ROBLOX 1.888.858.2569 CORP.ROBLOX.CCA	-5.51
06/02/25	TARGET T- 1830 06/01 #000400467 PURCHASE TARGET T- 1830 Lynnwood WA	-27.65
06/03/25	CHECKCARD 0601 LITTLE CEASARS 3022-001 559-708-6569 WA 24445005153200184182007	-30.88
06/03/25	CHECKCARD 0603 WAL-MART #2594 LYNNWOOD WA	-16.58
06/04/25	CHECKCARD 0603 WAL-MART #2594 LYNNWOOD WA 24226385155010494404457	-34.30
06/04/25	CHECKCARD 0603 WAL-MART #2594 LYNNWOOD WA 24455015154142000905390	-55.18
06/04/25	PURCHASE 0604 ROBLOX 1.888.858.2569 CORP.ROBLOX.CCA	-5.50
06/05/25	CHECKCARD 0604 HP *INSTANT INK 855-785-2777 CA 24692165156100140749684 RECURRING	-6.07
06/06/25	PURCHASE 0605 AMAZON RETA* N67IS02I1 WWW.AMAZON.COWA	-46.39
06/06/25	CHECKCARD 0605 CF UNITED APRO LYNNWOOD WA	-20.42
06/06/25	BKOFAMERICA ATM 06/06 #000001768 WITHDRWL KENMORE KENMORE WA	-490.00
06/06/25	CF UNITED APRO 06/06 #000346392 PURCHASE CF UNITED APRO LYNNWOOD WA	-2.97
06/09/25	PURCHASE 0607 ROBLOX 1.888.858.2569 CORP.ROBLOX.CCA	-5.50
06/09/25	CHECKCARD 0607 Subway 5867 Lynnwood WA 24204295158001303471021	-29.11
06/09/25	PURCHASE 0607 AMAZON PRIME*N676D4YE1 Amzn.com/billWA	-16.56
06/09/25	COSTCO GAS #11 06/07 #000308462 MOBILE PURCHASE COSTCO GAS #1190 LYNWOOD WA	-63.04
06/09/25	WAL-MART #2594 06/08 #000522200 PURCHASE 1400 164TH ST SW LYNNWOOD WA	-62.19
06/10/25	CHECKCARD 0609 TIKTOK SHOP TIKTOK.COM CA 24036295160716179416566	-28.71
06/10/25	CHECKCARD 0609 MCDONALD'S F5945 MILLCREEK WA 24427335160740271439426	-13.48
06/10/25	CHECKCARD 0609 MCDONALD'S F5945 MILLCREEK WA 24427335160740271439087	-5.52
06/10/25	7-ELEVEN 06/10 #000375870 PURCHASE 7-ELEVEN Bothell WA	-7.43
06/10/25	CF UNITED APRO 06/10 #000014860 PURCHASE CF UNITED APRO LYNNWOOD WA	-10.52
06/11/25	PMNT SENT 0610 RMTLY* H4DA6 REMITLY.COM WA	-150.58
06/12/25	CHECKCARD 0611 MCDONALD'S F5945 MILLCREEK WA 24427335162740275668622	-14.48
06/12/25	CHECKCARD 0611 SQ *KITANDA LYNNWOOD Lynnwood WA 24692165163106512481443	-6.56
06/12/25	CHECKCARD 0611 HMART - LYNNWOOD LYNNWOOD WA 24765015163370054292712	-15.07
06/13/25	CHECKCARD 0611 EDMONDS SCHOOL DISTRICT 425-431-7063 WA 24707805163030049523879	-5.95

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Withdrawals and other subtractions - continued

ATM and debit card subtractions - continued

Date	Description	Amount
06/13/25	BKOFAMERICA ATM 06/13 #000002621 WITHDRWL KENMORE KENMORE WA	-500.00
06/16/25	CHECKCARD 0614 Subway 5867 Lynnwood WA 24204295164002548549029	-38.60
06/16/25	PURCHASE 0614 ROBLOX 1.888.858.2569 CORP.ROBLOX.CCA	-5.50
06/16/25	CHECKCARD 0616 PLAYSTATION.CO FOSTER CITY CA	-16.57
06/16/25	CF UNITED APRO 06/16 #000045808 PURCHASE CF UNITED APRO LYNNWOOD WA	-8.15
06/17/25	CHECKCARD 0617 Subway 28852 Bothell WA 24204295168001226445084	-13.09
06/17/25	CF UNITED APRO 06/16 #000019114 PURCHASE CF UNITED APRO LYNNWOOD WA	-5.79
06/18/25	CHECKCARD 0618 Microsoft*PC 1 Month 425-6816830 WA 24204295169000704817086 RECURRING	-13.26
06/18/25	QFC #5819 1893 06/18 #000508989 MOBILE PURCHASE QFC #5819 1893 BOTHELL WA	-13.76
Total ATM and debit card subtractions		**-$3,988.83**

Other subtractions

Date	Description	Amount
05/21/25	Zelle payment to Rayane Guimaraes for "Rifa 37 e 77"; Conf# sw14ryo0j	-60.00
05/28/25	Zelle payment to Yuri Costa Conf# ysk24d2o4	-30.00
05/28/25	ZIPLY FIBER DES:TELECOM ID:9390798 INDN:*CHECKINGACCOUNTENDING CO ID:0000395985 WEB	-106.58
05/30/25	Zelle payment to Yuri Costa Conf# xqvpfyqhh	-80.00
06/02/25	Zelle payment to Rayane Guimaraes Conf# z0ryd4rdx	-40.00
06/02/25	Zelle payment to MOISES MOURA DOS SANTOS Conf# s87cb0b7z	-60.00
06/03/25	Zelle payment to Yuri Costa Conf# zw75k0u89	-150.00
06/03/25	CLOSE REACH ACAD DES:2064966428 ID:XXXXXXXXX INDN:Daniella Faria Arantes CO ID:1470259040 PPD	-360.00
06/03/25	PUDNO1-SNOHOMISH DES:UTILITY ID:1852612 INDN:DANIELLA FARIA ARANTES CO ID:0000005286 WEB	-113.90
06/05/25	Zelle payment to Yuri Costa Conf# svngxn9up	-100.00
06/06/25	Zelle payment to REGIANE SEVERINO for "Marina"; Conf# xft3at384	-65.00
06/06/25	COMENITY PAY BH DES:WEB PYMT ID:P25156522656120 INDN:DANIELLA ARANTES CO ID:1651180275 WEB	-45.00
06/09/25	Zelle payment to MINISTERIO SEMEADORES DE BOAS NOVAS INC Conf# tjbmrjnta	-50.00
06/11/25	Seattle Credit U DES:CK-WTH ID: INDN:Daniella Faria Arantes CO ID:XXXXXXXXX PPD	-377.20
06/13/25	Zelle payment to Yuri Costa for "Help june 7"; Conf# t3ucxs7zg	-50.00
06/13/25	COMENITY PAY BH DES:WEB PYMT ID:P25163523296017 INDN:DANIELLA ARANTES CO ID:1651180275 WEB	-101.40
06/16/25	Zelle payment to Ana Paula for "Nail"; Conf# z1n94i9yn	-40.00

continued on the next page

Withdrawals and other subtractions - continued

Other subtractions - continued

Date	Description	Amount
06/16/25	Zelle payment to Jessica Silva for "Help sabado"; Conf# zwq6yttgf	-180.00
06/16/25	LIFE INS OF SW DES:XXXXXXXXXX ID:70326902 INDN:DANIELLA FARIA ARANTE CO ID:1954349000 PPD PMT INFO:XXXXXXXXX	-53.24
Total other subtractions		**-$2,062.32**

Service fees

Date	Transaction description	Amount
05/21/25	Monthly Maintenance Fee	-4.95
Total service fees		**-$4.95**

Note your Ending Balance already reflects the subtraction of Service Fees.

Braille and Large Print Request - You can request a copy of this statement in Braille or Large Print by calling 800.432.1000 or going to bankofamerica.com and enter Visually Impaired Access from the home page.

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UMPQUA BANK

June 04, 2025 Page: 1 of 4

Customer Service:
1-866-486-7782

BERNNIE J MAILLOUX ENRIQUEZ
DANIELLA FARIA ARANTES
16720 NORTH RD APT C208
BOTHELL WA 98012-4901

embark checking

Account number	**XXXXXX4049**	**Beginning balance**	**$6,773.28**
Last statement date	5/4/25	Deposits/Additions	$2,977.50
This statement date	**6/4/25**	Withdrawals/Deductions	$8,401.71
Average balance	$2,676.35	Checks	$0.00
Low balance	$1,346.57	Interest earned	$0.00
		Ending balance	**$1,349.07**

deposits and additions

Date	Description	Amount
05-05	ACH credit WA st employ sec ui benefit 20250504	$595.00
05-12	ACH credit WA st employ sec ui benefit 20250511	$595.00
05-19	ACH credit WA st employ sec ui benefit 20250518	$595.00
05-27	ACH credit WA st employ sec ui benefit 20250525	$595.00
06-02	ACH credit WA st employ sec ui benefit 20250602	$595.00
06-04	Credit for ATM surcharge ref	$2.50
	Total Additions:	**$2,977.50**

withdrawals and deductions

Date	Description		Amount
05-05	POS purchase	terminal vbase2 2levy@lumen field Seattle WA	-$50.14
05-05	POS purchase	terminal 05241373 davids bridal lynnwood WA	-$945.62
05-05	Zelle acct debit	zelle joao cabral Umpqua Bank 80222 1 SW columbia stre	-$700.00
05-05	Zelle acct debit	zelle nichte mend ez Umpqua Bank 80222 1 SW columbia stre	-$17.00
05-05	Zelle acct debit	zelle dany faria Umpqua Bank 80222 1 SW columbia stre	-$600.00
05-06	POS purchase	terminal vbase2 oasis brazilian st eakh kirkland WA	-$52.05
05-06	POS purchase	terminal 1 snohomish county a udit 888-89160 WA	-$70.00

UMPQUA BANK

July 04, 2025 Page: 1 of 3

Customer Service:
1-866-486-7782

BERNNIE J MAILLOUX ENRIQUEZ
DANIELLA FARIA ARANTES
16720 NORTH RD APT C208
BOTHELL WA 98012-4901

embark checking

Account number	**XXXXXX4049**	**Beginning balance**	**$1,349.07**
Last statement date	6/4/25	Deposits/Additions	$5,280.51
This statement date	**7/4/25**	Withdrawals/Deductions	$5,915.75
Average balance	$1,081.12	Checks	$0.00
Low balance	$307.56	Interest earned	$0.00
		Ending balance	**$713.83**

deposits and additions

Date	Description	Amount
06-06	A2A trsf credit terminal cnp tx venmo*arantes dani ella new york NY	$2,645.00
06-09	Mobile deposit	$20.42
06-10	ACH credit WA st employ sec ui benefit 20250610	$595.00
06-13	Mobile deposit	$170.00
06-16	POS deposit terminal 29249030 Wal-Mart #2594 lynnwood WA	$59.67
06-17	ACH credit WA st employ sec ui benefit 20250617	$595.00
06-24	ACH credit WA st employ sec ui benefit 20250624	$595.00
06-30	ACH credit WA st employ sec ui benefit 20250630	$595.00
07-02	ACH credit fidelity 21060 p fidelity 20250702	$5.42
	Total Additions:	**$5,280.51**

withdrawals and deductions

Date	Description		Amount
06-05	POS purchase	terminal 12278212 little ceasars 302 2-00 559-708-6 WA	-$52.39
06-06	POS purchase	terminal 06789346 WA driver license rene 360-902-7 WA	-$20.60
06-06	POS purchase	terminal 002ubq98 cf united apro l lynnwood WA	-$5.79
06-06	POS purchase	terminal 002ubq98 cf united apro l lynnwood WA	-$25.30
06-06	POS purchase	terminal 86008988 zip market kirkland WA	-$11.98

06-09	POS purchase	terminal 00000007 apf*gran incorpora ted 206-28347 WA	-$2,650.78
06-09	POS purchase	terminal vbase2 temu.com 130-248-0 ma	-$127.62
06-09	POS purchase	terminal vbase2 elevated sportz (p os) bothell WA	-$86.19
06-09	POS purchase	terminal 00007859 ctlp*farwest distr ibut everett WA	-$5.00
06-09	POS purchase	terminal 0458052 albertsons #0458 mill cree WA	-$94.31
06-09	POS purchase	terminal 93119013 costco gas #1190 lynwood WA	-$47.42
06-09	POS purchase	terminal 77827301 sq *joey bellevue bellevue WA	-$185.13
06-09	POS purchase	terminal vbase2 ace parking 3252 bellevue WA	-$16.00
06-09	POS purchase	terminal 0458052 albertsons #0458 mill cree WA	-$18.50
06-09	OTC Withdrawal		-$100.00
06-10	POS purchase	terminal vbase2 WA dept. of revenu e 925-855-5 WA	-$146.00
06-10	POS purchase	terminal vbase2 opc WA dept. of re venu 925-855-5 WA	-$4.75
06-10	POS purchase	terminal 3 king county dja Seattle WA	-$13.49
06-10	POS purchase	terminal 3 king county dja Seattle WA	-$14.49
06-12	POS purchase	terminal 75805508 the ups store 2355 425-78751 WA	-$38.23
06-12	POS purchase	terminal 0458076 albertsons #0458 mill cree WA	-$24.45
06-12	POS purchase	terminal 13235930 spi*creditacceptan cec 800-634-1 mi	-$400.00
06-12	POS purchase	terminal 13235948 spi*aci service fe e 800-487-4 mi	-$3.75
06-12	POS purchase	terminal 99999999 qfc #5819 18931 bo thel bothell WA	-$3.49
06-13	POS purchase	terminal 75168844 goodwill - shoreli NE. shoreline WA	-$15.00
06-16	POS purchase	terminal 002ubq98 cf united apro l lynnwood WA	-$10.64
06-16	POS purchase	terminal vbase2 cinemark 493 onlin e federal w WA	-$28.07
06-16	POS purchase	terminal 06985403 cinemark federal w WA	-$18.19
06-16	POS purchase	terminal 06566853 nst best buy #372 000 federal w WA	-$123.42
06-16	POS purchase	terminal 99999999 gamestop #0990 126 SW burien WA	-$240.62
06-17	Zelle acct debit	zelle grisel r sa nchezll Umpqua Bank 80222 1 SW columbia stre	-$338.00
06-18	POS purchase	terminal 30338110 target t-0338 lynnwood WA	-$20.42
06-18	POS purchase	terminal 93119013 costco gas #1190 lynwood WA	-$64.90
06-20	POS purchase	terminal 0531076 safeway #0531 auburn WA	-$12.12
06-27	ATM withdrawal	cash withdrawal terminal 597970 19230 alderwood pk wy lynnwood WA	-$100.00
06-27	POS purchase	terminal oso9jthr idt boss INTL call ing www.idt.n nj	-$5.00
06-27	POS purchase	terminal 93006113 costco gas #0061 federal w WA	-$65.30
06-27	A2A trsf debit	terminal n6yu96qu rmtly* r8840376570 8739 remitly.c WA	-$33.99
06-27	A2A trsf debit	terminal n6yu96qu rmtly* r8841972224 9292 remitly.c WA	-$43.99
06-30	POS purchase	merchant purchase terminal 35487679 uber *trip help.uber.co	-$6.32
06-30	POS purchase	merchant purchase terminal 35487826 uber *trip help.uber.co	-$5.22
06-30	POS purchase	terminal 02011944 nikepos us auburn WA	-$66.17
06-30	POS purchase	terminal vbase2 dave & busters #11 5 pw auburn WA	-$36.00
06-30	POS purchase	terminal vbase2 dave & busters #11 5 auburn WA	-$37.77
06-30	POS purchase	terminal 002ubq98 cf united apro l lynnwood WA	-$10.64
06-30	EFT service charge	svc chg intrntl tr an	-$0.10
06-30	EFT service charge	svc chg intrntl tr an	-$0.13
07-02	POS purchase	terminal 79988551 chelancodistrict c ourt 801-99943 ut	-$2.00
07-02	POS purchase	terminal 79855825 chelan county dist rict 509-66762 WA	-$50.00
07-03	POS purchase	terminal 03170735 omars taqueria lynnwood WA	-$18.50
07-03	POS purchase	terminal 03170735 omars taqueria lynnwood WA	-$3.59

07-03	Zelle acct debit zelle regiane mae marina Umpqua Bank 80222 1 SW columbia stre	-$360.00
07-03	A2A trsf debit terminal n6yu96qu rmtly* jce0e remitly.c WA	-$103.99

Total Deductions: **-$5,915.75**

checks

Check #	Amount	Date

(* Skip in check sequence, R - Check has been returned)

Total Checks Paid: **-$0.00**

daily balances

Date	Balance	Date	Balance	Date	Balance
06-04	$1,349.07	06-13	$668.83	06-27	$813.84
06-05	$1,296.68	06-16	$307.56	06-30	$1,246.49
06-06	$3,878.01	06-17	$564.56	07-02	$1,199.91
06-09	$567.48	06-18	$479.24	07-03	$713.83
06-10	$983.75	06-20	$467.12	07-04	$713.83
06-12	$513.83	06-24	$1,062.12		

overdraft fee summary

	Total for this period	Total Year-to-Date
Total Overdraft Fees	$0.00	$0.00
Total Returned Item Fees	$0.00	$0.00

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

Call us at 1-866-486-7782 or write us at Umpqua Bank, P.O. Box 19243, Spokane, WA 99219, as soon as you can if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we send you the FIRST statement on which the error or problem appears.

(1) Tell us your name and account number (if any).

(2) Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.

(3) Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account.

For errors involving new accounts, point-of-sale, or foreign-initiated transactions, we may take up to 90 days to investigate your complaint or question. For new accounts, we may take up to 20 business days to credit your account for the amount you think is in error.

We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation.

You may ask for copies of the documents that we used in our investigation.

WASHINGTON STATE DEPARTMENT OF LICENSING

Registration Certificate

Model Year	Make	Model	Body Style	Vehicle identification number (VIN)	Scale Weight
2013	FORD	FUSION	Sedan	3FA6P0H72DR244428	3,427

Plate/Tag no	Tab/Decal no	Primary vehicle use type	Issue date	Exp date
CPH0246	V681074	Passenger Vehicle	10/30/2024	10/30/2025
Plate/Tag no	Tab/Decal No	Vehicle use type	Issue date	Exp date

Gross Weight	Gr wt start date	Gross weight exp date	Fleet no	Equip no

Registered Owner
MAILLOUX ENRIQUEZ, BERNNIE J
FARIA ARANTES, DANIELLA

Legal Owner
Same as Registered Owner

Brands/Comments: 23700/2013, WHITE, Display tab on back license plate only - front plate is still required

Anyone who knowingly makes a false statement may be guilty of a felony under state law and upon conviction shall be punished by a fine, imprisonment, or both.

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct and, as owner or authorized agent of the vehicle, it is free of any claim of lien, mortgage, conditional sale or other security interest of any person except the person or persons set forth as legal owners.

X _____
Signature of registered owner
6-24-25
Date and place signed

X Daniella Faria Arantes
Signature of registered owner
6-24-25
Date and place signed

L0274945576

TD-420-802 (R/11/21) Page 1 of 2

The following section may be removed for address privacy

Vehicle Information: CPH0246 3FA6P0H72DR244428 2013 FORD FUSION Sedan

You can get a copy of this cash/fee receipt detail at www.dol.wa.gov/fee-history

Issue Date: 06/24/2025

Fee Category	Amount
Title	$21.50
Administration	$20.50
Fee Total	**$42.00**

BERNNIE J MAILLOUX ENRIQUEZ
16720 NORTH RD APT C208
BOTHELL WA 98012-4901

WORTHINGTON LICENSING
10035 NE 183rd
Bothell, WA 98011
425-481-1714
www.worthingtonlicensing.com

Skip a trip – go online www.dol.wa.gov

WASHINGTON STATE DEPARTMENT OF LICENSING

Registration Certificate

Model Year	Make	Model	Body Style	Vehicle identification number (VIN)	Scale Weight
2013	HYUN	SONATA	Sedan	5NPEB4AC4DH738537	3,316

Plate/Tag no	Tab/Decal no	Primary vehicle use type	Issue date	Exp date
CMW8169	T419167	Passenger Vehicle	05/22/2025	05/25/2026
Plate/Tag no	Tab/Decal No	Vehicle use type	Issue date	Exp date

Gross Weight	Gr wt start date	Gross weight exp date	Fleet no	Equip no

Registered Owner
FARIA ARANTES, DANIELLA
MAILLOUX ENRIQUEZ, BERNNIE J

Legal Owner
Same as Registered Owner

Brands/Comments: 21195/2013, GRAY, Display tab on back license plate only - front plate is still required

Anyone who knowingly makes a false statement may be guilty of a felony under state law and upon conviction shall be punished by a fine, imprisonment, or both.

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct and, as owner or authorized agent of the vehicle, it is free of any claim of lien, mortgage, conditional sale or other security interest of any person except the person or persons set forth as legal owners.

X _____
Signature of registered owner
6-24-25
Date and place signed

X Daniella Sonia Arantes
Signature of registered owner
6-24-25
Date and place signed

L0274953768

TD-420-892 (R4/21) Page 1 of 2

The following section may be removed for address privacy

Vehicle Information: CMW8169 5NPEB4AC4DH738537 2013 HYUN SONATA Sedan

You can get a copy of this cash/fee receipt detail at www.dol.wa.gov/fee-history

Issue Date: 06/24/2025

Fee Category	Amount
Title	$21.50
Administration	$20.50
Fee Total	**$42.00**

WORTHINGTON LICENSING
10035 NE 183rd
Bothell, WA 98011
425-481-1714
www.worthingtonlicensing.com

DANIELLA FARIA ARANTES
16720 NORTH RD APT C208
BOTHELL WA 98012-4901

Skip a trip – go online www.dol.wa.gov

SNOHOMISH COUNTY PUD PUBLIC UTILITY DISTRICT NO. 1

snopud.com | Customer Service 425-783-1000
Headquarters: 2320 California Street, Everett WA 98201

DUE DATE	AMOUNT DUE
Oct. 02, 2025	$127.83

Account Number: 223451311

ENROLLED IN AUTO PAY - DO NOT PAY

Billing Date: Sep. 11, 2025
Customer(s): DANIELLA FARIA ARANTES & BERNNIE JESUS MAILLOUX ENRIQUEZ

BILL SUMMARY:

Previous Balance $139.68
Payment Received 9/2/25 - Thank you! .....$139.68 CR
Balance Forward $0.00

Current Charges
Utility Charges $127.83

AMOUNT DUE $127.83
Due Date: Oct. 02, 2025

NOTE: Late fee is $5 or 1% of balance, whichever is greater

Ways to Pay

snopud.com/mysnopud (consider Auto Pay)
1-888-909-4628 (24/7)
PO Box 1100, Everett, WA, 98206-1100

Message Center

Residential electric rates include a BPA Federal Columbia River Benefits Credit of $.000064 per kWh.

You are currently enrolled in Auto Pay. Your automatic payment will be processed as scheduled.

Bill details continued on back ▶

Your bill includes charges for electricity, delivery services, general administration and overhead, metering, taxes, conservation expenses, and other items. For water customers, your bill includes similar charges related to the provision of water.

Please detach and return the bottom portion with your payment.

SNOHOMISH COUNTY PUD PUBLIC UTILITY DISTRICT NO. 1

Inv. 119674950
Account Number: 223451311

Total Amount Due: $127.83
Due Date: ENROLLED IN AUTO PAY

DANIELLA FARIA ARANTES
BERNNIE JESUS MAILLOUX ENRIQUEZ
16720 NORTH RD APT C208
BOTHELL WA 98012-4901

No payment required: Auto Pay

Thank you for your payment!

0800000000022345131100001278300000000022345131100001278317

Inv. 119674950

Service Address: 16720 NORTH RD APT C208 BOTHELL 98012-5990

Electric Metered Service

Meter Number	Previous Read	Current Read	Multiplier	Energy Usage (KWH)
1000395552	48468	49571	1.0	1,103

Residential Service SCHED-07 **Service Dates: 8/13/25 - 9/11/25 30 Days**

Base Charge (Small): 30 Days @ $.49 Per Day $14.70
Energy Charge: 1,103 KWH @ $.102566 Per KWH $113.13

Current Charges $127.83

*PUD electric rates include a state public utility tax at 3.8734% - approximately $4.95 on this bill.

Make Paying Your PUD Bill Simple!

Sign-up for MySnoPUD:

- Enroll in Auto Pay
- View Usage History Charts
- View 5-Year Bill History
- Get Text/Email Alerts

Available 24/7!

Visit **snopud.com/mysnopud** to sign-up

SNOHOMISH COUNTY PUD PUBLIC UTILITY DISTRICT NO. 1

PO BOX 1100
EVERETT, WA 98206-1100

Docusign Envelope ID: 1F21E82B-6B18-472F-BF8A-AA07466C4DA5

National Life Group®

Life Insurance Company of the Southwest®

October 2, 2025

BERNNIE MAILLOUX ENRIQUEZ
16720 NORTH RD APT C208
BOTHELL, WA 98012--4901

Re: Your Policy Number 792515100 - BERNNIE MAILLOUX ENRIQUEZ

Dear Valued Customer:

Welcome to the National Life Group family and thank you for your recent purchase of a policy through our affiliated company, Life Insurance Company of the Southwest. You made an important decision and we thank you for choosing us.

Our corporate values are simple: **"Do Good, Be Good, Make Good."** These six words reflect the principles that guide us in all that we do. 'Being good' at what we do means we work hard to provide the most comprehensive and competitive products for our customers. We 'make good' each time we keep our promises to the generations of policyholders served. We "do good" through our charitable foundation both locally and nationally.

At the end of each day, **"Do Good, Be Good, Make Good"** is our yardstick. It's simple, clear, and the standard by which we judge our success.

Please do not hesitate to contact your agent listed below or a Home Office Associate at 800-732-8939 if you have questions about any aspect of your contract. Again, welcome to our family.

Sincerely,

Mehran Assadi

Mehran Assadi
Chairman, CEO & President

For Service Contact:
GILBERTO ABEL
22455 SEA BASS DR
BOCA RATON FL 33428-4619

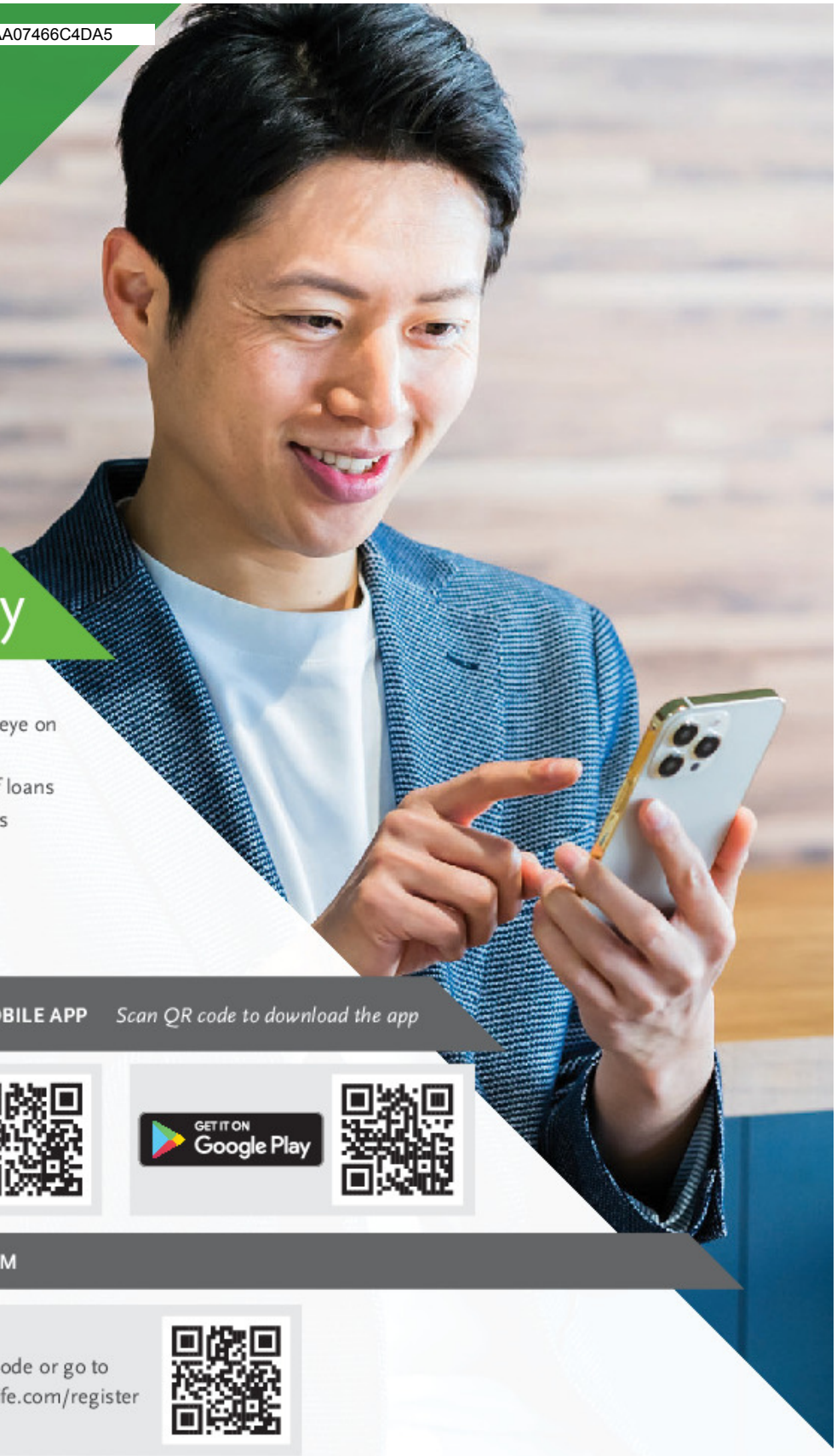
Or our Office
FIVE RINGS FINANCIAL
10268 W CENTENNIAL RD STE 302
LITTLETON CO 80127-6424

National Life Group® is a trade name representing various affiliates, which offer a variety of financial service products.

P: 800-732-8939 | F:802-229-7054 | www.NationalLife.com
Centralized Mailing Address: One National Life Drive, Montpelier, VT 05604-5555 | Home Office: Addison, TX
M300 UGJ 792515100 4HD 1300G WELCOMELETTER 20251002 XP

Docusign Envelope ID: 1F21E82B-6B18-472F-BF8A-AA07466C4DA5

National Life Group®



Make It Easy

With our customer portal you can:

- Access policy details and keep an eye on your balances
- Make policy payments and pay off loans
- Set up and manage auto payments
- Sign up for account alerts

...and more

Two ways to register:

INSTALL THE NATIONAL LIFE MOBILE APP *Scan QR code to download the app*

Download on the App Store

GET IT ON Google Play

REGISTER ON NATIONALLIFE.COM

Scan QR code or go to NationalLife.com/register

National Life Group® is a trade name of National Life Insurance Company (NLIC), Montpelier, VT, Life Insurance Company of the Southwest (LSW), Addison, TX and their affiliates. Each company of National Life Group is solely responsible for its own financial condition and contractual obligations. Life Insurance Company of the Southwest is not an authorized insurer in New York and does not conduct insurance business in New York.

TC7245846(1024)3 Cat No 107709(1024)

Docusign Envelope ID: 1F21E82B-6B18-472F-BF8A-AA07466C4DA5

National Life Group®



Term 20-G

TERM LIFE

Life Insurance Illustration
Prepared on October 1, 2025
For BERNNIE MAILLOUX ENRIQUEZ
Policy Number: LS792515100

Presented By
GILBERTO ABEL
22455 SEA BASS DR
BOCA RATON, Florida 33428
( )

Product issued by
Life Insurance Company of the Southwest®

Term 20-G, Form Series ICC18-20522 and any applicable riders are underwritten by Life Insurance Company of the Southwest®, Addison, Texas. All rider form series are not available in all states. Riders are optional and may require additional premium. Guarantees are dependent upon the claims-paying ability of the issuing company.

This information is not intended as tax or legal advice. For advice concerning your own situation, please consult with your appropriate professional advisor.

National Life Group® is a trade name representing various affiliates, which offer a variety of financial service products.
Centralized Mailing Address: One National Life Drive, Montpelier, VT 05604
Home Office: Addison, TX | 800-732-8939 | www.NationalLife.com

No bank or credit union guarantee | Not a deposit | Not FDIC/NCUA insured | May lose value
Not insured by any federal or state government agency

Docusign Envelope ID: 1F21E82B-6B18-472F-BF8A-AA07466C4DA5

My Planned Life Insurance Offers:

I will start my policy by paying: **$84.92 Monthly (EFT)**



If I Die Tomorrow...

Those I have chosen will receive: **$500,000**



If My Needs Change...

I can convert from Term to Permanent Insurance **within 15 years**.

Permanent Life Insurance has cash value that grows tax deferred.

With Permanent Life Insurance, if sufficiently funded, I can access the cash value via loans and withdrawals[2] for anything, including:

college expenses | emergencies | supplemental retirement income



If I Become Ill...

I can access a portion of my Death Benefit.

The projected Accelerated Benefit Rider[1] Values for my policy at age 52 are:

Terminal Illness Benefit:	**$428,645** Lump Sum
Chronic Illness Benefit:	**$4,685** Per Month
Critical Illness Benefit:	**Up to $391,896** Lump Sum
Critical Injury Benefit:	**Up to $391,896** Lump Sum
Alzheimer's Disease Benefit:	**$316,395** Lump Sum

The use of one benefit may reduce or eliminate other policy and rider benefits.

Benefits and values shown above are not guaranteed. The assumptions on which they are based are subject to change by the insurer. Actual results may be more or less favorable. This presentation is not valid unless accompanied by a complete insurance company illustration. Please see the Ledger for guaranteed values and other important information.

1 Accelerated Benefit Riders are optional, available with no additional premium, may be subject to underwriting, exclusions and/or limitations and may not be available in all states. See the Rider Description pages for further details. The sample benefits shown assume current accelerated benefits mortality tables and interest at 6.5%. The Benefit amount will be determined at the time of claim for Critical Illness OR Critical Injury based on the impact on life expectancy.

2 The ability of a life insurance contract to accumulate sufficient cash value to help pay expenses or meet accumulation goals will be dependent upon the amount of extra premium paid into the policy, and the performance of the policy, and is not guaranteed. Policy loans and withdrawals reduce the policy's cash value and death benefit and may result in a taxable event. Surrender charges may reduce the policy's cash value in early years.

Docusign Envelope ID: 1F21E82B-6B18-472F-BF8A-AA07466C4DA5



Our Story

At National Life Group, we are a mission-driven and purpose-filled business. For us, the cause of what we do is as important as the products we sell.

And our cause is a very simple one, directed at the people who live and work on America's Main Streets: To Do Good in our communities and with the individuals we serve. Since 1848, we have aimed to keep our promises to provide stability in good times and in bad. And throughout that history, we have provided peace of mind to them as they plan their futures.

Our Purpose	Our Foundation	Strength and Stability*
MISSION Keeping our promises.	**$57B** TOTAL ASSETS[1]	**A+** (SUPERIOR) **A.M BEST**
VISION To bring peace of mind to everyone we touch.	**$52B** TOTAL LIABILITIES[1]	**A+** (STRONG) **STANDARD & POOR'S**
VALUES **Do** good. **Be** good. **Make** good.	**$3.9B** TOTAL BENEFITS AND PROMISES KEPT[2]	**A1** (GOOD) **MOODY'S**

1. Based on the consolidated results as of and for the year ended December 31, 2024, stated on the basis of U.S. Generally Accepting Accounting Principles ("GAAP") of NLV Financial Corporation ("NLVF") and its subsidiaries and affiliates, including National Life Insurance Company ("NLIC") and Life Insurance Company of the Southwest ("LSW"). NLVF and its subsidiaries and affiliates operate as a unified organization under the trade name of National Life Group ("NLG"). Total assets exclude unrealized gains, losses and associated balances. Statutory basis financial figures as of December 31, 2024: National Life's consolidated admitted assets were $49.3B and liabilities were $46.0B. NLIC admitted assets were $12.7B and liabilities and reserves were $8.4B.
2. Statutory basis benefits, including changes in aggregate reserves, based on consolidated results of NLIC and LSW for 2024. NLIC statutory basis benefits were $963M.

* Financial strength ratings for NLIC and LSW as of December 31, 2024. A.M. Best – A+ (Superior), 2nd out of 16 ratings; Standard & Poor's – A+ (Strong), 5th out of 21 ratings; Moody's – A1 (Good), 5th out of 21 ratings. Ratings are subject to change.

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Term 20-G

Term Life Insurance

Summary of Coverages

BERNNIE MAILLOUX ENRIQUEZ LS792515100
Male 42 Standard Non-Tobacco
Riders: ABR

Face Amount: $500,000
Initial Premium: $84.92 Monthly (EFT)
State: Washington

Life Insurance



Money for those who depend on you

- **Death Protection $500,000** for BERNNIE MAILLOUX ENRIQUEZ

Conversion Privileges



If your needs change, convert from Term to Permanent Insurance

No cost conversion feature allows you to convert your term policy to a Life Insurance Company of the Southwest permanent insurance product with no additional evidence of insurability.

The conversion period ends 15 years from the term policy date of issue or age 70 if sooner. Unlike term insurance, permanent insurance builds cash value which can be accessed using policy loans and withdrawals[2] during your lifetime for emergencies, to take advantage of opportunities, or to supplement your retirement income.

The new permanent policy will be issued at an equivalent rate class regardless of changes in health.

Accelerated Living Benefits



Money for a Terminal Illness, Chronic Illness, Critical Illness, Critical Injury or Alzheimer's Disease[1]

See the following page for more details on these benefits.

- Accelerated Benefits Rider for **Terminal Illness**
- Accelerated Benefits Rider for **Chronic Illness**
- Accelerated Benefits Rider for **Critical Illness**
- Accelerated Benefits Rider for **Critical Injury**
- Accelerated Benefits Rider for **Alzheimer's Disease**

The use of one benefit may reduce or eliminate other policy and rider benefits.

Riders are optional and may require additional premium.
This presentation is not valid unless accompanied by a complete Statement of Policy Cost and Benefit Information. Please see the Ledger for guaranteed values and other important information.

1 Accelerated Benefit Riders are optional, available with no additional premium, may be subject to underwriting, exclusions and/or limitations and may not be available in all states. See the Rider Description pages for further details.

2 The ability of a life insurance contract to accumulate sufficient cash value to help pay expenses or meet accumulation goals will be dependent upon the amount of extra premium paid into the policy, and the performance of the policy, and is not guaranteed. Policy loans and withdrawals reduce the policy's cash value and death benefit and may result in a taxable event. Surrender charges may reduce the policy's cash value in early years.

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Term 20-G

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Male 42 Standard Non-Tobacco
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The optional Accelerated Benefit Riders (ABR) offer you flexibility to access your death benefit if you have a qualifying Terminal Illness, Chronic Illness, Critical Illness, Critical Injury or Alzheimer's Disease[1]

If the full, available death benefit is accelerated on BERNNIE MAILLOUX ENRIQUEZ (Base), the discounted benefit is projected to be:

Terminal Illness	Chronic Illness (Monthly Benefits)	Alzheimer's Disease
Age 47 **$428,997**	Age 44 **$3,596** Age 46 **$3,859** Age 48 **$4,125** Age 52 **$4,685**	Age 44 **$284,423** Age 46 **$290,306** Age 48 **$297,931** Age 52 **$316,395**

Critical Illness OR Critical Injury - based on impact on life expectancy

At age 44, between **$0** and **$394,304.**
At age 46, between **$0** and **$394,116.**
At age 48, between **$0** and **$393,766.**
At age 52, between **$0** and **$391,896.**



What does this mean for me and my family?

If I become ill, there is the ability to access a portion of the death benefit NOW. This will help me and my family maintain our lifestyle...even during a challenging financial time.

Depending on the severity of illness or injury, the ABR benefit, if available, will be determined at time of claim. Based on impact on life expectancy, the benefit amount could be $0.

The critical illness or injury amount, if any, will be determined using four different levels depending on the severity of the illness or injury. Many illnesses actually have a minimal impact on future mortality which could mean a small or even no benefit even with a qualifying event. At time of claim, we will assess mortality and other factors to determine the benefit amount that may be payable. The owner has the option to decline to make a claim after receiving a benefit estimate.

You can accelerate up to 100% of the death benefit, subject to an ABR Benefit limit of $1,500,000 on the total death benefit accelerated under this policy for terminal illness, an ABR Benefit limit of $1,500,000 on the total death benefit accelerated under this policy for chronic illness, an ABR Benefit limit of $1,000,000 on the total death benefit accelerated under this policy for critical illness and critical injury and an ABR Benefit limit of $1,500,000 on the total death benefit accelerated under this policy for alzheimer's disease. For chronic illness, the death benefit you can accelerate is subject to a monthly limit. The death benefit will be reduced by the amount of the death benefit you decide to accelerate. A discount factor will be applied to the death benefit accelerated because it is being paid prior to the actual death benefit. As a result, the actual benefit paid will be less than the amount of death benefit accelerated.

The use of one benefit may reduce or eliminate other policy and rider benefits.

The sample benefits shown assume current accelerated benefits mortality tables and interest at 6.5%. The benefits and values shown above are not guaranteed. The assumptions on which they are based are subject to change by the insurer based on expectations of future anticipated or emerging experience, but are subject to any minimums and maximums stated in the policy or rider. Future anticipated or emerging experience can include, investment earnings, mortality, the number of levels of mortality, persistency, required reserves, required capital, hedging costs, reinsurance costs, taxes and expenses which may affect these assumptions. Actual results may be more or less favorable. This presentation is not valid unless accompanied by a complete Statement of Policy Cost and Benefit Information.

1 Accelerated Benefit Riders are optional, available with no additional premium, may be subject to underwriting, exclusions and/or limitations and may not be available in all states. See the Rider Description pages for further details.

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Term 20-G

Term Life Insurance

Narrative Summary

BERNNIE MAILLOUX ENRIQUEZ LS792515100
Male 42 Standard Non-Tobacco
Riders: ABR

Face Amount: $500,000
Initial Premium: $84.92 Monthly (EFT)
State: Washington

Plan Description

Term 20-G Form Series ICC18-20522, is a term life insurance policy that is annually renewable to age 95. Premiums are level for the first 20 years and increase annually thereafter to attained age 95. This policy has no cash value and no dividends are payable.

This policy is convertible during the first 15 years from the date of issue or until age 70 if earlier, without evidence of insurability to any single life permanent plan of life insurance then sold by us.

Premium Payment Options

This statement assumes premiums are paid on a monthly electronic funds transfer (EFT) basis and are received at the beginning of each billing period.

Your yearly cost will be higher if you choose to pay premiums more frequently than annually. For example, the additional amount you will pay in the first year is as follows:

Premium Frequency	Number of payments per year	Amount of each premium payment	Total premium per year	Amount you will pay each year in addition to the annual premium
Annual	1	$965.00	$965.00	$0.00
Semi-Annual	2	$492.15	$984.30	$19.30
Quarterly	4	$250.90	$1,003.60	$38.60
Monthly (EFT/Group Bill)	12	$84.92	$1,019.04	$54.04

This table illustrates the additional amounts that are required in the first year. Additional amounts will be due in future years if premiums are paid more frequently than annually and may vary from the above example.

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Term 20-G

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Male 42 Standard Non-Tobacco
Riders: ABR

Face Amount: $500,000
Initial Premium: $84.92 Monthly (EFT)
State: Washington

Rider Description

The following riders are available at no additional premium:

Accelerated Benefits Rider for Terminal Illness (ABR) Form Series ICC10-8844, ICC22-20805, ICC22-20806 and ICC22-20818, allows for the payment of a portion of an insured's death benefit if the insured is terminally ill. Terminally ill means that the insured has been certified by a physician as having an illness or chronic condition which can reasonably be expected to result in death in 24 months or less. There is no premium for this rider. However, the actual payment will be less than the portion of the death benefit accelerated because the benefits are paid prior to death.

Accelerated Benefits Rider for Chronic Illness (ABR) Form Series ICC10-8844, allows for the payment of a portion of an insured's death benefit if the insured is chronically ill. Chronically ill means that the insured has been certified by a licensed health care practitioner as being unable to perform 2 out of 6 activities of daily living or is cognitively impaired. The activities of daily living are bathing, continence, dressing, eating, toileting, and transferring. There is no premium for this rider. However, the actual payment will be less than the portion of the death benefit accelerated because the benefits are paid prior to death.

Accelerated Benefits Rider for Critical Illness (ABR) Form Series ICC22-20805, allows for the payment of a portion of the insured's death benefit if the insured experiences a qualifying event covered under the rider. Subject to state approval, the qualifying events may include: aorta graft surgery, aplastic anemia, cancer, cystic fibrosis, diagnosis of ALS (Amyotrophic Lateral Sclerosis), end stage renal failure, heart attack, heart valve replacement, major organ transplant, motor neuron disease, stroke and sudden cardiac arrest. Please see the rider for a complete list of the qualifying events covered. There is no premium for this rider. However, the actual payment will be less than the portion of the death benefit accelerated because the benefits are paid prior to death.

Accelerated Benefits Rider for Critical Injury (ABR) Form Series ICC22-20806, allows for the payment of a portion of the insured's death benefit if the insured experiences a qualifying event covered under the rider. Subject to state approval, the qualifying events may include: coma, paralysis, severe burns and traumatic brain injury. Please see the rider for a complete list of the qualifying events covered. There is no premium for this rider. However, the actual payment will be less than the portion of the death benefit accelerated because the benefits are paid prior to death.

Accelerated Benefits Rider for Alzheimer's Disease (ABR) Form Series ICC22-20818, allows for the payment of a portion of the insured's death benefit if the insured experiences a qualifying event covered under the rider. Subject to state approval, a qualifying event covered under this rider requires a definite diagnosis of one of the Eligible Forms of Dementia as determined by a Specialist and a certification by a Specialist of: a score of less than 20 out of 30 on Mini-Mental State Exam (MMSE) by the Insured, or an equivalent of this score under a widely accepted test of cognitive function; and clinical impairment of the Insured of at least two of the following: orientation to people, places or time, registration (ability to learn and remember new information), attention and calculation (reasoning and handling of complex tasks), visuospatial abilities, or language functions. Please see the rider for a complete list of the qualifying events covered and any exclusions. There is no premium for this rider. However, the actual payment will be less than the portion of the death benefit accelerated because the benefits are paid prior to death.

Important Information Regarding Optional Accelerated Benefit Riders

Death Benefits, cash values and loan values (for policies with such values) will be reduced if an Accelerated Benefit is paid. The Accelerated Benefits offered under this rider are intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986. Whether such benefits qualify depends on factors such as your life expectancy at the time benefits are accelerated or whether you use the benefits to pay for necessary long-term care expenses, such as nursing home care. If the acceleration-of-life-insurance benefits qualify for favorable tax treatment, the benefit will be excludable from your income and not subject to federal taxation. Tax laws relating to acceleration-of-life-insurance benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which you could receive acceleration-of-life-insurance benefits excludable from income under federal law.

Receipt of acceleration-of-life-insurance benefits may affect your, your spouse's or your family's eligibility for public assistance programs, such as medical assistance

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Narrative Summary

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Face Amount: $500,000
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State: Washington

Rider Description (continued)

(Medicaid), Aid to Families with Dependent Children, and Supplemental Security Income (SSI). You are advised to consult with a qualified tax advisor and with social services agencies concerning how receipt of such payment will affect you, your spouse's and your family's eligibility for public assistance. Riders are optional and may not be available in all states.

We currently limit the amount of benefits that may be paid under this policy for terminal illness at $1,500,000, we currently limit the amount of benefits that may be paid under this policy for chronic illness at $1,500,000, we currently limit the amount of benefits that may be paid under this policy for critical illness and critical injury at $1,000,000 and we currently limit the amount of benefits that may be paid under this policy for alzheimer's disease at $1,500,000. We reserve the right to change ABR limits in the future, however the limit will never be less than $500,000. The death benefit that may be accelerated under chronic illness in any year may be subject to a maximum limit. ABR limits vary by state. Once ABR has been added to your policy, please refer to your ABR policy form for specific information.

When determining the discounted death benefit for critical illness and critical injury, the assessment of the future life expectancy of the insured will have four different levels dependent on the severity of the critical illness or critical injury as applicable.

The Accelerated Benefits Amounts are not guaranteed. The assumptions on which they are based are subject to change by the insurer based on expectations of future anticipated or emerging experience, but are subject to any minimums and maximums stated in the policy or rider. Future anticipated or emerging experience can include, investment earnings, mortality, the number of levels of mortality, persistency, required reserves, required capital, hedging costs, reinsurance costs, taxes and expenses which may affect these assumptions. Actual results may be more or less favorable.

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Term 20-G

Term Life Insurance

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Definition of Key Terms and Column Headings

Age - The insured's age as of nearest birthday.

Face Amount – The amount used to determine the death benefit.

Guaranteed Base Policy Premium – The annualized guaranteed maximum premium for the base portion of the term policy based on the premium mode selected.

Guaranteed Death Benefit – The policy's guaranteed death benefit.

Policy Year – The number of years for which information is being illustrated.

Rate Class – The rate class used in this Statement of Policy Cost and Benefit Information (statement) is Standard Non-Tobacco. The actual rate class will be determined when the application is underwritten and may vary from this statement. If so, a revised statement will be delivered with the policy.

Tax Treatment: The Company will report any eligible distributions, under any accelerated benefits rider, subject to existing IRS guidance and facts at the time of distribution. However, proper tax treatment for any accelerated benefits you receive under this insurance contract depends on a number of factors. These factors include, among others, the provisions of the law, the terms of the contract, and your personal situation at the time payments are made. These factors may permit some or all of the payments to be excluded from income or may require some or all the payments to be included in income for tax purposes. You should consult with your own tax advisor in deciding how to report the payments.

Cost Index Statement: Cost Indexes combine the premium with an interest factor. They are useful only for the purpose of comparing the cost of two or more similar policies, and do not reflect differences in the quality of service that can be expected from the agent of the Company. Explanations of the intended use of the cost indexes is provided in the Life Insurance Buyer's Guide.

	Cost Indexes for base policy at 5%	
Current Scale	Year 10	Year 20
Net Payment	N/A	N/A
Surrender Cost	N/A	N/A
Guaranteed Scale	Year 10	Year 20
Net Payment	$2.04	$2.04
Surrender Cost	$2.04	$2.04

An explanation of the intended use of these indexes is provided in the Life Insurance Buyer's Guide.

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Term 20-G

Term Life Insurance

Ledger

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Male 42 Standard Non-Tobacco
Riders: ABR

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Initial Premium: $84.92 Monthly (EFT)
State: Washington

Policy Year	Age	Guaranteed Base Policy Premium	Guaranteed Death Benefit
1	42	$1,019.04	$500,000
2	43	1,019.04	500,000
3	44	1,019.04	500,000
4	45	1,019.04	500,000
5	46	1,019.04	500,000
6	47	1,019.04	500,000
7	48	1,019.04	500,000
8	49	1,019.04	500,000
9	50	1,019.04	500,000
10	51	1,019.04	500,000
		$10,190.40	
11	52	1,019.04	500,000
12	53	1,019.04	500,000
13	54	1,019.04	500,000
14	55	1,019.04	500,000
15	56	1,019.04	500,000
16	57	1,019.04	500,000
17	58	1,019.04	500,000
18	59	1,019.04	500,000
19	60	1,019.04	500,000
20	61	1,019.04	500,000
		$20,380.80	
21	62	9,324.48	500,000
22	63	10,364.64	500,000
23	64	11,531.52	500,000
24	65	12,793.44	500,000
25	66	14,150.40	500,000
26	67	15,602.40	500,000
27	68	17,218.08	500,000
28	69	19,039.68	500,000

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STATEMENT OF POLICY COST AND BENEFIT INFORMATION

Term 20-G

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Policy Year	Age	Guaranteed Base Policy Premium	Guaranteed Death Benefit
29	70	$21,178.08	$500,000
30	71	23,717.76	500,000
		$175,301.28	
31	72	26,753.76	500,000
32	73	30,280.80	500,000
33	74	34,309.44	500,000
34	75	38,797.44	500,000
35	76	43,713.12	500,000
36	77	49,130.40	500,000
37	78	55,117.92	500,000
38	79	61,955.52	500,000
39	80	69,843.84	500,000
40	81	79,078.56	500,000
		$664,282.08	
41	82	89,411.52	500,000
42	83	101,439.36	500,000
43	84	115,378.56	500,000
44	85	131,593.44	500,000
45	86	150,358.56	500,000
46	87	171,953.76	500,000
47	88	196,373.76	500,000
48	89	222,874.08	500,000
49	90	251,127.36	500,000
50	91	280,146.24	500,000
		$2,374,938.72	
51	92	309,170.40	500,000
52	93	337,872.48	500,000
53	94	364,816.32	500,000
		$3,386,797.92	

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Life Insurance Buyer's Guide



GET SMART ABOUT INSURANCE
INSURE U
NAIC

Cat.No. 64281

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Prepared by the National Association of Insurance Commissioners

The National Association of Insurance Commissioners is an association of state insurance regulatory officials. This association helps the various insurance departments to coordinate insurance laws for the benefit of all consumers.

This guide does not endorse any company or policy.

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This guide can help you when you shop for life insurance. It discusses how to:

- Find a Policy That Meets Your Needs and Fits Your Budget
- Decide How Much Insurance You Need
- Make Informed Decisions When You Buy a Policy

Important Things to Consider



1. Review your own insurance needs and circumstances. Choose the kind of policy that has benefits that most closely fit your needs. Ask an agent or company to help you.

2. Be sure that you can handle premium payments. Can you afford the initial premium? If the premium increases later and you still need insurance, can you still afford it?

3. Don't sign an insurance application until you review it carefully to be sure all the answers are complete and accurate.

4. Don't buy life insurance unless you intend to stick with your plan. It may be very costly if you quit during the early years of the policy.

5. Don't drop one policy and buy another without a thorough study of the new policy and the one you have now. Replacing your insurance **may be costly.**

6. Read your policy carefully. Ask your agent or company about anything that is not clear to you.

7. Review your life insurance program with your agent or company every few years to keep up with changes in your income and your needs.

Buying Life Insurance

When you buy life insurance, you want coverage that fits your needs.

First, decide how much you need—and for how long—and what you can afford to pay. Keep in mind the major reason you buy life insurance is to cover the financial effects of unexpected or untimely death. Life insurance also can be one of many ways you plan for the future.

Next, learn what kinds of policies will meet your needs and pick the one that best suits you.

Then, choose the combination of policy premium and benefits that emphasizes protection in case of early death, or benefits in case of long life, or a combination of both.

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It makes good sense to ask a life insurance agent or company to help you. An agent can help you review your insurance needs and give you information about the available policies. If one kind of policy doesn't seem to fit your needs, ask about others.

This guide provides only basic information. You can get more facts from a life insurance agent or company or from your public library.

What About the Policy You Have Now?

If you are thinking about dropping a life insurance policy, here are some things you should consider:

- If you decide to replace your policy, don't cancel your old policy until you have received the new one. You then have a minimum period to review your new policy and decide if it is what you wanted.
- It may be costly to replace a policy. Much of what you paid in the early years of the policy you have now, paid for the company's cost of selling and issuing the policy. You may pay this type of cost again if you buy a new policy.
- Ask your tax advisor if dropping your policy could affect your income taxes.
- If you are older or your health has changed, premiums for the new policy will often be higher. You will not be able to buy a new policy if you are not insurable.
- You may have valuable rights and benefits in the policy you now have that are not in the new one.
- If the policy you have now no longer meets your needs, you may not have to replace it. You might be able to change your policy or add to it to get the coverage or benefits you now want.
- At least in the beginning, a policy may pay no benefits for some causes of death covered in the policy you have now.

In all cases, if you are thinking of buying a new policy, check with the agent or company that issued you the one you have now. When you bought your old policy, you may have seen an illustration of the benefits of your policy. Before replacing your policy, ask your agent or company for an updated illustration. Check to see how the policy has performed and what you might expect in the future, based on the amounts the company is paying now.

How Much Do You Need?

Here are some questions to ask yourself:

- How much of the family income do I provide? If I were to die early, how would my survivors, especially my children, get by? Does anyone else depend on me financially, such as a parent, grandparent, brother or sister?



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- Do I have children for whom I'd like to set aside money to finish their education in the event of my death?
- How will my family pay final expenses and repay debts after my death?
- Do I have family members or organizations to whom I would like to leave money?
- Will there be estate taxes to pay after my death?
- How will inflation affect future needs?

As you figure out what you have to meet these needs, count the life insurance you have now, including any group insurance where you work or veteran's insurance. Don't forget Social Security and pension plan survivor's benefits. Add other assets you have: savings, investments, real estate and personal property. Which assets would your family sell or cash in to pay expenses after your death?

What is the Right Kind of Life Insurance?



All policies are not the same. Some give coverage for your lifetime and others cover you for a specific number of years. Some build up **cash values** and others do not. Some policies combine different kinds of insurance, and others let you change from one kind of insurance to another. Some policies may offer other benefits while you are still living. Your choice should be based on your needs and what you can afford.

There are two basic types of life insurance: **term insurance** and **cash value insurance**. Term insurance generally has lower premiums in the early years, but does not build up cash values that you can use in the future. You may combine cash value life insurance with term insurance for the period of your greatest need for life insurance to replace income.

Term Insurance covers you for a term of one or more years. It pays a death benefit only if you die in that term. Term insurance generally offers the largest insurance protection for your premium dollar. It generally does not build up cash value.

You can renew most term insurance policies for one or more terms even if your health has changed. Each time you renew the policy for a new term, premiums may be higher. Ask what the premiums will be if you continue to renew the policy. Also ask if you will lose the right to renew the policy at some age. For a higher premium, some companies will give you the right to keep the policy in force for a guaranteed period at the same price each year. At the end of that time you may need to pass a physical examination to continue coverage, and premiums may increase.

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You may be able to trade many term insurance policies for a cash value policy during a conversion period—even if you are not in good health. Premiums for the new policy will be higher than you have been paying for the term insurance.

Cash Value Life Insurance is a type of insurance where the premiums charged are higher at the beginning than they would be for the same amount of term insurance. The part of the premium that is not used for the cost of insurance is invested by the company and builds up a cash value that may be used in a variety of ways. You may borrow against a policy's cash value by taking a policy loan. If you don't pay back the loan and the interest on it, the amount you owe will be subtracted from the benefits when you die, or from the cash value if you stop paying premiums and take out the remaining cash value. You can also use your cash value to keep insurance protection for a limited time or to buy a reduced amount without having to pay more premiums. You also can use the cash value to increase your income in retirement or to help pay for needs such as a child's tuition without canceling the policy. However, to build up this cash value, you must pay higher premiums in the earlier years of the policy. Cash value life insurance may be one of several types; whole life, universal life and variable life are all types of cash value insurance.

Whole Life Insurance covers you for as long as you live if your premiums are paid. You generally pay the same amount in premiums for as long as you live. When you first take out the policy, premiums can be several times higher than you would pay initially for the same amount of term insurance. But they are smaller than the premiums you would eventually pay if you were to keep renewing a term policy until your later years.

Some whole life policies let you pay premiums for a shorter period such as 20 years, or until age 65. Premiums for these policies are higher since the premium payments are made during a shorter period.

Universal Life Insurance is a kind of flexible policy that lets you vary your premium payments. You can also adjust the face amount of your coverage. Increases may require proof that you qualify for the new death benefit. The premiums you pay (less expense charges) go into a policy account that earns interest. Charges are deducted from the account. If your yearly premium payment plus the interest your account earns is less than the charges, your account value will become lower. If it keeps dropping, eventually your coverage will end. To prevent that, you may need to start making premium payments, or increase your premium payments, or lower your death benefits. Even if there is enough in your account to pay the premiums, continuing to pay premiums yourself means that you build up more cash value.

Variable Life Insurance is a kind of insurance where the death benefits and cash values depend on the investment performance of one or more separate accounts, which may be invested in mutual funds or other investments allowed under the policy. Be sure to get the prospectus from the company when buying this kind of policy and STUDY IT CAREFULLY. You will have higher death benefits and cash value if the underlying investments do well. Your benefits and cash value will be lower or may disappear if the investments you chose didn't do as well as you expected. You may pay an extra premium for a guaranteed death benefit.

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Life Insurance Illustrations

You may be thinking of buying a policy where cash values, death benefits, dividends or premiums may vary based on events or situations the company does not guarantee (such as interest rates). If so, you may get an illustration from the agent or company that helps explain how the policy works. The illustration will show how the benefits that are not guaranteed will change as interest rates and other factors change. The illustration will show you what the company guarantees. It will also show you what *could* happen in the future. Remember that nobody knows what will happen in the future. You should be ready to adjust your financial plans if the cash value doesn't increase as quickly as shown in the illustration. You will be asked to sign a statement that says you understand that some of the numbers in the illustration are not guaranteed.

Finding a Good Value in Life Insurance

After you have decided which kind of life insurance is best for you, compare similar policies from different companies to find which one is likely to give you the best value for your money. A simple comparison of the premiums is not enough. There are other things to consider. For example:



- Do premiums or benefits vary from year to year?
- How much do the benefits build up in the policy?
- What part of the premiums or benefits is not guaranteed?
- What is the effect of interest on money paid and received at different times on the policy?

Remember that no one company offers the lowest cost at all ages for all kinds and amounts of insurance. You should also consider other factors:

- How quickly does the cash value grow? Some policies have low cash values in the early years that build quickly later on. Other policies have a more level cash value build-up. A year-by-year display of values and benefits can be very helpful. (The agent or company will give you a policy summary or an illustration that will show benefits and premiums for selected years.)
- Are there special policy features that particularly suit your needs?
- How are nonguaranteed values calculated? For example, interest rates are important in determining policy returns. In some companies increases reflect the average interest earnings on all of that company's policies regardless of when issued. In others, the return for policies issued in a recent year, or a group of years, reflects the interest earnings on that group of policies; in this case, amounts paid are likely to change more rapidly when interest rates change.

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National Life Group®

National Life Insurance Company®
Life Insurance Company of the Southwest®

Privacy Notice To Our Customers

FACTS	**WHAT DOES NATIONAL LIFE INSURANCE COMPANY ("NLIC") AND LIFE INSURANCE COMPANY OF THE SOUTHWEST ("LSW")** (each herein referred to as "the Company", and collectively as "the Companies") **DO WITH YOUR PERSONAL INFORMATION?**
Why?	We know how much your privacy means to you so we want you to understand how we collect and share your personal information. Please read this notice carefully to understand what we do and what rights you have.
How and what do we collect?	We collect your personal information: • From you, including application information, such as assets and income and identifying information, such as name, address, and social security number; • From your transactions with us, our affiliates, and nonaffiliates, such as balance information, payment history, and parties to a transaction; • From consumer reporting agencies, such as creditworthiness and credit history; and • With your authorization, medical information from other individuals or businesses.
How do we share?	In the section below, we list some of the reasons the Company may share their customers' personal information; the reasons we choose to share personal information about you, and whether you can limit this sharing.

Reasons we can share your personal information	Do the Companies share?	Can you limit sharing?
For our everyday business purposes - such as to process your transactions, to respond to court orders and legal investigations, to prevent fraud, to our regulators, to group policyholders, and other disclosures to affiliates and nonaffiliates as permitted by law	**YES**	**NO**
For our marketing purposes - to offer our products and services to you	**YES**	**NO**
For joint marketing with other financial companies	**NO**	**We don't share**
For our affiliates' everyday business purposes - information about your transactions and experiences	**YES**	**NO**
For our affiliates' everyday business purposes - information about your creditworthiness	**NO**	**We don't share**
For our affiliates to market to you	**NO**	**We don't share**
For nonaffiliates to market to you	**NO**	**We don't share**

To whom?	• When we disclose your personal information for the reasons discussed above, we do so to our affiliates and to nonaffiliates. • Our affiliates include NLIC, LSW, Equity Services, Inc. and NLG Capital*. • The nonaffiliates to whom we disclose your personal information include those who perform services on our behalf. • We require the parties to whom we disclose your information to protect it and keep it confidential.
How do we protect?	• To protect your personal information we restrict access to personal information to those individuals, such as employees and agents, who provide you with our products and services. • We require those individuals to protect it and keep it confidential. • We maintain physical, electronic and procedural safeguards that comply with applicable standards to guard your information in accordance with the policies described in this notice.

9314(0224)
Cat. No. 47714

National Life Group® is a trade name of National Life Insurance Company, Montpelier, VT, Life Insurance Company of the Southwest (LSW), Addison, TX and their affiliates. Each company of National Life Group is solely responsible for its own financial condition and contractual obligations. LSW is not an authorized insurer in New York and does not conduct insurance business in New York.

Centralized Mailing Address: One National Life Drive, Montpelier, VT 05604 | www.NationalLife.com

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Confidentiality of information for victims of domestic violence or abuse	The Companies have established policies and procedures to safeguard personal information, including contact, location or other confidential abuse information, for victims of domestic abuse and children residing with those victims. A "protected person" is a victim of domestic violence or abuse who notifies the Companies and requests confidential treatment of their personal information. If you wish to be a protected person or otherwise request confidential treatment of your information or that of your children and/or provide alternative contact information, please send your written request to the address listed below.
Other important information	• You have certain rights to access the personal information we maintain about you if it is reasonably locatable and retrievable. • To obtain your personal information, submit a written request to the email or mail address below. You have certain rights to correct, amend, or delete information we maintain about you. • To correct, amend, or delete information we maintain about you, submit a written request to the email or mail address below. • If we agree to your request, we will correct, amend, or delete your information as applicable and notify affected parties as required by law. • If we do not agree to your request, you may file a concise statement regarding your information, which will be provided to affected parties as required by law. • Before we disclose information about your creditworthiness or your personal information other than as discussed above (which we do not currently do) we will provide you the opportunity to opt out of such disclosures. • Finally, information obtained from a report prepared by an insurance-support organization may be retained by the insurance-support organization and disclosed to other persons.
Questions?	For more information, please contact us at • Email: NLGCompliance@NationalLife.com • Phone: 800-732-8939 • Mail: National Life Group Life and Annuity Compliance One National Life Drive - M530 Montpelier, VT 05604

*NLG Capital is an affiliate member of National Life Group.

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Protection for You and Your Insurance Policy the Washington Life and Disability Insurance Guaranty Association Act

Preface

This document briefly describes the coverage provided through the Washington Life & Disability Insurance Guaranty Association ("Association").

The Association is a nonprofit unincorporated legal entity created by the Washington Life and Disability Insurance Guaranty Association Act, Chapter 48.32A RCW ("Act"). Every life and disability insurance company authorized to do business in Washington is a member of the Association. A Board of Directors ("Board"), composed of representatives from member insurers, and the Insurance Commissioner, ex officio, oversee the operation of the Association.

The expenses of the Association are paid by assessments made against each member insurer. Persons covered by the Act are not charged for the expenses of the Association or the protection provided under the Act.

Coverage is provided for certain life and disability insurance. However, the Association does not cover all such insurance. Coverage that is provided is subject to the limitations and exclusions provided by the Act.

The purpose of this document is to help you understand the general nature and the conditions of the protection provided under the Act. It is only a summary, however, and if you have specific questions that are not discussed here you may contact either the Association or the Office of the Insurance Commissioner.

Washington Life and Disability Insurance
Guaranty Association
P.O. Box 2292
Shelton, WA 98584
Phone: (360) 426-6744

Company Supervision Division
Office of the Insurance Commissioner
P.O. Box 40255
Olympia, WA 98504-0255
Phone: (360) 725-7220

QUESTIONS AND ANSWERS

1. WHAT INSURANCE POLICIES ARE COVERED UNDER THE ACT?

The Act applies to life insurance policies, disability insurance policies, and annuity contracts issued by an insurance company authorized to do business in Washington. The term disability insurance, as used in the Act, includes not only disability income insurance, but also policies commonly referred to as health insurance `(which includes long term care products). Together, all of these policies and contracts are sometimes referred to as covered policies, a term used in this brochure.

2. ARE THERE POLICIES OR INSURERS NOT COVERED BY THE ACT?

The Act specifically excludes certain types of policies or portions of policies, including, but not limited to: The portion of a policy not guaranteed by the insurer; the portion of a policy to the extent the interest rate or crediting rate exceeds the limits in the Act; policies of reinsurance, unless assumption certificates have been issued; policies issued in Washington by an insurer at a time when the insurer was not licensed or did not have a certificate of authority; policies issued to a self-insured plan or program; certain unallocated employee benefit plan annuities protected by federal law; and unallocated annuity contracts not issued to or in connection with a benefit plan or a government lottery.

The Act also does not apply to policies or contracts issued by health care service contractors, health maintenance organizations, fraternal benefit societies, self funded multiple employer welfare arrangements, mandatory state pooling plans, mutual assessment companies, insurance exchanges, or an organization that has a certificate or license limited to issuance of certain charitable gift annuities.

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3. WHO IS PROTECTED UNDER THE ACT?

You are covered by the Act if you are an owner of or certificate holder under a policy or contract (other than an unallocated annuity contract or structured settlement annuity), and:

- You are a Washington resident; or
- You are not a Washington resident, but only if: the insurer is domiciled in Washington; there is an association similar to the Washington Association in your state of residency; and you are not covered in your state of residency, because the insurer was not licensed in that state; or
- You are a beneficiary, assignee, or payee of one of the above, regardless of where you reside (except for nonresident certificate holders under group policies).

Owners of unallocated annuity contracts are covered if the contract was issued to or in connection with a specific benefit plan whose plan sponsor has its principal place of business in Washington, or the contract was issued to or in connection with a government lottery and the owner is a Washington resident.

A payee under a structured settlement annuity (or beneficiary of a deceased payee) is also covered, if the payee is a Washington resident, or the payee is not a Washington resident, but the contract owner is a resident; or the insurer that issued the annuity is domiciled in Washington and coverage is not available in the state in which the payee resides.

Residency is generally determined at the time of entry of an order of liquidation against the insurer. If you move to another state and reside there when such an order is entered, you may still have protection under the law of that state. You should contact the insurance department in your new state of residence to find out about guaranty act protection there.

4. HOW DOES THE ASSOCIATION PROTECT COVERED PERSONS AGAINST LOSS?

After an order of liquidation is entered against a company, the Association begins its work of carrying out the purpose of the Act, which is to assure the performance of insurance obligations of that company. The Association is authorized to carry out its duties by working with insurance companies in good standing to assume or take over the covered policies. The association may also directly provide benefits and coverage as authorized by the Act. The Association has the authority to collect the funds necessary to provide protection to covered persons against losses on their covered policies.

5. WHERE DOES THE ASSOCIATION GET THE MONEY TO PROVIDE THIS PROTECTION?

The Association is authorized to collect money from all life and disability insurance companies doing business in Washington. The funds collected from an assessment are used to pay claims to covered persons and/or to fund the assumption of covered policies by another insurer.

6. DOES THE ASSOCIATION PAY OUT THE MONEY IT COLLECTS RIGHT AWAY OR DO COVERED PERSONS HAVE TO WAIT?

The Association generally cannot make an assessment for covered policies issued by a company until after an order of liquidation has been entered against the company, and a reasonable estimate can be made of the amount of money needed. Insurance companies receiving an assessment notice must make their payments within thirty days.

Because it takes time for an action to be commenced against a financially impaired insurer, for a Court to issue an order, and for funds to be collected to satisfy the obligations of that insurer, some delay, hopefully short, is unavoidable before payments can be made. Although it is impossible to predict how long this process will take in any given case, an average time period of twelve to eighteen months is not unusual.

When necessary, the Association may borrow money to make payments more promptly, particularly in cases that will take an unusual amount of time to be resolved.

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7. WHAT IS THE AMOUNT OF PROTECTION PROVIDED BY THE ACT?

The Act provides the following maximum amounts of protection:

Life Insurance Death Benefits: $500,000
Disability Benefits and Health Benefits (including Long Term Care Benefits): $500,000
Present Value of Individual Annuities: $500,000
Unallocated Annuity Contracts, other than certain government retirement plans (limit is per contract owner or plan sponsor): $5,000,000
Government Retirement Plans in Unallocated Annuities established under Internal Revenue Code Section 401, 403(b), or 457 (limit is per participant): $100,000

This protection becomes effective at the time of entry of a Court order of liquidation against the insurer. Of course, if the amount owed under the contract or policy is less than the maximum benefit under the Act, the covered person will be entitled to protection only up to the actual amount owed.

Furthermore, the maximum protection available to each covered person remains the same, regardless of the number of contracts through which he or she has a claim.

8. IF A HUSBAND AND WIFE EACH INDIVIDUALLY OWN A COVERED POLICY, IS THE PROTECTION UNDER THE ACT PROVIDED TO EACH OF THEM?

Yes. As long as the residency requirements are met, both would be entitled to the protection provided by the Act, up to the maximum amount.

9. WHY DOESN'T MY INSURANCE COMPANY ADVERTISE THE FACT THAT ITS POLICIES AND CONTRACTS ARE PROTECTED UNDER THE ACT?

Under Washington law, insurance companies are prohibited from advertising that their policies or contracts may be covered under the Act.

You should not rely on coverage under the Act when selecting an insurance company.

10. WHY HASN'T MY AGENT TOLD ME ABOUT THE GUARANTY ACT?

Your insurance agent is subject to the same prohibitions as your insurance company. As a representative of the company, an agent must exercise great care when soliciting business and consequently, will generally not discuss the subject of a guaranty act with clients.

11. WHO SHOULD I CONTACT IF I BELIEVE THERE HAS BEEN A VIOLATION OF THE ACT?

You should contact the Association if you believe your rights have been violated under the Act. If you are dissatisfied with the actions of the Association, you may also contact the Office of the Insurance Commissioner.

CONCLUSION

This document has been prepared by the Washington Life and Disability Insurance Guaranty Association. Its purpose is to inform the public in a general way of the protections that are available in this state on insurance policies and annuity contracts issued by companies authorized to do business in Washington. The Association does not, by this document, endorse any company or its products, but rather seeks to address some of the concerns that you may have regarding the security of insurance policies and annuity contracts.

For more information or answers to specific questions you may contact the Washington Life and Disability Insurance Guaranty Association or the Office of the Insurance Commissioner, whose addresses and telephone numbers are shown in the Preface.

This document is prepared by and made available through the Washington Life and Disability Insurance Guaranty Association, which has granted member insurance companies permission to reproduce and distribute the document. It is the responsibility of the company, or any representative of a company, reproducing this document, to ensure that the use thereof does not violate applicable laws or regulations.

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National Life Group®

Life Insurance Company of the Southwest®

Policy Receipt

First Insured's Name: BERNNIE MAILLOUX ENRIQUEZ Policy Number: 792515100

As owner of the above policy, I have received the following:

- Policy
- Policy Summary (if applicable)
- Life Insurance Buyer's Guide
- IUL Buyer's Guide (if applicable)

Has the insured had any change in health (such as illness or injury), occupation or other circumstances that would require a change to any answer or statement made in writing or orally in the process of applying for insurance identified by the policy number shown above? ☐ Yes ☐ No

If yes, please provide details regarding any and all changes in health, occupation or other circumstances. Life Insurance Company of the Southwest reserves all rights with respect to any such changes. This includes, without limitation, the right to further investigate any such changes and the right to reform or rescind the insurance identified by the policy number shown above.

Owner's Signature: _____ Dated: *(mm/dd/yyyy)* _____
BERNNIE MAILLOUX ENRIQUEZ

Insured's Signature: _____ Dated: *(mm/dd/yyyy)* _____
(if other than Owner) BERNNIE MAILLOUX ENRIQUEZ

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National Life Group®

Life Insurance Company of the Southwest®

We, Life Insurance Company of the Southwest ("Company", "we", "us" or "our"), agree to pay the Death Benefit to the Beneficiary, subject to the terms of this policy, when we receive at our Administrative Office due proof that the Insured died while this policy was in force.

Individual Term Life Insurance. Premiums to be paid for years shown in the Data Section or until prior death of the Insured. The Death Benefit is payable upon the death of the Insured. **This policy is convertible, renewable and nonparticipating. The Conversion Period is 15 years.**

Right to Review Policy. This policy may be returned to us at any time prior to the end of the tenth day, or within thirty days if a replacement policy, following its receipt by the Owner. The policy may be returned in person or by mail to us or to the agent through whom it was bought. Upon such return, we will refund any premiums paid, including any fees or charges, and the policy will be deemed void as of its Date of Issue.

Date of Issue:	10/15/2025
Policy Number:	792515100
Face Amount:	$500,000
Insured:	BERNNIE MAILLOUX ENRIQUEZ
Issue Age:	42
Owner:	As stated in the application unless later changed.
Beneficiary:	As stated in the application unless later changed.

WA State Insurance Department (360) 725-7000

The data and the terms on this and all following pages are part of this policy.

This policy is a legal contract between the policy Owner and Life Insurance Company of the Southwest. PLEASE READ YOUR POLICY CAREFULLY.

Signed for **Life Insurance Company of the Southwest** at **Addison, Texas**, as of the Effective Date, by

Chairman, CEO & President

Secretary

National Life Group® is a trade name representing various affiliates which offer a variety of financial service products.

Centralized Mailing Address: One National Life Drive, Montpelier, Vermont 05604, Home Office: Addison, Texas
800-732-8939 www.NationalLife.com

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National Life Group®

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☐ Life Insurance Company of the Southwest®

IMPORTANT INFORMATION ABOUT YOUR LIFE INSURANCE POLICY

Keep this information with your insurance papers

Life insurance is a critical part of a broader financial plan. There are many options available, and if you are considering making changes in the status of your policy you have the right to shop around and seek advice from different financial advisers in order to find the options best suited to your needs.

This information is being sent to you as a required regulatory notice or because of one of the following scenarios: 1) you requested a surrender of your life insurance policy; 2) you requested accelerated death benefits under your life insurance policy; or 3) your life insurance policy has lapsed or is in danger of lapsing. You are encouraged to consider the following possible alternatives to these scenarios. These alternatives include, but are not limited to:

Accelerated Death Benefit: Your policy may provide an early or accelerated discounted benefit payment if you have a terminal or chronic illness.

Cash Surrender: Your policy may have a cash surrender value your life insurer would pay you if you cancel it.

Gift: You may be able to gift your policy to your beneficiary, who would then assume responsibility for paying premiums.

Life Settlement·- Sale of the Policy: You may be able to sell your life insurance policy to a third party for an amount greater than the cash surrender value or accelerated death benefits under your policy. You pay no further premium. The third party becomes the policyholder and receives the benefit upon the insured's death.

Maintain Your Policy: You may be able to maintain your life insurance policy in force by paying the premiums directly or using your current policy values to pay the premiums.

Policy Changes: You may be able to reduce or eliminate future premium payments by obtaining a paid up policy, by reducing optional coverages, or through other options available from your life insurer.

Policy Loan: You may be able to take out a loan from your life insurance company using the cash value of your policy as collateral. Loan proceeds can be used to pay the premiums or for other purposes.

Third-Party Loan: You may be able to get a loan from another party to pay your policy's premiums. In return, the lender may require an assignment of a portion or all of the rights under the policy, including the policy's death benefits.

These options may or may not be available depending on your circumstances, including your age, health or the terms of your life insurance policy. Any of the above actions may have significant future financial, tax, or other implications. Please see your policy or contact your life insurance company, financial advisor, attorney, agent, broker or other professional to determine your particular options.

National Life Group is a trade name of National Life Insurance Company, Montpelier, VT, Life Insurance Company of The Southwest (LSW), Addison, TX and their affiliates. Each company of National Life Group is solely responsible for its own financial condition and contractual obligations. LSW is not an authorized insurer in New York and does not conduct insurance business in New York.

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COMMONLY USED TERMS

Accelerated death benefit: A benefit allowing terminally ill or chronically ill life insurance policyholders to receive cash advances of all or part of the expected death benefit. The accelerated death benefit can be used for health care treatments or any other purpose.

Cash surrender value: This term is also called "cash value", "surrender value", and "policyholder's equity". The amount of cash due to a policyholder who cancels his or her life insurance policy before it matures or death occurs.

Expected death benefit: The face amount of the policy, less any policy loan amounts, that the insurance company is expected to pay the beneficiaries named in the life insurance policy upon the death of the insured.

Face amount: The death benefit the insurer is required to pay the beneficiaries named in the life insurance policy upon the death of the insured, as staled in the policy. The actual death benefit may differ due to such factors as policy loans, failure to pay premiums, and for some types of policies - investment performance.

Lapse: Refers to a life insurance policy ending or expiring when a policyholder stops making premium payments.

Life settlement: Refers to a contract in which the policyholder sells his or her life insurance policy to a third party for a one-time cash payment which is greater than the cash surrender value, but less than the death benefit of the policy. A life settlement includes a viatical settlement, defined below.

Policy loan: A loan issued by an insurance company using the cash value of a person's life insurance policy as collateral.

Viatical settlement: An arrangement in which someone with a terminal illness sells his or her life insurance policy at an amount less than the death benefit. The ill person receives cash, and the buyer receives the full amount of the death benefit. This death benefit is payable once the former policyholder dies.

If you have questions about life insurance and your rights, contact your state's insurance department. Ask questions if you don't understand your policy.

California Department of Insurance - call Consumer Services Division at1-800-927-4357 or go to www.insurance.ca.gov/0100-consumers.

Kentucky Department of Insurance - call 1-800-595-6053 or 502-564-3630, or go to http://insurance.ky.gov.

Maine Bureau of Insurance - call 1-800-300-5000, or go to www.maine.gov/pfr/insurance.

New Hampshire Insurance Department - call 603-271-2261 or go to www.nh.gov/insurance.

Oregon Insurance Division - call an advocate at 1-888-877-4894 or 503-947-7984, or go to www.insurance.oregon.gov/consumer/life-insurance/understand_life.html.

Washington Office of the Insurance Commissioner – call 1-800-562-6900, or go to www.insurance.wa.gov.

Wisconsin Commissioner of Insurance - 1-800-236-8517 or 608-266-0103 or ociquestions@wisconsin.gov.

This document is for informational purposes only and does not constitute an endorsement of any of the options described above.

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Data Section

Insured:	BERNNIE MAILLOUX ENRIQUEZ	**Policy Number**:	792515100
Issue Age and Sex:	42 Male	**Face Amount**:	$500,000
Date of Issue:	October 15, 2025	**Expiry Date**:	October 15, 2078
Final Conversion Date:	October 15, 2040	**Monthly Policy Date**:	15th
Rate Class:	Standard Non-Tobacco	**Payment Mode:**	Monthly (EFT)
This is a Sex Distinct Policy		**Premium Payment:**	$84.92

Individual Term Life Insurance to Age 95
Level Premium Period: 20 Year

Benefit	Amount	Initial Annual Premium*	Years Payable**
Level Term Insurance	$500,000	$965.00	20
ABR - Terminal Illness	See Rider	None	N/A
ABR - Chronic Illness	See Rider	None	N/A
ABR - Critical Illness	See Rider	None	N/A
ABR - Critical Injury	See Rider	None	N/A
ABR - Alzheimer's Disease	See Rider	None	N/A
Total:		**$965.00**	

Initial Premium by Payment Mode

Annual	Semi-Annual	Quarterly	Monthly (EFT)
$965.00	$492.15	$250.90	$84.92

The Minimum Face Amount required for this policy after conversion is $50,000.

*Includes a $75.00 per year policy fee.

**See following pages for premiums for all policy years.

Data Section

Schedule of Guaranteed Annual Premiums Payable

As of Oct 15 Year	Renewable Term Insurance	All Other Benefits	Total
2025	$965.00	$0.00	$965.00
2026	$965.00	$0.00	$965.00
2027	$965.00	$0.00	$965.00
2028	$965.00	$0.00	$965.00
2029	$965.00	$0.00	$965.00
2030	$965.00	$0.00	$965.00
2031	$965.00	$0.00	$965.00
2032	$965.00	$0.00	$965.00
2033	$965.00	$0.00	$965.00
2034	$965.00	$0.00	$965.00
2035	$965.00	$0.00	$965.00
2036	$965.00	$0.00	$965.00
2037	$965.00	$0.00	$965.00
2038	$965.00	$0.00	$965.00
2039	$965.00	$0.00	$965.00
2040	$965.00	$0.00	$965.00
2041	$965.00	$0.00	$965.00
2042	$965.00	$0.00	$965.00
2043	$965.00	$0.00	$965.00
2044	$965.00	$0.00	$965.00
2045	$8,830.00	$0.00	$8,830.00
2046	$9,815.00	$0.00	$9,815.00
2047	$10,920.00	$0.00	$10,920.00
2048	$12,115.00	$0.00	$12,115.00
2049	$13,400.00	$0.00	$13,400.00
2050	$14,775.00	$0.00	$14,775.00
2051	$16,305.00	$0.00	$16,305.00
2052	$18,030.00	$0.00	$18,030.00
2053	$20,055.00	$0.00	$20,055.00
2054	$22,460.00	$0.00	$22,460.00
2055	$25,335.00	$0.00	$25,335.00
2056	$28,675.00	$0.00	$28,675.00
2057	$32,490.00	$0.00	$32,490.00
2058	$36,740.00	$0.00	$36,740.00
2059	$41,395.00	$0.00	$41,395.00
2060	$46,525.00	$0.00	$46,525.00
2061	$52,195.00	$0.00	$52,195.00
2062	$58,670.00	$0.00	$58,670.00
2063	$66,140.00	$0.00	$66,140.00
2064	$74,885.00	$0.00	$74,885.00
2065	$84,670.00	$0.00	$84,670.00

Data Section

Schedule of Guaranteed Annual Premiums Payable

As of Oct 15 Year	Renewable Term Insurance	All Other Benefits	Total
2066	$96,060.00	$0.00	$96,060.00
2067	$109,260.00	$0.00	$109,260.00
2068	$124,615.00	$0.00	$124,615.00
2069	$142,385.00	$0.00	$142,385.00
2070	$162,835.00	$0.00	$162,835.00
2071	$185,960.00	$0.00	$185,960.00
2072	$211,055.00	$0.00	$211,055.00
2073	$237,810.00	$0.00	$237,810.00
2074	$265,290.00	$0.00	$265,290.00
2075	$292,775.00	$0.00	$292,775.00
2076	$319,955.00	$0.00	$319,955.00
2077	$345,470.00	$0.00	$345,470.00

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We, Life Insurance Company of the Southwest ("Company", "we", "us" or "our"), agree to pay the Death Benefit to the Beneficiary, subject to the terms of this policy, when we receive at our Administrative Office due proof that the Insured died while this policy was in force.

General Terms of this Policy

Consideration

This policy is issued in consideration of the application and the payment of the first premium. We will incur no liability if no premium is paid.

Entire Contract

On the Date of Issue, the entire contract between the parties consists of this policy, the attached copy of the application, and any attached riders, amendments, and endorsements. Any riders or endorsements attached after issue will become part of the entire contract on the effective date of such attachment. Any change to this contract must be written and may be made only by one of our authorized officers. We will send the Owner ("you", "your") a copy of any application for a change which we approve. That application and any additional Data Section shall become part of this contract on the effective date of such change.

Effective Date

The Face Amount shall become effective on the Date of Issue shown in the Data Section.

Policy Months, Years and Anniversaries

Policy months, years and anniversaries shall be measured from the Date of Issue. The Monthly Policy Date shown in the Data Section occurs on the same day each month or on the last day of any month having no such date. The Date of Issue is the first Monthly Policy Date.

Payment of Benefits

We will pay all benefits under this policy at our Administrative Office. Before payment of any Death Benefit, we may investigate the death.

Notices

Unless this policy provides otherwise, any requests for changes or notices:

1. from us to the Owner shall be sent to the last address known to us of the Owner; and
2. from us to an assignee shall be sent to the last address known to us of such assignee; and
3. from the Owner or an assignee to us must be in writing and received by us at our Administrative Office.

Misstatement of Age or Gender

The Issue Age shown in the Data Section is the age of the Insured on his or her birthday nearest to the Date of Issue. It is based on the date of birth shown in the application.

If the: (1) age or gender of the Insured (if this policy was issued on a Sex Distinct basis); or (2) age of the Insured (if this policy was issued on a Unisex basis) has been misstated, we will adjust the Death Benefit to be such as the most recent premium paid would have purchased at the correct age or the correct age and gender. The adjustment shall take effect on the Monthly Policy Date on or next following the date we receive proof to our satisfaction of such misstatement. If the Insured has died while this policy is in force, we will adjust the Death Benefit as of the last Monthly Policy Date prior to the Insured's death.

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Attained Age

The Attained Age of the Insured on any date is the Issue Age shown in the Data Section plus the number of policy years that have passed since the Date of Issue.

Nonparticipating

This policy is nonparticipating and is, therefore, not entitled to share in any profits or surplus of the Company.

Termination

This policy will terminate, and all of our liability under it will cease, at the earliest of the following:

1. receipt at our Administrative Office of a written request for termination;
2. the date of conversion;
3. the end of a Grace Period if the past due premium remains unpaid;
4. the date the Insured dies; or
5. the Expiry Date, as shown in the Data Section.

Representations and Incontestability

Representations

Any statement made by or for the Insured in the absence of fraud, shall be deemed a representation and not a warranty. Unless such statement is in the attached application or in any subsequent application, it shall not be used to:

1. make this policy void; or
2. make any Reinstatement void; or
3. defend any claim.

Incontestability

After this policy has been in force during the life of the Insured for two years from the policy Date of Issue, we will not contest it; however, we may contest any Reinstatement until such Reinstatement has been in force during the life of the Insured for two years from its effective date. In the event that Reinstatement is contested, the contestable period is based only on statements in the Reinstatement application, unless the original contestable period has not yet expired.

The statement on which the contest will be based shall be material to the risk accepted or hazard assumed by the Company.

Notwithstanding the above, we may contest your policy at any time if it was procured by fraud, as permitted by law of the state in which your policy was delivered.

Premiums

The premiums due for your policy are level for the Level Premium Period; thereafter they change every year. The renewal premiums due after the Level Premium Period are shown in the Data Section.

Payment of Premiums

The first premium is due on or before the Date of Issue. The amount and Payment Mode of the initial premium are shown in the Data Section. The first premium may be paid to us either through our duly authorized agent in exchange for a receipt signed by that agent or at our Administrative Office. All other premiums must be paid to us at our Administrative Office. Each later premium is due on the Monthly Policy Date to which the preceding premium had been paid.

The Payment Mode may be changed by the Owner with our consent upon written request.

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Renewal

After the Level Premium Period, this policy expires on each policy anniversary. Upon each expiration, if all premiums for the expired term have been paid, the policy shall be renewed for a one year term upon payment of the renewal premium within 31 days of expiration.

No renewal shall occur on or after the Expiry Date shown in the Data Section.

Grace Period

If any premium due is not paid on or before the day it is due, the policy enters a Grace Period. During this Grace Period, the policy will remain in force for 31 days from the premium due date. If the premium remains unpaid at the end of the Grace Period the policy will terminate and all our liability under the policy will cease. Any premium sent by U.S. mail shall be postmarked within the Grace Period.

Reinstatement

If this policy terminates after the end of a Grace Period, upon request it may be reinstated. However, it may not be reinstated after the Expiry Date. It must be reinstated within five years from the start of such Grace Period.

For Reinstatement during the Level Premium Period we will require:

1. an application for Reinstatement; and
2. proof to our satisfaction that the Insured is insurable; and
3. payment of

    a) the premium for the period from the date of Reinstatement to the next premium due date; plus
    b) the lesser of

        i. half of all premiums for the period from the date of lapse to the date of Reinstatement; or
        ii. the premiums for the one year period prior to the date of Reinstatement.

For Reinstatement after the Level Premium Period we will require:

1. an application for Reinstatement; and
2. proof to our satisfaction that the Insured is insurable; and
3. payment of one month's premium.

We will send the Owner notice of the required payment upon request.

Conversion

General Conversion Terms

Upon written request received at our Administrative Office, we agree to convert all or part of this policy to a whole life or flexible premium adjustable life policy on the life of the Insured. We will issue a new policy with a Face Amount equal to or less than this policy's Face Amount, without proof that the Insured is insurable if:

1. this policy is in force; and
2. the conversion is made prior to the Final Conversion Date set forth in the Data Section; and
3. the first premium is paid at the time of conversion to the new policy.

If less than the full face amount is converted, the unconverted Face Amount may continue under this policy if it is at least as much as the Minimum Face Amount shown in the Data Section. The premiums for this policy thereafter would be the same as the premiums that would be payable if it had been originally issued for the unconverted Face Amount.

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The new policy shall:

1. be on a form in use by us designated to accept conversions on the date of conversion; and
2. be at the premium rate in effect for the Insured's Attained Age on the date of conversion; and
3. be at the same Rate Class as this policy.

If the plan and amount selected are not available in that Rate Class at the Insured's Attained Age, the Rate Class will be the Rate Class which we determine to be the most nearly comparable.

The new policy may contain additional rider benefits. Supplemental benefits that were part of this policy may be included with the converted policy as long as those benefits are available for sale with the new policy and only with our consent.

The Incontestability and Suicide provisions that apply to the converted Face Amount will begin from the date of this policy. If the converted policy includes additional coverage for which evidence of insurability was required, new Incontestability and Suicide provisions will apply to that coverage. The two year contestable period for the additional coverage will begin on the effective date of that coverage.

We may require that this policy be returned to us.

Continuation of Waiver of Premiums

If, on the date of conversion, the Insured is totally disabled as defined in any waiver of premiums rider contained in this policy and either has been so disabled for at least two years or to the date the Insured reaches Attained Age 60, and

1. if a conversion to a whole life policy is made:

    a. a waiver of premium rider shall be added to the new policy, and
    b. payment of premiums on the new policy shall be waived as long as the terms of the new waiver of premium rider are met; or

2. if a conversion to a flexible premium adjustable life policy is made:

    a. a rider for waiver of monthly deductions shall be added to the new policy, and
    b. covered monthly deductions on the new policy shall be waived as long as the terms of the new rider for waiver of monthly deductions are met.

If, on the date of conversion, the Insured is not totally disabled as defined in any waiver of premiums rider contained in this policy, a waiver rider may be added to the new policy.

All waiver rider conversions shall be subject to the following terms:

1. This policy must contain a waiver of premiums rider.
2. The conversion must be made only prior to the date the Insured reaches Attained Age 60.
3. The waiver rider on the new policy shall be on a form in use by us on the date of conversion.
4. The waiver rider on the new policy shall be at the premium rate in effect for the Insured's Attained Age on the date of conversion.

If the premium for any waiver of premium rider contained in this policy has a substandard rating which is a multiple of the regular premium, the premium for any waiver rider added to any new policy shall be rated the same multiple.

Death Benefit

Death Benefit

We will pay the Death Benefit to the Beneficiary when we receive at our Administrative Office due proof that the Insured died while this policy was in force. Due proof of the death of the Insured will consist of a certified copy of the death certificate,

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including cause and manner of death of the Insured, or other lawful evidence providing equivalent information, and proof of the claimant's interest in the proceeds. We will pay the Death Benefit in one lump sum unless we make a Settlement Option available and it is properly elected. The Death Benefit shall be increased by interest from the date of death of the Insured to the date of payment if paid in one lump sum or to the option effective date if a Payment Option is chosen. We will set the rate of interest at not less than the rate applicable for the funds left on deposit.

Interest shall accrue at the effective annual rate determined above, plus additional interest at a rate of 10% annually beginning with the date that is 31 calendar days from the latest of items (i), (ii), and (iii) to the date the claim is paid, where:

i. is the date that due proof of death is received by the Company ; and
ii. is the date the Company receives sufficient information to determine its liability, the extent of the liability, and the appropriate payee legally entitled to the proceeds; and
iii. is the date that legal impediments to payment of proceeds that depend on the action of parties other than the Company are resolved and sufficient evidence of the same is provided to the Company. Legal impediments to payment include, but are not limited to, (a) the establishment of guardianships and conservatorships; (b) the appointment and qualification of trustees, executors and administrators; and (c) the submission of information required to satisfy state and federal reporting requirements.

The Death Benefit shall be:

1. the Face Amount shown in the Data Section; plus
2. the part of any premium paid for any period after the Insured's death; less
3. the part of any premium not paid for any period prior to the Insured's death.

Suicide Limitation

If the Insured dies within two years, or any shorter period as may be required by applicable law in the state where the policy is delivered, from the Date of Issue, or within two years, or any shorter period as may be required by applicable law in the state where the policy is delivered, from the date of Reinstatement, and the death results from suicide, while sane or insane, we will pay only a sum equal to the premiums paid.

Payment will be made to the Beneficiary.

Policy Ownership

General Ownership Terms

The Owner may:

1. exercise the rights under this policy; and
2. assign the policy; and
3. release or discharge the policy; and
4. change the policy if we agree to such change; and
5. enjoy the benefits under this policy.

These actions may be taken without the consent and against the interest of any Beneficiary and any contingent owner. If the Owner cannot change the Beneficiary, these actions may be taken only by the Owner and the Beneficiary jointly. These actions may be taken only while the Insured is alive.

Changes to Owner designation, unless otherwise specified by the Owner, shall take effect on the date the notice of change is signed by the Owner, subject to any payments made or action taken by us prior to receipt of the notice.

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Assignments

We are not responsible for the validity or effect of any assignment of this policy. We will not recognize any assignment until it has been filed at our Administrative Office. When notice is received at our Administrative Office, unless otherwise specified by the Owner, the change shall take effect on the date the notice is signed by the Owner whether or not the Insured is living at the time of receipt, subject to any payments made or actions taken by the Company prior to receipt of this notice. The interest of any Beneficiary whom the assignor can change and of any contingent owner shall be transferred to the assignee by the terms of any assignment. If the assignee acquires a right to proceeds, they shall be paid in one sum even though a Payment Option may be in effect at the time the assignment was signed.

Conformity with Interstate Insurance Product Regulation Commission Standards

This policy was approved under the authority of the Interstate Insurance Product Regulation Commission and issued under the Commission standards. Any provision of this policy on the provision's effective date that is in conflict with the Interstate Insurance Product Regulation Commission standards for this product type in effect as of the provision's effective date of Commission policy approval is hereby amended to conform to the applicable Interstate Insurance Product Regulation Commission standards in effect as of the provision's effective date of Commission policy approval.

Beneficiary

General Beneficiary Terms

The Owner has the right to change the Beneficiary. If the Owner expressly waives this right, no change can be made. Unless later changed, the Beneficiary shall be as stated in the application. The interest of any Beneficiary who dies before the Insured shall vest in the Owner unless otherwise stated.

If used, the term "children" of any person shall include only lawful children born to or legally adopted by that person.

We may rely on an affidavit by any person who in our judgment knows the facts to identify any Beneficiary or payee not specified by name. All our liability shall cease when we pay on the basis of such affidavit.

Unless otherwise specified in the application or on an attached amendment, payment will be shared equally by all Primary Beneficiaries who survive the Insured; if none, by all Contingent Beneficiaries who survive; if none, payment shall be made to the Owner or to the Owner's estate.

Trust Beneficiary

Unless an authorized officer of the Company explicitly agrees in writing, the following provision shall apply when a trust is named as Beneficiary of this policy (a "Trust Beneficiary").

In no event is the Company responsible for the application or disposition of any proceeds it pays to a Trust Beneficiary. Payment to a Trust Beneficiary is a full discharge of the liability of the Company. If a designated trust provides for successor trustees, the designation in this policy includes successor trustees. Likewise, if the trust allows amendments, the trust, if so amended, remains as a designated Beneficiary.

A Trust Beneficiary is considered to be a Beneficiary who did not survive the Insured if:

1. the trust has been terminated; or
2. the specified testamentary trust does not qualify as such; or
3. for any other reason a Trust Beneficiary is not entitled to any proceeds.

Change of Beneficiary

If the Owner has the right, a new Beneficiary may be named from time to time during the life of the Insured by filing at our Administrative Office written notice in such form as we may require. When notice is received at our Administrative Office, unless otherwise specified by the Owner, the change shall take effect on the date the notice is signed by the Owner whether or not the Insured is living at the time of receipt, subject to any payments made or actions taken by the Company prior to receipt of this

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notice. The notice must be submitted to us by the Owner. We will not be liable for any payment we make before receipt of the written notice at our Administrative Office.

Payment Options

Lump Sum Payment

We will pay proceeds of this policy in a Lump Sum, unless a Settlement Option is available and chosen.

Settlement Options

The proceeds of this policy will be paid in a lump sum unless an available settlement option has been properly elected, subject to our minimum amount requirements on the date of election. We may make other settlement options available from time to time. Settlement options are used to distribute the Death Benefit over a period of time rather than paying it in a lump sum. The amount applied to purchase a settlement option will not be less than would be provided by immediate annuity purchase rates offered by the Company at the time the settlement option payments are to begin. Settlement options can be selected prior to or after the Insured's death. If prior to the Insured's death, the Owner may request from us the forms required to properly elect an available settlement option. After the Insured's death, a Beneficiary may elect to receive such Beneficiary's share of the Death Benefit under an available settlement option unless the Owner has previously elected a particular settlement option and has properly elected not to permit the Beneficiary to change it. We will then provide the Beneficiary the forms required to properly elect an available settlement option.

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Accelerated Death Benefits Rider for Terminal Illness and Alzheimer's Disease

Payment of Accelerated Benefits under this rider will reduce the Death Benefit, any accumulated value and cash value, and if applicable, premium payments or monthly cost of insurance charges otherwise payable under the policy.

Subject to its terms, this rider is made a part of and adds benefits to your policy in the event of a qualifying diagnosis of Alzheimer's Disease or Lewy Body Dementia. It is issued in consideration of the application and your request for coverage. The rider provisions apply in lieu of any policy provisions to the contrary. There is no additional cost for this benefit.

If this rider is attached to a survivorship policy, the Accelerated Benefits Amount is not available until after the death of the first Insured to die. Accelerated Benefits under the terms of this rider will be based on the life of the surviving Insured.

Benefits

We, Life Insurance Company of the Southwest (the "Company"), will pay the Accelerated Benefits Amount to the Owner during the lifetime of the Insured. Such benefit will be paid:

1. upon election by the Owner,
2. in lieu of payment of the full Death Benefit of the policy or Other Insured Rider upon death of the Insured, and
3. subject to the terms of this rider.

In all circumstances, the Accelerated Benefits Amount will be less than the Death Benefit of the policy.

Taxation

The Accelerated Benefits provided under this rider may or may not be taxable. Tax laws relating to Accelerated Benefits are complex. You are advised to consult with a qualified tax advisor regarding the tax treatment of any benefit paid under this rider.

Accelerated Benefits Amount

The Accelerated Benefits Amount ("Amount") will be determined by us when the Owner files a claim for Accelerated Benefits. It will be determined as of the Election Date. The following factors will be used by us in the determination of the Amount:

1. the actuarial discount,
2. for a policy in a Grace Period, the premium required to keep the policy in force beyond the Grace Period,
3. any administrative fee assessed for this rider, not to exceed a maximum charge of $500, and
4. any outstanding policy loan.

The following factors may be used by us to determine the actuarial discount:

1. the Death Benefit accelerated,
2. the Cash Value or Cash Surrender Value of the policy or rider,
3. future premiums payable under the policy or other riders,
4. any current and future charges under the policy or other riders,
5. any future anticipated dividends projected for the policy or rider, if any,
6. the Accelerated Benefits Interest Rate in effect, and
7. our assessment of the future expected lifetime of the Insured.

These factors are determined by the Company, are not guaranteed, but are subject to any minimums or maximums stated in the policy or rider. The applicable factor may change over time and will, at the time determined, be based on our then current expectations of future anticipated or emerging experience including, but not limited to, investment earnings, mortality, persistency, required reserves, required capital, hedging costs, reinsurance costs, taxes, and expenses. We may take into account the relationship of and the operation of the non-guaranteed factors as a whole or in any combination. Our expectations may change over time.

The Amount will be paid to the Owner or the Owner's estate in a lump sum, unless the benefit has been otherwise assigned or designated by the Owner.

The Amount shall be at least equal to the acceleration percentage multiplied by the difference between the current policy Cash Value or Cash Surrender Value and any outstanding policy loans. The current policy Cash Value or Cash Surrender Value shall include any termination dividend payable on the surrender of the policy.

A quote describing the effect Accelerated Benefits will have on any cash value, death benefit, premiums payable, monthly cost of insurance charges, and policy loans will be provided to the Owner and any Irrevocable Beneficiary prior to the election of Accelerated Benefits, and upon payment of Accelerated Benefits.

If the Insured dies after the Owner elects to receive Accelerated Benefits but before any benefits are received, the election shall be cancelled and the Death Benefit will be paid pursuant to the policy or rider.

Accelerated Benefits Interest Rate

We will declare the Accelerated Benefits Interest Rate. It will not exceed the greater of:

1. the yield on 90-day U.S. Treasury Bills on the Election Date, or
2. the maximum adjustable policy loan interest rate allowed by law on the Election Date.

Terminal Illness

Accelerated Benefits can be elected if the Insured is Terminally Ill. Terminally Ill means that the Insured under this rider has been certified by a Specialist as having an illness or chronic condition which can reasonably be expected to result in death in 24 months or less from the date of certification.

Proof of Terminal Illness

We must receive written proof satisfactory to us that the Insured is Terminally Ill. Such written proof must include a statement from a Specialist, other than the Insured or a member of the Insured's immediate family, affirming that the Insured is Terminally Ill. Payment of the Accelerated Benefit is due immediately upon receipt of the due written proof of eligibility provided that the Insured does not need to be further examined as discussed in the following paragraph.

We have the right to have the Insured examined by a Specialist of our own choice for a second medical opinion while an election of Accelerated Benefits is pending. In the case of conflicting opinions, eligibility for benefits shall be determined by a third medical opinion that is provided by a Specialist that is mutually acceptable to the Insured and the Company. Such examinations will be made at our expense.

Qualifying Event

An Accelerated Benefit can be elected under this rider if the Insured experiences a Terminal Illness or a Qualifying Event covered under this rider. A Qualifying Event covered under this rider requires:

A definite diagnosis of one of the Eligible Forms of Dementia as determined by a Specialist and certification by a Specialist of:

1. a score of less than 20 out of 30 on Mini-Mental State Exam (MMSE) by the Insured, or an equivalent of this score under a widely accepted test of cognitive function; and
2. clinical impairment of the Insured of at least two of the following:
    a. orientation to people, places or time,
    b. registration (ability to learn and remember new information),
    c. attention and calculation (reasoning and handling of complex tasks),
    d. visuospatial abilities, or
    e. language functions.

Eligible Forms of Dementia: Alzheimer's Disease and Lewy Body Dementia.

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Exclusion: All other forms of dementia are excluded. Examples of other forms of dementia include the following:

1. Dementia induced by alcohol-related brain damage, toxic substance, or medication;
2. Dementia associated with Parkinson's Disease, other than Lewy Body Dementia;
3. Vascular Dementia;
4. Frontotemporal Dementia;
5. Primary progressive aphasia; or
6. Dementia associated with infectious disease such as, but not limited to, encephalitis, and meningitis.

Maximum Death Benefit That May Be Accelerated

The Owner may elect to accelerate all or a portion of the Death Benefit in force under the policy on the Election Date.

We reserve the right to set a maximum amount that we will pay under this rider and any other Accelerated Benefits Rider on the policy to which this rider is attached. If we do so, it will be no less than $500,000.

Election of Accelerated Benefits

If we determine benefits are payable under the rider, we will provide the Owner with a quote which demonstrates the impact of a Full or Partial Election on the benefits and values of the underlying policy. We will also provide the Owner with an Application for Election of Accelerated Benefits. The Owner must provide us with the written consent of any assignee and any irrevocable beneficiaries.

We have the right to have the Insured examined by a Specialist of our own choice for a second medical opinion while a claim for Accelerated Benefits is pending. In the case of conflicting opinions, eligibility for benefits shall be determined by a third medical opinion that is provided by a Specialist that is mutually acceptable to the Insured and the Company. Such examinations will be made at our expense.

After a Partial Election, the Owner must notify us if they wish to accelerate the remainder of or an additional portion of the Insured's Death Benefit related to the same Qualifying Event. If we determine additional benefits are payable under the rider, we will provide a new quote and a new application, and the same provisions apply as above.

Payment will be made immediately upon receipt of the due written proof of eligibility satisfactory to us.

Full Election

Under a Full Election, the Amount will be paid in lieu of any future Death Benefit under this policy or rider. The Amount must first be applied to pay all debt to us on this policy or rider. The policy or rider to which this rider is attached will terminate on the Election Date.

Partial Election

Under a Partial Election, the Amount will be paid in lieu of a portion of any future Death Benefit payable under this policy or rider.

The Amount must first be applied to pay a pro rata share of any outstanding debt to us on this policy. A pro rata share of such debt will remain. Upon a Partial Election, the Insured's life insurance Face Amount or Coverage Amount, and if applicable, the Cash Value, Cash Surrender Value, Accumulated Value, Surrender Charge, and outstanding debt under the policy will be reduced in the same proportion as the reduction in the Insured's Death Benefit.

The portion of the life insurance coverage that remains in force must not be less than the greater of $25,000 or our minimum issue limit for this plan of insurance. The new premiums and charges for the remaining portion will be as if the contract had been originally issued at the reduced amount.

Limitation on Payments

No Accelerated Benefit will be paid under this rider for any Qualifying Event that directly results from self-inflicted injury or attempted suicide.

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Notification of Terminal Illness or a Qualifying Event

You must send us a written request to file a Terminal Illness or a Qualifying Event claim under this rider utilizing a form provided by us. We will provide this claim form within fifteen calendar days after you request it. If the claim form is not furnished within fifteen days, it is considered that the claimant complied with the claim requirements if the claimant submits written proof covering the occurrence, the character and the extent of the occurrence for which claim is made.

Before any benefit can be paid under this rider, the Owner must provide us with written proof satisfactory to us that the Insured has experienced a Terminal Illness or a Qualifying Event covered under this rider. Such proof will include, but not be limited to:

1. a certification from a Specialist that the Insured has experienced a Terminal Illness or a Qualifying Event covered under this rider, and
2. complete records of the Insured's medical history, diagnosis, and treatments.

In determining whether an Insured has experienced a Qualifying Event, the Company may consider both the certification and the records of the Insured's medical history, diagnosis, and treatments to ensure that the records support the certification.

Disposition of Added Benefit Riders

Upon a Partial Election, all riders will continue to be effective subject to the terms and conditions of each rider. If the Insured is eligible for periodic elections of Accelerated Benefits under another rider, the maximum Death Benefit that may be accelerated under future periodic elections under such other rider will be reduced in the same proportion as the reduction in the Insured's Death Benefit upon a Partial Election of benefits under this rider.

Upon a Full Election, all riders attached to the policy will terminate as if the Insured had died on the Election Date.

Election Date

The Election Date is the date that the Application for Election of Accelerated Benefits is signed by the Owner of this policy.

Specialist

A Specialist is a licensed medical practitioner who has been trained in the specific area of medicine relevant to the covered illness condition for which benefit is being claimed, and who is board certified or board eligible in their specialty in the state within the United States of America or the District of Columbia where treatment is being received. In the absence or unavailability of a Specialist, and as approved by the Company, a condition may be diagnosed by a qualified and licensed medical practitioner practicing in the United States of America.

Specialist means a neurologist or other medical professional deemed appropriate by the Company. The Specialist must not be the Owner, the Insured, a relative of or business associate of the Owner or of the Insured.

Any test or examinations that must be performed in order to satisfy the condition requirements must be conducted by a medical professional who is not the Owner, the Insured, a relative of or business associate of the Owner or of the Insured.

Legal Requirements

If the Owner is required by law to elect Accelerated Benefits to meet the claims of creditors, whether in bankruptcy or otherwise, Accelerated Benefits will not be available.

If the Owner is required by a government agency to elect Accelerated Benefits to apply for, obtain, or keep a government benefit or entitlement, Accelerated Benefits will not be available.

Incontestability

The Company will not contest this rider after it has been in force during the lifetime of the Insured for two years from its date of issue.

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Reinstatement

If this rider is in force at the time of policy lapse, it may be reinstated upon policy reinstatement.

Termination of Accelerated Benefits for Each Insured

Coverage for each Insured under this rider shall terminate on the earliest of:

1. the Full Election Date for Accelerated Benefits of the Insured,
2. the date the life coverage for the Insured terminates,
3. the date the life coverage becomes extended term insurance coverage under any default benefits or nonforfeiture options, or
4. the Monthly Policy Date following our receipt of the Owner's written request to terminate the Insured's coverage under this rider.

Termination of Rider

This entire rider shall terminate on the earliest of:

1. the Full Election Date for Accelerated Benefits of the last remaining covered Insured,
2. the date the policy terminates, or
3. the Monthly Policy Date following our receipt of the Owner's written request to terminate this rider.

Termination of this rider shall not prejudice the payment of benefits for any qualifying event that occurred while the rider was in force.

Effective Date

The Effective Date of this rider is the policy's date of issue or Other Insured Rider's Effective Date. If this rider is added after the policy's date of issue, the Effective Date will be the rider's date of issue as shown in the rider's Data Section.

Signed for Life Insurance Company of the Southwest, by

Chairman, CEO & President

Secretary

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Accelerated Death Benefits Rider For Terminal Illness & Chronic Illness

Payment of Accelerated Benefits under this rider will reduce the Death Benefit otherwise payable under the policy. Receipt of Accelerated Benefits may be a taxable event. Please consult your personal tax advisor to determine the tax status of any benefits paid under this rider.

This rider adds benefits to your policy. It is issued in consideration of the application and your request for coverage. There is no additional cost for this benefit.

Benefit

We will pay the Accelerated Benefits Amount to the Owner during the lifetime of the Insured. Such benefit will be paid:

1. upon election by the Owner; and
2. in lieu of payment of the full death benefit of the policy or Other Insured Rider upon death of the Insured; and
3. subject to the terms of this rider.

Accelerated Benefits Amount

The Accelerated Benefits Amount ("Amount") will be determined when the Owner elects Accelerated Benefits. It will be determined as of each Election Date. The following factors may be used in the determination of the Amount:

1. The Death Benefit accelerated; and
2. the Cash Value or Cash Surrender Value of the policy or rider; and
3. future premiums payable under the policy or rider; and
4. future expected lifetime of the Insured; and
5. any administrative fee assessed, not to exceed a maximum charge of $250; and
6. the Accelerated Benefits Interest Rate in effect.

Each Amount will be paid to the Owner or the Owner's estate in a lump sum.

The Amount shall be at least equal to the acceleration percentage multiplied by the difference between the current policy Cash Value or Cash Surrender Value and any outstanding policy loans. The current policy Cash Value or Cash Surrender Value shall include any termination dividend payable on the surrender of the policy.

An illustration describing the effect Accelerated Benefits will have on policy values will be provided to the Owner and any Irrevocable Beneficiary prior to the election of Accelerated Benefits.

If the Insured dies after the Owner elects to receive accelerated death benefits but before any such benefits are received, the election shall be cancelled and the death benefit will be paid pursuant to the policy.

We reserve the right to set a maximum amount that we will pay under this and any other Accelerated Benefits Rider on the policy to which this rider is attached. If we do so, it will be no less than $500,000.

Accelerated Benefits Interest Rate

We will declare the Accelerated Benefits Interest Rate. It will not exceed the greater of:

1. the yield on 90-day U.S. Treasury Bills on the Election Date; and
2. the maximum adjustable policy loan interest rate allowed by law on each Election Date.

Maximum Benefits Amount For Chronically Ill

The maximum Death Benefit accelerated in any year is the lesser of 24% of the life insurance coverage on the initial Election Date or $240,000. This amount is prorated over other periods of time for either Periodic or Final Elections.

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Final Election

Under a Final Election, the Amount will be paid in lieu of any remaining future death benefit under this policy or rider. The Amount must first be applied to pay all debt to us on this policy or rider. The policy or rider to which this rider is attached will terminate on the Election Date.

Further explanation of additional riders is addressed in the Disposition of Added Benefits Riders section.

Periodic Elections

Under a Periodic Election, the Amount will be paid in lieu of a portion of any future death benefit payable under the policy or rider. Periodic Elections cannot be made more frequently than once each month.

The Amount must first be applied on a pro rata share of any outstanding debt to us on the policy. A pro rata share of such debt will remain. If applicable, the Cash Value, Cash Surrender Value, Accumulated Value, and Surrender Charge will also be reduced by the percentage of the death benefit accelerated.

The portion of the life insurance coverage that remains in force may be less than our minimum issue limit for this plan of insurance. The new premiums and charges for the remaining portion will be as if the policy had been originally issued at the reduced amount.

Further explanation of additional riders is addressed in the Disposition of Added Benefit Riders section.

Terminal Illness

Accelerated Benefits can be elected only if the Insured is Terminally Ill. Terminally Ill means that the Insured under this rider has been certified by a Physician as having an illness or chronic condition which can reasonably be expected to result in death in 24 months or less from the date of certification.

Chronically Ill

Accelerated Benefits also can be elected under this rider if the Insured is Chronically Ill. Chronically Ill means that the Insured has been certified, within the last 12 months, by a Physician as:

1. being unable to perform without substantial assistance from another person at least two Activities of Daily Living for a period of at least 90 consecutive days; or
2. requiring substantial supervision for a period of at least 90 consecutive days by another person to protect oneself from threats to health and safety due to Severe Cognitive Impairment.

Substantial Assistance means Hands-on Assistance or Standby Assistance. Hands-on Assistance means the physical assistance of another person without which the individual would be unable to perform the Activity of Daily Living. Standby Assistance means the presence of another person within arm's reach of the individual that is necessary to prevent, by physical intervention, injury to the individual while he or she is performing an Activity of Daily Living (such as being ready to catch the individual if he or she falls while getting into or out of a bathtub or shower while bathing, or being prepared to remove food from the individual's throat if he or she chokes while eating).

Activities of Daily Living are bathing, continence, dressing, eating, toileting, and transferring.

- Bathing means washing oneself by sponge bath, or in a tub or shower, including the task of getting into and out of the tub or shower.
- Continence means the ability to maintain control of bowel and bladder function, or when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for a catheter or colostomy bag).
- Dressing means putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
- Eating means feeding oneself by getting food into the body from a receptacle (such as a plate, cup, or table) or by a feeding tube or intravenously.

- Toileting means getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- Transferring means moving into or out of a bed, chair, or wheelchair.

Severe Cognitive Impairment means the deterioration or loss of intellectual capacity that is:

1. comparable to (and includes) Alzheimer's Disease and similar forms of irreversible dementia; and
2. measured by clinical evidence and standardized tests which reliably measure impairment in:

    a) short-term or long-term memory; or
    b) orientation to people, places, or time; or
    c) deductive or abstract reasoning; or
    d) judgment as it relates to safety awareness.

A Physician must certify to the 90-day loss of functional capacity within the 12 months immediately preceding the Election Date. Services provided to the Insured must take place in the United States by a Physician as described in this rider.

Disposition of Added Benefit Riders

Upon a Periodic Election, any Additional Protection Benefit Riders may be continued at levels reduced by the percentage of death benefit accelerated. Other riders will continue to be effective subject to the terms and conditions of each rider.

Upon a Final Election, all riders attached to the policy will terminate as if the Insured had died on the Election Date. Coverage provided by any Additional Protection Benefit Riders will be used to increase the Amount.

Upon a Periodic Election of Accelerated Benefits for coverage under an Other Insured Rider, the policy and all the attached riders will continue to be in force and effective subject to the terms and conditions of the policy and the other riders.

Upon a Final Election of Accelerated Benefits for coverage under an Other Insured Rider, all riders providing additional benefits to the Other Insured will terminate as if the Other Insured had died on the Election Date. The policy and all the other attached riders will continue to be in force and effective subject to the terms and conditions of the policy and the other riders.

General Terms

Election Date

The Election Date is the date the Application for Election of Accelerated Benefits is signed by the Owner of the policy.

Election

To elect Accelerated Benefits the Owner must complete an Application for Election of Accelerated Benefits. We will provide this Application at the Owner's request. The Owner must provide us with the written consent of any collateral assignee and any irrevocable beneficiaries. We may request that the policy accompany the application to our Administrative Office.

Physician

Physician means a doctor of medicine or osteopathy, practicing within the scope of his or her license issued by the jurisdiction in the United States of America in which his or her services are rendered. Physician does not include the Owner, the Insured, or a member of the Owner's or the Insured's Immediate Families. Immediate Family means a persons parents, stepparents, grandparents, spouse, domestic partner, children (adopted, natural, or step), siblings, grandchildren, or in-laws.

Legal Requirements

If the Owner is required by law to elect Accelerated Benefits to meet the claims of creditors, whether in bankruptcy or otherwise, Accelerated Benefits will not be available.

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If the Owner is required by a government agency to elect Accelerated Benefits to apply for, obtain, or keep a government benefit or entitlement, Accelerated Benefits will not be available.

Incontestability

This rider is contestable on the same basis as the policy to which it is attached.

Reinstatement

If this rider is in force at the time of policy lapse, it may be reinstated upon policy reinstatement.

Proof of Chronically Ill

We must receive written proof satisfactory to us that the Insured is Chronically Ill. Such written proof must include a statement from a Physician other than the Insured or a member of the Insured's Immediate Family, affirming the Insured is Chronically Ill. Payment of the Accelerated Benefit is due immediately upon receipt of the due written proof of eligibility provided that the Insured does not need to be further examined as discussed in the following paragraph.

We have the right to have the Insured examined by a Physician of our own choice when and as often as we may reasonably require while an election of Accelerated Benefits is pending. In the case of conflicting opinions, eligibility for benefits shall be determined by a third medical opinion that is provided by a Physician that is mutually acceptable to the Insured and the Company. Such examinations will be made at our expense.

Proof of Terminal Illness

We must receive written proof satisfactory to us that the Insured is Terminally Ill. Such written proof must include a statement from a Physician other than the Insured or a member of the Insured's Immediate Family, affirming that the Insured is Terminally Ill. Payment of the Accelerated Benefit is due immediately upon receipt of the due written proof of eligibility provided that the Insured does not need to be further examined as discussed in the following paragraph.

We have the right to have the Insured examined by a Physician of our own choice when and as often as we may reasonably require while an election of Accelerated Benefits is pending. In the case of conflicting opinions, eligibility for benefits shall be determined by a third medical opinion that is provided by a Physician that is mutually acceptable to the Insured and the Company. Such examinations will be made at our expense.

Termination of Accelerated Benefits for Each Insured

Coverage for each Insured under this rider shall terminate on the earliest of:

1. the Final Election Date for Accelerated Benefits of the Insured; or
2. the date the life coverage for the Insured terminates; or
3. the Monthly Policy Date following our receipt of the Owner's written request to terminate the Insured's coverage under this rider.

Termination of Rider

This entire rider shall terminate on the earliest of:

1. the Final Election Date for Accelerated Benefits of the last remaining covered Insured; or
2. the date the policy terminates; or
3. the Monthly Policy Date following our receipt of the Owner's written request to terminate this rider.

Termination of this rider shall not affect the payment of an Amount that was made while the rider was in force.

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Effective Date

The Effective Date of this rider is the policy's Date of Issue or Other Insured Rider's Effective Date unless a later date is shown in the policy's Data Section.

Secretary

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Accelerated Death Benefits Rider for Terminal Illness and Critical Illness

Payment of Accelerated Benefits under this rider will reduce the Death Benefit, any accumulated value and cash value, and if applicable, premium payments or monthly cost of insurance charges otherwise payable under the policy.

This rider is made a part of and adds benefits to your policy. It is issued in consideration of the application and your request for coverage. The rider provisions apply in lieu of any policy provisions to the contrary. There is no additional cost for this benefit.

If this rider is attached to a survivorship policy, the Accelerated Benefits Amount is not available until after the death of the first Insured to die. Accelerated Benefits under the terms of this rider will be based on the life of the surviving Insured.

Benefits

We, Life Insurance Company of the Southwest (the "Company"), will pay the Accelerated Benefits Amount to the Owner during the lifetime of the Insured. Such benefit will be paid:

1. upon election by the Owner,
2. in lieu of payment of the full Death Benefit of the policy or Other Insured Rider upon death of the Insured, and
3. subject to the terms of this rider.

In all circumstances, the Accelerated Benefits Amount will be less than the Death Benefit of the policy.

Taxation

The Accelerated Benefits provided under this rider may or may not be taxable. Tax laws relating to Accelerated Benefits are complex. You are advised to consult with a qualified tax advisor regarding the tax treatment of any benefit paid under this rider.

Accelerated Benefits Amount

The Accelerated Benefits Amount ("Amount") will be determined by us when the Owner files a claim for Accelerated Benefits. It will be determined as of the Election Date. The following factors will be used by us in the determination of the Amount:

1. the actuarial discount,
2. for a policy in a Grace Period, the premium required to keep the policy in force beyond the Grace Period,
3. any administrative fee assessed for this rider, not to exceed a maximum charge of $500, and
4. any outstanding policy loan.

The following factors may be used by us to determine the actuarial discount:

1. the Death Benefit accelerated,
2. the Cash Value or Cash Surrender Value of the policy or rider,
3. any future premiums payable under the policy or other riders,
4. any current and future charges under the policy or other riders,
5. any future anticipated dividends projected for the policy or rider, if any,
6. the Accelerated Benefits Interest Rate in effect, and
7. our assessment of the future expected lifetime of the Insured.

These factors are determined by the Company, are not guaranteed, but are subject to any minimums or maximums stated in the policy or rider. The applicable factor may change over time and will, at the time determined, be based on our then current expectations of future anticipated or emerging experience including, but not limited to, investment earnings, mortality, persistency, required reserves, required capital, hedging costs, reinsurance costs, taxes, and expenses. We may take into account the relationship of and the operation of the non-guaranteed factors as a whole or in any combination. Our expectations may change over time.

The Amount will be paid to the Owner or the Owner's estate in a lump sum, unless the benefit has been otherwise assigned or designated by the Owner.

The Amount shall be at least equal to the acceleration percentage multiplied by the difference between the current policy Cash Value or Cash Surrender Value and any outstanding policy loans. The current policy Cash Value or Cash Surrender Value shall include any termination dividend payable on the surrender of the policy.

A quote describing the effect Accelerated Benefits will have on any cash value, death benefit, premiums payable, monthly cost of insurance charges, and policy loans will be provided to the Owner and any Irrevocable Beneficiary prior to the election of Accelerated Benefits, and upon payment of Accelerated Benefits.

If the Insured dies after the Owner elects to receive Accelerated Benefits but before any benefits are received, the election shall be cancelled and the Death Benefit will be paid pursuant to the policy or rider.

Accelerated Benefits Interest Rate

We will declare the Accelerated Benefits Interest Rate. It will not exceed the greater of:

1. the yield on 90-day U.S. Treasury Bills on the Election Date, or
2. the maximum adjustable policy loan interest rate allowed by law on the Election Date.

Terminal Illness

Accelerated Benefits can be elected if the Insured is Terminally Ill. Terminally Ill means that the Insured under this rider has been certified by a Specialist as having an illness or chronic condition which can reasonably be expected to result in death in 24 months or less from the date of certification.

Proof of Terminal Illness

We must receive written proof satisfactory to us that the Insured is Terminally Ill. Such written proof must include a statement from a Specialist, other than the Insured or a member of the Insured's immediate family, affirming that the Insured is Terminally Ill. Payment of the Accelerated Benefit is due immediately upon receipt of the due written proof of eligibility provided that the Insured does not need to be further examined as discussed in the following paragraph.

We have the right to have the Insured examined by a Specialist of our own choice for a second medical opinion while an election of Accelerated Benefits is pending. In the case of conflicting opinions, eligibility for benefits shall be determined by a third medical opinion that is provided by a Specialist that is mutually acceptable to the Insured and the Company. Such examinations will be made at our expense.

Critical Illness Qualifying Event

An Accelerated Benefit can be elected under this rider if the Insured experiences a Terminal Illness or a Critical Illness Qualifying Event covered under this rider. The Critical Illness Qualifying Events covered under this rider are:

1. **Aorta Graft Surgery**: A definite diagnosis by a Specialist that surgery is necessary for disease or trauma to the aorta requiring excision and surgical replacement of the diseased or traumatized aorta with a graft or stent. Aorta refers to the thoracic and abdominal aorta but not its branches.

2. **Aplastic Anemia**: A definite diagnosis of a chronic persistent bone marrow failure, confirmed by biopsy, which results in anemia, neutropenia, and thrombocytopenia requiring blood product transfusion, and treatment with at least one of the following:

   a) bone marrow stimulating agents,
   b) immunosuppressant agents, or
   c) bone marrow transplantation.

   The diagnosis of Aplastic Anemia must be made by a Specialist.

3. **Cancer**: A definite diagnosis of a disease manifested by the presence of one or more malignant tumors and characterized by the uncontrolled growth and spread of malignant cells and the invasion of normal tissue.

   Diagnosis of Cancer must be established according to the criteria of malignancy established by The American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue, or specimen.

   No benefit will be payable under this condition for:

   a) any non-melanoma skin cancer, except those with distant lymph node metastasis,
   b) pre-malignant lesions, benign tumors, or dysplasias,
   c) carcinoma in-situ, or
   d) localized non-invasive cancers such as, but not limited to,

      i. thyroid cancers less than Stage 4,
      ii. early prostate cancer diagnosed as T1N0M0 or equivalent staging including T2a unless the Gleason score is higher than 6,
      iii. chronic lymphocytic leukemia classified as Rai Stage 0, or
      iv. noninvasive papillary cancer of the bladder AJCC TaN0M0.

4. **Cystic Fibrosis:** A definitive diagnosis of Cystic Fibrosis with evidence of chronic lung disease with or without pancreatic insufficiency. The diagnosis must be made by a Specialist and must be made before the Insured's 20th birthday.

5. **Diagnosis of ALS (Amyotrophic Lateral Sclerosis)**: A definite diagnosis of ALS made by a Specialist.

   There must be permanent clinical neurologic impairment. Permanent clinical impairment is the situation in which the clinical specialist notes that the impairment caused by the condition is not reversible and hence permanent.

6. **End-Stage Renal Failure**: A definite diagnosis of chronic irreversible failure of both kidneys to function, which necessitates regular hemodialysis or continuous peritoneal dialysis or results in renal transplantation.

   The diagnosis of Kidney Failure must be made by a Specialist.

7. **Heart Attack:** A definite diagnosis of the death of a portion of the heart muscle resulting from inadequate blood supply to the relevant area. The diagnosis of Heart Attack must be made by a Specialist, supported by symptoms clinically accepted as consistent with the diagnosis of an acute myocardial infarction and at least one of the following conditions:

   a) new characteristic electrocardiographic changes,
   b) chest pain or other cardiac equivalent symptom,
   c) diagnostic imaging changes, or
   d) the characteristic rise above laboratory accepted normal values of biochemical cardiac specific markers such as CK-MB or cardiac troponins.

   No benefit will be payable under this condition for other acute coronary syndromes, including but not limited to, angina.

8. **Heart Valve Replacement:** A definite diagnosis determined by a Specialist that surgery is necessary to replace any heart valve with either a natural or mechanical valve.

9. **Major Organ Transplant:** A definite diagnosis of the irreversible failure of any of the following organs or tissues: heart, both lungs, liver, both kidneys, pancreas, or bone marrow, and transplantation must be necessary. To qualify under Major Organ Transplant, a transplant specialist must document that transplantation is necessary and the Insured must be placed on a transplant waiting list as the recipient of a heart, lung, liver, kidney, pancreas, or bone marrow, and limited to these entities.

10. **Motor Neuron Disease:** A definite diagnosis of one of the following conditions and is limited to these conditions:

a) primary lateral sclerosis,
b) progressive spinal muscular atrophy,
c) progressive bulbar palsy, or
d) pseudo bulbar palsy.

There must be permanent clinical neurologic impairment. Permanent clinical impairment is the situation in which the clinical specialist notes that the impairment caused by the condition is not reversible and hence permanent.

The diagnosis of Motor Neuron Disease must be made by a Specialist.

11. **Stroke**: A definite diagnosis of an acute cerebrovascular accident or infarction (death) of brain tissue caused by hemorrhage, embolism, or thrombosis resulting in neurological deficit with persistent clinical symptoms for at least 30 consecutive days following the occurrence of the Stroke, and also resulting in either:

    a) Permanent Neurological Deficit with Persisting Clinical Symptoms that are reasonably expected to last throughout the Insured's life, or
    b) definite evidence of recent death of brain tissue or hemorrhage on a brain scan.

    The diagnosis of Stroke must be made by a Specialist.

    No benefit will be payable under this condition for:

    a) transient ischemic attacks,
    b) intracerebral vascular events due to trauma,
    c) lacunar infarcts which do not meet the definition of Stroke as described above, or
    d) asymptomatic silent stroke found on imaging.

12. **Sudden Cardiac Arrest:** Defined as the sudden loss of heart function with interruption of blood circulation around the body resulting in unconsciousness and requiring resuscitation. After resuscitation, treatment may include:

    a) surgical implantation of an Implantable Cardioverter-Defibrillator (ICD),
    b) surgical implantation of a Cardiac Resynchronization Therapy with Defibrillator (CRT-D),
    c) electrophysiological mapping with radio frequency ablation,
    d) cardiac surgery, or
    e) long-term medication therapy.

    No benefit will be payable under this condition for:

    a) insertion of a pacemaker without cardiac arrest,
    b) insertion of a defibrillator without cardiac arrest, or
    c) cardiac arrest resulting directly from alcohol, drug abuse, or other acts of self-harm.

Maximum Death Benefit That May Be Accelerated

The Owner may elect to accelerate all or a portion of the Death Benefit in force under the policy on the Election Date.

We reserve the right to set a maximum amount that we will pay under this rider and any other Accelerated Benefits Rider on the policy to which this rider is attached. If we do so, it will be no less than $500,000.

Election of Accelerated Benefits

If we determine benefits are payable under the rider, we will provide the Owner with a quote which demonstrates the impact of a Full or Partial Election on the benefits and values of the underlying policy. We will also provide the Owner with an Application for Election of Accelerated Benefits. The Owner must provide us with the written consent of any assignee and any irrevocable beneficiaries.

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We have the right to have the Insured examined by a Specialist of our own choice for a second medical opinion while a claim for Accelerated Benefits is pending. In the case of conflicting opinions, eligibility for benefits shall be determined by a third medical opinion that is provided by a Specialist that is mutually acceptable to the Insured and the Company. Such examinations will be made at our expense.

After a Partial Election, the Owner must notify us if they wish to accelerate the remainder of or an additional portion of the Insured's Death Benefit related to the same Critical Illness Qualifying Event. If we determine additional benefits are payable under the rider, we will provide a new quote and a new application, and the same provisions apply as above.

Payment will be made immediately upon receipt of the due written proof of eligibility satisfactory to us.

Full Election

Under a Full Election, the Amount will be paid in lieu of any future Death Benefit under this policy or rider. The Amount must first be applied to pay all debt to us on this policy or rider. The policy or rider to which this rider is attached will terminate on the Election Date.

Partial Election

Under a Partial Election, the Amount will be paid in lieu of a portion of any future Death Benefit payable under this policy or rider.

The Amount must first be applied to pay a pro rata share of any outstanding debt to us on this policy. A pro rata share of such debt will remain. Upon a Partial Election, the Insured's life insurance Face Amount or Coverage Amount, and if applicable, the Cash Value, Cash Surrender Value, Accumulated Value, Surrender Charge, and outstanding debt under the policy will be reduced in the same proportion as the reduction in the Insured's Death Benefit.

The portion of the life insurance coverage that remains in force must not be less than the greater of $25,000 or our minimum issue limit for this plan of insurance. The new premiums and charges for the remaining portion will be as if the contract had been originally issued at the reduced amount.

Limitation on Payments

No Accelerated Benefit will be paid under this rider for any Critical Illness Qualifying Event that directly results from self-inflicted injury or attempted suicide.

Notification of Terminal Illness or a Critical Illness Qualifying Event

You must send us a written request to file a Terminal Illness or Critical Illness claim under this rider utilizing a form provided by us. We will provide this claim form within fifteen calendar days after you request it. If the claim form is not furnished within fifteen days, it is considered that the claimant complied with the claim requirements if the claimant submits written proof covering the occurrence, the character and the extent of the occurrence for which claim is made.

Before any benefit can be paid under this rider, the Owner must provide us with written proof satisfactory to us that the Insured has experienced a Terminal Illness or a Critical Illness Qualifying Event covered under this rider. Such proof will include, but not be limited to:

1. a certification from a Specialist that the Insured has experienced a Terminal Illness or a Critical Illness Qualifying Event covered under this rider, and
2. complete records of the Insured's medical history, diagnoses, and treatments.

Disposition of Added Benefit Riders

Upon a Partial Election, all riders will continue to be effective subject to the terms and conditions of each rider. If the Insured is eligible for periodic elections of Accelerated Benefits under another rider, the maximum Death Benefit that may be accelerated under future periodic elections under such other rider will be reduced in the same proportion as the reduction in the Insured's Death Benefit upon a Partial Election of benefits under this rider.

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Upon a Full Election, all riders attached to the policy will terminate as if the Insured had died on the Election Date.

Election Date

The Election Date is the date that the Application for Election of Accelerated Benefits is signed by the Owner of this policy.

Specialist

A Specialist is a licensed medical practitioner who has been trained in the specific area of medicine relevant to the covered illness condition for which benefit is being claimed, and who is board certified or board eligible in their specialty in the United States of America where treatment is being received. In the absence or unavailability of a Specialist, and as approved by the Company, a condition may be diagnosed by a qualified medical practitioner practicing in the United States of America.

Specialist includes, but is not limited to, cardiologist, neurologist, nephrologist, oncologist, burn specialist, and internist. The Specialist must not be the Owner, the Insured, a relative of or business associate of the Owner or of the Insured.

Any test or examinations that must be performed in order to satisfy the condition requirements must be conducted by a medical professional who is not the Owner, the Insured, a relative of or business associate of the Owner or of the Insured.

Permanent Neurological Deficit with Persisting Clinical Symptoms

Symptoms of dysfunction in the nervous system which are present on clinical examination and expected to last throughout the Insured's life.

Symptoms that are covered include numbness, hyperaesthesia (increased sensitivity), paralysis, localized weakness, dysarthria (difficulty of speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, lethargy, dementia, delirium, and coma.

Symptoms that are not covered include an abnormality seen on brain or other scans without definite related clinical symptoms, neurological signs occurring without symptomatic abnormality, or symptoms of psychological or psychiatric origin.

Legal Requirements

If the Owner is required by law to elect Accelerated Benefits to meet the claims of creditors, whether in bankruptcy or otherwise, Accelerated Benefits will not be available.

If the Owner is required by a government agency to elect Accelerated Benefits to apply for, obtain, or keep a government benefit or entitlement, Accelerated Benefits will not be available.

Incontestability

The Company will not contest this rider after it has been in force during the lifetime of the Insured for two years from its date of issue.

Reinstatement

If this rider is in force at the time of policy lapse, it may be reinstated upon policy reinstatement.

Termination of Accelerated Benefits for Each Insured

Coverage for each Insured under this rider shall terminate on the earliest of:

1. the Full Election Date for Accelerated Benefits of the Insured,
2. the date the life coverage for the Insured terminates,
3. the date the life coverage becomes extended term insurance coverage under any default benefits or nonforfeiture options, or

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4. the Monthly Policy Date following our receipt of the Owner's written request to terminate the Insured's coverage under this rider.

Termination of Rider

This entire rider shall terminate on the earliest of:

1. the Full Election Date for Accelerated Benefits of the last remaining covered Insured,
2. the date the policy terminates, or
3. the Monthly Policy Date following our receipt of the Owner's written request to terminate this rider.

Termination of this rider shall not prejudice the payment of benefits for any qualifying event that occurred while the rider was in force.

Effective Date

The Effective Date of this rider is the policy's date of issue or Other Insured Rider's Effective Date. If this rider is added after the policy's date of issue, the Effective Date will be the rider's date of issue as shown in the rider's Data Section.

Signed for Life Insurance Company of the Southwest, by

Chairman, CEO & President

Secretary

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Accelerated Death Benefits Rider for Terminal Illness and Critical Injury

Payment of Accelerated Benefits under this rider will reduce the Death Benefit, any accumulated value and cash value, and if applicable, premium payments or monthly cost of insurance charges otherwise payable under the policy.

This rider is made a part of and adds benefits to your policy. It is issued in consideration of the application and your request for coverage. The rider provisions apply in lieu of any policy provisions to the contrary. There is no additional cost for this benefit.

If this rider is attached to a survivorship policy, the Accelerated Benefits Amount is not available until after the death of the first Insured to die. Accelerated Benefits under the terms of this rider will be based on the life of the surviving Insured.

Benefits

We, Life Insurance Company of the Southwest (the "Company"), will pay the Accelerated Benefits Amount to the Owner during the lifetime of the Insured. Such benefit will be paid:

1. upon election by the Owner,
2. in lieu of payment of the full Death Benefit of the policy or Other Insured Rider upon death of the Insured, and
3. subject to the terms of this rider.

In all circumstances, the Accelerated Benefits Amount will be less than the Death Benefit of the policy.

Taxation

The Accelerated Benefits provided under this rider may or may not be taxable. Tax laws relating to Accelerated Benefits are complex. You are advised to consult with a qualified tax advisor regarding the tax treatment of any benefit paid under this rider.

Accelerated Benefits Amount

The Accelerated Benefits Amount ("Amount") will be determined by us when the Owner files a claim for Accelerated Benefits. It will be determined as of the Election Date. The following factors will be used by us in the determination of the Amount:

1. the actuarial discount,
2. for a policy in a Grace Period, the premium required to keep the policy in force beyond the Grace Period,
3. any administrative fee assessed for this rider, not to exceed a maximum charge of $500, and
4. any outstanding policy loan.

The following factors may be used by us to determine the actuarial discount:

1. the Death Benefit accelerated,
2. the Cash Value or Cash Surrender Value of the policy or rider,
3. any future premiums payable under the policy or other riders,
4. any current and future charges under the policy or other riders,
5. any future anticipated dividends projected for the policy or rider, if any,
6. the Accelerated Benefits Interest Rate in effect, and
7. our assessment of the future expected lifetime of the Insured.

These factors are determined by the Company, are not guaranteed, but are subject to any minimums or maximums stated in the policy or rider. The applicable factor may change over time and will, at the time determined, be based on our then current expectations of future anticipated or emerging experience including, but not limited to, investment earnings, mortality, persistency, required reserves, required capital, hedging costs, reinsurance costs, taxes, and expenses. We may take into account the relationship of and the operation of the non-guaranteed factors as a whole or in any combination. Our expectations may change over time.

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The Amount will be paid to the Owner or the Owner's estate in a lump sum, unless the benefit has been otherwise assigned or designated by the Owner.

The Amount shall be at least equal to the acceleration percentage multiplied by the difference between the current policy Cash Value or Cash Surrender Value and any outstanding policy loans. The current policy Cash Value or Cash Surrender Value shall include any termination dividend payable on the surrender of the policy.

A quote describing the effect Accelerated Benefits will have on any cash value, death benefit, premiums payable, monthly cost of insurance charges, and policy loans will be provided to the Owner and any Irrevocable Beneficiary prior to the election of Accelerated Benefits, and upon payment of Accelerated Benefits.

If the Insured dies after the Owner elects to receive Accelerated Benefits but before any benefits are received, the election shall be cancelled and the Death Benefit will be paid pursuant to the policy or rider.

Accelerated Benefits Interest Rate

We will declare the Accelerated Benefits Interest Rate. It will not exceed the greater of:

1. the yield on 90-day U.S. Treasury Bills on the Election Date, or
2. the maximum adjustable policy loan interest rate allowed by law on the Election Date.

Terminal Illness

Accelerated Benefits can be elected if the Insured is Terminally Ill. Terminally Ill means that the Insured under this rider has been certified by a Specialist as having an illness or chronic condition which can reasonably be expected to result in death in 24 months or less from the date of certification.

Proof of Terminal Illness

We must receive written proof satisfactory to us that the Insured is Terminally Ill. Such written proof must include a statement from a Specialist, other than the Insured or a member of the Insured's immediate family, affirming that the Insured is Terminally Ill. Payment of the Accelerated Benefit is due immediately upon receipt of the due written proof of eligibility provided that the Insured does not need to be further examined as discussed in the following paragraph.

We have the right to have the Insured examined by a Specialist of our own choice for a second medical opinion while an election of Accelerated Benefits is pending. In the case of conflicting opinions, eligibility for benefits shall be determined by a third medical opinion that is provided by a Specialist that is mutually acceptable to the Insured and the Company. Such examinations will be made at our expense.

Critical Injury Qualifying Event

An Accelerated Benefit can be elected under this rider if the Insured experiences a Terminal Illness or a Critical Injury Qualifying Event covered under this rider. The Critical Injury Qualifying Events covered under this rider are:

1. **Coma**: A definite diagnosis of a state of unconsciousness with no reaction to external stimuli or response to internal needs for a continuous period of at least 96 hours, which:

   a) has a Glasgow Coma score of 4 or less,
   b) requires the use of life support systems, and
   c) results in Permanent Neurological Deficit with Persisting Clinical Symptoms that are expected to last throughout the Insured's life.

   The diagnosis of Coma must be made by a Specialist.

   No benefit will be payable under this condition for:

   a) a medically induced Coma, or

b) a Coma which results directly from alcohol or drug abuse.

2. **Paralysis**: Defined as Quadriplegia, Paraplegia or Hemiplegia that has been present for 90 days from the Date of Diagnosis confirmed by a Specialist and which is expected to be permanent without expectation of recovery.

   a) Quadriplegia means the complete and irreversible Paralysis of both upper and lower Limbs.
   b) Paraplegia means the complete and irreversible Paralysis of both lower Limbs.
   c) Hemiplegia means the complete and irreversible Paralysis of the upper and lower Limbs of the same side of the body.
   d) Limb means entire arm or entire leg.

3. **Severe Burns:** A definite diagnosis of third degree burns covering at least 30% of the body's surface area or 30% of the area of the face or head.

   The diagnosis of Severe Burns must be made by a Specialist.

4. **Traumatic Brain Injury**: A definite diagnosis of damage to brain tissue due to Traumatic Brain Injury, which:

   a) has a Glasgow Coma score of 12 or less in the first 48 hours after injury, or
   b) has skull fracture, brain contusion or hemorrhage on CT scan of head, and
   c) results in a Permanent Neurological Deficit with Persisting Clinical Symptoms that are expected to last throughout the Insured's life.

   The diagnosis of Traumatic Brain Injury must be made by a Specialist.

   No benefit will be payable under this condition for:

   a) mild Traumatic Brain Injury,
   b) Traumatic Brain Injury due to repetitive head trauma, or
   c) Traumatic Brain Injury which results directly from intentional self-inflicted injury.

Maximum Death Benefit That May Be Accelerated

The Owner may elect to accelerate all or a portion of the Death Benefit in force under the policy on the Election Date.

We reserve the right to set a maximum amount that we will pay under this rider and any other Accelerated Benefits Rider on the policy to which this rider is attached. If we do so, it will be no less than $500,000.

Election of Accelerated Benefits

If we determine benefits are payable under the rider, we will provide the Owner with a quote which demonstrates the impact of a Full or Partial Election on the benefits and values of the underlying policy. We will also provide the Owner with an Application for Election of Accelerated Benefits. The Owner must provide us with the written consent of any assignee and any irrevocable beneficiaries.

We have the right to have the Insured examined by a Specialist of our own choice for a second medical opinion while a claim for Accelerated Benefits is pending. In the case of conflicting opinions, eligibility for benefits shall be determined by a third medical opinion that is provided by a Specialist that is mutually acceptable to the Insured and the Company. Such examinations will be made at our expense.

After a Partial Election, the Owner must notify us if they wish to accelerate the remainder of or an additional portion of the Insured's Death Benefit related to the same Critical Injury Qualifying Event. If we determine additional benefits are payable under the rider, we will provide a new quote and a new application, and the same provisions apply as above.

Payment will be made immediately upon receipt of the due written proof of eligibility satisfactory to us.

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Full Election

Under a Full Election, the Amount will be paid in lieu of any future Death Benefit under this policy or rider. The Amount must first be applied to pay all debt to us on this policy or rider. The policy or rider to which this rider is attached will terminate on the Election Date.

Partial Election

Under a Partial Election, the Amount will be paid in lieu of a portion of any future Death Benefit payable under this policy or rider.

The Amount must first be applied to pay a pro rata share of any outstanding debt to us on this policy. A pro rata share of such debt will remain. Upon a Partial Election, the Insured's life insurance Face Amount or Coverage Amount, and if applicable, the Cash Value, Cash Surrender Value, Accumulated Value, Surrender Charge, and outstanding debt under the policy will be reduced in the same proportion as the reduction in the Insured's Death Benefit.

The portion of the life insurance coverage that remains in force must not be less than the greater of $25,000 or our minimum issue limit for this plan of insurance. The new premiums and charges for the remaining portion will be as if the contract had been originally issued at the reduced amount.

Limitation on Payments

No Accelerated Benefit will be paid under this rider for any Critical Injury Qualifying Event that directly results from self-inflicted injury or attempted suicide.

Notification of Terminal Illness or a Critical Injury Qualifying Event

You must send us a written request to file a Terminal Illness or Critical Injury claim under this rider utilizing a form provided by us. We will provide this claim form within fifteen calendar days after you request it. If the claim form is not furnished within fifteen days, it is considered that the claimant complied with the claim requirements if the claimant submits written proof covering the occurrence, the character and the extent of the occurrence for which claim is made.

Before any benefit can be paid under this rider, the Owner must provide us with written proof satisfactory to us that the Insured has experienced a Terminal Illness or a Critical Injury Qualifying Event covered under this rider. Such proof will include, but not be limited to:

1. a certification from a Specialist that the Insured has experienced a Terminal Illness or a Critical Injury Qualifying Event covered under this rider, and
2. complete records of the Insured's medical history, diagnoses, and treatments.

Disposition of Added Benefit Riders

Upon a Partial Election, all riders will continue to be effective subject to the terms and conditions of each rider. If the Insured is eligible for periodic elections of Accelerated Benefits under another rider, the maximum Death Benefit that may be accelerated under future periodic elections under such other rider will be reduced in the same proportion as the reduction in the Insured's Death Benefit upon a Partial Election of benefits under this rider.

Upon a Full Election, all riders attached to the policy will terminate as if the Insured had died on the Election Date.

Election Date

The Election Date is the date that the Application for Election of Accelerated Benefits is signed by the Owner of this policy.

Specialist

A Specialist is a licensed medical practitioner who has been trained in the specific area of medicine relevant to the covered condition for which benefit is being claimed, and who is board certified or board eligible in their specialty in the United States of America where treatment is being received. In the absence or unavailability of a Specialist, and as approved by the Company, a condition may be diagnosed by a qualified medical practitioner practicing in the United States of America.

Specialist includes, but is not limited to, cardiologist, neurologist, nephrologist, oncologist, burn specialist, and internist. The Specialist must not be the Owner, the Insured, a relative of or business associate of the Owner or of the Insured.

Any test or examinations that must be performed in order to satisfy the condition requirements must be conducted by a medical professional who is not the Owner, the Insured, a relative of or business associate of the Owner or of the Insured.

Permanent Neurological Deficit with Persisting Clinical Symptoms

Symptoms of dysfunction in the nervous system which are present on clinical examination and expected to last throughout the Insured's life.

Symptoms that are covered include numbness, hyperaesthesia (increased sensitivity), paralysis, localized weakness, dysarthria (difficulty of speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, lethargy, dementia, delirium, and coma.

Symptoms that are not covered include an abnormality seen on brain or other scans without definite related clinical symptoms, neurological signs occurring without symptomatic abnormality, or symptoms of psychological or psychiatric origin.

Legal Requirements

If the Owner is required by law to elect Accelerated Benefits to meet the claims of creditors, whether in bankruptcy or otherwise, Accelerated Benefits will not be available.

If the Owner is required by a government agency to elect Accelerated Benefits to apply for, obtain, or keep a government benefit or entitlement, Accelerated Benefits will not be available.

Incontestability

The Company will not contest this rider after it has been in force during the lifetime of the Insured for two years from its date of issue.

Reinstatement

If this rider is in force at the time of policy lapse, it may be reinstated upon policy reinstatement.

Termination of Accelerated Benefits for Each Insured

Coverage for each Insured under this rider shall terminate on the earliest of:

1. the Full Election Date for Accelerated Benefits of the Insured,
2. the date the life coverage for the Insured terminates,
3. the date the life coverage becomes extended term insurance coverage under any default benefits or nonforfeiture options, or
4. the Monthly Policy Date following our receipt of the Owner's written request to terminate the Insured's coverage under this rider.

Termination of Rider

This entire rider shall terminate on the earliest of:

1. the Full Election Date for Accelerated Benefits of the last remaining covered Insured,
2. the date the policy terminates, or
3. the Monthly Policy Date following our receipt of the Owner's written request to terminate this rider.

Termination of this rider shall not prejudice the payment of benefits for any qualifying event that occurred while the rider was in force.

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Effective Date

The Effective Date of this rider is the policy's date of issue or Other Insured Rider's Effective Date. If this rider is added after the policy's date of issue, the Effective Date will be the rider's date of issue as shown in the rider's Data Section.

Signed for Life Insurance Company of the Southwest, by

Chairman, CEO & President

Secretary

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National Life Group®

National Life Insurance Company®
Life Insurance Company of the Southwest®

Request to Amend Application

Issuing Company: ☐ National Life Insurance Company or ■ Life Insurance Company of the Southwest

First Insured's Name: BERNNIE MAILLOUX ENRIQUEZ

Policy No.: LS792515100 Dated: 07-11-2025

I (We) amend the application, on which you are issuing the above referenced policy, so that the answer(s) to the question(s) below will read as shown.

I (We) agree that this amendment shall become a part of said application; and said application shall be considered as part of the policy.

I (We) agree that all representations made in this form are true and complete to the best of my (our) knowledge and belief.

I (We) confirm that the insured has had no change in health, occupation or other circumstance that would require a change to any answer or statement made in writing or orally in the process of applying for insurance identified by the policy number shown above.

ICC21-8121 PART J - Health History of the Proposed Insured

4. Within the last 5 years have you used any product containing tobacco or nicotine, including but not limited to cigarettes, e-cigarettes, vape pens, cigars, pipes, chewing tobacco, snuff, nicotine gum and/or nicotine patch? (If yes, provide type of product used, frequency, and date of last use.) is: No, I last smoked when I was 28 years old, 15 years ago. Since that time, I have not used any product containing tobacco or nicotine, including but not limited to cigarettes, e-cigarettes, vape pens, cigars, pipes, chewing tobacco, snuff, betel nut, hookah, nicotine gum and/or nicotine patch.

Insured Signature: _____ Date: _____

(If under 18, Parent/Guardian) BERNNIE MAILLOUX ENRIQUEZ

Docusign Envelope ID: 1F21E82B-6B18-472F-BF8A-AA07466C4DA5

National Life Group®

National Life Insurance Company®
Life Insurance Company of the Southwest®

Individual Life Insurance Application

LS792515100 4HD

Issuing Company: ☐ National Life Insurance Company or ☒ Life Insurance Company of the Southwest

Note: This application and the information provided on it are critical for consideration of life insurance coverage. Because of this you must be complete and accurate in all of your responses to ensure we are able to provide you with the best coverage possible. If we determine that any answers on this application are incorrect, incomplete or untrue it will delay your application and National Life Group may have the right to deny benefits or terminate coverage.

Part A - Proposed Insured Information

1. Name *(print first, middle, last)*	2. Place of Birth - State/Country	3. Gender
BERNNIE MAILLOUX ENRIQUEZ	Brazil	☒ M ☐ F

4. Home Address *(Street, City, State & Zip. If mailing address different, provide in Part K)*	5. Date of Birth	6. Issue at Age	7. SS No.
16720 North Rd Apt C208, Bothell, WA 98012-4901	06/03/1983	42	612-61-9602

8. Home Phone	Mobile Phone Pref	Work Phone	9. E-Mail Address	10a. Driver's License #	10b. State
	(425)420-3735		mailloux bernie@icloud.com	WDL6RZS4F3SB	WA

11. Are you a citizen of	11a. Perm. Res. Card # *(include copy)*	11b. Type of VISA *(include copy)*
☐ USA ☒ Other Country Costa Rica	None	None

12. Employer & time employed	13. Industry & Occupation	14a. Annual Income	14b. Net Worth
More than 6 months Employed-KUEST CLEANING SERVICE	Sales, Retail and Hospitality/Sales Representative	$70,000	$20,000

Part B - Owner Information *(If a business include form 8453. If a trust include form 5213.)*

Owner is: ☒ Proposed Insured ☐ Individual ☐ Business *(LLC, LP)* ☐ Partnership ☐ Trust

1. Full Name of Owner *(if trust - provide trustees, grantor(s), date of trust agreement and trust name)*

2. Date of Birth	3. SSN or Tax ID	4. Relationship

5. Mailing Address *(Street, City, State & Zip)*	6. E-Mail Address	7. Telephone #

8. Full Name of ☐ Joint Owner or ☐ Contingent Owner *(if applicable)*

8a. Date of Birth	8b. SSN or Tax ID	8c. Relationship

Survivorship Language for Ownership, unless otherwise provided: Individual owner, while living; thereafter the Proposed Insured. Joint Owners, the survivors or survivor, while living; thereafter the Proposed Insured. Business Entity, while existent; thereafter the Proposed Insured. While Trust is existent; thereafter the Proposed Insured.

National Life Group® is a trade name of National Life Insurance Company (NLIC), Montpelier, VT, Life Insurance Company of the Southwest (LSW), Addison, TX and their affiliates. Each company of National Life Group is solely responsible for its own financial condition and contractual obligations. LSW is not an authorized insurer in New York and does not conduct insurance business in New York.

P: 800-732-8939 | www.NationalLife.com
NLIC: One National Life Drive, Montpelier, VT 05604 | **LSW:** 15455 Dallas Parkway, Suite 800, Addison, TX 75001

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Part C - Beneficiary Information *(If a trust - include trustees, trustor, date and tax ID#.)*

Primary: The beneficiary is the Owner, unless otherwise provided. *(Name, Relationship, Address, Telephone #, E-mail, DOB & SSN)*

DANIELLA FARIA ARANTES — Relationship to Insured: Wife — 100%

16720 North Rd Apt C208, Bothell, WA 98012-4901 — DOB: 03/04/1985 — SSN/TIN: — Phone:

Contingent: *(Name, Relationship, Address, Telephone #, E-mail, DOB & SSN)*

If primary or contingent is a charitable organization, is this part of the Charitable Matching Gift Death Benefit Rider? ☐ Yes ☐ No

A deceased beneficiary's share shall be paid equally to the surviving beneficiaries of the same class, unless otherwise provided.

Part D - Policy Information

1a. Product Name:	1b. Company: *(Must match issuing company on Page 1.)*	2. Face Amount:
LSW 20-G	☐ NL ☒ LSW	$500,000

3. Term Rider Plan: *(Whole Life)*

4. Term Rider Amount:

5. Death Benefit Option: ☐ A - Level ☐ B - Increasing

6. Definition of Life Insurance Test: *(Applies to IUL & UL only.)* ☐ Guideline Premium Test (GPT) ☐ Cash Value Accumulation Test (CVAT)

7. Use of Dividends: *(Whole Life) (Choose **only** one.)*
☐ Cash ☐ Additions ☐ Applied *(N/A with EFT)* ☐ Flex Term Rider ***(A premium will be charged for this rider.)***
☐ Deposits ☐ Internal Paid-Up Insurance One Yr. Term + Adds = _____

8. Riders and Amounts:
- ☒ Accelerated Benefits (ABR) *(Complete ABR Disclosure form)*
- ☐ Additional Paid Up
  - Rider Modal Premium (APAR) _____
  - Rider Single Premium (SPAR) _____
- ☐ Additional Protection Benefit (APB) _____
- ☐ Balance Sheet Benefit (BSB) *(% Waived)* _____ %
- ☐ Beneficiary Insurance Option (BIO) *(Complete 1445)*
- ☐ Benefit Distribution Option (BDO) *(Read the BDO Disclosure Statements in Part M)*
  1. Benefit Distribution Percentage _____ %
  2. Duration of Benefit Payments _____ Years
- ☐ Children's Term (CTR) *(Complete Part E)* _____
- ☐ Guaranteed Insurability (GIO, GIR) _____
- ☐ Other Insured Rider (OIR) *(Complete 8122)*
- ☐ Waiver of Monthly Deductions (WMD)
- ☐ Waiver of Premiums (WP) _____ *(Annual Premium Waived if applicable)*
- ☐ Other _____ _____

Death Benefit Protection Rider

Please check this box if you do NOT want this rider. ☐ Otherwise, it will be automatically added, if eligible. There is a minimum premium associated with this rider, but no separate charge.

- ☐ Accumulated Value Enhancement (AVE)
- Or ☐ Enhancer/Flexible Accumulated Value Enhancement (FAVE) *(PeakLife only)*

Part E - Children's Term Rider (CTR) - Applicable for ages 0-16 only *(Complete HIPAA for each child.)*

1. Complete the following questions for Children's Term Rider only. *(Provide Names, Dates of Birth, and SS Numbers of all Children to be covered.)*

Name:	Date of Birth	Social Security No.

2. To the best of your knowledge: *(If yes, give details, including the name and address of any physician in Part K.)*
   a. Has a licensed member of the medical profession diagnosed any Child as having Attention Deficit Disorder, dyslexia, autism, mental retardation, or any psychiatric disease? ☐ Yes ☐ No
   b. Has a licensed member of the medical profession diagnosed or treated any Child for seizures, juvenile diabetes, scoliosis, hemophilia, cancer, or a heart, lung, or respiratory disease? ☐ Yes ☐ No
   c. Does the Proposed Insured/child live with parent? ☐ Yes ☐ No
   d. Does any Child take medication prescribed by a doctor? ☐ Yes ☐ No

Part F - Premium Information

1. Initial Premium Payment Method

[X] Draft Initial Premium via Electronic Funds Transfer *(EFT) (One-time payment for the planned premium amount from the bank account listed in #4.)*

Draft Day 1st - 31st 15 *(Advanced dating will occur to align the requested draft date with the effective date of your policy.)*

[ ] Check with application *(Cash equivalent form 7953 is needed for cashier's checks and money orders.)*

[ ] Collect payment on delivery *(No conditional coverage offered.)*

[ ] Check [ ] Delayed bank draft *(pending communication from agent; using banking information from #4)*

2. Billing Information

a. Planned Periodic/Modal Premium $84.92

b. Premium Frequency [ ] Annual [ ] Semi-Annual [ ] Quarterly [X] Monthly

c. Billing Type [X] Automatic Payments via EFT *(From bank account listed in #4.)* Draft Day 1st - 31st 15

[ ] Send Paper Bills to [ ] Owner [ ] Proposed Insured [ ] Group Bill No. _____

[ ] Other *(name, street, city, state & zip)* _____

[ ] Single Premium *(no bill)*

d. Source of Funds for Premium Payment

[X] Income/Savings [ ] Home Equity [ ] Payment by Third Party [ ] Loan/Premium Finance

[ ] Other _____

3. Automatic Payment of Premium *(Whole life only, also known as APL. Uses loan value to pay premium.)* [ ] Yes [ ] No

4. Bank Information *(Complete if EFT is selected in Initial Premium and/or Billing Information section.)*

I authorize the National Life Group to draft payments from my account [X] Checking [ ] Savings

Name of Bank UMPQUA Name on Bank Account BERNNIE MAILLOUX ENRIQUEZ

Bank Routing No. *(9 digits)*	Bank Account No. *(Do not include check number.)*
123205054	5917304049

[ ] Please select this box if you would like notification for premium increases of $25 or less. If you do not select this box, you will only receive advanced notification for premium changes greater than $25.

I understand that recurring premiums will be initiated on my chosen draft date, however, funds may take several days to clear my account.

Depositor's Mailing Address 16720 North Rd Apt C 208, Bothell, WA 98012-4901

Depositor's Email Address _____ Depositor's Phone No. _____

Depositor Signature *(If not Applicant/Owner.) (Exactly as it appears on bank records.)* e-Signed by BERNNIE MAILLOUX ENRIQUEZ

Part G - Family Coverage - Applicable for Proposed Insured's Ages 0-17 Only

Complete the following questions for Juvenile Coverage only:

1. Does the Proposed Insured/child live with guardian/parent? [ ] Yes [ ] No
   (If 'No', provide in Part K name and relationship of person with whom the Proposed Insured lives.)
2. Amount of Insurance on Owner and other members of Proposed Insured's family:

	Age	Company	Amount In-Force	Amount Applied for
Owner *(if other than Parent/Guardian)*				
Proposed Insured's Parent/Guardian				
Proposed Insured's Parent/Guardian				
Siblings of Proposed Insured *(or indicate if none)*				

Docusign Envelope ID: 1F21E82B-6B18-472F-BF8A-AA07466C4DA5

Part H - Recent Applications, Inforce Coverage, and Replacement Information *(All questions must be answered.)*

1. Do you have any inforce life insurance or annuity contracts including long term care insurance, disability income insurance or riders? *(If yes, provide details)* ☐ Yes ☒ No

Company	Policy Number	Date Issued	Amount of Coverage	ADB Coverage	To be Replaced	1035 Exchange
					☐ Yes ☐ No	☐
					☐ Yes ☐ No	☐
					☐ Yes ☐ No	☐
					☐ Yes ☐ No	☐

2. Have you ever applied for life, health, or disability insurance or reinstatement of same, which was declined, postponed, rated or modified in any way? ☐ Yes ☒ No
3. Within the past 12 months have you applied for or do you have any applications pending for life or disability insurance? ☐ Yes ☒ No
4. Is the policy or rider being applied for replacing any inforce life insurance or annuity contract(s) including long term care insurance, disability income insurance or riders? ☐ Yes ☒ No
   Replacement activity includes any of the following actions that have occurred or are being considered:
   a. Lapse, forfeit, surrender (partial or full) or termination
   b. Reduction in coverage, premium, policy value or period of coverage (including reduced paid-up and extended term)
   (If yes to any of the above, explain in Part K and replacement forms must be provided)
5. Is the Proposed Insured or Owner considering using funds from an inforce life or annuity contract to fund the policy or rider being applied for? *(If yes, replacement forms must be provided)* ☐ Yes ☒ No

Part I - General Information about the Proposed Insured *(If yes, provide details in Part K.)*

1. During the last 5 years have you plead guilty to or been convicted of any moving vehicle violations or DUI or have you had a suspended license? ☐ Yes ☒ No
2. Within the past 10 years, have you been convicted of, or are you currently charged with, a felony or misdemeanor, or are you currently on parole or probation? ☐ Yes ☒ No
3. Have you been or are you currently involved in any bankruptcy proceedings that have not been discharged? *(If yes, provide type & date discharged)* ☐ Yes ☒ No
4. Do you participate in any type of racing, scuba diving, aerial sports, mountain climbing, BASE or bungee jumping, or cave exploration? *(If yes, complete form 1480)* ☐ Yes ☒ No
5. Do you participate in any aviation activity other than as a fare paying passenger? *(If yes, complete form 1480)* ☐ Yes ☒ No
6. During the next 2 years, do you intend to live or travel outside of the United States? *(If yes, complete form 1480)* ☐ Yes ☒ No
7. Have you been offered any cash incentive or other consideration (such as free insurance) as an inducement to apply for or become an insured under this life insurance policy? ☐ Yes ☒ No
8. Have you been involved in any discussions about the possible sale or transfer of this policy to an unrelated third party, such as (but not limited to) a life settlement company or investor group? ☐ Yes ☒ No

Part J - Health History of the Proposed Insured *(Give details, dates and results for any 'Yes' questions in Part K. Complete Part J if money was collected or authorization to draft the initial premium has been given. If an exam is required based on plan/age/amount requirements, Part J is optional.)*

1. Name and address of medical care facility and/or health care provider *(or indicate if none)*	Date last Seen	Reason consulted & outcome
See Supplemental		

2. Height 6ft 3in Weight 220lb Have you gained or lost weight during the last 12 months? *(If yes, provide details below.)* ☐ Yes ☒ No

Remarks: _____

3. Are you currently taking, or have you taken within the last 12 months, any prescription medications or over the counter drugs, including aspirin and/or herbal supplements? *(If yes, provide name of medication and reason/diagnosis.)* ☐ Yes ☒ No
4. Within the last 5 years have you used any product containing tobacco or nicotine, including but not limited to cigarettes, e-cigarettes, vape pens, cigars, pipes, chewing tobacco, snuff, nicotine gum and/or nicotine patch? *(If yes, provide type of product used, frequency, and date of last use.)* ☐ Yes ☒ No
   Product Type: _____ Frequency: _____ Date Last Used: _____
5. Within the past 5 years have you worked less than full time, received or applied for disability or worker's compensation? ☐ Yes ☒ No

Part J - Health History of the Proposed Insured *(Continued)*

6. In the past 10 years have you ever been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession for: *(If yes, provide details including treating physician contact information.)*
   a. Any disorder or abnormal condition of the heart, including irregular heartbeat, murmur, rheumatic fever, coronary artery disease, heart attack, chest pain, angina, high blood pressure, or high cholesterol? ☐ Yes ☒ No
   b. Any disorder or abnormal condition of the circulatory or vascular system, including aneurysm, transient ischemic attack, stroke, carotid artery or arterial disease? ☐ Yes ☒ No
   c. Any disorder or abnormal condition of the lungs or respiratory system, including sleep apnea, shortness of breath, asthma, bronchitis, emphysema, chronic obstructive pulmonary disease, tuberculosis, or allergies? ☐ Yes ☒ No
   d. Any digestive system disorder, including ulcer, chronic indigestion, hepatitis, cirrhosis, jaundice, or abnormal condition of the liver, stomach, intestine or pancreas, esophagus, gallbladder, or colon? ☐ Yes ☒ No
   e. Any disorder or abnormal condition of the brain or nervous system, including seizures/epilepsy, tremors, falls or imbalance, fainting, dizzy spells, headaches or migraines, loss of consciousness, confusion or memory loss, paralysis, numbness, or any condition which causes limited motion? ☐ Yes ☒ No
   f. Any disorder or abnormal condition of the eyes, ears, nose, throat, or sinuses? ☐ Yes ☒ No
   g. Any disorder or abnormal condition of the endocrine system, including thyroid, pituitary, adrenal or other gland? ☐ Yes ☒ No
   h. Any disorder or abnormal condition of the spine, hip, knee, shoulder, back, joints, bones, muscles, arthritis, rheumatism or gout? ☐ Yes ☒ No
   i. Any disorder or abnormal condition of the urinary system, including bladder, kidney, or urinary abnormalities such as protein, sugar or blood in urine? ☐ Yes ☒ No
   j. Any disorder or abnormal condition of the genital system, including prostate, testicles, pelvic organs, ovaries, cervix, uterus, or breast? ☐ Yes ☒ No
   k. Any disorder or abnormal condition of the skin, including psoriasis, eczema, non-healing wounds, melanoma, nevi or moles? ☐ Yes ☒ No
   l. Any depression, anxiety, bipolar, schizophrenia, Attention Deficit Disorder (ADD), autism, Down Syndrome or any other developmental or psychological condition including Alzheimer's, dementia, or Post Traumatic Stress Disorder (PTSD)? ☐ Yes ☒ No
   m. Any anemia, hemophilia or disorders of the blood other than Acquired Immune Deficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV)? ☐ Yes ☒ No
   n. Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), or have you tested positive for exposure to or been diagnosed with HIV or AIDS? ☐ Yes ☒ No
   o. Any cancer, tumor, polyp, lump, nodule, cyst, lymphoma or any disorder of the lymph nodes? ☐ Yes ☒ No
   p. Diabetes, high blood sugar, pre-diabetes, impaired glucose tolerance, impaired fasting glucose, insulin deficiency, hyperglycemia, or diabetes associated with pregnancy? ☐ Yes ☒ No
   q. Amputation due to disease or other medical condition? ☐ Yes ☒ No
   r. Ataxia, transverse myelitis, myasthenia gravis, autoimmune disorder such as lupus, blindness, or post-polio syndrome? ☐ Yes ☒ No
   s. Parkinson's disease, muscular dystrophy, Huntington's chorea, motor neuron disease, Lou Gehrig's Disease (ALS), or multiple sclerosis? ☐ Yes ☒ No
7. In the past 10 years have you used marijuana, cocaine, heroin, or any other illicit drug or controlled substance, been advised by a physician to discontinue or reduce alcohol or drug intake, used drugs not prescribed by a physician, been self-admitted to a drug or alcohol treatment facility, or been a member of a support group such as NA or AA? ☐ Yes ☒ No
8. Within the past 5 years have you:
   a. Consulted with a physician other than your personal physician or had x-rays, electrocardiograms, heart catheterization, mammograms, ultrasounds, biopsy, or any other medical tests and/or procedures, except those related to the Human Immunodeficiency Virus (AIDS Virus)? ☐ Yes ☒ No
   b. Been admitted to a hospital, seen in an Emergency Department or been advised by a member of the medical profession to enter a hospital for observation, operation or treatment of any kind? ☐ Yes ☒ No
9. Do you have any pending appointments with any health care provider or medical facility? *(If yes, provide date, physician/facility name and address, and reason for visit.)* ☐ Yes ☒ No
10. Has a biological parent or sibling been diagnosed or treated by a health professional for cancer, heart disease, Huntington's Disease, Lou Gehrig's Disease (ALS), or polycystic kidney disease? ☐ Yes ☒ No
11. Do you currently:
    a. Use or require the use of any mechanical or medical devices such as: a wheelchair, walker, multi-prong cane, hospital bed, dialysis machine, respirator oxygen, motorized cart or stair lift? ☐ Yes ☒ No
    b. Need help, assistance or supervision for: bathing, eating, dressing, toileting, walking, transferring, or maintaining continence? ☐ Yes ☒ No
    c. Need help, assistance or supervision in: taking medication, doing housework, laundry, shopping or meal preparation? ☐ Yes ☒ No
12. Family History

	Age if alive	Age at death	Cause of death
Father			See Supplemental
Mother			See Supplemental

Part K - Remarks *(Provide the details to questions as requested. Attach additional sheets if necessary.)*

Section & Number:	Additional Information:

Part A: Proposed Insured Information; 5. Backdate to Save Age: No; Country of ID Issuance: Brazil; In the last 12 consecutive months, have you spent more than 4 months outside the U.S. in a foreign country?: No

Please see Supplemental

Part L - Sales Illustration Certification *(Please check one of the following boxes if applicable.)*

- ☐ An illustration was not used corresponding to the policy as applied for and will be provided upon policy delivery.
- ☒ An illustration was used and signed which corresponds with the policy as applied for and is attached.
- ☐ An illustration was **viewed** on a computer screen; and if use is allowed in this state, the "Computer View Illustration Certification" form is attached. An illustration corresponding to the policy as issued will be provided upon policy delivery. *(The Computer View Illustration Certification form is not allowed in: HI, ID, IL, MD, MI, MN, NE, NV and WA.)*

Part M - Agreement & Authorization

I represent all information in this application or an amendment, including all Social Security Numbers, and any medical exam is complete and true. I understand all such information and this application shall be part of any policy issued.

I understand and agree that all answers given above and in any medical exam are to the best of my knowledge and belief complete and true. All such answers and this application shall be part of any contract issued.

I have read the PRENOTIFICATIONS, including the notices required by the Fair Credit Reporting Act and MIB, Inc. ("MIB").

To the extent allowed by law, I waive all rights governing disclosure of medical exams or treatment. I authorize any medical practitioner or facility, insurer, MIB and any other organization or person that has any records or knowledge of me or my health to give such information to the Company or its reinsurers. I authorize the Company to request a copy of my driving record(s) from the state motor vehicle department. I understand and I authorize the Company, or its reinsurers, to make a brief report of my personal health information to MIB. This authorization is valid for 30 months (or the length of time as per state regulation) from the date signed and a photocopy shall be as valid as the original.

The Company may make administrative corrections and changes to this application and attach them as an amendment to the policy at issue. Acceptance of any policy issued on this application will ratify and will be notice of any such change made. I understand and agree that: (1) I will notify the Company if any statement or answer given in this application changes prior to delivery and acceptance of the policy; and (2) Except as otherwise stated in any Conditional Receipt, no insurance will take effect unless the first full modal premium is paid and a policy is delivered and accepted while the health and insurability of any proposed insured continues, without material change, to be as represented in the application.

The Agent taking this application has no authority to make, change or discharge any contract hereby applied for. The Agent may not extend credit on behalf of the Company. No statement made to or information acquired by any representative of the Company shall bind the Company unless set out in writing in this application.

Any person who knowingly presents a false statement in an application for insurance may be guilty of criminal offense and subject to penalties under state law.

Benefit Distribution Option Rider Disclosure Statements:

- Under this rider, all or a portion of the policy's Death Benefit proceeds that become payable will be paid as a set of Benefit Payments to the Beneficiary. The Beneficiary of the policy will not be able to change the terms in which the Benefit Payments are paid out.
- A request to increase the Policy's base Face Amount in accordance with its provisions which has been underwritten and approved by us may also include a request to terminate the Benefit Distribution Option.
- In accordance with IRS rules and regulations, a portion of each Benefit Payment is reportable as interest income that may be taxable. We will annually report this interest income to the Beneficiary and the IRS as required.

If I have elected any of the Accelerated Benefits Riders, I understand that there is no separate premium or charge for these riders. The Accelerated Benefits Riders are available on all products (traditional and universal life) offered by the Company. Receipt of accelerated death benefits may affect eligibility for public assistance programs and may be taxable. I understand that the amount of the accelerated death benefits will be discounted and will be less than the policy's current death benefit. I understand that an administrative fee may be assessed upon acceleration.

Part N - Signatures

Signed at *(City & State)* WA Date *(mm/dd/yyyy)* 07/11/2025 20:45:35 GMT

Proposed Insured ***(If Under age 18, Parent or Legal Guardian must sign.) (Note: AL - Age 19, MS - Age 21)***

e-Signed by BERNNIE MALLOUX ENRIQUEZ

Applicant/Owner(s) ***(If Owner is other than Proposed Insured or Proposed Insured is a Minor.)***

Soliciting Agent/Representative *(Sign name in full.)*

e-Signed by Gilberto Abel

(Witness)

Docusign Envelope ID: 1F21E82B-6B18-472F-BF8A-AA07466C4DA5

National Life Group®

☐ National Life Insurance Company®
☒ Life Insurance Company of the Southwest®

Supplemental Information to the Application for Life Insurance

From Form: Individual Life Insurance Application

Insured's Name: BERNNIE MAILLOUX ENRIQUEZ Social Sec. #: 612-61-9602

General/Health Info:
Physician Info
Physician 1 (Primary):
Name: UW MEDICAL CENTER
Address: 1959 NE PACIFIC ST
Country: United States of America
State: Washington
City: SEATTLE
Phone: 206-598-3300
Reason for last visit: Routine Exam/Checkup - Normal Outcome
Last visit (MM/YYYY): Unknown

Is your Father still living? Yes
Father's Current Age: 63
Is your Mother still living? Yes
Mother's Current Age: 61

Signed at *(City and State)*: WA on this day of: 07/11/2025

Signature of Insured(s): e-Signed by BERNNIE MAILLOUX ENRIQUEZ

Signature of Applicant *(if different than Proposed Insured)*:

Signature of Agent: e-Signed by Gilberto Abel

ICC19-8123(2019) National Life Group® is a trade name of National Life Insurance Company (NLIC), Montpelier, VT, Life Insurance Company of the Southwest (LSW), Addison, TX and their affiliates. Each company of National Life Group is solely responsible for its own financial condition and contractual obligations. LSW is not an authorized insurer in New York and does not conduct insurance business in New York. Cat. No. 53496

P: 800-732-8939 | www.NationalLife.com
NLIC: One National Life Drive, Montpelier, VT 05604 | LSW: 15455 Dallas Parkway, Suite 800, Addison, TX 75001

Docusign Envelope ID: 1F21E82B-6B18-472F-BF8A-AA07466C4DA5

National Life Group®

Life Insurance Company of the Southwest®

Policy Receipt

First Insured's Name: BERNNIE MAILLOUX ENRIQUEZ Policy Number: 792515100

As owner of the above policy, I have received the following:

- Policy
- Policy Summary (if applicable)
- Life Insurance Buyer's Guide
- IUL Buyer's Guide (if applicable)

Has the insured had any change in health (such as illness or injury), occupation or other circumstances that would require a change to any answer or statement made in writing or orally in the process of applying for insurance identified by the policy number shown above? ☐ Yes ☐ No

If yes, please provide details regarding any and all changes in health, occupation or other circumstances. Life Insurance Company of the Southwest reserves all rights with respect to any such changes. This includes, without limitation, the right to further investigate any such changes and the right to reform or rescind the insurance identified by the policy number shown above.

Owner's Signature: _____ Dated: *(mm/dd/yyyy)* _____
BERNNIE MAILLOUX ENRIQUEZ

Insured's Signature: _____ Dated: *(mm/dd/yyyy)* _____
(if other than Owner) BERNNIE MAILLOUX ENRIQUEZ

National Life Group®

☐ National Life Insurance Company®
☐ Life Insurance Company of the Southwest®

Reset Form

Beneficiary Agreement Request

Policy(ies): LS775913900

On the life of: DANIELLA FARIA ARANTES

Request is hereby made, subject to the rights of present collateral assignees of record, if any, to change the Beneficiary as follows. The right is reserved to change the beneficiary. The General Provisions on page 2 are part of this Agreement. This request revokes any prior beneficiary designations.

First (Primary) Beneficiary:

Name(s)	Relationship to Insured	Birthdate	SSN	Phone No.	%
YURI FARIA COSTA	SON	05/18/2007			50
BERNNIE J MAILLOUX ENRIQUEZ	HUSBAND	06/03/1983	(425) 420-3735		50

If naming a Trust as Beneficiary, please provide the following information from the trust agreement:

Trust Date: _____ Trust ID #: _____

Trustees: _____

Grantor: _____

Trust Name: _____

Second (Contingent) Beneficiary: (To receive if there is no existing First Beneficiary.)

Name(s)	Relationship to Insured	Birthdate	SSN	Phone No.	%
VICTOR FARIA COSTA	SON	08/08/2014			50
AYLA SANTOS FARIA	DAUGHTER	01/20/2022			50

If naming a Trust as Beneficiary, please provide the following information from the trust agreement:

Trust Date: _____ Trust ID #: _____

Trustees: _____

Grantor: _____

Trust Name: _____

Beneficiary Address(es): (Attach a separate sheet if additional space for the address is needed.)

Name:	Street Address:	City, State, Zip Code:
YURI FARIA COSTA	16720 NORTH ROAD, C 208	BOTHELL, WA, 98012
BERNNIE J MAILLOUX ENRIQUEZ	16720 NORTH ROAD, C 208	BOTHELL, WA, 98012
AYLA SANTOS FARIA	16720 NORTH ROAD, C 208	BOTHELL, WA, 98012
VICTOR FARIA COSTA	16720 NORTH ROAD, C 208	BOTHELL, WA, 98012

Short Term Survivorship: If there are no applicable state laws, any beneficiary under this Agreement who survives the Insured but dies prior to noon of the tenth day after the death of the Insured, unless otherwise provided, will be considered as not having survived the Insured.

National Life Group® is a trade name of National Life Insurance Company, Montpelier, VT, Life Insurance Company of the Southwest (LSW), Addison, TX and their affiliates. Each company of National Life Group is solely responsible for its own financial condition and contractual obligations. LSW is not an authorized insurer in New York and does not conduct insurance business in New York.

Centralized Mailing Address: One National Life Drive, Montpelier, VT 05604 | www.NationalLife.com

CERTIFICATE OF INSURANCE

Issue Date: 8/21/2025

Century-National Insurance
PO Box 210788, Bedford, TX 76095

Agency

(844) 788-0877
AppFolio Insurance Services, Inc.
70 Castilian Dr.,
Goleta, CA, 93117

Insured

Daniella Arantes
16720 North Rd Apt C208,
Bothell, WA, 98012

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Type of Insurance:	Policy No:	Policy Prem:	Effective Date:	Expiration Date:
Renters	90726613	$177.00	8/22/2025	8/22/2026

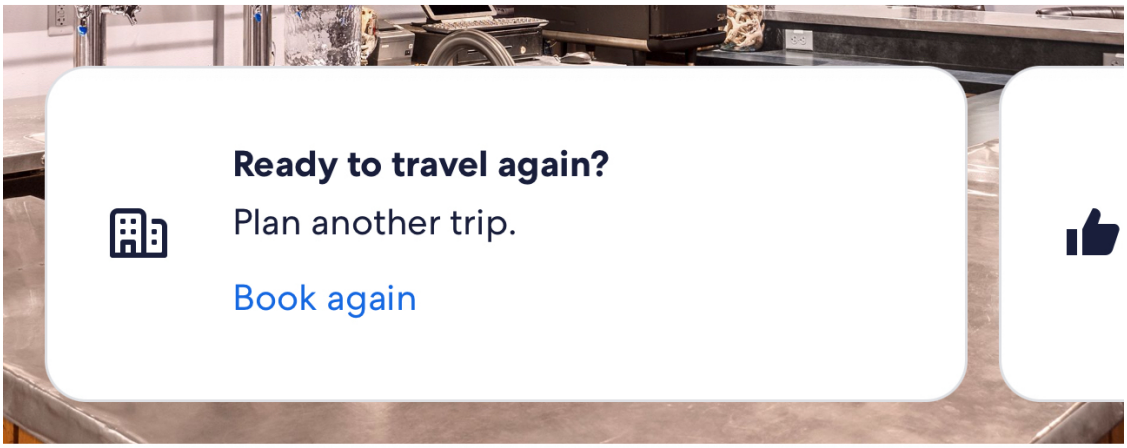
Prop Loc: 16720 North Rd Apt C208, Bothell, WA 98012

SECTION I - PROPERTY COVERAGE LIMITS		SECTION II - LIABILITY COVERAGE LIMITS	
C **PERSONAL PROPERTY** $10,000	D **LOSS OF USE** $2,000	E **PERSONAL LIABILITY** $100,000 *each occurrence*	F **MEDICAL PAYMENTS TO OTHERS** $1,000 $25,000 *each person* *each occurrence*

Loss Deductible for Section I: $250 **Wind/Hail Deductible:** $1,000

COVERAGE FORMS	FORM NUMBERS
Homeowner 4 - Contents Broad Form - Washington	HO 46 04 03 21
Limited Fungi, Wet or Dry Rot, or Bacteria Coverage	CN HO 04 37 09 14
No Section II Liability Coverages for Home Day Care	HO 04 96 10 00
Animal Liability Limitation Endorsement - Washington	CN HO4-PL WA (09/14)
Personal Property Replacement Cost Loss Settlement - Washington	CN HO 46 90 09 14
Rental Income Coverage	CN HO4-RI (09/14)
Tenants Mandatory Endorsement - Washington	CN HO 02 46 12 18
Tenant - Additional Interest Endorsement	CN HO 04 10 08 13
Pet Damage Endorsement	CN HO4-PD (01/21)
Water Back-Up and Sump Discharge - Washington	HO 46 95 03 09
Biohazard Clean-up Endorsement	BIO EN 0617

CERTIFICATE HOLDER	CANCELLATION
NORTH COUNTRY MANOR Company ncm-manager@graninc.com Bernnie J Mailloux Enriquez	THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE CERTIFICATE HOLDER SHOWN TO THE LEFT AT LEAST 30 DAYS WRITTEN NOTICE (EXCEPTION FOR NONPAYMENT OF ONLY 10 DAYS), AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW. AUTHORIZED REPRESENTATIVE: 



Bavarian Lodge

1 night • 2 adults • 1 room
Confirmation: 1747363928331887174

Expedia itinerary: 73108656475253

View property details

Call +1 509-548-7878

Reservation details

Check in
Thu, May 15

4:00 PM

Check out
Fri, May 16

11:00 AM

Check in and special instructions
Check-in time starts at 4:00 PM

Check-in time ends at anytime

Minimum check-in age is: 18

Front desk staff will greet guests on arrival at the property.

Pricing and rewards

Exhibit 7 - Evidence of Bona Fide Marriage: Letters of Support

Pastoral Statement in Support of Daniella and Bernnie

To Whom It May Concern,

I, **Pastor Misael de Lara**, in my capacity as spiritual leader and officiant of ceremonies in this church, hereby declare that I had the honor of officiating the marriage of Mrs. **Daniella Faria Arantes** and Mr. **Bernnie J. Mailloux Enriquez**.

The ceremony was held in the presence of family members, friends, and members of the community, during which both solemnly and publicly made their marital vows with sincerity, love, and mutual commitment.

I therefore affirm the **truth and legitimacy of this marriage**, as well as the good character and integrity of Daniella and Bernnie, who have since demonstrated seriousness in their marital and spiritual life.

I reiterate my full support for this couple and remain at your disposal for any further information that may be required.

Sincerely,



Pastor Misael de Lara
Senior Pastor
MSBN Seattle

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: September 17, 2025.

Declaração Pastoral em favor de Daniella e Bernnie

À quem possa interessar,

Eu, **Pr.Misael de Lara**, na qualidade de responsável espiritual e celebrante de cerimônias nesta igreja, venho por meio desta declarar que tive a honra de oficiar o casamento da Sra. **Daniella Faria Arantes** e do Sr. **Bernnie J. Mailloux Enriquez**.

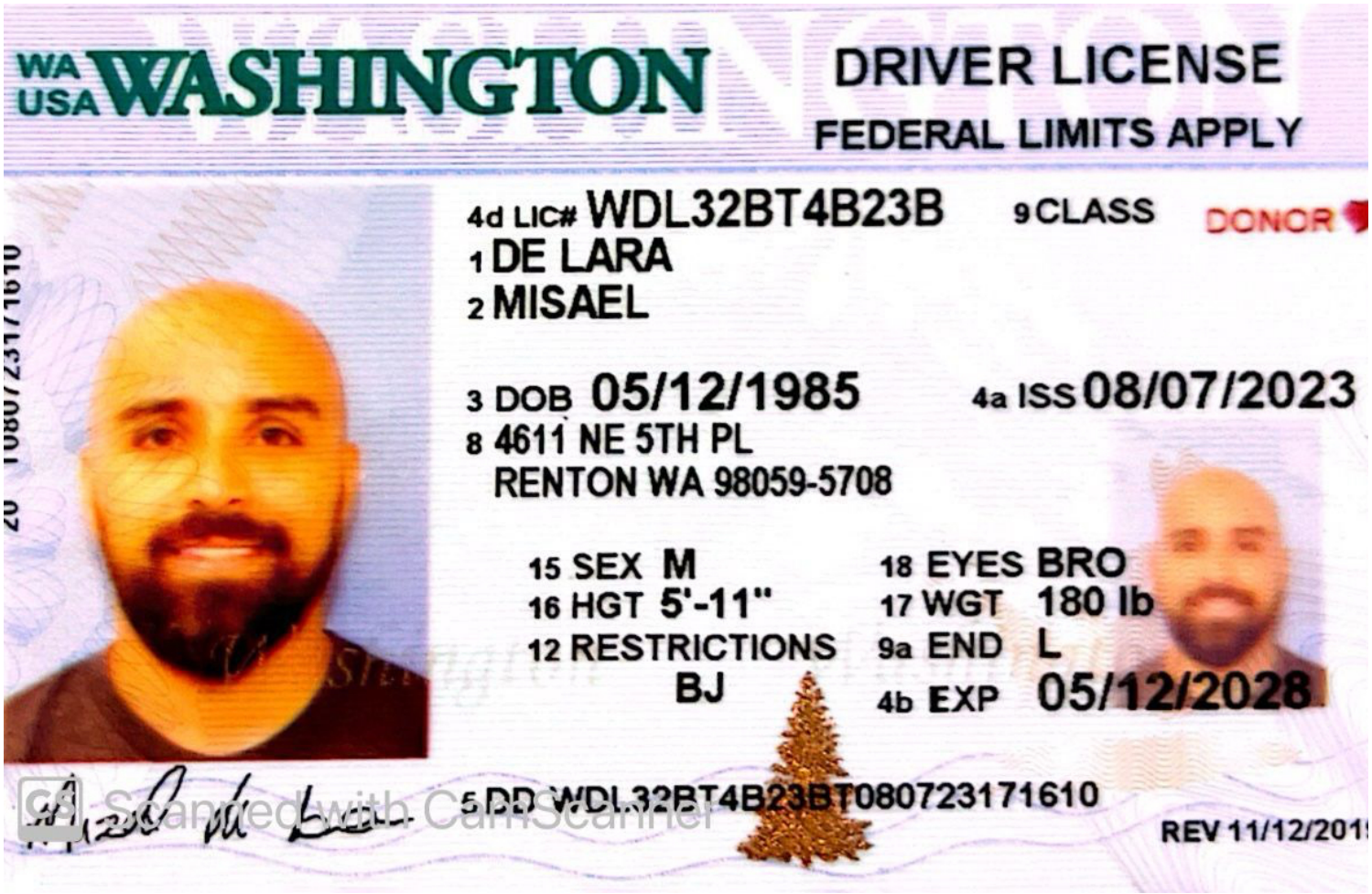
A cerimônia foi realizada, perante familiares, amigos e membros da comunidade, ocasião em que ambos assumiram publicamente seus votos matrimoniais com sinceridade, amor e compromisso mútuo.

Afirmo, portanto, a **veracidade e legitimidade deste matrimônio**, bem como a idoneidade e integridade de Daniella e Bernnie, que desde então vêm demonstrando seriedade em sua vida conjugal e espiritual.

Reitero meu total apoio a este casal e coloco-me à disposição para quaisquer esclarecimentos adicionais que se façam necessários.

Atenciosamente,

Pr.Misael de Lara
Pastor Responsável
MSBN Seattle



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My name is Yuri Faria Costa, Brazilian, born on May 18, 2007, son of Daniella Faria Arantes, I met Bernnie on September 11 when he came to our house for dinner. He always showed himself to be a good person and with a good relationship with God, which was something very important for my mother. I remember that he brought snacks for us that day, and he was very interested in talking to me and my brother, after that I could see that my mother was feeling happy, they always went out together, and he started coming to our house a lot. They always went together to church on Sundays. In December 2024, Bernnie came to live with us and we started having more contact, he is a very nice guy, very outgoing, and he always has something to say about Jesus. I can see that he takes very good care of my mother, he always brings her flowers, opens the car door, cooks when he arrives earlier, treats all of us here at home well, my younger sister Ayla likes him very much, and so do we. We have a good relationship, he always helps us and gives us advice, and shows himself to be very open to all of us for anything we might need. Bernnie supported me a lot to get my driver's license, he taught me how to drive on the freeway, and on some days during the week I work with him, and he has been teaching me many things at work and how to be a good man.

I attest, under penalty of perjury, that the information contained in this letter is true and correct to the best of my knowledge.



09/22/2025

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: September 24, 2025.**

Meu nome é Yuri Faria Costa, brasileiro, nascido em 18 de maio de 2007, filho de Daniella Faria Arantes , conheci o Bernnie no dia 11 de setembro quando ele veio na nossa casa para um jantar , ele sempre mostrou ser uma boa pessoa e com um bom relacionamento com Deus o que era algo muito importante para minha mãe , me lembro que ele trouxe snacks para nós nesse dia e estava bem interessado em conversar comigo e com meu irmão , após isso pude perceber que minha mãe estava se sentindo feliz , eles sempre passeavam juntos e ele passou a frequentar muito a nossa casa , eles sempre iam juntos a igreja nos domingos , em Dezembro 2024 Bernnie veio morar conosco e passamos a ter mais contato , ele é um cara muito legal , muito extrovertido e sempre tem algo para falar sobre Jesus , eu percebo que ele cuida muito bem da minha mãe , sempre traz flores para ela , abre a porta do carro, faz comida quando ele chega mais cedo , ele trata bem todos nós aqui em casa , minha irmã mais nova a Ayla gosta muito dele e nós também, estamos tendo uma boa relação, ele sempre nos ajuda e nos dá conselhos e se mostra bastante aberto para todos nós para qualquer coisa que precisarmos. Bernie me apoiou muito para tirar minha drive, me ensinou dirigir na freeway e alguns dias na semana eu trabalho com ele e ele tem me ensinado muitas coisas no trabalho e como ser um bom homem .

Atesto, sob pena de perjúrio, que as informações contidas nesta carta são verdadeiras e corretas, de acordo com o meu melhor conhecimento.

Yuri Faria Costa

22/09/2025


WA USA WASHINGTON
DRIVER LICENSE
FEDERAL LIMITS APPLY
4d LIC# WDL3178BF13B
9 CLASS
3 DOB 05/18/2007
4a ISS 09/09/2025
4b EXP 05/18/2029
AGE 21 ON 05/18/2028
1 FARIA COSTA
2 YURI
8 16720 NORTH RD APT C208
BOTHELL WA 98012-4901
15 SEX M
17 WGT 110 lb
18 EYES BRO
16 HGT 5'-07"
9a END NONE
12 RESTRICTIONS NONE
5 DD WDL3178BF13BO090925231559
REV 02/18/2025
20 00909252231559

Statement in Support of Daniella and Bernnie

To Whom It May Concern,

We hereby declare, for all due purposes, that we know Mrs. **Daniella Faria Arantes** and Mr. **Bernnie J. Mailloux Enriquez**, who regularly attend the church under our pastoral care.

During the time we have accompanied them in our faith community, we have been able to observe their integrity of character, commitment to Christian values, and respectful conduct toward everyone. We are aware of the legitimacy and authenticity of their marriage, which is based on a solid and genuine relationship.

We reiterate our full support for this couple, recognizing the integrity of both, as well as the seriousness with which they conduct their married and spiritual life.

We remain fully at your disposal for any further information that may be required.

Sincerely,



Thamy Prestes
Senior Pastor
MSBN Seattle

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: September 17, 2025.

Declaração de Suporte em favor de Daniella e Bernnie

À quem possa interessar,

Declaramos, para os devidos fins, que conhecemos a Sra. **Daniella Faria Arantes** e o Sr. **Bernnie J. Mailloux Enriquez**, os quais frequentam regularmente a igreja sob nossa responsabilidade pastoral.

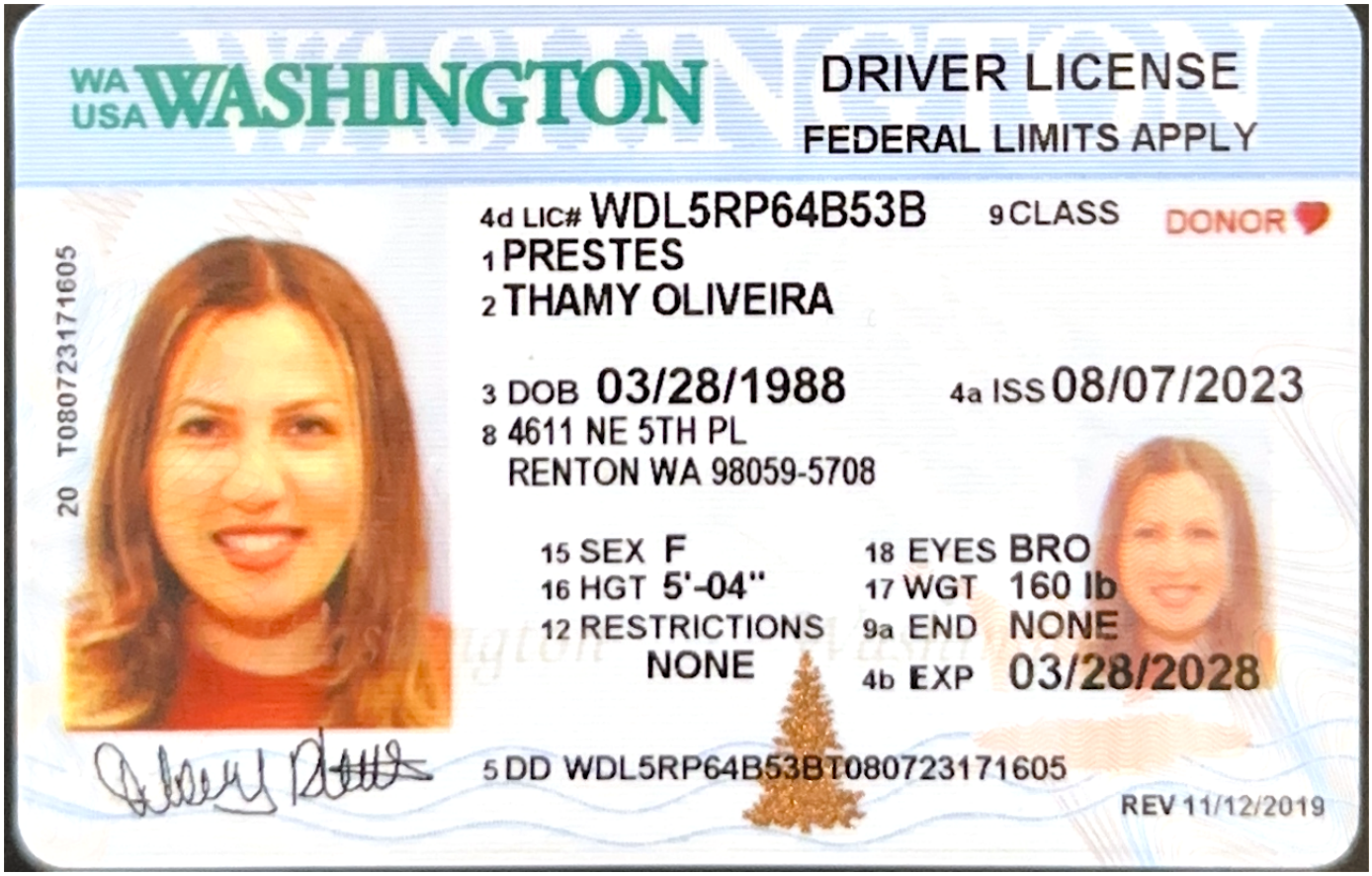
Durante o tempo em que os acompanhamos em nossa comunidade de fé, pudemos observar seu caráter íntegro, compromisso com os valores cristãos e conduta respeitosa perante todos. É de nosso conhecimento a legitimidade e a veracidade do casamento mencionado, que se fundamenta em um relacionamento sólido e verdadeiro.

Reiteramos nosso total apoio a este casal, reconhecendo a idoneidade de ambos, bem como a seriedade com que conduzem sua vida conjugal e espiritual.

Colocamo-nos à inteira disposição para quaisquer esclarecimentos adicionais que se façam necessários.

Atenciosamente,

Thamy Prestes
Pastora Responsável
MSBN Seattle


WA USA WASHINGTON
DRIVER LICENSE
FEDERAL LIMITS APPLY
4d LIC# WDL5RP64B53B
9 CLASS
DONOR
1 PRESTES
2 THAMY OLIVEIRA
3 DOB 03/28/1988
4a ISS 08/07/2023
8 4611 NE 5TH PL
RENTON WA 98059-5708
15 SEX F
16 HGT 5'-04"
12 RESTRICTIONS NONE
18 EYES BRO
17 WGT 160 lb
9a END NONE
4b EXP 03/28/2028
5 DD WDL5RP64B53BT080723171605
REV 11/12/2019
20 T080723171605

Brazil, Rio de Janeiro, July 27, 2025

Letter in Support of the Relationship of Daniela and Bernie

U.S. Citizenship and Immigration Services
To Whom It May Concern,

My name is Elisa Cristina Ribeiro da Silva, and I am writing this letter in support of my dear friend Daniela's spousal visa application. I had the privilege of closely witnessing much of the beginning of her relationship with Bernie, and I can say with full certainty that they are a true and loving couple.

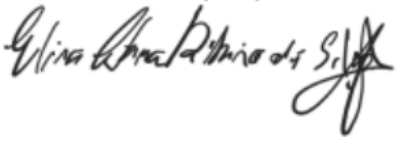
I met Daniela while I was in Seattle, where she welcomed me, and we became great friends. During that time, I had the chance to meet Bernie in person and see the affection, respect, and genuine connection they share. Even after moving out, I have remained close to Daniela, and even from a distance, I witness how much being with Bernie is good for my friend.

I watched their wedding online, which was a beautiful and emotional moment. The wedding took place on a rainy afternoon in a beautiful backyard, and it was the consecration of a commitment based on love and companionship. Daniela and Bernie were made for each other, they are life partners, support one another, and share a sincere bond blessed by God.

I am glad to share my personal testimony to confirm the legitimacy and authenticity of this very special couple's relationship.
I am available to answer any questions or provide any assistance that may be necessary.

Sincerely,
Elisa Cristina Ribeiro da Silva

Email: elisaribeiromail@gmail.com
Phone Number: (786) 905-7713




FEDERATIVE REPUBLIC OF BRAZIL
STATE OF RIO DE JANEIRO
GOVERNMENT OF RIO DE JANEIRO
DETRAN - DIRECTORATE OF CIVIL IDENTIFICATION
NAME
ELISA CRISTINA RIBEIRO DA SILVA
PARENTS
PEDRO ANTONIO DA SILVA NETO
JOANACY SILVA RIBEIRO
DATE OF BIRTH
09/20/1988
PLACE OF BIRTH
RIO DE JANEIRO/RJ
NOTE
NONE
RH FACTOR
XXXX
Holder's Signature
LAMINATION PROHIBITED
IDENTITY CARD

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: September 17, 2025.

Brasil, Rio de Janeiro, 27 de julho de 2025.

Carta de apoio ao relacionamento de Daniela e Bernie.

U.S. Citizenship and Immigration Services
A quem possa interessar,

Meu nome é Elisa Cristina Ribeiro da Silva e escrevo esta carta com o propósito de apoiar o processo de visto de esposa de minha querida amiga Daniela. Tive o privilégio de acompanhar de perto boa parte do início do relacionamento dela com Bernie, e posso afirmar com plena certeza de que eles formam um casal verdadeiro e apaixonado.

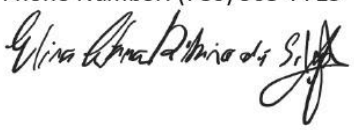
Conheci a Daniela enquanto eu estava em Seattle, onde Daniela me acolheu e nos tornamos grandes amigas. Durante esse tempo, tive a chance de conhecer o Bernie pessoalmente, e ver o carinho, o respeito e a conexão genuína que eles têm. Mesmo após minha mudança, continuei próxima da Daniela, e mesmo a distância, acompanhei o quanto estar com Bernie faz bem para a minha amiga.

Assisti ao casamento deles online, o que foi um momento lindo, de muita emoção. O casamento aconteceu em uma tarde chuvosa em um lindo quintal, e ali foi a consagração de que aquele era um compromisso baseado em amor e cumplicidade. Daniela e Bernie foram feitos um para o outro, são parceiros na vida, se apoiam mutuamente e compartilham um vínculo sincero e abençoado por Deus.

Fico feliz em poder contribuir com meu testemunho pessoal para confirmar a legitimidade e autenticidade do relacionamento desse casal tão especial.
Me coloco a disposição para tirar qualquer dúvida ou ajudar no que for necessário.

Atenciosamente,
Elisa Cristina Ribeiro da Silva

Email: elisaribeiromail@gmail.com
Phone Number: (786) 905-7713




REPÚBLICA FEDERATIVA DO BRASIL
ESTADO DO RIO DE JANEIRO
GOVERNO DO ESTADO DO RIO DE JANEIRO
DETRAN - DIRETORIA DE IDENTIFICAÇÃO CIVIL
NOME
ELISA CRISTINA RIBEIRO DA SILVA
FILIAÇÃO
PEDRO ANTONIO DA SILVA NETO
JOANACY SILVA RIBEIRO
DATA NASC.
20/09/1988
NATURALIDADE
RIO DE JANEIRO/RJ
OBSERVAÇÃO
NÃO HÁ
FATOR RH
XXXX
Assinatura do Titular
PROIBIDO PLASTIFICAR
CARTEIRA DE IDENTIDADE

My name is Luis Batres, Green Card holder, WA ID# WDL7TRP1123B,

phone# 206-698-9445, address 5511 S Cushman Ave, Tacoma-WA, 98408.

I am a very close friend of Bernnie Jesus Mailloux Enriquez I consider him as family we known each other for more over 15 years.

Bernie and I maintain a very close relationship, we communicate regularly via phone, text, social media, we invite him over the house to birthday celebrations, etc.

I can attest that since Bernie met Daniella, I could see a change in him, I asked him what's going on what changed it was very clear to me something was different in his life, he then told me that he started dating a Brazilian lady he would often call me to speak about life and things, always mentioning her and how grateful to God he is, they have so many things in common, the kids, the faith in Jesus, church, their past, and how they connected at the perfect time.

My wife and I were present at their wedding on May 10th, and we had the honor of being their witnesses. We could clearly see how genuine their relationship is, how much they are in love with each other, and how strongly God's presence was felt on that occasion.

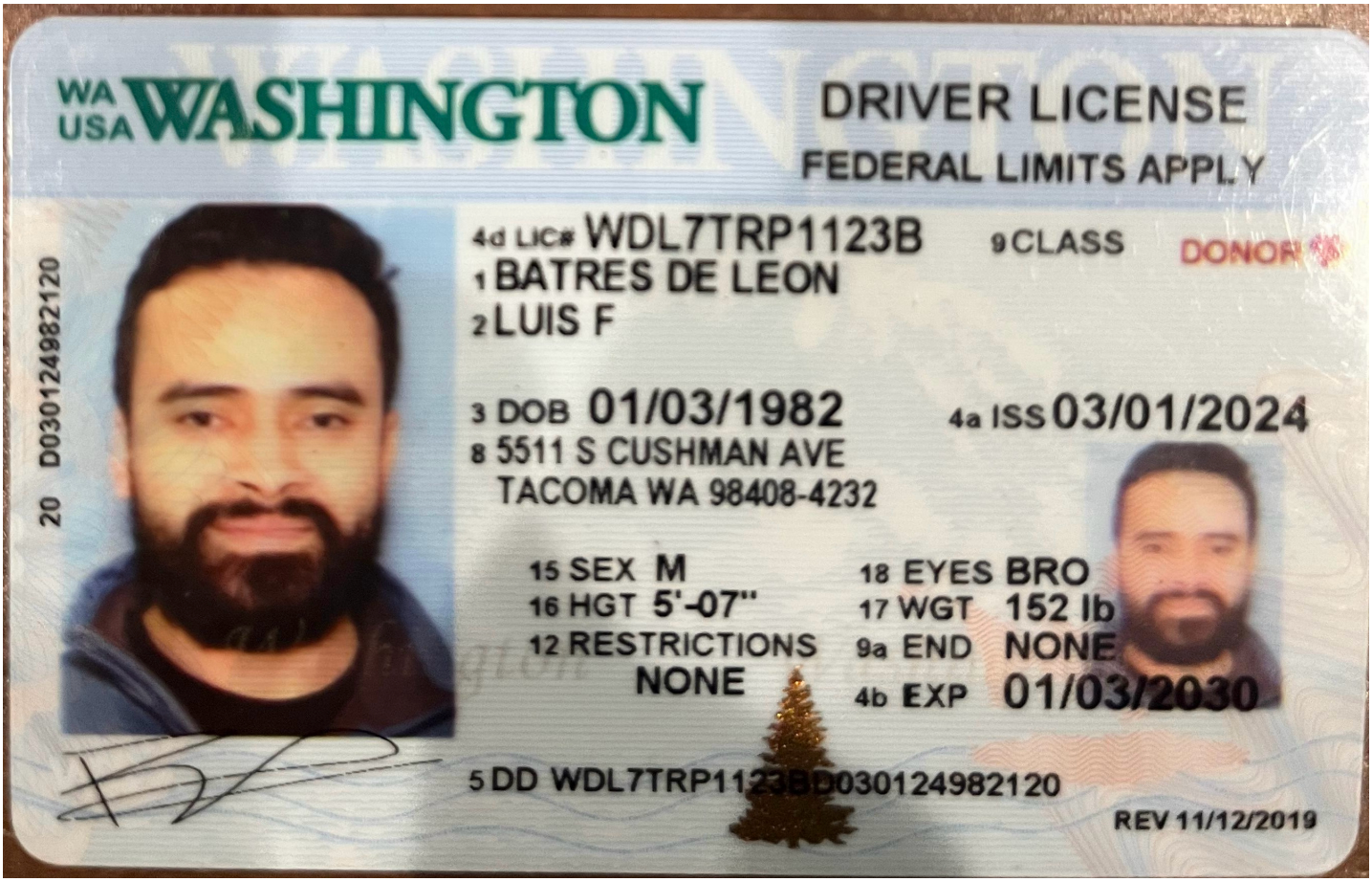
Therefore, we have no doubt that their relationship is true. We are available to attest that their Marriage is honest and truthful

If necessary to help testify to the authenticity of their marriage, please don't hesitate to contact me by phone or mail

I certify, under penalty of perjury, that the information contained in this letter is true and correct to the best of my knowledge.

Luis Batres

9-26-25

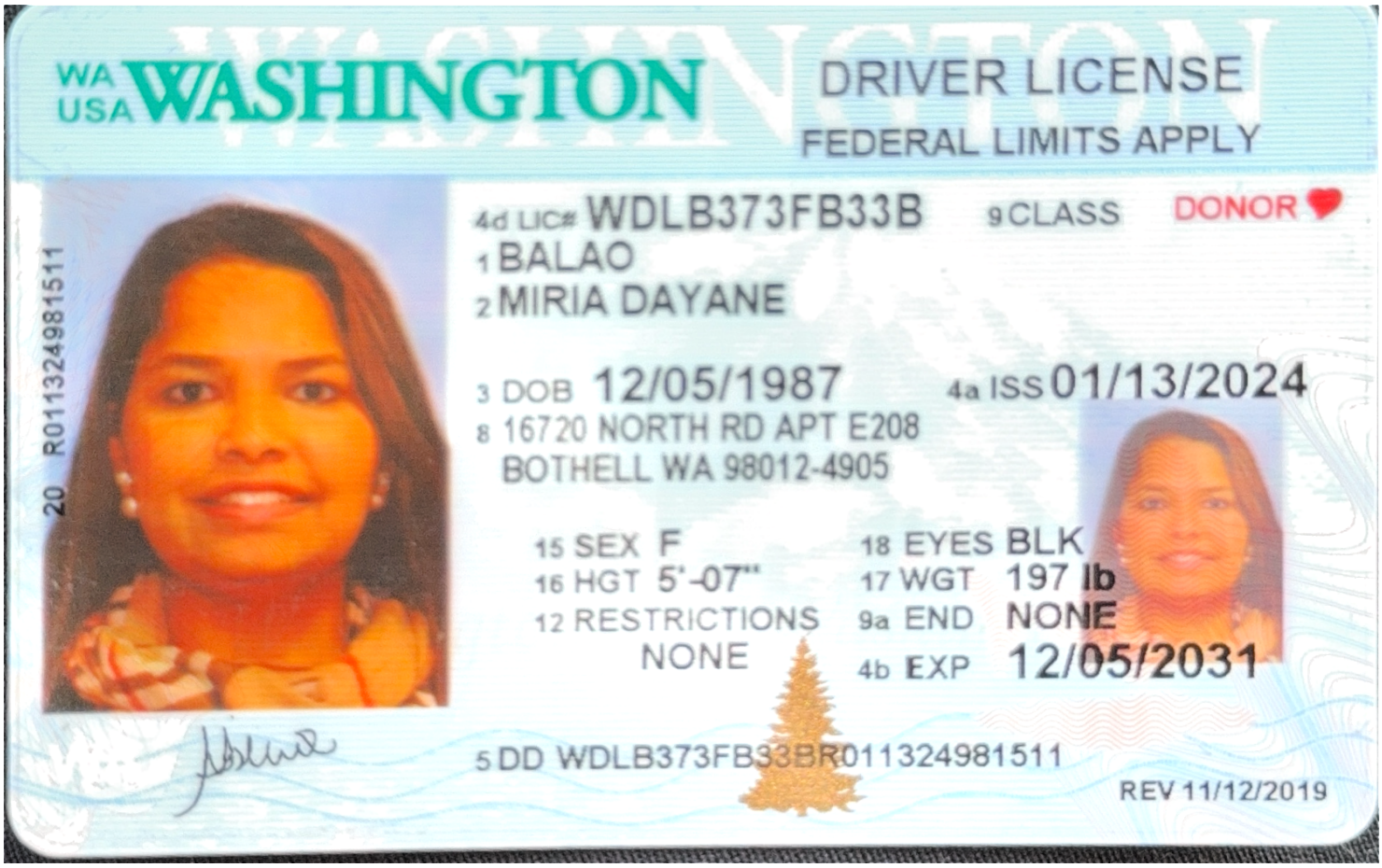

WA USA WASHINGTON
DRIVER LICENSE
FEDERAL LIMITS APPLY
4d LIC# WDL7TRP1123B
9 CLASS
DONOR
1 BATRES DE LEON
2 LUIS F
3 DOB 01/03/1982
4a ISS 03/01/2024
8 5511 S CUSHMAN AVE
TACOMA WA 98408-4232
20 D0301249821 20
15 SEX M
16 HGT 5'-07"
12 RESTRICTIONS
NONE
18 EYES BRO
17 WGT 152 lb
9a END NONE
4b EXP 01/03/2030
5 DD WDL7TRP1123BD030124982120
REV 11/12/2019

A quem possa interessar.

Meu nome é Miria Balao, eu conheço a Daniella desde 2021, mas nossa amizade se aprofundou em 2022, quando ela teve sua filha Ayla em janeiro e eu a Rebecca em maio, naquela época ela estava cuidando sozinha dos seus filhos, e como morávamos no mesmo condomínio, nossas filhas sempre estavam brincando, e também ela começou a frequentar a mesma igreja que eu já estava indo, naquela época ela andava um pouco triste por está sozinha em outro país. Mas eu lembro do dia que ela me falou que estava conhecendo uma pessoa, que estava feliz por ele ser uma pessoa cristã, tempos depois ela me falou que tinha feito uma carta para Deus descrevendo como seria um marido ideal para ela, e eu percebi porque várias vezes quando eu estava saindo , eu via o Bernie abrindo a porta do carro para ela , levando flores, e eu vi o brilho no olhar dela voltando.

Na minha casa nós temos um grupo de estudo bíblico familiar, em qual a Dani participava , e eu convidei o Bernie para ir também, e mesmo ele não falando português, ele frequentava, interagia , começou a frequentar a mesma igreja. E eu vi o quantos eles se completavam, com o passar dos dias, teve um culto de casais na igreja em fevereiro, o incrível que o Bernie fez uma surpresa para ela, o Pr Cláudio quando estava para terminar o culto da palavra para ele dar um testemunho, e aí algo lindo aconteceu ele chamou ela na frente, falou o quanto ela é linda, uma mulher maravilhosa, ajoelhou e pediu ela em casamento, foi emocionante porque ele tentou falar em português, e ela aceitou, as amigas se abraçaram e parabenizaram eles por essa decisão de formarem uma família, estamos sempre juntos nas casas de amigos em comum, em aniversários, na igreja. E depois o amor deles foram crescendo e veio o casamento, que por sinal foi maravilhoso. Eu como amiga dela fico muito feliz por eles terem se encontrado, pelo cuidado que ele tem com ela e com os filhos dela.

Miria Balao
Miria.day@gmail.com
8134032891


WA
USA
WASHINGTON
DRIVER LICENSE
FEDERAL LIMITS APPLY
4d LIC# WDLB373FB33B
9 CLASS
DONOR
1 BALAO
2 MIRIA DAYANE
3 DOB 12/05/1987
4a ISS 01/13/2024
8 16720 NORTH RD APT E208
BOTHELL WA 98012-4905
15 SEX F
16 HGT 5'-07"
12 RESTRICTIONS
NONE
18 EYES BLK
17 WGT 197 lb
9a END NONE
4b EXP 12/05/2031
5 DD WDLB373FB33BR011324981511
REV 11/12/2019
20 R011324981511

To whom it may concern,

My name is Maria Villacorta U.S. citizen, WA ID # WDL6NT2C103B,

address 12525 SE 312TH ST APT #85, Auburn, WA, 98092

I am Bernnie Jesus Mailloux Enriquez's sister I declare that I have full knowledge of the relationship between my brother and Daniella Faria Arantes.

When they met in August 2024, my brother was living with me at the time.

He mentioned to me that he had met someone name Daniella from Brazil.

I was able to witness many moments when he called her, and they often spent a lot of time talking on the phone.

In November 2024, Daniella invited me and my 2 children to her house for Thanksgiving dinner, where she welcomed us warmly, and we could see how well they get a lone with each other, how they were very connected, I saw the spark in both of them and how Daniella's children were bonding with Bernie as well it was very moving seeing my brother very happy.

We also attended together to my church in Auburn WA, were the pastor blessed them both by praying for them.

Their relationship brought joy to my family, my mother is very happy for Bernie we have prayed for him to find the right person a God-fearing woman, the lord listened to our prayers,

Daniella and Bernie encouraged me to never give up in love; I am single mother and them both has giving hope that I could find my true love one day.

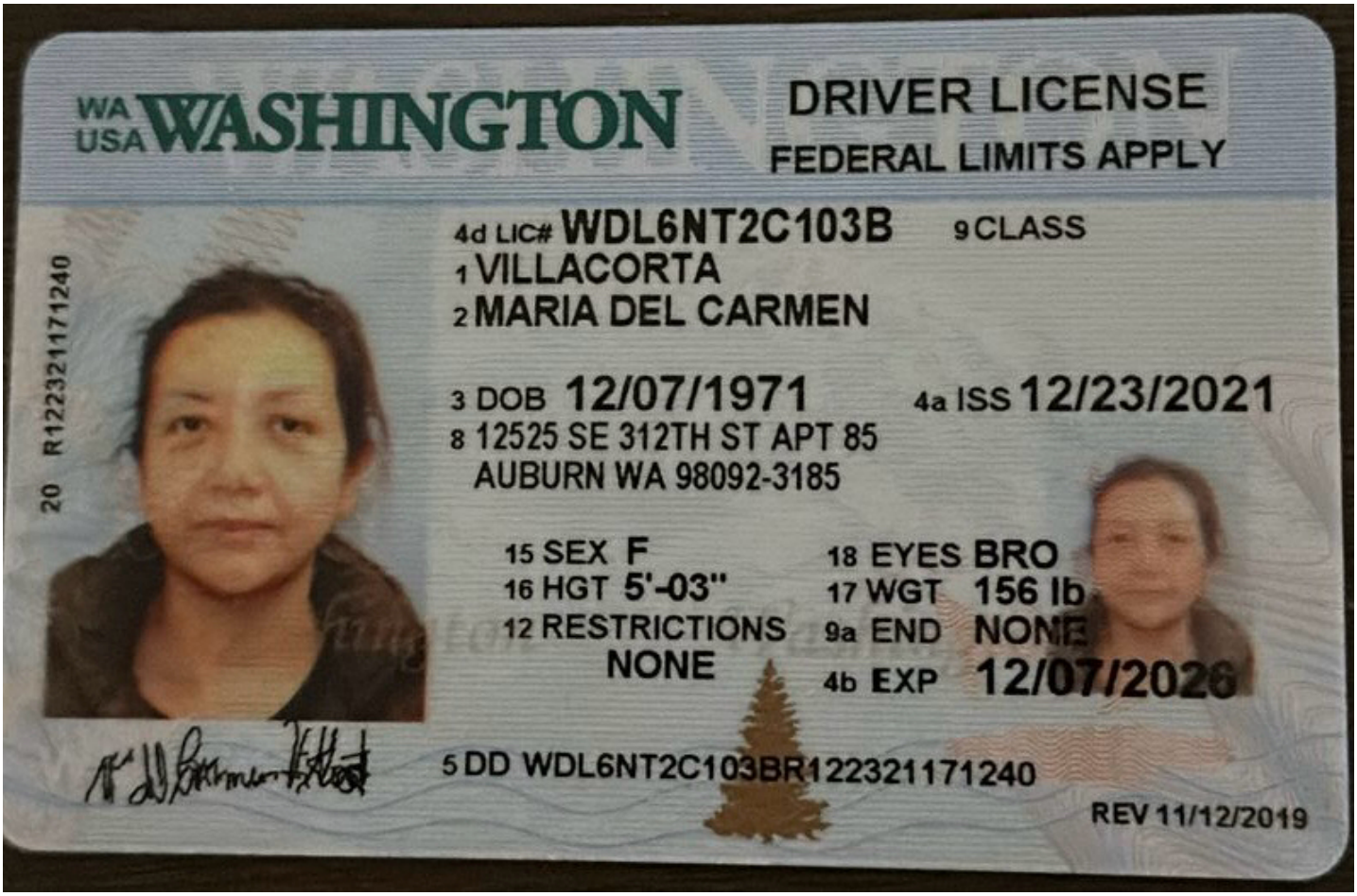
My children and I took part in their wedding on May 10th. We have no doubt about the authenticity of their relationship and the love between them.

I therefore declare that I am available for any clarification regarding the authenticity of this marriage.

I Certify, under penalty of perjury, that the information contained in this letter is true and correct to the best of my knowledge.

Ma del Carmen Villacorta

9-29-2025


WA
USA
WASHINGTON
DRIVER LICENSE
FEDERAL LIMITS APPLY
4d LIC# WDL6NT2C103B
9 CLASS
1 VILLACORTA
2 MARIA DEL CARMEN
3 DOB 12/07/1971
4a ISS 12/23/2021
8 12525 SE 312TH ST APT 85
AUBURN WA 98092-3185
15 SEX F
16 HGT 5'-03"
18 EYES BRO
17 WGT 156 lb
12 RESTRICTIONS
NONE
9a END NONE
4b EXP 12/07/2026
20 R122321171240
5 DD WDL6NT2C103BR122321171240
REV 11/12/2019

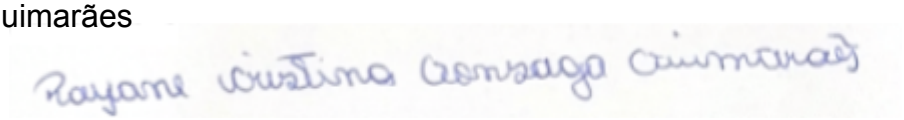
I, Rayane Cristina Gonsaga Guimarães, Brazilian, currently residing at 16520 North Rd, phone number (425) 286-0619, hereby declare, for all due purposes, that I have full knowledge of the relationship between Daniella and her husband Bernie from the very beginning, when they first started getting to know each other, Daniella and I used to spend many days together, and she always told me about him and how much she was in love and was enchanted by him.

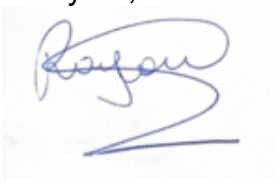
Throughout the entire period of dating, marriage, and up to the present day, I have actively participated in their family life, including moments with their children, family lunches, and frequent Sunday gatherings at church. Our relationship is close and constant, both in family settings and in social occasions and outings.

I affirm with full conviction that Daniella and her husband maintain a true union, based on love, respect, and the Christian principles that guide their lives. I was even present at the church's Valentine's Day event, at which Bernie proposed to Daniella in front of everyone. It was so beautiful, sincere, and emotional that everyone in the church was happy for them.
Thus, I declare that I recognize their union as legitimate and real, having witnessed their daily life, their coexistence, and the building of the family they are forming together.

I also declare that I am fully aware of the truthfulness of this declaration and I am willing to personally confirm what I state herein.

Rayane Cristina Gonsaga Guimarães
Date: July 15, 2025







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Scanned with CamScanner



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: September 18, 2025.

Eu, Rayane Cristina Gonsaga Guimarães, brasileira, atualmente residente no endereço 16520 North Rd, telefone (425) 286-0619, declaro, para os devidos fins, que tenho total conhecimento sobre o relacionamento entre Daniella e seu esposo Bernie desde o início, quando eles começaram a se conhecer eu e a Daniella costumávamos a passar vários dias juntas e ela sempre me contava sobre ele e o quanto ela se via apaixonada e encantada por ele .

Durante todo o período entre namoro, casamento e até hoje tenho participado ativamente da vida familiar deles, incluindo momentos com seus filhos, almoços em família e encontros frequentes aos domingos na igreja. Nossa convivência é próxima e constante, tanto em ambientes familiares quanto em ocasiões sociais e passeios.

Afirmo com plena convicção que Daniela e seu esposo mantêm uma união verdadeira, baseada em amor, respeito e nos princípios cristãos que norteiam suas vidas. Estive inclusive presente no evento da igreja do dia dos namorados no qual o Bernie pediu a Daniella em casamento na frente de todos , foi tão lindo , sincero e emocionante que todas as pessoas na igreja ficaram feliz por eles .
Dessa forma, declaro que conheço a união entre eles como legítima e real, sendo testemunha da rotina, da convivência e da construção da família que formam juntos.

Declaro, ainda, estar ciente da veracidade desta declaração, estando disposta a confirmar presencialmente o que aqui afirmo.

Rayane Cristina Gonsaga Guimarães
Data: 15 de julho 2025

Rayane Cristina Gonsaga Guimarães



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Exhibit 8 - Evidence of Bona Fide Marriage: Photographic Evidence of Relationship

January 20, 2026 – Ayla’s 4th Birthday Celebration



January 17, 2026 – Outing with the Girls at the Bowling Alley and Skate Park



December 24, 2025 – Christmas Celebration with Friends





December 24, 2025 – Our Family at the Christmas Celebration





Our home



December 6, 2025 – Visit to Evergreen Church at the Christmas Lights Event



November 29, 2025 – Visit to the Seattle Christmas Market






@berniemailloux

November 28, 2025 – At Home



November 8, 2025 – Baby Shower for a Friend



October 12, 2025 – Visit to Nuevo Día Church in Auburn for a Baby Shower



October 4, 2025 – Dinner at Friends’ House



September 27, 2025 – At the Play Place with Ayla



September 15, 2025 – Reception Welcoming Bernnie from the Legendários at MSBN Church in Bellevue

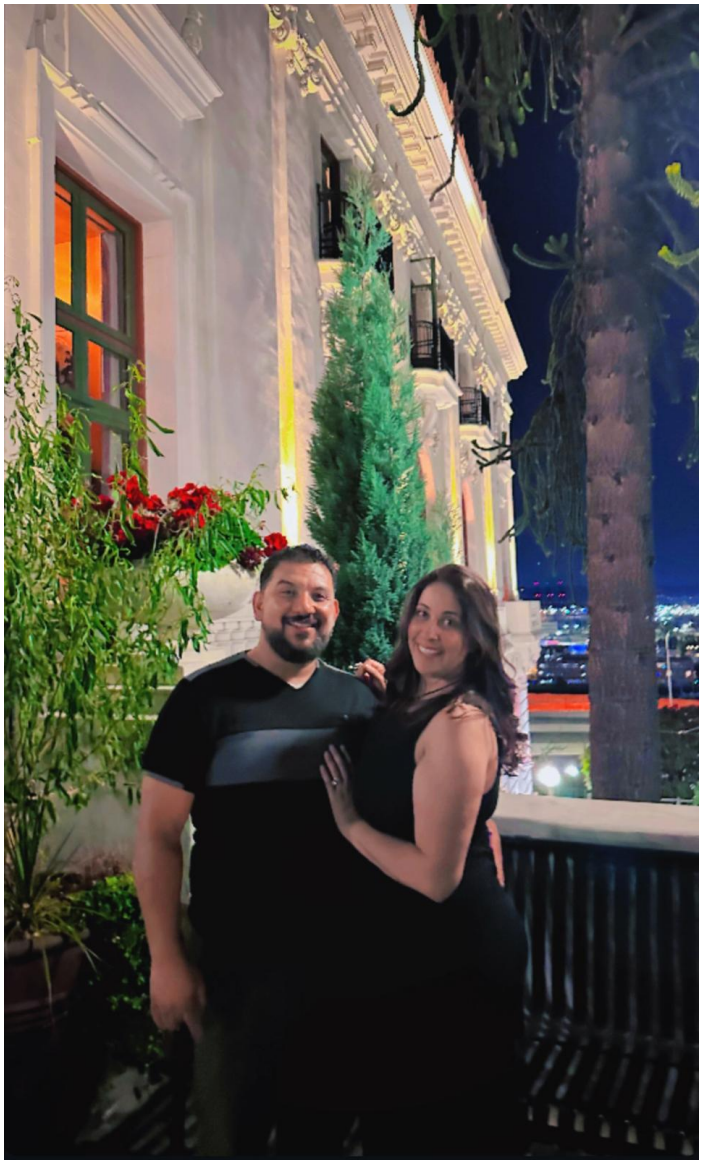




August 29, 2025 – Camping Trip



August 24, 2025 – McMenamins Tacoma



June 13, 2025 - Yuri’s High School Graduation



Edmonds-Woodway High School
June 13 6:08 PM

Yuri graduation



Edmonds-Woodway High School
June 13 8:04 PM




May 17
8:57 PM

Chelan Riverwalk Park
May 16 1:01 PM

Honeymoon 2nd stop




May 16
7:28 AM
Honeymoon first stop

MAY 10, 2025 - MARRIAGE CELEBRATION





Lumen Field
May 3 6:53 PM

LIVE



Martha Lake
April 12 7:41 PM

LIVE



Home
April 12 6:58 PM

LIVE



O.O. Denny Park
April 5 2:15 PM

LIVE



March 30
5:31 PM



The Landing
March 30 1:25 PM

LIVE



Seattle - West Woodland
March 22 2:14 PM

LIVE



Seattle - Eastlake
March 5 4:42 PM

LIVE



McCollum Pioneer Park
February 19 11:52 AM



MARRIAGE PROPOSAL



February 14
9:41 PM




6:50
Lynnwood
January 19 7:49 PM
LIVE

November 23, 2024
8:26 PM



Alderwood
October 19, 2024 8:39 PM

LIVE



October 16, 2024
1:27 PM



Martha Lake
October 16, 2024 10:17 AM

LIVE



Seattle Center
September 24, 2024 6:55 PM

Second concert together



Seattle
September 7, 2024 9:45 PM

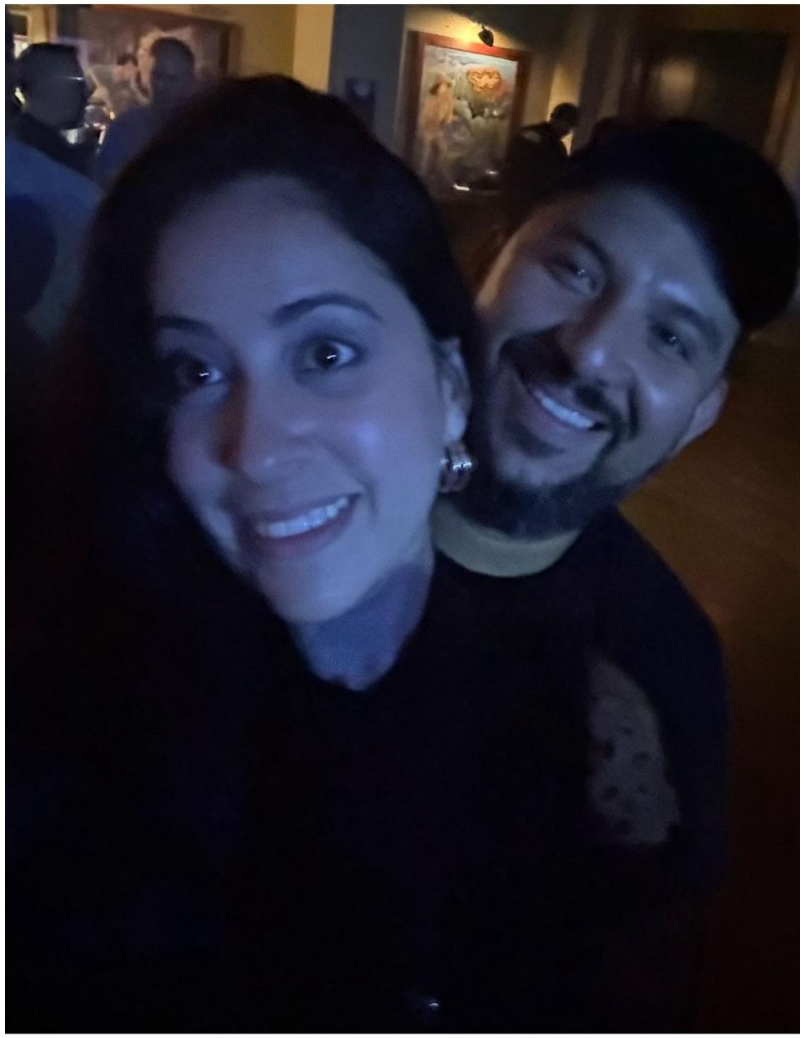
LIVE



Tacoma - Theatre District
August 31, 2024 8:32 PM

LIVE

First concert together



PHOTOS OF LIFE TOGETHER






SILVER SEAS YACHTS
MUSEUM OF HISTORY & INDUS






Welcome


TO LIFE




Restrooms








SILVER














AS FOR ME AND MY HOUSE
WE WILL SERVE THE
Coca-Cola





Exhibit 9 - Evidence of Bernnie Jesus Mailloux Enriquez’s Dissolution of Prior Marriages

CERTIFIED COPY

FILED
KING COUNTY, WASHINGTON

APR 30 2021

SEA
SUPERIOR COURT CLERK

EXPO 1

Superior Court of Washington, County of King

In re the marriage of:	
Petitioner *(person who started this case)*:	No. 20-3-06079-1 KNT
Monica Solis Jimenez	[X] Final Divorce Order (Dissolution Decree) (DCD)
And Respondent *(other spouse)*:	[ ] Final Legal Separation Order (Decree) (DCLGSP)
Bernnie Jesus Mailloux Enriquez	[ ] Invalid Marriage Order (Annulment Decree) (DCINMG)
	[ ] Valid Marriage Order (Decree) (DCVMO)
	[ ] Clerk's action required: 1, 2, 6, 13, 14, 15, 16

Final [X] Divorce Order **[ ] Legal Separation Order**

[ ] Invalid Marriage Order **[ ] Valid Marriage Order**

1. Money Judgment Summary

[x] No money judgment is ordered.

[ ] *Summarize any money judgments from sections 6 or 14 in the table below.*

Judgment for	**Debtor's name** *(person who must pay money)*	**Creditor's name** *(person who must be paid)*	**Amount**	**Interest**
Money Judgment (section 6)			$	$
Fees and Costs (section 14)			$	$
Other amounts *(describe)*:			$	$
Yearly Interest Rate: ____% *(12% unless otherwise listed)*				
Lawyer *(name)*: represents *(name)*:				
Lawyer *(name)*: represents *(name)*:				

2. Summary of Real Property Judgment (land or home)

No real property judgment is ordered

[X] *Summarize any real property judgment from section 7 in the table below.*

Grantor's name *(person giving property)*	**Grantee's name** *(person getting property)*	**Real Property** *(fill in at least one)*	
		Assessor's property tax parcel or account number:	Legal description of property awarded (lot/block/plat/section, township, range, county, state)

next pg.

Bernnie Jesus Mailloux Enriquez	Monica Solis Jimenez	Parcel ID# 941269-0040-03	Lot 4 Wildwood Estates King county
Bernie Jesus Mailloux Enriquez	Bernie Jesus Mailloux Enriquez	0216621000	lot/land Guanacaste Costa Rica
Lawyer *(name)*:	represents *(name)*:		
Lawyer *(name)*:	represents *(name)*:		

➢ ***The court has made Findings and Conclusions in this case and now Orders:***

3. Marriage

[x] This marriage and any domestic partnerships or civil unions are dissolved. The Petitioner and Respondent are divorced.

[ ] The Petitioner and Respondent are granted a Legal Separation.

[ ] This marriage is invalid (annulled) as of the date it began.

[ ] The *Petition to Invalidate (Annul) Marriage* is denied. This marriage is valid (not annulled).

4. Name Changes

[x] Neither spouse asked to change his/her name.

[ ] The Petitioner's name is changed to *(new name)*:

first *middle* *last*

[ ] The Respondent's name is changed to *(new name)*:

first *middle* *last*

5. Separation Contract

[x] There is no enforceable separation contract.

[ ] The spouses must comply with the terms of the separation contract signed on *(date)*: . This contract is *(check one)*:

[ ] attached as an Exhibit and made part of this Order.

[ ] **not** filed with the court and is incorporated by reference. *(RCW 26.09.070(5))*

[ ] filed with the court as a separate document and is incorporated by reference.

6. Money Judgment *(summarized in section I above)*

[x] None.

[ ] The *(check one)*: [ ] Petitioner [ ] Respondent must pay the other party *(amount)* $. The court grants a judgment for this amount.
The **interest rate** is 12% unless another amount is listed below.

[ ] The interest rate is % because *(explain)*:

[ ] Money judgments in temporary orders (other than child support):

[ ] are **not** affected by this order.

[ ] are affected by this order as follows (*clerk's action required*):

[ ] Other:

7. **Real Property** (land or home) *(summarized in section 2 above)*

[ ] Neither spouse owns any real property.

[ ] The real property is divided according to the separation contract described in 5 above.

[ ] The real property is divided as listed in Exhibit ____. This Exhibit is attached and made part of this Order.

[x] The real property is divided as explained below:

Real Property Address	Tax Parcel Number	Given to which spouse as his/her separate property?
30816 21st Ave SW Federal Way Wa 98023	Parcel ID# 941269-0040-03	[x] Petitioner [ ] Respondent
Lot-land Guanacaste Costa Rica	Enrollment# 0216621000	[ ] Petitioner [x] Respondent
		[ ] Petitioner [ ] Respondent

[x] The spouse giving up ownership must sign a Quit Claim Deed and Real Estate Excise Tax Affidavit to transfer the real property to the other spouse by *(date)*: **6/30/2021**

[ ] The court does not have jurisdiction to divide real property.

[x] Other *(specify)*: **The responder will transfer the home loan to the petitioner.**

The responder will keep the lot-land in Costa Rica

8. **Petitioner's Personal Property** (possessions, assets or business interests of any kind)

[ ] The personal property that Petitioner now has or controls is given to Petitioner as his/her separate property. No transfer of property between Petitioner and Respondent is required.

[ ] The personal property listed as Petitioner's in the separation contract described in 5 above is given to Petitioner as his/her separate property.

[ ] The personal property listed in Exhibit ____ is given to Petitioner as his/her separate property. This Exhibit is attached and made part of this Order.

[X] The personal property listed below is given to Petitioner as his/her separate property. *(Include vehicles, pensions/retirement, insurance, bank accounts, furniture, businesses, etc. Do not list more than the last four digits of any account number. For vehicles, list year, make, model and VIN or license plate number.)*

1.Car Lexus 2003 GX470 Vin#JTTBT20X930008303	5.
2. Furniture	6.
3.Wells Fargo 9519	7.
4.	8.

[ ] The court does not have jurisdiction to divide personal property.

[ ] Other *(specify)*:

9. Respondent's Personal Property (possessions, assets or business interests of any kind)

[X] The personal property that Respondent now has or controls is given to Respondent as his/her separate property. No transfer of property between Petitioner and Respondent is required.

[ ] The personal property listed as Respondent's in the separation contract described in 5 above is given to Respondent as his/her separate property.

[ ] The personal property listed in Exhibit is given to Respondent as his/her separate property. This Exhibit is attached and made part of this Order.

[ ] The personal property listed below is given to Respondent as his/her separate property. *(Include vehicles, pensions/retirement, insurance, bank accounts, furniture, businesses, etc. Do not list more than the last four digits of any account number. For vehicles, list year, make, model and VIN or license plate number.)*

1.	5.
2.	6.
3.	7.
4.	8.

[ ] The court does not have jurisdiction to divide personal property.

10. Petitioner's Debt

The Petitioner must pay all debts s/he has incurred (taken on) since the date of separation, unless the court makes a different order about a specific debt below. *(Check one)*:

[ ] The Petitioner has no debt.

[X] The Petitioner must pay the debts that are now in his/her name.

[ ] The Petitioner must pay debts as required by the separation contract described in 5 above.

[ ] The Petitioner must pay the debts listed in Exhibit . This Exhibit is attached and made part of this Order.

[X] The Petitioner must pay all debts listed below:

Debt Amount	**Creditor** (person or company owed this debt)	**account number** (last 4 digits only)
$6,754	Bank of America	4235
$3,918.42	Bank of America	4413

$4,800	Target	1980
$		

[ ] The court does not have jurisdiction to divide debts.

[ ] Other *(specify):*

11. Respondent's Debt

The Respondent must pay all debts s/he has incurred (taken on) since the date of separation, unless the court makes a different order about a specific debt below. *(Check one):*

[ ] The Respondent has no debt.

[X] The Respondent must pay the debts that are now in his/her name.

[ ] The Respondent must pay debts as required by the separation contract described in 5 above.

[ ] The Respondent must pay the debts listed in Exhibit ___. This Exhibit is attached and made part of this Order.

[ ] The Respondent must pay all debts listed below:

Debt Amount	Creditor (person or company owed this debt)	Account Number (last 4 digits only)
$		
$		
$		
$		

[ ] The court does not have jurisdiction to divide debts.

12. Debt Collection (hold harmless)

[ ] Does not apply.

[X] If one spouse fails to pay a debt as ordered above and the creditor tries to collect the debt from the other spouse, the spouse who was ordered to pay the debt must hold the other spouse harmless from any collection action about the debt. This includes reimbursing the other spouse for any of the debt he/she paid and for attorney fees or costs related to defending against the collection action.

[ ] Other *(specify):*

13. Spousal Support (maintenance/alimony)

[X] No spousal support is ordered.

[ ] Spousal support must be paid as required by the separation contract described in 5 above. Spousal support will end when either spouse dies, or the spouse receiving support gets married or registers a new domestic partnership, *unless* the separation contract provides differently.

[ ] Spousal support must be paid as described in Exhibit . This Exhibit is attached and made part of this Order. Spousal support will end when either spouse dies, or the spouse receiving support gets married or registers a new domestic partnership, *unless* the Exhibit provides differently.

[ ] The *(check one):* [ ] Petitioner [ ] Respondent must pay spousal support as follows:

Amount:	Start date:	End date :	Payment schedule:
$ each month	*Date 1st payment is*	*(If any)*	*Day(s) of the month each payment*

	due		is due (for example, "the 5th," "weekly," or "half on the 1st and half on the 15th")

Whether or not there is an end date, as a matter of law, spousal support will end when either spouse dies, or the spouse receiving support gets married or registers a new domestic partnership, unless expressly stated below. (RCW 26.09.170(2).)

[ ] Other *(specify)*:

Make all payments to *(check one)*:

[ ] the other spouse directly by *(check one)*:

[ ] mail to:

Street address or PO box City State Zip

[ ] direct deposit/transfer to a bank account identified by the receiving party.

The receiving party must notify the paying party of any address or account change.

[ ] the Washington State Support Registry (WSSR). The Registry will forward the support to the other spouse *(only if child support is also ordered). (If you check this box, also check the "Clerk's action required" box in the caption on page 1.) DSHS Division of Child Support (DCS) can collect the support owed from the wages, earnings, assets, or benefits of the parent who owes support, and can enforce liens against real or personal property as allowed by any state's child support laws without notice to the parent who owes the support.* ***To the Clerk:*** *forward a copy of this order to WSSR.*

[ ] the court clerk, who will forward the support to the other spouse *(only if there is no child support order). (If you check this box, also check the "Clerk's action required" box in the caption on page 1.)*

[ ] Other *(specify)*:

[ ] The spouse paying support has public (state) retirement benefits. *(RCW 26.09.138)*

[ ] The spouse owed support may ask, without giving notice, for the other spouse's retirement benefits to be assigned to him/her if:

- $100 or more in spousal support is more than 15 days late, or
- The other spouse asks to take money out of his/her public retirement account. *(RCW 41.50)*

[ ] The Department of Retirement Systems may pay all or part of a withdrawal from a retirement account directly to the spouse owed support. *(RCW 41.50.550(3))*

[ ] Other *(specify)*:

14. Fees and Costs *(Summarize any money judgment in section 1 above.)*

[X] Each spouse will pay his/her own fees and costs.

[ ] Fees and costs must be paid as required by the separation contract described in 5 above.

[ ] The court orders a money judgment for fees and costs as follows:

Judgment for	**Debtor's name** *(person who must pay money)*	**Creditor's name** *(person who must be paid)*	**Amount**	**Interest**
[ ] lawyer fees			$	$
[ ] guardian ad litem (GAL) fees			$	$
[ ] court costs			$	$
[ ] other fees and expenses *(specify)*:			$	$

The **interest rate** is 12% unless another amount is listed below.

[ ] The interest rate is % because *(explain)*:

[ ] Judgments for fees and costs in temporary orders.

[ ] are **not** affected by this order

[ ] are affected by this order as follows (*clerk's action required*):

[ ] Other:

15. Protection Order

[x] No one requested an *Order for Protection*.

[ ] **Approved** – The request for an *Order for Protection* is approved. The *Order for Protection* is filed separately.

[ ] **Denied** – The request for an *Order for Protection* is denied. The *Denial Order* is filed separately.

[ ] **Renewed/Changed** – The existing *Order for Protection* filed in or combined with this case is renewed or changed as described in following order, filed separately *(check one)*:

[ ] *Order on Renewal of Order for Protection*

[ ] *Order Modifying/Terminating Order for Protection*

[ ] Other:

16. Restraining Order

[x] No one requested a *Restraining Order*.

[ ] **Approved** – The request for a *Restraining Order* is approved. The *Restraining Order* is filed separately.

[ ] **Denied** – The request for a *Restraining Order* is denied.

[ ] *Check this box if the court previously signed a temporary Restraining Order and is not signing a final Restraining Order in this case. Also check the "Clerk's action required" box in the caption on page 1.*

Name of law enforcement agency where the Protected Person lived when the *Restraining Order* was issued:

To the Clerk: Provide a copy of this Order to the agency listed above within one court day. The law enforcement agency must remove the temporary *Restraining Order* from the state's database.

17. Children of the marriage

[ ] The spouses have no children together who are still dependent.

[x] This court has jurisdiction over the children the spouses have together as explained in the *Findings and Conclusions* for this case.

If there are children of both spouses listed in the *Findings and Conclusions* who do not have both spouses listed on their birth certificates, the State Registrar of Vital Statistics is ordered to amend the children's birth certificates to list both spouses as parents upon receipt of a certified copy of this order and the *Findings and Conclusions*.

Important! The court does not forward this *Order* to the State Registrar. To amend the birth certificate, a party must provide a certified copy of this *Order* and the *Findings and Conclusions* to the State Registrar of Vital Statistics. Other information may be required by the State Registrar.

of Vital Statistics. If the child was **not** born in Washington, contact the appropriate agency in the state where the child was born.

[ ] This court does **not** have jurisdiction over the children as explained in the *Findings and Conclusions* for this case.

18. Parenting Plan

[ ] Does not apply. The spouses have no children together who are under 18 years old, or the court does not have jurisdiction over the children.

[x] The court signed the final *Parenting Plan* filed separately today or on *(date):* 12/10/2020 .

[ ] The guardian ad litem (GAL) is discharged.

19. Child Support

[ ] Does not apply. The spouses have no dependent children together, or the court does not have jurisdiction over child support.

[ ] **Court Order** – The court signed the final *Child Support Order* and *Worksheets* filed separately today or on *(date):* .

Tax issues and post-secondary (college or vocational school) support are covered in the Child Support Order.

[x] **Administrative Order** – The court is **not** issuing a child support order. There is an administrative child support order established by DSHS Division of Child Support (DCS) for the dependent children of this marriage. **2822952**

DCS child support orders do not cover tax issues or post-secondary (college or vocational school) support. Therefore, the court orders:

[x] **Tax Issues** – The parties have the right to claim the children as their dependents for purposes of personal tax exemptions and associated tax credits on their tax forms as follows *(describe):*

The petitioner will claim Isabella Mailloux and Nicholas Mailloux as dependents in the tax return. The respondent has agreed with this.

For tax years when a non-custodial parent has the right to claim the children, the parents must cooperate to fill out and submit IRS Form 8332 in a timely manner.

***Important!** Although the personal tax exemptions are currently suspended under federal law through tax year 2025, other tax benefits may flow from claiming a child as dependent.*

X **Post-secondary (college or vocational school)** –The court orders:

[ ] A parent may ask the court for post-secondary support at a later date, but he/she must file that request before the duty to pay child support ends.

[ ] The parents must pay for the children's post-secondary support. The parents will make a post-secondary support plan or the court will order one.

[ ] Post-secondary support is **not** required.

[x] Other *(specify):* **Is up to the respondent if wants to help with College or vocational school**

20. Other Orders (if any):

Ordered.

4/29/21
Date

Judge or Commissioner

HENRY H. JUDSON

APR 29 2021

COURT COMMISSIONER

Petitioner and Respondent or their lawyers fill out below.

This document *(check any that apply)*:

[x] is an agreement of the parties

[ ] is presented by me

[ ] may be signed by the court without notice to me

Petitioner signs here or lawyer signs here + WSBA #

Monica Solis Jimenez 3/20/21

Print Name *Date*

This document *(check any that apply)*:

[x] is an agreement of the parties

[ ] is presented by me

[ ] may be signed by the court without notice to me

Respondent signs here or lawyer signs here + WSBA #

Bernnie Jesus Mailloux Enriquez

Print Name *Date*

I CATHERINE CORNWALL, Clerk of the Superior Court of the State of Washington for King County, do hereby certify that this copy is a true and perfect transcript of said original as it appears on file and of record in my office and of the whole thereof. IN TESTIMONY WHEREOF, I have affixed this seal of said Superior Court at my office at Kent on this date JUN 09 2025

SEAL OF THE SUPERIOR COURT OF KING COUNTY STATE OF WASHINGTON

CATHERINE CORNWALL, Superior Court Clerk

By _____
Deputy Clerk
M. KEO

CERTIFIED COPY

FILED
2025 MAY 01
KING COUNTY
SUPERIOR COURT CLERK

CASE #: 25-3-00448-5 KNT

EXHIBIT A

Superior Court of Washington, County of _____

In re the marriage of:

Petitioner *(person who started this case)*:
Bennie Maillaux Enriquez

And Respondent *(other spouse)*:
Gisel Sanchez Llamas Zarate

No. 25-3-00448-5 KNT

- [x] Final Divorce Order (Dissolution Decree) (DCD)
- [ ] Final Legal Separation Order (Decree) (DCLGSP)
- [ ] Invalid Marriage Order (Annulment Decree) (DCINMG)
- [ ] Valid Marriage Order (Decree) (DCVMO)
- [ ] Clerk's action required: **1, 2, 6, 13, 14, 15, 16, 18**

Final [x] Divorce Order ☐ Legal Separation Order ☐ Invalid Marriage Order ☐ Valid Marriage Order

1. Money Judgment Summary

[x] No money judgment is ordered.

☐ *Summarize any money judgments from sections **6** or **14** in the table below.*

Judgment for	**Debtor's name** *(person who must pay money)*	**Creditor's name** *(person who must be paid)*	**Amount**	**Interest**
Money judgment (section **6**)			$	$
Fees and costs (section **14**)			$	$
Other amounts *(describe)*:			$	$

Yearly Interest Rate: ____% *(12% unless otherwise listed)*	
Lawyer *(name)*:	represents *(name)*:
Lawyer *(name)*:	represents *(name)*:

2. Summary of Real Property Judgment (land or home)

[x] No real property judgment is ordered.

☐ *Summarize any real property judgment from section **7** in the table below.*

Grantor's name *(person giving property)*	**Grantee's name** *(person getting property)*	**Real Property** *(fill in at least one)*	
		Assessor's property tax parcel or account number:	Legal description of property awarded *(lot/block/plat/section, township, range, county, state)*

Lawyer *(name):*	represents *(name):*
Lawyer *(name):*	represents *(name):*

➢ ***The court has made Findings and Conclusions in this case and now Orders:***

3. Marriage

☒ This marriage and any domestic partnerships or civil unions are dissolved. The Petitioner and Respondent are divorced.

☐ The Petitioner and Respondent are granted a Legal Separation.

☐ This marriage is invalid (annulled) as of the date it began.

☐ The *Petition to Invalidate (Annul) Marriage* is denied. This marriage is valid (not annulled).

4. Name Changes

☒ Neither spouse asked to change their name.

☐ The Petitioner's name is changed to *(new name):*

_____

First *Middle* *Last*

☐ The Respondent's name is changed to *(new name):*

_____

First *Middle* *Last*

5. Separation Contract

☒ There is no enforceable separation contract.

☐ The spouses must comply with the terms of the separation contract signed on *(date):* _____. This contract is *(check one):*

☐ attached as an Exhibit and made part of this Order.

☐ **not** filed with the court and is incorporated by reference. *(RCW 26.09.070(5))*

☐ filed with the court as a separate document and is incorporated by reference.

6. Money Judgment *(summarized in section 1 above)*

☒ None.

☐ The *(check one):* ☐ Petitioner ☐ Respondent must pay the other party *(amount)* $_____. The court grants a judgment for this amount.

The **interest rate** is 12% unless another amount is listed below.

☐ The interest rate is ____% because *(explain):* _____

_____.

☐ Money judgments in temporary orders (other than child support):

☐ are **not** affected by this order.

☐ are affected by this order as follows (*clerk's action required*): _____

_____.

☐ Other: _____

_____

7. **Real Property** (land or home) *(summarized in section 2 above)*

☒ Neither spouse owns any real property.

☐ The real property is divided according to the separation contract described in 5 above.

☐ The real property is divided as listed in Exhibit _____. This Exhibit is attached and made part of this Order.

☐ The real property is divided as explained below:

Real Property Address	Tax Parcel Number	Given to which spouse as that spouse's separate property?
		☐ Petitioner ☐ Respondent
		☐ Petitioner ☐ Respondent
		☐ Petitioner ☐ Respondent

☐ The spouse giving up ownership must sign a *Quit Claim Deed and Real Estate Excise Tax Affidavit* to transfer the real property to the other spouse by *(date):* _____.

☐ The court does not have jurisdiction to divide real property because the real property is not located in Washington State.

☐ Other *(specify):* _____

_____

_____

8. **Petitioner's Personal Property** (possessions, assets or business interests of any kind)

☒ The personal property that Petitioner now has or controls is given to Petitioner as their separate property. No transfer of property between Petitioner and Respondent is required.

☐ The personal property listed as Petitioner's in the separation contract, described in **5** above, is given to Petitioner as their separate property.

☐ The personal property listed in Exhibit _____ is given to Petitioner as their separate property. This Exhibit is attached and made part of this Order.

☐ The personal property listed below is given to Petitioner as their separate property. *(Include vehicles, pensions/retirement, insurance, bank accounts, furniture, businesses, etc. Do not list more than the last 4 digits of any account number. For vehicles, list year, make, model, and VIN or license plate number.)*

1.	2.
3.	4.
5.	6.
7.	8.

☐ The court does not have jurisdiction to divide personal property because the court does not have personal jurisdiction over one of the spouses as described in Section **3** of the *Findings and Conclusions* for this case.

☐ Other *(specify)*: _____

9. Respondent's Personal Property (possessions, assets, or business interests of any kind)

☒ The personal property that Respondent now has or controls is given to Respondent as their separate property. No transfer of property between Petitioner and Respondent is required.

☐ The personal property listed as Respondent's in the separation contract described in **5** above is given to Respondent as their separate property.

☐ The personal property listed in Exhibit _____ is given to Respondent as their separate property. This Exhibit is attached and made part of this Order.

☐ The personal property listed below is given to Respondent as their separate property. *(Include vehicles, pensions/retirement, insurance, bank accounts, furniture, businesses, etc. Do not list more than the last 4 digits of any account number. For vehicles, list year, make, model, and VIN or license plate number.)*

1.	2.
3.	4.
5.	6.
7.	8.

☐ The court does not have jurisdiction to divide personal property because the court does not have personal jurisdiction over one of the spouses as described in Section **3** of the *Findings and Conclusions* for this case.

☐ Other *(specify)*: _____

10. Petitioner's Debt

The Petitioner must pay all debts the Petitioner incurred (took on) since the date of separation, unless the court makes a different order about a specific debt below. *(Check one):*

☐ The Petitioner has no debt.

☒ The Petitioner must pay the debts that are now in the Petitioner's name.

☐ The Petitioner must pay debts as required by the separation contract described in **5** above.

☐ The Petitioner must pay the debts listed in Exhibit ____. This Exhibit is attached and made part of this Order.

☐ The Petitioner must pay all debts listed below:

Debt Amount	**Creditor** (person or company owed this debt)	**Account Number** (last 4 digits only)
$		
$		
$		
$		

☐ The court does not have jurisdiction to divide debts because the court does not have personal jurisdiction over one of the spouses as described in Section **3** of the *Findings and Conclusions* for this case.

☐ Other *(specify):* _____

11. Respondent's Debt

The Respondent must pay all debts the Respondent incurred (took on) since the date of separation, unless the court makes a different order about a specific debt below. *(Check one):*

☐ The Respondent has no debt.

☒ The Respondent must pay the debts that are now in the Respondent's name.

☐ The Respondent must pay debts as required by the separation contract described in **5** above.

☐ The Respondent must pay the debts listed in Exhibit _____. This Exhibit is attached and made part of this *Order*.

☐ The Respondent must pay all debts listed below:

Debt Amount	**Creditor** (person or company owed this debt)	**Account Number** (last 4 digits only)
$		
$		
$		

Debt Amount	Creditor (person or company owed this debt)	Account Number (last 4 digits only)
$		

☐ The court does not have jurisdiction to divide debts because the court does not have personal jurisdiction over one of the spouses as described in Section 3 of the *Findings and Conclusions* for this case.

☐ Other *(specify)*: _____

12. Debt Collection (*hold harmless*)

☒ Does not apply.

☐ If one spouse fails to pay a debt as ordered above and the creditor tries to collect the debt from the other spouse, the spouse who was ordered to pay the debt must hold the other spouse harmless from any collection action about the debt. This includes reimbursing the other spouse for any of the debt that spouse paid and for attorney fees or costs related to defending against the collection action.

☐ Other *(specify)*: _____

13. Spousal Support (*maintenance/alimony*)

☒ No spousal support is ordered.

☐ Spousal support must be paid as required by the separation contract described in 5 above. Spousal support will end when either spouse dies, or the spouse receiving support gets married or registers a new domestic partnership, *unless* the separation contract provides differently.

☐ Spousal support must be paid as described in Exhibit ____. This Exhibit is attached and made part of this Order. Spousal support will end when either spouse dies, or the spouse receiving support gets married or registers a new domestic partnership, *unless* the Exhibit provides differently.

☐ The *(check one)*: ☐ Petitioner ☐ Respondent must pay spousal support as follows:

Amount:	Start date:	End date :	Payment schedule:
$_____ each month	_____ *Date 1st payment is due*	_____ *(If any)*	_____ *Day(s) of the month each payment is due (for example, "the 5th," "weekly," or "half on the 1st and half on the 15th")*

Whether or not there is an end date; as a matter of law, spousal support will end when either spouse dies, or the spouse receiving support gets married or registers a new domestic partnership, unless expressly stated below. *(RCW 26.09.170(2).)*

☐ Other *(specify)*: _____

Make all payments to *(check one)*:

☐ the other spouse directly by *(check one)*:

☐mail to: _____
Street Address or PO Box *City* *State* *Zip*

☐direct deposit/transfer to a bank account identified by the receiving party.

The receiving party must notify the paying party of any address or account change.

☐ the Washington State Support Registry (WSSR). The Registry will forward the support to the other spouse *(only if child support is also ordered). (If you check this box, also check the "Clerk's action required" box in the caption on page* **1.***) DSHS Division of Child Support (DCS) can collect the support owed from the wages, earnings, assets, or benefits of the parent who owes support, and can enforce liens against real or personal property as allowed by any state's child support laws without notice to the parent who owes the support.*

To the Clerk: *forward a copy of this order to WSSR.*

☐ the court clerk, who will forward the support to the other spouse *(only if there is* **no** *child support order). (If you check this box, also check the "Clerk's action required" box in the caption on page* **1.***)*

☐ Other *(specify):* _____

☐ The spouse paying support has public (state) retirement benefits. *(RCW 26.09.138)*

☐ The spouse owed support may ask, without giving notice, for the other spouse's retirement benefits to be assigned to them if:

- $100 or more in spousal support is more than 15 days late, or
- The other spouse asks to take money out of their public retirement account. *(RCW 41.50)*

☐ The Department of Retirement Systems may pay all or part of a withdrawal from a retirement account directly to the spouse owed support. *(RCW 41.50.550(3))*

☐ Other *(specify):* _____

14. Fees and Costs *(Summarize any money judgment in section 1 above.)*

☑ Each spouse will pay their own fees and costs.

Fees and costs must be paid as required by the separation contract described in **5** above.

☐ The court orders a money judgment for fees and costs as follows:

Judgment for	**Debtor's name** *(person who must pay money)*	**Creditor's name** *(person who must be paid)*	**Amount**	**Interest**
☐ lawyer fees			$	$
☐ guardian ad litem (GAL) fees			$	$
☐ court costs			$	$
☐ other fees and expenses *(specify):*			$	$

The **interest rate** is 12% unless another amount is listed below.

☐ The interest rate is _____% because *(explain)*: _____

_____.

☐ Judgments for fees and costs in temporary orders:

☐ are **not** affected by this order.
☐ are affected by this order as follows (*clerk's action required*): _____

_____.

☐ Other: _____

Ordered.

5/1/25 ▸ _____

Date *Judge or Commissioner* **Jonathon Lack**

Petitioner and Respondent or their lawyers fill out below.

This document *(check any that apply)*:
- ☒ is an agreement of the parties
- ☒ is presented by me
- ☒ may be signed by the court without notice to me

▸ _____

Petitioner signs here/Lawyer signs here WSBA #

Bernnie Mailleux Enriquez 1-17-2025

Print Name *Date*

This document *(check any that apply)*:
- ☒ is an agreement of the parties
- ☒ is presented by me
- ☒ may be signed by the court without notice to me

▸ _____

Respondent signs here/Lawyer signs here WSBA #

Grisel Sanchez Llanes 1-12-25

Print Name *Date*

I CATHERINE CORNWALL, Clerk of the Superior Court of the State of Washington for King County, do hereby certify that this copy is a true and perfect transcript of said original as it appears on file and of record in my office and of the whole thereof. IN TESTIMONY WHEREOF, I have affixed this seal of said Superior Court at my office at Kent on this date JUN 09 2025

SEAL OF THE SUPERIOR COURT OF KING COUNTY STATE OF WASHINGTON

CATHERINE CORNWALL, Superior Court Clerk

By _____
Deputy Clerk

M. KEO

Exhibit 10 - Daniella Faria Arantes’ Dissolution of a Common-law Marriage (Brazil)

Amount: R$ 7,920.00 | Classification: Divorce/Stable Union
CIVIL AND LABOR PROCEEDING → Knowledge Case → Knowledge Procedure → Special Procedures → Special Procedures of Voluntary Jurisdiction
RIO VERDE – 2nd FAMILY AND SUCCESSIONS COURT - II
User: ELOAH DE SOUSA FARIA NUNES – Date: 10/26/2021 at 08:46:46 AM

Judicial District of Rio Verde
State of Goiás
2nd Family and Successions Court

Case : 5162553-25.2021.8.09.0137
Action : Recognition and Dissolution of Stable Union
Petitioner(s): Daniella Faria Arantes and Samuel Almeida Costa

JUDGEMENT

This is an **action for the dissolution of a stable union** filed by Daniella Faria Arantes and Samuel Almeida Costa, both identified in the initial petition.

The petitioners stated that they entered into a stable union, from which were born their children Yuri Faria Costa, born on May 18, 2007, and Victor Faria Costa, born on August 8, 2014, as well as joint property. They request the dissolution of the stable union and the ratification of the agreement, supporting the request with the documents contained in files 01 to 11 of procedural movement no. 01.

The decision in movement 09 admitted the initial petition.

The Public Prosecutor's Office expressed its opinion in favor of the ratification of the agreement entered into by the parties (procedural movement no. 13).

This is the brief report. I issue my decision.

Initially, it should be noted that the parties are legitimate and have standing in the case, and the procedural requirements based on constitutional guarantees have been respected.

The main claim, regarding the stable union, is upheld, since the parties signed a Public Deed of Stable Union, in which it is stated that the union began on May 18, 2005. Furthermore, in the amicable settlement reached by the parties, it was stated that the dissolution occurred on January 10, 2021.

Article 1,723 of the Civil Code states: *"A stable union between a man and a woman is recognized as a family entity, characterized by public, continuous, and lasting cohabitation, established with the objective of forming a family, and is recognized as a family entity*".

Article 7 of Law No. 9,278/96 provides for the dissolution of the stable union by termination, ending the relationship by the will of the parties.

In cases of divorce and dissolution of a stable union by mutual agreement, Articles 731 and 732 of the Code of Civil Procedure apply, as transcribed below:

> *Article 731. "The ratification of consensual divorce or separation, provided that the legal requirements are met, may be requested in a petition signed by both spouses, which shall include:*
>
> *I - provisions regarding the description and division of joint property;*

Court of Justice of the State of Goiás
Document Digitally Signed and Published on 06/17/2021 at 09:05:45 AM
Signed by CORACI PEREIRA DA SILVA
Validation code: 10443560008620565, at the address: https://projudi.tjgo.jus.br/PendenciaPublica

Amount: R$ 7,920.00 | Classification: Divorce/Stable Union
CIVIL AND LABOR PROCEEDING → Knowledge Case → Knowledge Procedure → Special Procedures → Special Procedures of Voluntary Jurisdiction
RIO VERDE – 2nd FAMILY AND SUCCESSIONS COURT - II
User: ELOAH DE SOUSA FARIA NUNES – Date: 10/26/2021 at 08:46:46 AM

II - the provisions on alimony between spouses;

III - the agreement concerning custody of minor children and the visitation schedule; and,

IV - the amount of the contribution for the upbringing and education of the children.

Article 732. The provisions governing the judicial ratification process of consensual divorce or separation shall apply, where appropriate, to the process of ratification of the consensual dissolution of a stable union.

The parties are legitimate, and the agreement entered into by them does not contravene any express provision of law. It was also signed by the parties together with their legal representative, in accordance with Articles 731 and 732 of the Code of Civil Procedure, and is therefore subject to ratification.

It is important to highlight that, regarding the agreement on the division of property, being a matter of freely disposable rights and with both parties being of legal age and fully capable, the Judge is not to make any considerations, and must respect what was agreed upon by the parties, even if there is an imbalance in the shares allocated to each. However, I clarify that the agreement now subject to ratification, as a legal act, is binding only between the parties to it and does not extend to third parties who were not part of this proceeding.

Finally, the Public Prosecutor's Office issued a favorable opinion regarding the ratification of the agreement, in compliance with Article 698 of the Code of Civil Procedure.

Thus, as the agreement is free of defects, it shall be ratified.

In view of the above, based on Article 1,723 of the Civil Code, I **DECLARE** the stable union between the partners Daniella Faria Arantes and Samuel Almeida Costa, which began on May 18, 2005, and ended on January 10, 2021, and I **RATIFY** the agreement submitted as event no. 01, which shall be an integral part of this judgment, in order to produce its legal effects, pursuant to Article 487, III, “b” of the Code of Civil Procedure.

Court costs shall be borne by the petitioners, 50% (fifty percent) each, pursuant to Article 82, caput, and Article 90, §2, both of the Code of Civil Procedure, if applicable. However, I suspend their enforceability for five (5) years following the final judgment, as legal aid benefits were granted to the petitioners in event no. 09.

I refrain from setting attorney’s fees due to the nature of the voluntary jurisdiction and the fact that both parties are represented by the same attorney.

Publish. Register. Notify.

Once the judgment becomes final, issue the custody order**,** formal division of assets, and registration mandate to the registry office where the Public Deed of Stable Union was executed.

Rio Verde-Goiás, date of digital signature.

Coraci Pereira da Silva

Judge of Law

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: July 14, 2025.

Valor: R$ 7.920,00 | Classificador: Divórcio/União Estável
PROCESSO CÍVEL E DO TRABALHO -> Processo de Conhecimento -> Procedimento de Conhecimento -> Procedimentos Especiais -> Procedimentos Especiais de Jurisdição Voluntá
RIO VERDE - VARA DE FAMÍLIA E SUCESSÕES - II
Usuário: ELOAH DE SOUSA FARIA NUNES - Data: 26/10/2021 08:46:46

Comarca de Rio Verde
Estado de Goiás
2ª Vara de Família e Sucessões

Processo : 5162553-25.2021.8.09.0137
Ação : Reconhecimento e dissolução de União Estável
Requerente(s): Daniella Faria Arantes e Samuel Almeida Costa

SENTENÇA

Trata-se de **ação de dissolução de união estável** proposta por Daniella Faria Arantes e Samuel Almeida Costa, ambos qualificados na inicial.

Os requerentes informaram que constituíram união estável, sendo que da união adveio o nascimento dos filhos Yuri Faria Costa, nascido em 18 de maio de 2007 e Victor Faria Costa, nascido em 08 de agosto de 2014, e patrimônio em comum. Ao final pugnam pela dissolução da união estável e homologação do acordo, e instruíram o pedido com os documentos constantes em arquivos 01 a 11 de movimentação processual nº 01.

Decisão de mov. 09 recebeu a inicial.

O Ministério Público manifestou pela homologação do acordo firmado entre as partes (movimentação processual nº 13).

É o breve relatório. Decido.

Inicialmente, cabe ressaltar que as partes são legítimas e possuem interesse processual, bem como os pressupostos processuais pautados pelas garantias constitucionais foram respeitados.

O pedido principal, relativamente à união estável, procede, uma vez que as partes firmaram Escritura Pública de União Estável onde consta que a união teve início em 18 de maio de 2005. Ademais, na composição amigável realizada pelas partes foi informado que a dissolução ocorreu em 10 de janeiro de 2021.

O artigo 1.723, do Código Civil, diz que: "*É reconhecida como entidade familiar união estável entre o homem e a mulher, configurada na convivência pública, contínua e duradoura e estabelecida com o objetivo de constituição da família, é reconhecida como entidade familiar*".

O artigo 7°, da Lei nº 9.278/96, dispõe sobre a dissolução da união estável por rescisão, pondo fim, por vontade das partes, ao relacionamento comum.

Em se tratando de divórcio e extinção de união estável, de forma consensual, aplicam-se os artigos 731 e 732, ambos do Código de Processo Civil, abaixo transcritos:

> *Art. 731. A homologação do divórcio ou da separação consensuais, observados os requisitos legais, poderá ser requerida em petição assinada por ambos os cônjuges, da qual constarão:*
>
> *I - as disposições relativas à descrição e à partilha dos bens comuns;*

Tribunal de Justiça do Estado de Goiás
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Assinado por CORACI PEREIRA DA SILVA
Validação pelo código: 10443560008620565, no endereço: https://projudi.tjgo.jus.br/PendenciaPublica

Valor: R$ 7.920,00 | Classificador: Divórcio/União Estável
PROCESSO CÍVEL E DO TRABALHO -> Processo de Conhecimento -> Procedimento de Conhecimento -> Procedimentos Especiais -> Procedimentos Especiais de Jurisdição Voluntá
RIO VERDE - VARA DE FAMÍLIA E SUCESSÕES - II
Usuário: ELOAH DE SOUSA FARIA NUNES - Data: 26/10/2021 08:46:46

II - as disposições relativas à pensão alimentícia entre os cônjuges;

III - o acordo relativo à guarda dos filhos incapazes e ao regime de visitas; e

IV - o valor da contribuição para criar e educar os filhos.

Art. 732. As disposições relativas ao processo de homologação judicial de divórcio ou de separação consensuais aplicam-se, no que couber, ao processo de homologação da extinção consensual de união estável.

As partes são legítimas, o acordo entabulado entre as partes não contraria texto expresso de lei, bem como foi assinado pelas partes em conjunto com sua procuradora, em conformidade com os artigos 731 e 732 do CPC, sendo, portanto, passível de homologação.

Impende salientar que quanto ao acordo referente a divisão patrimonial, por tratar de direito disponível, sendo as partes maiores e capazes, não cabe ao Julgador quaisquer ponderações, devendo respeitar o que foi avençado entre as partes, ainda que haja desigualdade na cota que estabeleceram para cada um. Todavia, esclareço que o acordo ora objeto de homologação, como ato jurídico, vale entre os acordantes, não alcançando terceiros que não foram parte nesta demanda.

Por fim, o Ministério Público ofertou parecer favorável à homologação do acordo, em cumprimento ao disposto no artigo 698 do Código de Processo Civil.

Nesse passo, estando o acordo isento de vícios, há de ser homologado.

Diante do exposto, com fulcro no art. 1.723 do Código Civil, **DECLARO** a união estável vivida entre os conviventes Daniella Faria Arantes e Samuel Almeida Costa, iniciada 18 maio de 2005 e encerrada em 10 de janeiro de 2021, e **HOMOLOGO** o acordo de evento nº 01, o qual fará parte integrante desta sentença, para que produza seus jurídicos e legais efeitos, nos termos do artigo 487, III, "b" do CPC.

Custas processuais pelos requerentes, na proporção de 50% (cinquenta por cento) para cada um, nos termos do art. 82, *caput* e art. 90, §2º, ambos do CPC, se houver. Contudo, suspendo sua exigibilidade por 5 (cinco) anos subsequentes ao trânsito em julgado da sentença, uma vez que foram concedidos os benefícios da assistência judiciária gratuita aos autores em mov. nº 09.

Deixo de fixar honorários sucumbenciais por tratar-se de jurisdição voluntária e as partes estarem representadas por advogado comum.

Publique-se. Registre-se. Intime-se.

Transitada em julgado a sentença, expeçam-se termo de guarda, formal de partilha e mandado de averbação ao cartório da localidade em foi firmada a Escritura Pública de União Estável

Rio Verde-GO, data da assinatura digital.

Coraci Pereira da Silva

Juíza de Direito

Tribunal de Justiça do Estado de Goiás
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Exhibit 11 - Evidence of Stepfather-Stepchild Cohabitation: Yuri Faria Costa’s Proof of Residence (Shared Address)

BANK OF AMERICA

P.O. Box 15284
Wilmington, DE 19850

YURI FARIA COSTA
DANIELLA FARIA ARANTES
16720 NORTH RD APT C208
BOTHELL, WA 98012-4901

Customer service information

Customer service: 1.800.432.1000

En Español: 1.800.688.6086

bankofamerica.com

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Your combined statement

for June 26, 2025 to July 28, 2025

Your deposit accounts	Account/plan number	Ending balance	Details on
Adv SafeBalance Banking	1381 3135 4597	$217.38	Page 3
Bank of America Advantage Savings	1381 3135 4607	$1.59	Page 7
Total balance		**$218.97**	

Merrill



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When you use the QRC feature, certain information is collected from your mobile device for business purposes. Merrill Lynch, Pierce, Fenner & Smith Incorporated (also referred to as "MLPF&S" or "Merrill") makes available certain investment products sponsored, managed, distributed or provided by companies that are affiliates of Bank of America Corporation ("BofA Corp."). MLPF&S is a registered broker-dealer, Member SIPC and a wholly owned subsidiary of BofA Corp. Banking products are provided by Bank of America, N.A., and affiliated banks, Members FDIC and wholly owned subsidiaries of BofA Corp.

Investment products: Are Not FDIC Insured | Are Not Bank Guaranteed | May Lose Value

SSM-03-25-0539.B | 7740237

Exhibit 12 - Evidence of Stepfather-Stepchild Cohabitation: Victor Faria Costa’s Proof of Residence (Shared Address)

DSHS
PO Box 11699
Tacoma, WA 98411-6699

Washington State Department of Social & Health Services
Transforming lives

Date/Fecha: 07/21/2025
Number/Número: 10517377
Program/Programa: S-EBT

54692

VICTOR COSTA
16720 NORTH RD APT C208
BOTHELL, WA 98012

Hello VICTOR COSTA,

You have been determined eligible for SUN Bucks benefits (WAC 388-487-0020). You will receive a one-time, lump-sum payment in the amount of **$120** to help buy healthy food while school is out for the summer period. (WAC 388-487-0010).

You have been automatically determined eligible as a school-aged child who met one of the following criteria between June 16, 2024 through August 29, 2025:

- You are a member of a household that receives certain public assistance benefits; or
- You are eligible to receive free or reduced-price meals at your school.

You do not need to apply for SUN Bucks.

What do I need to do?

- Look for your SUN Bucks EBT card in the mail. One will be mailed separately for each newly eligible child in your household.
- **If you already have a SUN Bucks EBT card from last summer, benefits will be deposited onto that card.**
- **If you have lost your card, call the SUN Bucks Contact Center shown below to request a replacement.**
- Use your benefits as soon as possible! SUN Bucks benefits expire 122 days *after issuance, regardless of transaction date or usage*, and will not be replaced.

Exhibit 13 – Ayla Santos Faria's Birth Certificate (Daniella Faria Arantes' U.S. Citizen Daughter)

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF LIVE BIRTH

8795882

STATE FILE NUMBER:
146-2022-003760

DATE ISSUED:
FEBRUARY 07, 2022

FIRST AND MIDDLE NAME(S):
AYLA SANTOS

LAST NAME(S):
FARIA

DATE AND TIME OF BIRTH:
JANUARY 20, 2022 04:52 AM

SEX:
FEMALE

PLACE OF BIRTH (CITY, COUNTY, STATE):
KIRKLAND, KING COUNTY, WASHINGTON

FACILITY:
EVERGREENHEALTH MEDICAL CENTER

MOTHER'S NAME PRIOR TO FIRST MARRIAGE:
DANIELLA FARIA ARANTES

MOTHER'S PLACE OF BIRTH:
BRAZIL

MOTHER'S DATE OF BIRTH:
MARCH 04, 1985

FATHER'S NAME:
CARLOS EDUARDO DOS SANTOS

FATHER'S PLACE OF BIRTH:
BRAZIL

FATHER'S DATE OF BIRTH:
MARCH 03, 1983

DATE FILED:
JANUARY 25, 2022

FEE NUMBER:
137908672

DOH 422-132 King (8/18)

NOT VALID IF PHOTOCOPIED OR ALTERED

Exhibit 14 - Petitioner’s Financial Information - Bernnie Jesus Mailloux Enriquez

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
BERNNIE J MAILLOUX ENRIQUEZ	612-61-9602
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**	67307
2	Total tax	**2**	6653
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	**3**	115
4	Amount you want refunded to you	**4**	
5	Amount you owe	**5**	6538

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 _____ to enter or generate my PIN [0 0 0 0 0] as my
ERO firm name **Enter five digits, but don't enter all zeros**
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 _____ to enter or generate my PIN [ ] as my
ERO firm name **Enter five digits, but don't enter all zeros**
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. [ ]
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 ► TAXSLAYER Date ► 01/15/2026

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see your tax return instructions. [b] Form **8879** (Rev. 01-2021)

QNA

2024 Form 1040-V

Department of the Treasury
Internal Revenue Service

What Is Form 1040-V?

It's a statement you send with your check or money order for any balance due on the "Amount you owe" line of your 2024 Form 1040, 1040-SR, or 1040-NR.

Consider Making Your Tax Payment Electronically—It's Easy

You can make electronic payments online, by phone, or from a mobile device. Paying electronically is safe and secure. When you schedule your payment, you will receive immediate confirmation from the IRS. Go to *www.irs.gov/Payments* to see all your electronic payment options.

How To Fill in Form 1040-V

Line 1. Enter your social security number (SSN).

If you are filing a joint return, enter the SSN shown first on your return.

Line 2. If you are filing a joint return, enter the SSN shown second on your return.

Line 3. Enter the amount you are paying by check or money order. If paying online at *www.irs.gov/Payments*, don't complete this form.

Line 4. Enter your name(s) and address exactly as shown on your return. Please print clearly.

How To Prepare Your Payment

- Make your check or money order payable to "**United States Treasury**." Don't send cash. If you want to pay in cash, in person, see *Pay by cash*, later.
- Make sure your name and address appear on your check or money order.
- Enter your daytime phone number and your SSN on your check or money order. If you have an Individual Taxpayer Identification Number (ITIN), enter it wherever your SSN is requested. If you are filing a joint return, enter the SSN shown first on your return. Also, enter "2024 Form 1040," "2024 Form 1040-SR," or "2024 Form 1040-NR," whichever is appropriate.
- To help us process your payment, enter the amount on the right side of your check like this: $ XXX.XX. Don't use dashes or lines (for example, don't enter "$ XXX—" or "$ XXX $^{xx}/_{100}$").

Notice to taxpayers presenting checks. When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

No checks of $100 million or more accepted. The IRS can't accept a single check (including a cashier's check) for amounts of $100,000,000 ($100 million) or more. If you are sending $100 million or more by check, you will need to spread the payments over two or more checks, with each check made out for an amount less than $100 million.

Pay by cash. This is an in-person payment option for individuals provided through retail partners with a maximum of $1,000 per day per transaction. To make a cash payment, you must first be registered online at *www.acipayonline.com*, our official payment provider. Click on "Federal IRS payments" to make your payment.

How To Send in Your 2024 Tax Return, Payment, and Form 1040-V

- Don't staple or otherwise attach your payment or Form 1040-V to your return or to each other. Instead, just put them loose in the envelope.
- Mail your 2024 tax return, payment, and Form 1040-V to the address shown on the back that applies to you.

How To Pay Electronically

Pay Online

Paying online is convenient, secure, and helps make sure we get your payments on time. You can pay using either of the following electronic payment methods. To pay your taxes online or for more information, go to *www.irs.gov/Payments*.

IRS Direct Pay

Pay your taxes directly from your checking or savings account at no cost to you. You receive instant confirmation that your payment has been made, and you can schedule your payment up to 30 days in advance.

Debit or Credit Card

The IRS doesn't charge a fee for this service; the card processors do. The authorized card processors and their phone numbers are all online at *www.irs.gov/Payments*.

Separate here and mail with your payment and return.

Form **1040-V**

Department of the Treasury
Internal Revenue Service

Payment Voucher for Individuals

Do not staple or attach this voucher to your payment or return.

Go to *www.irs.gov/Payments* for payment options and information.

OMB No. 1545-0074

2024

Print or type

1 Your social security number (SSN) (if a joint return, SSN shown first on your return)	2 If a joint return, SSN shown second on your return	3 **Amount you are paying by check or money order.** Make your check or money order payable to "**United States Treasury**"
612-61-9602		6538

4 Your first name and middle initial	Last name
BERNNIE J	MAILLOUX ENRIQUEZ
If a joint return, spouse's first name and middle initial	Last name

Home address (number and street)	Apt. no.	City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
16720 NORTH RD	C-208	BOTHELL	WA	98012
Foreign country name		Foreign province/state/county		Foreign postal code

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see your tax return instructions.

QNA 612619602 JK MAIL 30 0 202412 610

Need to make a payment?

Save time by paying online. Paying online is convenient and secure.

The IRS offers easy ways to electronically pay your taxes.

Use Your Online Account
(no fees)

- Go to *www.irs.gov/Account* to log in and make a payment.
- Make a tax payment online directly from your checking or savings account.
- View your balance, payment plan details and options, digital copies of certain notices, and more.

Pay by Bank Account
(no fees)

- Use Direct Pay online to make an individual tax payment from your checking or savings account without registration.
- Register for the Electronic Federal Tax Payment System (EFTPS) to make one-time or recurring payments from your checking or savings account.
- When you e-file with tax software or a tax professional, you can schedule an electronic funds withdrawal (EFW).

Pay by Card
(processing fees apply)

- Pay online or by phone.
- When e-filing, pay through tax preparation software.
- Processing fees go to a payment processor and limits apply. The IRS does not receive any fees.

Go to ***www.irs.gov/Payments*** for more details or to make a payment.

Mailing Address for Payments

IF you live in...	THEN use this address to send in your payment...
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

QNA

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** 2024 OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____, 20 _____ See separate instructions.

Your first name and middle initial	Last name	Your social security number
BERNNIE J	MAILLOUX ENRIQUEZ	612-61-9602
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.	Presidential Election Campaign
16720 NORTH RD	C-208	Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. State: WA ZIP code: 98012		
BOTHELL		
Foreign country name / Foreign province/state/county / Foreign postal code		

Filing Status Check only one box.

☒ Single ☐ Head of household (HOH)
☐ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____

Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1960 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1960 ☐ Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here ☐

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

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	67307
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	67307
2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	
8	Additional income from Schedule 1, line 10				8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	67307
10	Adjustments to income from Schedule 1, line 26				10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	67307
12	**Standard deduction or itemized deductions** (from Schedule A)				12	14600
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	
14	Add lines 12 and 13				14	14600
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	52707

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)

QNA

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐	16	6653
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	6653
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	6653
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0
	24	Add lines 22 and 23. This is your **total tax**	24	6653
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 115		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	115
If you have a qualifying child, attach Sch. EIC.	26	2024 estimated tax payments and amount applied from 2023 return	26	
	27	Earned income credit (EIC) — 27:		
	28	Additional child tax credit from Schedule 8812 — 28:		
	29	American opportunity credit from Form 8863, line 8 — 29:		
	30	Reserved for future use — 30:		
	31	Amount from Schedule 3, line 15 — 31:		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**	32	
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	115
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	
Direct deposit? See instructions.	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 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	6538
	38	Estimated tax penalty (see instructions) — 38:		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes.** Complete below. ☐ **No**

Designee's name | Phone no. | Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		UNEMPLOYED	
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. (425) 420-3735 Email address MAILLOUXBERNIE@ICLOUD.COM

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name				Phone no.
Firm's address				Firm's EIN

Copy B—To Be Filed With Employee's FEDERAL Tax Return. OMB No. 1545-0008

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
XXX-XX-9602	67307.67	115.52
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld
75-2908364	69076.87	4282.77
	5 Medicare wages and tips	6 Medicare tax withheld
	69076.87	1001.61

c Employer's name, address, and ZIP code — Reissued
ROLLING FRITO-LAY SALES, LP
7701 LEGACY DRIVE
PLANO TX 75024

d Control number
71401959

e Employee's name, address, and ZIP code
BERNNIE MAILLOUX
16720 NORTH ROAD
C208
BOTHELL WA 98012

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12
		C 30.60
13 Statutory employee	14 Other	12b Code
		D 1769.20
Retirement plan		12c Code
X		W 245.02
Third-party sick pay		12d Code
		DD 19242.60

15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2024 Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service.

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
XXX-XX-9602	67307.67	115.52
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld
75-2908364	69076.87	4282.77
	5 Medicare wages and tips	6 Medicare tax withheld
	69076.87	1001.61

c Employer's name, address, and ZIP code — Reissued
ROLLING FRITO-LAY SALES, LP
7701 LEGACY DRIVE
PLANO TX 75024

d Control number
71401959

e Employee's name, address, and ZIP code
BERNNIE MAILLOUX
16720 NORTH ROAD
C208
BOTHELL WA 98012

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code
		C 30.60
13 Statutory employee	14 Other	12b Code
		D 1769.20
Retirement plan		12c Code
X		W 245.02
Third-party sick pay		12d Code
		DD 19242.60

15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2024 Dept. of the Treasury - IRS

Copy C—For EMPLOYEE'S RECORDS (See *Notice to Employee* on the back of Copy B.) OMB No. 1545-0008

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
XXX-XX-9602	67307.67	115.52
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld
75-2908364	69076.87	4282.77
	5 Medicare wages and tips	6 Medicare tax withheld
	69076.87	1001.61

c Employer's name, address, and ZIP code — Reissued
ROLLING FRITO-LAY SALES, LP
7701 LEGACY DRIVE
PLANO TX 75024

d Control number
71401959

e Employee's name, address, and ZIP code
BERNNIE MAILLOUX
16720 NORTH ROAD
C208
BOTHELL WA 98012

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12
		C 30.60
13 Statutory employee	14 Other	12b Code
		D 1769.20
Retirement plan		12c Code
X		W 245.02
Third-party sick pay		12d Code
		DD 19242.60

15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2024 Dept. of the Treasury - IRS
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
XXX-XX-9602	67307.67	115.52
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld
75-2908364	69076.87	4282.77
	5 Medicare wages and tips	6 Medicare tax withheld
	69076.87	1001.61

c Employer's name, address, and ZIP code — Reissued
ROLLING FRITO-LAY SALES, LP
7701 LEGACY DRIVE
PLANO TX 75024

d Control number
71401959

e Employee's name, address, and ZIP code
BERNNIE MAILLOUX
16720 NORTH ROAD
C208
BOTHELL WA 98012

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code
		C 30.60
13 Statutory employee	14 Other	12b Code
		D 1769.20
Retirement plan		12c Code
X		W 245.02
Third-party sick pay		12d Code
		DD 19242.60

15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2024 Dept. of the Treasury - IRS

BW24UP NTF 2586385 4 BW24UP

Future developments. For the latest information about developments related to Form W-2, such as legislation enacted after it was published, go to *www.irs.gov/FormW2*.

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income tax credit (EITC). You may be able to take the EITC for 2024 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EITC if your investment income is more than the specified amount for 2024 or if income is earned for services provided while you were an inmate at a penal institution. For 2024 income limits and more information, visit *www.irs.gov/EITC*. See also Pub. 596. **Any EITC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at *www.SSA.gov*.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2024 and more than $10,453.20 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than $6,129.90 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above $200,000.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of $23,000 ($16,000 if you only have SIMPLE plans; $26,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to $23,000. Deferrals under code H are limited to $7,000.

However, if you were at least age 50 in 2024, your employer may have allowed an additional deferral of up to $7,500 ($3,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over $50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan

T—Adoption benefits (not included in box 1). Complete Form 8839 to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525 for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

II—Medicaid waiver payments excluded from gross income under Notice 2014-7.

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A.

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits,** keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Future developments. For the latest information about developments related to Form W-2, such as legislation enacted after it was published, go to *www.irs.gov/FormW2*.

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income tax credit (EITC). You may be able to take the EITC for 2024 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EITC if your investment income is more than the specified amount for 2024 or if income is earned for services provided while you were an inmate at a penal institution. For 2024 income limits and more information, visit *www.irs.gov/EITC*. See also Pub. 596. **Any EITC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at *www.SSA.gov*.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2024 and more than $10,453.20 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than $6,129.90 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above $200,000.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of $23,000 ($16,000 if you only have SIMPLE plans; $26,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to $23,000. Deferrals under code H are limited to $7,000.

However, if you were at least age 50 in 2024, your employer may have allowed an additional deferral of up to $7,500 ($3,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over $50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan

T—Adoption benefits (not included in box 1). Complete Form 8839 to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525 for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan

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DD—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

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FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

II—Medicaid waiver payments excluded from gross income under Notice 2014-7.

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A.

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits,** keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Future developments. For the latest information about developments related to Form W-2, such as legislation enacted after it was published, go to *www.irs.gov/FormW2*.

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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
BERNNIE J MAILLOUX ENRIQUEZ	612-61-9602
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**	68908
2	Total tax	**2**	7424
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	**3**	7632
4	Amount you want refunded to you	**4**	208
5	Amount you owe	**5**	

Part II **Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☐ I authorize _____ to enter or generate my PIN [0 0 0 0 0] as my
ERO firm name **Enter five digits, but don't enter all zeros**
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 _____ to enter or generate my PIN [ ] as my
ERO firm name **Enter five digits, but don't enter all zeros**
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. [ ]
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 ► TAXSLAYER Date ► 01/15/2026

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see your tax return instructions. [b] Form **8879** (Rev. 01-2021)

QNA

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **2023** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20 _____ See separate instructions.

Your first name and middle initial	Last name	Your social security number
BERNNIE J	MAILLOUX ENRIQUEZ	612-61-9602
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.
16720 NORTH RD	C-208

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
BOTHELL	WA	98012

Foreign country name	Foreign province/state/county	Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ **You** ☐ **Spouse**

Filing Status Check only one box.
☒ Single ☐ Head of household (HOH)
☐ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) . ☐ **Yes** ☒ **No**

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1959 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1959 ☐ Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here . . ☐

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

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	68908
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	68908
2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	
8	Additional income from Schedule 1, line 10				8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	68908
10	Adjustments to income from Schedule 1, line 26				10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	68908
12	**Standard deduction or itemized deductions** (from Schedule A)				12	13850
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	
14	Add lines 12 and 13				14	13850
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	55058

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)

QNA

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐		16	7424
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	7424
	19	Child tax credit or credit for other dependents from Schedule 8812		19	
	20	Amount from Schedule 3, line 8		20	
	21	Add lines 19 and 20		21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	7424
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	0
	24	Add lines 22 and 23. This is your **total tax**		24	7424
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a 7632		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	7632
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount applied from 2022 return		26	
	27	Earned income credit (EIC)	27		
	28	Additional child tax credit from Schedule 8812	28		
	29	American opportunity credit from Form 8863, line 8	29		
	30	Reserved for future use	30		
	31	Amount from Schedule 3, line 15	31		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**		32	
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	7632
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	208
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐		35a	208
Direct deposit? See instructions.	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 2024 estimated tax**	36		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe**. For details on how to pay, go to *www.irs.gov/Payments* or see instructions		37	
	38	Estimated tax penalty (see instructions)	38		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes.** Complete below. ☐ **No**

Designee's name | Phone no. | Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		ROUTE SALES REP	
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. (425) 420-3735 Email address MAILLOUXBERNIE@ICLOUD.COM

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name				Phone no.
Firm's address				Firm's EIN

Go to *www.irs.gov/Form1040* for instructions and the latest information. Form **1040** (2023)

QNA

Form **8880**

Department of the Treasury
Internal Revenue Service

Credit for Qualified Retirement Savings Contributions

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to *www.irs.gov/Form8880* for the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **54**

Name(s) shown on return

BERNNIE MAILLOUX ENRIQUEZ

Your social security number

612-61-9602

*You **cannot** take this credit if **either** of the following applies.*

CAUTION

- *The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than $36,500 ($54,750 if head of household; $73,000 if married filing jointly).*
- *The person(s) who made the qualified contribution or elective deferral (**a**) was born after January 1, 2006; (**b**) is claimed as a dependent on someone else's 2023 tax return; or (**c**) was a **student** (see instructions).*

			(a) You	(b) Your spouse
1	Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2023. **Do not** include rollover contributions	1		
2	Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2023 (see instructions)	2	3280	
3	Add lines 1 and 2	3	3280	
4	Certain distributions received **after** 2020 and **before** the due date (including extensions) of your 2023 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception	4		
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	3280	
6	In each column, enter the **smaller** of line 5 or $2,000	6	2000	
7	Add the amounts on line 6. If zero, **stop**; you can't take this credit	7		2000
8	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11*	8	68908	
9	Enter the applicable decimal amount from the table below.	9		x 0.

If line 8 is—		And your filing status is—		
Over—	But not over—	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying surviving spouse
		Enter on line 9—		
---	$21,750	0.5	0.5	0.5
$21,750	$23,750	0.5	0.5	0.2
$23,750	$32,625	0.5	0.5	0.1
$32,625	$35,625	0.5	0.2	0.1
$35,625	$36,500	0.5	0.1	0.1
$36,500	$43,500	0.5	0.1	0.0
$43,500	$47,500	0.2	0.1	0.0
$47,500	$54,750	0.1	0.1	0.0
$54,750	$73,000	0.1	0.0	0.0
$73,000	---	0.0	0.0	0.0

Note: If line 9 is zero, **stop**; you can't take this credit.

10	Multiply line 7 by line 9	10	
11	Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions	11	
12	**Credit for qualified retirement savings contributions.** Enter the **smaller** of line 10 or line 11 here and on Schedule 3 (Form 1040), line 4	12	

* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

For Paperwork Reduction Act Notice, see your tax return instructions. Form **8880** (2023)

QNA

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form 8880 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/Form8880*.

Reminder

Contributions by a designated beneficiary to an Achieving a Better Life Experience (ABLE) account. A retirement savings contribution credit may be claimed for the amount of contributions you, as the designated beneficiary of an ABLE account, make before January 1, 2026, to the ABLE account. See Pub. 907, Tax Highlights for Persons With Disabilities, for more information.

General Instructions

Purpose of Form

Use Form 8880 to figure the amount, if any, of your retirement savings contributions credit (also known as the saver's credit). The maximum amount of the credit is $1,000 ($2,000 if married filing jointly).

TIP *This credit can be claimed in addition to any IRA deduction claimed on Schedule 1 (Form 1040), line 20.*

Who Can Take This Credit

You may be able to take this credit if you, or your spouse if filing jointly, made (a) contributions (other than rollover contributions) to a traditional or Roth IRA; (b) elective deferrals to a 401(k), 403(b), governmental 457(b), SEP, SIMPLE, or to the federal Thrift Savings Plan (TSP); (c) voluntary employee contributions to a qualified retirement plan, as defined in section 4974(c) (including the federal TSP); (d) contributions to a 501(c)(18)(D) plan; or (e) contributions, as a designated beneficiary of an ABLE account, to the ABLE account, as defined in section 529A.

However, you can't take the credit if either of the following applies.

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than $36,500 ($54,750 if head of household; $73,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2006; (b) is claimed as a dependent on someone else's 2023 tax return; or (c) was a student.

CAUTION *You'll need to refigure the amount on Form 1040 or 1040-SR, line 11, if you're filing Form 2555 or Form 4563 or you're excluding income from Puerto Rico. See Pub. 590-A at www.irs.gov/Pub590A for details.*

You were a student if during any part of 5 calendar months of 2023 you:

- Were enrolled as a full-time student at a school; or
- Took a full-time, on-farm training course given by a school or a state, county, or local government agency.

A school includes technical, trade, and mechanical schools. It doesn't include on-the-job training courses, correspondence schools, or schools offering courses only through the Internet.

Specific Instructions

Column (b)

Complete column (b) only if you're filing a joint return.

Line 2

Include on line 2 any of the following amounts.

- Elective deferrals (including designated Roth contributions under section 402A, if applicable) to a 401(k), 403(b), governmental 457(b), SEP, SIMPLE, or to the federal TSP.
- Voluntary employee contributions to a qualified retirement plan, as defined in section 4974(c) (including the federal TSP).
- Contributions to a 501(c)(18)(D) plan.

These amounts may be shown in box 12 of your Form(s) W-2 for 2023.

Note: Contributions designated under section 414(h)(2) are treated as employer contributions and, as such, they aren't voluntary contributions made by the employee. They don't qualify for the credit and shouldn't be included on line 2.

Line 4

Enter the total amount of distributions you, and your spouse if filing jointly, received after 2020 and before the due date of your 2023 return (including extensions) from any of the following types of plans.

- Traditional or Roth IRAs, or ABLE accounts.
- 401(k), 403(b), governmental 457(b), 501(c)(18)(D), SEP, SIMPLE, or the federal TSP.
- Qualified retirement plans, as defined in section 4974(c).

Don't include any of the following.

- Distributions not taxable as the result of a rollover or a trustee-to-trustee transfer.
- Distributions that are taxable as the result of an in-plan rollover to your designated Roth account.
- Distributions from your eligible retirement plan (other than a Roth IRA) rolled over or converted to your Roth IRA.
- Loans from a qualified employer plan treated as a distribution.
- Distributions of excess contributions or deferrals (and income allocable to such contributions or deferrals).
- Distributions of contributions made to an IRA during a tax year and returned (with any income allocable to such contributions) on or before the due date (including extensions) for that tax year.
- Distributions of dividends paid on stock held by an employee stock ownership plan under section 404(k).
- Distributions from a military retirement plan (other than the federal TSP).
- Distributions from an inherited IRA by a nonspousal beneficiary.

If you're filing a joint return, include both spouses' amounts in both columns.

Exception. Don't include your spouse's distributions with yours when entering an amount on line 4 if you and your spouse didn't file a joint return for the year the distribution was received.

Example. You received a distribution of $5,000 from a qualified retirement plan in 2023. Your spouse received a distribution of $2,000 from a Roth IRA in 2021. You and your spouse file a joint return in 2023, but didn't file a joint return in 2021. You would include $5,000 in column (a) and $7,000 in column (b).

Line 7

Add the amounts from line 6, columns (a) and (b), and enter the total.

Line 11

Before you complete the following worksheet, figure the amount of any credit for the elderly or the disabled you're claiming on Schedule 3 (Form 1040), line 6d. See Schedule R (Form 1040) to figure the credit.

Credit Limit Worksheet

Complete this worksheet to figure the amount to enter on line 11.

1. Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18	**1.**	7424
2. Enter the total of your credits from Schedule 3, lines 1 through 3, 6d, and 6l	**2.**	
3. Subtract line 2 from line 1. Also enter this amount on Form 8880, line 11. But if zero or less, **stop**; you can't take the credit—don't file this form .	**3.**	7424

Copy B—To Be Filed With Employee's FEDERAL Tax Return. OMB No. 1545-0008

a Employee's soc. sec. no. XXX-XX-9602	1 Wages, tips, other comp. 68908.23	2 Federal income tax withheld 7631.66
b Employer ID number (EIN) 75-2908364	3 Social security wages 72188.17	4 Social security tax withheld 4475.67
	5 Medicare wages and tips 72188.17	6 Medicare tax withheld 1046.73

c Employer's name, address, and ZIP code — Reissued
ROLLING FRITO-LAY SALES, LP
7701 LEGACY DRIVE
PLANO TX 75024

d Control number 71401959

e Employee's name, address, and ZIP code
BERNNIE MAILLOUX
602 29TH ST SE #49
AUBURN WA 98002

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 D 3279.94
13 Statutory employee	14 Other	12b Code DD 20541.72
Retirement plan X		12c Code
Third-party sick pay		12d Code
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service.

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008

a Employee's soc. sec. no. XXX-XX-9602	1 Wages, tips, other comp. 68908.23	2 Federal income tax withheld 7631.66
b Employer ID number (EIN) 75-2908364	3 Social security wages 72188.17	4 Social security tax withheld 4475.67
	5 Medicare wages and tips 72188.17	6 Medicare tax withheld 1046.73

c Employer's name, address, and ZIP code — Reissued
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7701 LEGACY DRIVE
PLANO TX 75024

d Control number 71401959

e Employee's name, address, and ZIP code
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7 Social security tips	8 Allocated tips	9
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13 Statutory employee	14 Other	12b Code DD 20541.72
Retirement plan X		12c Code
Third-party sick pay		12d Code
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury - IRS

Copy C—For EMPLOYEE'S RECORDS (See *Notice to Employee* on the back of Copy B.) OMB No. 1545-0008

a Employee's soc. sec. no. XXX-XX-9602	1 Wages, tips, other comp. 68908.23	2 Federal income tax withheld 7631.66
b Employer ID number (EIN) 75-2908364	3 Social security wages 72188.17	4 Social security tax withheld 4475.67
	5 Medicare wages and tips 72188.17	6 Medicare tax withheld 1046.73

c Employer's name, address, and ZIP code — Reissued
ROLLING FRITO-LAY SALES, LP
7701 LEGACY DRIVE
PLANO TX 75024

d Control number 71401959

e Employee's name, address, and ZIP code
BERNNIE MAILLOUX
602 29TH ST SE #49
AUBURN WA 98002

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 D 3279.94
13 Statutory employee	14 Other	12b Code DD 20541.72
Retirement plan X		12c Code
Third-party sick pay		12d Code
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury - IRS
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008

a Employee's soc. sec. no. XXX-XX-9602	1 Wages, tips, other comp. 68908.23	2 Federal income tax withheld 7631.66
b Employer ID number (EIN) 75-2908364	3 Social security wages 72188.17	4 Social security tax withheld 4475.67
	5 Medicare wages and tips 72188.17	6 Medicare tax withheld 1046.73

c Employer's name, address, and ZIP code — Reissued
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d Control number 71401959

e Employee's name, address, and ZIP code
BERNNIE MAILLOUX
602 29TH ST SE #49
AUBURN WA 98002

7 Social security tips	8 Allocated tips	9
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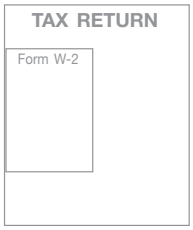
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury - IRS

BW24UP NTF 2585808 3 BW24UP

In order for the information on this form to be effectively keypunched, it must be read upright. Therefore, attach this W-2 to your state, city, or local tax return as follows:





NOTE: THIS W-2 IS ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE, AND LOCAL/CITY INCOME TAX RETURNS.

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2023 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2023 or if income is earned for services provided while you were an inmate at a penal institution. For 2023 income limits and more information, visit *www.irs.gov/EITC*. See also Pub. 596. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at *www.SSA.gov*.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2023 and more than $9,932.40 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than $5,821.20 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843. (See also *Instructions for Employee*.)

Instructions for Employee

(See also *Notice to Employee*.)

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above $200,000.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

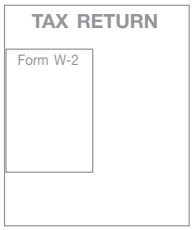
You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of $22,500 ($15,500 if you only have SIMPLE plans; $25,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to $22,500. Deferrals under code H are limited to $7,000.

In order for the information on this form to be effectively keypunched, it must be read upright. Therefore, attach this W-2 to your state, city, or local tax return as follows:





NOTE: THIS W-2 IS ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE, AND LOCAL/CITY INCOME TAX RETURNS.

Instructions for Employee *(continued)*

Box 12 *(continued)*

However, if you were at least age 50 in 2023, your employer may have allowed an additional deferral of up to $7,500 ($3,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over $50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T—Adoption benefits (not included in box 1). Complete Form 8839 to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525 for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A.

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits,** keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

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
BERNNIE J MAILLOUX ENRIQUEZ	612-61-9602
Spouse's name	Spouse's social security number

Part I **Tax Return Information — Tax Year Ending December 31, 2022** (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**	43931
2	Total tax	**2**	3512
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	**3**	3487
4	Amount you want refunded to you	**4**	
5	Amount you owe	**5**	25

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 _____ to enter or generate my PIN [0 0 0 0 0] as my
ERO firm name **Enter five digits, but don't enter all zeros**
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 _____ to enter or generate my PIN [ ] as my
ERO firm name **Enter five digits, but don't enter all zeros**
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. [ ]
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 ► TAXSLAYER Date ► 01/15/2026

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see your tax return instructions. [b] Form **8879** (Rev. 01-2021)

QNA

2022 Form 1040-V

Department of the Treasury
Internal Revenue Service

What Is Form 1040-V?

It's a statement you send with your check or money order for any balance due on the "Amount you owe" line of your 2022 Form 1040, 1040-SR, or 1040-NR.

Consider Making Your Tax Payment Electronically—It's Easy

You can make electronic payments online, by phone, or from a mobile device. Paying electronically is safe and secure. When you schedule your payment, you will receive immediate confirmation from the IRS. Go to *www.irs.gov/Payments* to see all your electronic payment options.

How To Fill in Form 1040-V

Line 1. Enter your social security number (SSN).

If you are filing a joint return, enter the SSN shown first on your return.

Line 2. If you are filing a joint return, enter the SSN shown second on your return.

Line 3. Enter the amount you are paying by check or money order. If paying online at *www.irs.gov/Payments*, don't complete this form.

Line 4. Enter your name(s) and address exactly as shown on your return. Please print clearly.

How To Prepare Your Payment

- Make your check or money order payable to "**United States Treasury**." Don't send cash. If you want to pay in cash, in person, see *Pay by cash,* later.
- Make sure your name and address appear on your check or money order.
- Enter your daytime phone number and your SSN on your check or money order. If you have an Individual Taxpayer Identification Number (ITIN), enter it wherever your SSN is requested. If you are filing a joint return, enter the SSN shown first on your return. Also, enter "2022 Form 1040," "2022 Form 1040-SR," or "2022 Form 1040-NR," whichever is appropriate.
- To help us process your payment, enter the amount on the right side of your check like this: $ XXX.XX. Don't use dashes or lines (for example, don't enter "$ XXX—" or "$ XXX $^{xx}/_{100}$").

Notice to taxpayers presenting checks. When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

No checks of $100 million or more accepted. The IRS can't accept a single check (including a cashier's check) for amounts of $100,000,000 ($100 million) or more. If you are sending $100 million or more by check, you will need to spread the payments over two or more checks, with each check made out for an amount less than $100 million.

Pay by cash. This is an in-person payment option for individuals provided through retail partners with a maximum of $1,000 per day per transaction. To make a cash payment, you must first be registered online at *www.officialpayments.com/fed*, our Official Payment provider.

How To Send in Your 2022 Tax Return, Payment, and Form 1040-V

- Don't staple or otherwise attach your payment or Form 1040-V to your return or to each other. Instead, just put them loose in the envelope.
- Mail your 2022 tax return, payment, and Form 1040-V to the address shown on the back that applies to you.

How To Pay Electronically

Pay Online

Paying online is convenient, secure, and helps make sure we get your payments on time. You can pay using either of the following electronic payment methods. To pay your taxes online or for more information, go to *www.irs.gov/Payments*.

IRS Direct Pay

Pay your taxes directly from your checking or savings account at no cost to you. You receive instant confirmation that your payment has been made, and you can schedule your payment up to 30 days in advance.

Debit or Credit Card

The IRS doesn't charge a fee for this service; the card processors do. The authorized card processors and their phone numbers are all online at *www.irs.gov/Payments*.

Detach Here and Mail With Your Payment and Return

Form **1040-V**

Department of the Treasury
Internal Revenue Service

Payment Voucher

Do not staple or attach this voucher to your payment or return.

Go to *www.irs.gov/Payments* for payment options and information.

OMB No. 1545-0074

2022

Print or type

1 Your social security number (SSN) (if a joint return, SSN shown first on your return)	2 If a joint return, SSN shown second on your return	3 **Amount you are paying by check or money order.** Make your check or money order payable to "**United States Treasury**"
612-61-9602		25

4 Your first name and middle initial	Last name
BERNNIE J	MAILLOUX ENRIQUEZ
If a joint return, spouse's first name and middle initial	Last name

Home address (number and street)	Apt. no.	City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
16720 NORTH RD	C-208	BOTHELL	WA	98012
Foreign country name		Foreign province/state/county		Foreign postal code

For Paperwork Reduction Act Notice, see your tax return instructions.

QNA 612619602 JK MAIL 30 0 202212 610

IF you live in...	THEN use this address to send in your payment...
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

QNA

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **2022** 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 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:

Your first name and middle initial	Last name	Your social security number
BERNNIE J	MAILLOUX ENRIQUEZ	612-61-9602
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.
16720 NORTH RD	C-208

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
BOTHELL	WA	98012

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

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, 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, 1958 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1958 ☐ Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here . . ☐

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

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	43931
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	43931

Attach Sch. B if required.

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	

Standard Deduction for—
- Single or Married filing separately, $12,950
- Married filing jointly or Qualifying surviving spouse, $25,900
- Head of household, $19,400
- If you checked any box under *Standard Deduction*, see instructions.

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	Other income from Schedule 1, line 10	8		
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**	9	43931	
10	Adjustments to income from Schedule 1, line 26	10		
11	Subtract line 10 from line 9. This is your **adjusted gross income**	11	43931	
12	**Standard deduction or itemized deductions** (from Schedule A)	12	12950	
13	Qualified business income deduction from Form 8995 or Form 8995-A	13		
14	Add lines 12 and 13	14	12950	
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**	15	30981	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2022)

QNA

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐ _____	16	3512
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	3512
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	3512
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0
	24	Add lines 22 and 23. This is your **total tax**	24	3512
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 3487		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	3487
If you have a qualifying child, attach Sch. EIC.	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC) — 27:		
	28	Additional child tax credit from Schedule 8812 — 28:		
	29	American opportunity credit from Form 8863, line 8 — 29:		
	30	Reserved for future use — 30:		
	31	Amount from Schedule 3, line 15 — 31:		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**	32	
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	3487
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	
Direct deposit? See instructions.	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 2023 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	25
	38	Estimated tax penalty (see instructions) — 38:		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes.** Complete below. ☐ **No**

Designee's name | Phone no. | Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		ROUTE SALES REP	
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. (425) 420-3735 Email address MAILLOUXBERNIE@ICLOUD.COM

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name				Phone no.
Firm's address				Firm's EIN

Copy B—To Be Filed With Employee's FEDERAL Tax Return. OMB No. 1545-0008

a Employee's soc. sec. no. XXX-XX-9602	1 Wages, tips, other comp. 27669.98	2 Federal income tax withheld 3331.16
b Employer ID number (EIN) 75-2908364	3 Social security wages 28336.41	4 Social security tax withheld 1756.86
	5 Medicare wages and tips 28336.41	6 Medicare tax withheld 410.88

c Employer's name, address, and ZIP code — Reissued
ROLLING FRITO-LAY SALES, LP
7701 LEGACY DRIVE
PLANO TX 75024

d Control number
71401959

e Employee's name, address, and ZIP code
BERNNIE MAILLOUX
602 29TH ST SE #49
AUBURN WA 98002

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 D 666.43
13 Statutory employee Retirement plan X Third-party sick pay	14 Other	12b Code DD 3006.71 12c Code 12d Code
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2022 Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service.

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008

a Employee's soc. sec. no. XXX-XX-9602	1 Wages, tips, other comp. 27669.98	2 Federal income tax withheld 3331.16
b Employer ID number (EIN) 75-2908364	3 Social security wages 28336.41	4 Social security tax withheld 1756.86
	5 Medicare wages and tips 28336.41	6 Medicare tax withheld 410.88

c Employer's name, address, and ZIP code — Reissued
ROLLING FRITO-LAY SALES, LP
7701 LEGACY DRIVE
PLANO TX 75024

d Control number
71401959

e Employee's name, address, and ZIP code
BERNNIE MAILLOUX
602 29TH ST SE #49
AUBURN WA 98002

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code D 666.43
13 Statutory employee Retirement plan X Third-party sick pay	14 Other	12b Code DD 3006.71 12c Code 12d Code
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2022 Dept. of the Treasury - IRS

Copy C—For EMPLOYEE'S RECORDS (See *Notice to Employee* on the back of Copy B.) OMB No. 1545-0008

a Employee's soc. sec. no. XXX-XX-9602	1 Wages, tips, other comp. 27669.98	2 Federal income tax withheld 3331.16
b Employer ID number (EIN) 75-2908364	3 Social security wages 28336.41	4 Social security tax withheld 1756.86
	5 Medicare wages and tips 28336.41	6 Medicare tax withheld 410.88

c Employer's name, address, and ZIP code — Reissued
ROLLING FRITO-LAY SALES, LP
7701 LEGACY DRIVE
PLANO TX 75024

d Control number
71401959

e Employee's name, address, and ZIP code
BERNNIE MAILLOUX
602 29TH ST SE #49
AUBURN WA 98002

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 D 666.43
13 Statutory employee Retirement plan X Third-party sick pay	14 Other	12b Code DD 3006.71 12c Code 12d Code
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2022 Dept. of the Treasury - IRS
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008

a Employee's soc. sec. no. XXX-XX-9602	1 Wages, tips, other comp. 27669.98	2 Federal income tax withheld 3331.16
b Employer ID number (EIN) 75-2908364	3 Social security wages 28336.41	4 Social security tax withheld 1756.86
	5 Medicare wages and tips 28336.41	6 Medicare tax withheld 410.88

c Employer's name, address, and ZIP code — Reissued
ROLLING FRITO-LAY SALES, LP
7701 LEGACY DRIVE
PLANO TX 75024

d Control number
71401959

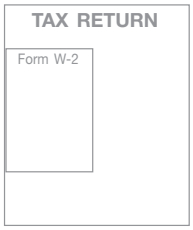
e Employee's name, address, and ZIP code
BERNNIE MAILLOUX
602 29TH ST SE #49
AUBURN WA 98002

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code D 666.43
13 Statutory employee Retirement plan X Third-party sick pay	14 Other	12b Code DD 3006.71 12c Code 12d Code
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2022 Dept. of the Treasury - IRS

BW24UP NTF 2585243 2 BW24UP

In order for the information on this form to be effectively keypunched, it must be read upright. Therefore, attach this W-2 to your state, city, or local tax return as follows:





NOTE: THIS W-2 IS ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE, AND LOCAL/CITY INCOME TAX RETURNS.

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2022 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2022 or if income is earned for services provided while you were an inmate at a penal institution. For 2022 income limits and more information, visit *www.irs.gov/EITC*. See also Pub. 596, Earned Income Credit. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at *www.SSA.gov*.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2022 and more than $9,114 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than $5,350.80 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

(See also *Instructions for Employee*.)

Instructions for Employee

(See also *Notice to Employee*.)

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above $200,000.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

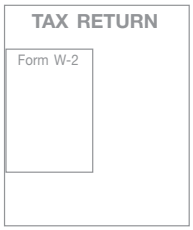
You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of $20,500 ($14,000 if you only have SIMPLE plans; $23,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to $20,500. Deferrals under code H are limited to $7,000.

In order for the information on this form to be effectively keypunched, it must be read upright. Therefore, attach this W-2 to your state, city, or local tax return as follows:





NOTE: THIS W-2 IS ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE, AND LOCAL/CITY INCOME TAX RETURNS.

Instructions for Employee *(continued)*

Box 12 *(continued)*

However, if you were at least age 50 in 2022, your employer may have allowed an additional deferral of up to $6,500 ($3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over $50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits,** keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Exhibit 15 - Joint Sponsor’s Financial Information – Luis Felipe Batres de Leon


UNITED STATES OF AMERICA
PERMANENT RESIDENT
BATRES DE LEON LUIS 03
Surname
BATRES DE LEON
Given Name
LUIS F
USCIS#
047-397-039
Category
IR2
Country of Birth
Guatemala
Date of Birth
03 JAN 1982
Sex
M
Card Expires:
02/28/33
Resident Since:
05/08/00


FORM I-551
Rev (02-2016)
70498954
93
If found, drop in any US Mailbox. USPS: Mail to 7 Product Way, Lees Summit, MO 64002
C1USA04739703921OE9105711140<<
8201032M3302288GTM<<<<<<<<<<<<<9
BATRES<DE<LEON<<LUIS<FELIPE<<<

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **2024** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____, 20 _____ See separate instructions.

Your first name and middle initial	Last name	Your social security number
luis	batres	613 19 0782
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Farm K	Saetern	536 31 0350

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
5511 S Cushman Ave

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
Tacoma WA 984084232

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status Check only one box.
☐ Single ☐ Head of household (HOH)
☒ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____
☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____

Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1960 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1960 ☐ Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here ☐

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
Jacob K	Yellowbird-Saetern	533-65-1897	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	129,577.
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	0.
i	Nontaxable combat pay election (see instructions)	1i				
z	Add lines 1a through 1h				1z	129,577.
2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	
8	Additional income from Schedule 1, line 10				8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	129,577.
10	Adjustments to income from Schedule 1, line 26				10	36.
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	129,541.
12	**Standard deduction or itemized deductions** (from Schedule A)				12	29,200.
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	
14	Add lines 12 and 13				14	29,200.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	100,341.

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)

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		16	12,181.
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	12,181.
	19	Child tax credit or credit for other dependents from Schedule 8812		19	2,000.
	20	Amount from Schedule 3, line 8		20	
	21	Add lines 19 and 20		21	2,000.
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	10,181.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	0.
	24	Add lines 22 and 23. This is your **total tax**		24	10,181.
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a 11,792.		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	11,792.
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	
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	11,792.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	1,611.
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐		35a	1,611.
Direct deposit? See instructions.	b	Routing number 325081403 c Type: ☒ Checking ☐ Savings			
	d	Account number 361848432 7			
	36	Amount of line 34 you want **applied to your 2025 estimated tax**	36		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions		37	
	38	Estimated tax penalty (see instructions)	38		

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes.** Complete below. ☒ **No**

Designee's name | Phone no. | Personal identification number (PIN)

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Assistant Manager	
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.)
		profit managment coordinator	780695

Joint return? See instructions. Keep a copy for your records.

Phone no. (206)698-9445 Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name Self-Prepared			Phone no.	
Firm's address			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

2024

Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	**Your social security number**
luis batres & Farm K Saetern	613-19-0782

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	
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	

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	36.
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN _____			
c	Date of original divorce or separation agreement (see instructions): _____			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount: _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your **adjustments to income**. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26	36.

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	Your social security number
luis batres & Farm K Saetern	613-19-0782

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**	129,541.
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**	129,541.
4	Number of qualifying children under age 17 with the required social security number	**4**	1	**5**	2,000.
5	Multiply line 4 by $2,000				
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	**6**	0		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by $500			**7**	
8	Add lines 5 and 7			**8**	2,000.
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	Is the amount on line 8 more than the amount on line 11?			**12**	2,000.
	☐ **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**	12,181.
14	Enter the smaller of line 12 or line 13. **This is your child tax credit and credit for other dependents**			**14**	2,000.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.				

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15 Check this box if you **do not** want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . ☐

16a Subtract line 14 from line 12. If zero, **stop here**; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . **16a** 0.

b Number of qualifying children under age 17 with the required social security number: _____ x $1,700. Enter the result. If zero, **stop here**; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . **16b**

TIP: The number of children you use for this line is the same as the number of children you used for line 4.

17 Enter the **smaller** of line 16a or line 16b **17**

18a Earned income (see instructions) **18a**

b Nontaxable combat pay (see instructions) **18b**

19 Is the amount on line 18a more than $2,500?

☐ **No.** Leave line 19 blank and enter -0- on line 20.

☐ **Yes.** Subtract $2,500 from the amount on line 18a. Enter the result **19**

20 Multiply the amount on line 19 by 15% (0.15) and enter the result **20**

Next. On line 16b, is the amount $5,100 or more?

☐ **No.** If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the **smaller** of line 17 or line 20 on line 27.

☐ **Yes.** If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions. **21**

22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . **22**

23 Add lines 21 and 22 . . . . . **23**

24 **1040 and 1040-SR filers:** Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11.

1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. **24**

25 Subtract line 24 from line 23. If zero or less, enter -0- **25**

26 Enter the **larger** of line 20 or line 25 . . . . . **26**

Next, enter the **smaller** of line 17 or line 26 on line 27.

Part II-C Additional Child Tax Credit

27 **This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28** . . **27**

Form **8889**

Department of the Treasury
Internal Revenue Service

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form8889* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: Farm K Saetern

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.: 536-31-0350

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I **HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2024. See instructions			☒ Self-only ☐ Family
2	HSA contributions you made for 2024 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2024. **Do not** include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions		2	36.
3	If you were under age 55 at the end of 2024 and, on the first day of **every** month during 2024, you were, or were considered, an eligible individual with the **same** coverage, enter $4,150 ($8,300 for family coverage). **All others**, see the instructions for the amount to enter		3	4,150.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2024 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2024, also include any amount contributed to your spouse's Archer MSAs		4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-		5	4,150.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2024, see the instructions for the amount to enter		6	4,150.
7	If you were age 55 or older at the end of 2024, married, and you or your spouse had family coverage under an HDHP at any time during 2024, enter your additional contribution amount. See instructions.		7	0.
8	Add lines 6 and 7		8	4,150.
9	Employer contributions made to your HSAs for 2024	9: 550.		
10	Qualified HSA funding distributions	10:		
11	Add lines 9 and 10		11	550.
12	Subtract line 11 from line 8. If zero or less, enter -0-		12	3,600.
13	**HSA deduction** (see instructions).		13	36.

Part II **HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2024 from all HSAs (see instructions)	14a	594.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
c	Subtract line 14b from line 14a	14c	594.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	594.
16	**Taxable HSA distributions.** Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	0.
17a	If any of the distributions included on line 16 meet any of the **Exceptions to the Additional 20% Tax** (see instructions), check here ☐		
b	**Additional 20% tax** (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	**Total income.** Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20	
21	**Additional tax.** Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

Intuit Payments Inc, a subsidiary of Intuit Inc., a Delaware corporation
Refund Processing Agreement ("Agreement")

Name: luis batres & Farm K Saetern

Social Security No.: 613190782

This Agreement contains important terms, conditions and disclosures about the program for processing of your refund(s) (the "Program") by Intuit Payments Inc, a subsidiary of Intuit Inc., a Delaware corporation ("IPI", "we", "our", or "us") using an account created for you at a partner financial institution, such as Cross River Bank ("Bank"). The Program consists of two services: (i) the "Early Refund Processing Service" or "ERPS", and (ii) the "Refund Processing Service" or "RPS." You can opt to receive either ERPS only, or both ERPS and RPS, subject to eligibility. If you participate in ERPS, you have chosen to receive your federal tax refund five (5) days early. If you also choose to participate in RPS, then you have chosen to pay for any TurboTax tax preparation and filing service fees ("Prep and Filing Fees") from the proceeds of your federal and/or state tax refund.

Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words "you" and "your" refer to the applicant or both the applicant and joint applicant if the 2024 federal and/or state income tax return(s) is a joint return (individually and collectively, "Applicant"). The words "we," "us" and "our" refer to IPI. The ERPS and RPS include money transfer services provided by IPI, which is licensed as a money transmitter in the U.S. jurisdictions listed at: https://www.intuit.com/legal/licenses/payment-licenses/. While the ERPS and RPS are provided by IPI, under certain circumstances, IPI may not be required to provide such services under its money transmitter licenses.

1. **NOTICES**.
YOU ARE NOT REQUIRED TO USE THE ERPS OR THE RPS IN ORDER TO FILE ELECTRONICALLY.

YOU UNDERSTAND THAT AN EARLY REFUND PROCESSING FEE OF $25.00 ("ERPS FEE") IS CHARGED BY IPI TO ESTABLISH A TEMPORARY ROUTER ACCOUNT TO RECEIVE YOUR FEDERAL TAX REFUND, TO PROCESS IT , TO DEDUCT THE ERPS FEE, AND OTHER AUTHORIZED FEES FROM THAT ACCOUNT, AND TO FORWARD FUNDS TO YOU VIA THE DISBURSEMENT METHOD AS STATED BELOW. YOU ARE NOT REQUIRED TO USE THE ERPS. THE EARLY REFUND PROCESSING SERVICE IS NOT A LOAN; THE FEE IS COLLECTED ONLY AT THE TIME THE EARLY REFUND PROCESSING SERVICE OCCURS. YOU CAN AVOID THIS FEE AND NOT USE THE EARLY REFUND PROCESSING SERVICE BY INSTEAD CHOOSING ANOTHER REFUND DEPOSIT METHOD AT THE TIME YOU FILE YOUR 2024 FEDERAL INCOME TAX RETURN AND ELECTING TO HAVE YOUR REFUND(S) DIRECTLY DEPOSITED IN YOUR OWN BANK ACCOUNT OR MAILED TO YOU. IF YOU DO USE THE EARLY REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND(S) 5 DAYS EARLIER THAN THE TYPICAL 21 DAYS FROM WHEN THE INTERNAL REVENUE SERVICE ("IRS") ACCEPTS YOUR RETURN(S) UNLESS THERE ARE PROCESSING DELAYS OR UNLESS YOUR RETURN(S) CONTAINS EARNED INCOME TAX CREDIT OR ADDITIONAL CHILD TAX CREDIT, IN WHICH CASE THE IRS WILL ISSUE YOUR REFUND(S) NO EARLIER THAN FEBRUARY 15, 2025. IF YOU SELECT ERPS YOU WILL RECEIVE YOUR FEDERAL REFUND PROCEEDS FIVE (5) DAYS EARLY OR YOU WILL NOT BE CHARGED FOR THE ERPS SERVICE. THE COST OF PREPARING YOUR TAX RETURN(S) WILL NOT INCREASE OR DECREASE IF YOU PURCHASE THE EARLY REFUND PROCESSING SERVICE.

YOU UNDERSTAND THAT A REFUND PROCESSING FEE OF $40.00 ("REFUND PROCESSING FEE") IS CHARGED BY US TO ESTABLISH A TEMPORARY ROUTER ACCOUNT TO RECEIVE YOUR FEDERAL AND/OR STATE TAX REFUND(S), TO PROCESS IT, TO DEDUCT YOUR TURBOTAX FEES, AND OTHER AUTHORIZED FEES FROM THAT ACCOUNT, AND TO FORWARD ANY REMAINING FUNDS TO YOU THAT YOU HAVE NOT ALREADY RECEIVED VIA THE ERPS. THE REFUND PROCESSING FEE IS NOT A LOAN; IT IS DUE TO IPI WHETHER OR NOT THE FEDERAL OR STATE TAX REFUND(S) OCCURS BUT IPI WILL NOT PURSUE COLLECTION OF THE REFUND PROCESSING FEE IF YOUR FEDERAL OR STATE TAX REFUND(S) DO NOT OCCUR. THIS FEE IS COLLECTED ONLY AT THE TIME THE REFUND(S) ARE SENT TO YOU, INCLUDING IF THE FUNDS ARE SENT TO YOU EARLY USING THE ERPS. YOU CAN AVOID THIS FEE BY NOT USING THE RPS AND INSTEAD PAYING THE APPLICABLE TURBOTAX FEES TO INTUIT INC. BY CREDIT OR DEBIT CARD AT THE TIME YOU FILE YOUR 2024 FEDERAL AND/OR STATE INCOME TAX RETURN(S) AND ELECTING TO HAVE YOUR REFUND(S) DIRECTLY DEPOSITED IN YOUR OWN BANK ACCOUNT OR MAILED TO YOU. THE RPS WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL AND/OR STATE TAX REFUND(S). THE COST OF PREPARING YOUR TAX RETURN(S) WILL NOT INCREASE OR DECREASE IF YOU PURCHASE THE REFUND PROCESSING SERVICE.

2. Authorization to Release Personal Information. You authorize the IRS and/or applicable state taxing authority to disclose any information to Bank and IPI related to the funding of your 2024 federal and/or state tax refund(s). You also authorize Intuit Inc., as the transmitter of your electronically filed tax return(s), Bank and IPI to disclose to each other certain information about you and your tax return(s) for the purpose of providing the services contemplated under this Agreement and other services offered by Intuit Inc. and its subsidiaries. You also represent that any authorizations you have made in this Section 2 have also been obtained from and are made with respect to your spouse, if this is a jointly filed return. Please see the Privacy Policy at the end of this Agreement describing how IPI may use or share your personal information.

3. Temporary Router Account Authorization and Fees. You hereby authorize us to establish a temporary router account ("Router Account") for you at Bank for the sole purpose of receiving your tax year 2024 federal and/or state tax refund(s) from the IRS or applicable state taxing authority. We must receive an acknowledgement from the IRS or applicable state taxing authority that your return(s) has been electronically filed and accepted for processing before the Router Account can be opened. All fees discussed in this Section 3 are each, a "Fee" or collectively "Fees".

By using the ERPS, you will receive your federal tax refund up to five (5) days early for an additional fee of $ 25.00. IPI will deduct from the refund amount the ERPS fee, if you receive your federal refund proceeds at least 5 days early.

By also using the RPS, you also authorize IPI to deduct from your refund and/or Router Account amount the following amounts: (i) the Refund Processing Fee; (ii) the fees and charges related to the preparation, processing and transmission of your tax return(s) ("TurboTax Fees"); and (iii) fees for additional products and services purchased, plus applicable taxes.

You authorize us to disburse the balance of the Router Account to you after making all authorized deductions for Fees and minus any amounts you already received via the ERPS. If your refund and/or the Router Account does not have sufficient funds at the time your tax refund is processed to pay any portion of the TurboTax Fees, or if your refund proceeds are delayed (a) you authorize us to automatically deduct such Turbo Tax Fees (or any portion thereof) via ACH, electronic check, or wire transfer directly from the account into which you authorized IPI to deposit your expected tax refund proceeds as set forth in Section 6 ("Authorized Destination Account"), and (b) if you made alternative arrangements with TurboTax for payment of such Turbo Tax Fees, those arrangements will be attempted prior to any automatic deduction. You also authorize any amounts outstanding pursuant to this paragraph to be deducted from refunds you may receive up to 30 months after the date of this Agreement and processed through IPI.

Additionally, if the TurboTax Fees are not fully repaid from the Router Account for any other reason not specified above, (a) you authorize IPI to automatically deduct such Fees (or any portion thereof) or attempt to deduct such Fees for up to 4 months after your tax return was accepted via ACH, electronic check, or wire transfer directly from the Authorized Destination Account as set forth in Section 6, and (b) if you made alternative arrangements with TurboTax for payment of such Fees, those arrangements will be attempted prior to any automatic deduction. To make alternative payment arrangements or revoke your consent to automatic deduction, you must contact Intuit Inc. according to the instructions on the notices e-mailed to you by Intuit Inc. regarding outstanding amounts owed under this Agreement.

4. Acknowledgements. (a) You understand that: (i) IPI cannot guarantee the amount of your tax year 2024 federal and/or state tax refund(s) or the date it will be issued, and (ii) IPI's role is limited to the ERPS and the RPS described in this Agreement. IPI does not warrant the accuracy of the software used to prepare the tax return(s). (b) You understand that (i) Intuit Inc. is the party that sends your tax return filings to the appropriate taxing authority and provides the software used to prepare your tax return, and (ii) you agree that Intuit Inc. is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund by IPI. Intuit Inc. does not provide the ERPS or the RPS. Again, the ERPS and the RPS are provided by IPI. (c) Your refund(s) may be held or returned to the IRS or applicable state taxing authority if it is suspected of fraud or identity theft.

5. General Disclosures. The Router Account is being opened for the sole purpose of receiving your (or both spouses if this is a jointly filed return) tax year 2024 federal and/or state tax refund(s). No other deposits may be made into your Router Account. No withdrawals will be allowed from the Router Account except to collect the amounts stated in this Agreement. Without any further action by you, IPI will automatically deduct and send any funds owed to IPI under this Agreement, to IPI after receipt of your tax refund(s) into the Router Account. IPI will also automatically send any state refund(s) owed to you as well, to the extent applicable, after receipt of such tax refund(s) and deduction of any Fees owed to IPI. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Router Account will be closed after all authorized deductions have been made. Questions or concerns about the Router Account should be directed to Intuit Inc., acting on behalf of IPI, either by telephone by calling 1-800-446-8848 or sent in writing to the address below:

Intuit, Inc
ATTN: 5DEE Inquiries
2535 Garcia Ave
Mountain View, CA 94043

6. Disbursement Method: You agree that the disbursement method selected below will be used by IPI to disburse funds to you.

By using the Direct Deposit method of disbursement, the balance of your refund amount, minus any authorized Fees associated with the Program, will be disbursed to you electronically by RTP or same day ACH direct disbursement to your Authorized Destination Account designated below. If your refund does not qualify to be processed with the ERPS, the entire refund amount will be sent electronically by standard ACH. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

DIRECT DEPOSIT ACCOUNT TYPE: X Checking __ Savings

RTN#: 325081403 **ACCOUNT #:** 3618484327

Note: **To ensure that there are no delays in receiving your refund(s), please contact your financial institution that maintains your Authorized Destination Account to confirm that you are using the correct RTN (routing) and account number.** IPI and Intuit Inc. are **not** responsible for the misapplication of a direct disbursement that results from error, negligence or malfeasance on the part of you or your representative. In cases where Bank, on behalf of IPI, has received your federal and/or state tax refund(s) but IPI is unable to deliver the funds directly to you (including, for example, if you or your representative enter your account information incorrectly and your disbursement is returned to the Bank), funds may (i) be disbursed via a check mailed to your physical address of record, (ii) be held at Bank until claimed, or (iii) returned to the IRS or applicable state taxing authority.

Due to the risk of fraudulent diversion of tax refunds, we will not process any address or account changes for purposes of disbursing your tax refund(s). If we become aware that your address or checking or savings account has changed after you sign this Agreement but before your federal and/or state tax refund(s) is received by us, upon receipt of your federal or state tax refund(s) from the IRS or applicable state agency, we will return your tax refund(s) to the applicable agency. We will do our best to escalate the return of your federal or state tax refund(s) to the applicable agency and you will need to work with the applicable agency directly for disbursement.

7. ELIGIBILITY: The availability of the ERPS is subject to: (a) your bank's participation in the Real-Time Payments (RTP) system or eligibility to receive same day ACH, (b) availability of funds for this program at the time you receive your refund, and (c) your federal tax refund is not greater than $20,000. **You will *not* be charged the $** 25.00 **fee if (a) you select the ERPS and for any reason you are not eligible or (b) you do not receive your refund at least 5 days early.** The ERPS may change or discontinue at any time. If you are eligible for the ERPS, then you also authorize us to make all authorized deductions or payments owed to us (or our affiliates that offer TurboTax), including any Fees, prior to disbursing your federal tax refund to you five (5) days early.

The availability of RPS is subject to: (a) your refund being sufficient to pay your TurboTax fees and any applicable fees and (b) you are e-filing with TurboTax. **You will *not* be charged the $** 40.00 **fee if you select the RPS and for any reason you are not eligible.** The RPS may change or discontinue at any time. If you are eligible for the RPS, then you also authorize us to make all authorized deductions or payments owed to us (or our affiliates that offer TurboTax), including any Fees, prior to disbursing your tax refund(s) to you.

8. FEDERAL ELECTRONIC FUND TRANSFER ACT DISCLOSURES: In case of errors or questions about electronic transfers to or from the Router Account, contact us either by telephone by calling 1-800-446-8848 or write to Intuit Payments Inc c/o Intuit, Inc ATTN: 5DEE Inquiries 2535 Garcia Ave Mountain View, CA 94043 and provide your name, a description or explanation of the error, and the dollar amount of the suspected error. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 business days to investigate your complaint or question. If we decide to do this, we will credit your Router Account within 10 business days of receiving the notice of error for the amount you think is in error, although in most circumstances you won't have use of the money until we complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your Router Account. For errors involving transfers of funds to or from the Router Account within 30 business days after the first deposit to the Router Account was made, (i) we may take up to 90 business days to investigate your complaint or question, and (ii) we may take up to 20 business days to credit your Router Account for the amount you think is in error. We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

Business Days: Our business days are Monday through Friday, excluding federal holidays. Saturday, Sunday, and federal holidays are not considered business days, even if we are open.

Confidentiality: We will disclose information to third parties about your account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant;
- To comply with government agency or court orders;
- If you give us your written permission; or
- As explained in the Privacy Policy following this Agreement.

Our Liability: If we do not complete a transfer to your account on time or in the correct amount according to this Agreement, we may be liable for your losses or damages. In addition to all other limitations of liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (such as fire, flood, water damage, power failure, strike, labor dispute, pandemic, computer breakdown, telephone line disruption, or a natural disaster) prevent the transfer, despite reasonable precautions that have been taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.
- You, your representative or a third party provide us with inaccurate or untimely information.

9. Governing Law. The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive laws of Delaware.

10. Summary of Terms

Expected Refund(s)	$	1,611.00
Less ERPS Fee	$	25.00
Less RPS Fee	$	40.00
Less TurboTax Fees	$	39.00
Less Fees for Additional Products and Services Purchased	$	
Expected Proceeds*	**$**	1,507.00

* These amounts are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes. The above deductions will be subtracted from your federal or state refund(s), where applicable. Additionally, in the event one refund is insufficient to fully pay all such amounts due, deductions for the remaining amount due will be wholly or partially supplemented by, and subtracted from, the other refund (if you receive both state and federal refunds).

11. **Arbitration Provision. You acknowledge that the services set forth in this Agreement are being made available and priced by IPI on the basis of your acceptance of the following arbitration provision ("Arbitration Provision"). By entering into this Agreement, you acknowledge that you are giving up the right to litigate Claims (as defined below) if you, Bank or IPI elects arbitration of the Claims pursuant to this provision, except as otherwise expressly provided herein, and you hereby knowingly and voluntarily waive the right to trial of all Claims subject to this Agreement. You further acknowledge that you have read this Arbitration Provision carefully, agree to its terms, and are entering into this Agreement voluntarily and not in reliance on any promises or representations whatsoever except those contained in this Agreement.**

ARBITRATION NOTICE

THIS AGREEMENT CONTAINS AN ARBITRATION PROVISION. PLEASE READ THIS PROVISION CAREFULLY, AS IT AFFECTS YOUR LEGAL RIGHTS.

11.1. Arbitration of Claims: If you elect to seek arbitration, you must first send to IPI a written Notice of your Claim ("Notice of Claim"). The Notice of Claim to IPI should be sent in care of our registered agent Corporation Service Company, 251 Little Falls Drive, Wilmington, DE 19808. The Notice of Claim should include both the mailing address and email address you would like IPI to use to contact you. If IPI elects to seek arbitration, it will send, by certified mail, a written Notice of Claim to your address on file. A Notice of Claim must (a) describe the nature and basis of the claim or dispute; and (b) set forth the specific amount of damages or other relief sought.

You agree that good-faith informal efforts to resolve disputes often can result in a prompt, low-cost and mutually beneficial outcome. You and IPI therefore agree that, after a Notice of Claim is sent but before either you or IPI commence arbitration or file a claim in small claims court against the other, we will personally meet, via telephone or videoconference, in a good-faith effort to confer with each other and try to resolve informally any Claim covered by this Agreement. If you are represented by counsel, your counsel may participate in the conference as well, but you agree to fully participate in the conference. Likewise, if IPI is represented by counsel, its counsel may participate in the conference as well, but IPI agrees to have a company representative fully participate in the conference. The statute of limitations and any filing fee deadlines shall be tolled while the parties engage in the informal dispute resolution process required by this paragraph.

If we do not reach an agreement to resolve the Claim within sixty (60) days after the Notice of Claim is received, you or IPI may commence an arbitration proceeding by filing a Demand for Arbitration or, alternatively, by filing a Claim in small claims court. You agree that you may not commence any arbitration or file a claim in small claims court unless you and IPI are unable to resolve the claim within 60 days after we receive your completed Notice of Claim and you have made a good faith effort to resolve your claim directly with IPI during that time. If a Claim qualifies for small claims court, but a party commences an arbitration proceeding, you and IPI agree that either party may elect instead to have the Claim resolved in small claims court, and upon written notice of a party's election, the American Arbitration Association ("AAA") will administratively close the arbitration proceeding. Any dispute about whether a Claim qualifies for small claims court shall be resolved by that court, not by an arbitrator. In the event of any such dispute, the arbitration proceeding shall remain closed unless and until a decision by the small claims court that the Claim should proceed in arbitration. You may download or copy a form of notice and a form to initiate arbitration at www.adr.org or by calling 1-800-778-7879. The arbitration will be conducted by the AAA before a single AAA arbitrator under the AAA's rules, which are available at www.adr.org or by calling 1-800-778-7879, except as modified by this Agreement. Unless IPI and you agree otherwise, any arbitration hearings will take place in the county (or parish) of either your residence or of the mailing address you provided in your Notice of Claim.

11.2. Other Claims Subject to Arbitration: In addition to Claims brought by you, Claims made by anyone connected with you or anyone making a Claim through you (including a taxpayer filing jointly, employee, agent, representative, affiliated company, predecessor or successor, heir, assignee, or trustee in bankruptcy) against us shall be subject to arbitration as described herein.

11.3. Exceptions: We agree not to invoke our right to arbitrate any individual Claim you bring in small claims court or an equivalent court so long as the Claim is pending only in that court. This Arbitration Provision also does not limit or constrain our right to interplead funds in the event of claims to the Account by several parties.

11.4. Individual Claims Only: Claims may be submitted to arbitration on an individual basis only. Claims subject to this Arbitration Provision may not be joined or consolidated in arbitration with any Claim of any other person or be arbitrated on a class basis, in a representative capacity on behalf of the general public or on behalf of any other person, unless otherwise agreed to by the parties in writing. However, taxpayers filing jointly and party to this Agreement are considered as one person; IPI and its officers, directors, employees, agents, and affiliates are considered as one person; and Bank and its officers, directors, employees, agents, and affiliates are considered as one person. Further, if you have elected arbitration, unless both you and IPI agree otherwise, the arbitrator may not consolidate any other person's Claims with your Claims and may not otherwise preside over any form of a representative or class proceeding. If IPI believes that any Claim you have filed in arbitration or in court is inconsistent with the limitations in this paragraph, then you agree that we may seek an order from a court determining whether your Claim is within the scope of the Class Action Waiver. If this Class Action Waiver is found to be unenforceable, then the entirety of this Arbitration Section shall be null and void.

11.5. Arbitration Fees: Payment of all filing, administration and arbitrator fees will be governed by the AAA Rules. You are required to pay AAA's initial filing fee, but IPI will reimburse you for this filing fee at the conclusion of the arbitration to the extent it exceeds the fee for filing a complaint in a federal or state court in your county of residence or in Santa Clara County, California. If the arbitrator finds that either the substance of your Claim or the relief sought in your Demand for Arbitration was frivolous or was brought for an improper purpose (as measured by the standards set forth in Federal Rule of Civil Procedure 11(b)), then the payment of all fees will be governed by the AAA Rules and IPI will not reimburse your initial filing fee. The parties agree that the AAA has discretion to modify the amount or timing of any administrative or arbitration fees due under the AAA Rules where it deems appropriate, provided that such modification does not increase the AAA fees to you or IPI and you and IPI waive any objection to such fee modification.

11.6. Procedure: A single arbitrator will resolve the Claims. The arbitrator will be either (1) a retired judge or (2) an attorney specifically licensed to practice law in the state of California or the state of your residence and will be selected by the parties from the AAA's National Roster of arbitrators. The arbitrator will be selected using the following procedure: (a) the AAA will send the parties a list of five candidates meeting this criteria; (b) if the parties

cannot agree on an arbitrator from the list, each party shall return its list to the AAA within 10 days, striking up to two candidates, and ranking the remaining candidates in order of preference; (c) the AAA shall appoint as arbitrator the candidate with the highest aggregate ranking; and (d) if for any reason the appointment cannot be made according to this procedure, the AAA may exercise its discretion in appointing the arbitrator. The arbitrator is bound by this Agreement. Except as otherwise provided below, all issues are for the arbitrator to decide, including issues relating to the scope and enforceability of this arbitration provision.

The arbitration shall follow the rules and procedures of the arbitration administrator in effect on the date the arbitration is filed, except when there is a conflict or inconsistency between the rules and procedures of the arbitration administrator and this Arbitration Provision, in which case this Arbitration Provision shall govern. Any in-person arbitration hearing for a Claim shall take place within the federal judicial district in which you live or at such other reasonably convenient location as agreed by the parties. The parties agree that an administrative conference with the AAA shall be conducted in each arbitration proceeding, and you and an IPI company representative shall appear at the administrative conference via telephone. If you fail to appear at the administrative conference, regardless of whether your counsel attends, the AAA will administratively close the arbitration proceeding without prejudice, unless you show good cause as to why you were not able to attend the conference.

The arbitrator shall issue a reasoned written decision sufficient to explain the essential findings and conclusions on which the award is based. The award shall be binding only among the parties and shall have no preclusive effect in any other arbitration or other proceeding involving a different party. IPI will not seek to recover its attorneys' fees and costs in arbitration from you unless the arbitrator finds that either the substance of your claim or the relief sought in your Demand for Arbitration was frivolous or was brought for an improper purpose (as measured by the standards set forth in Federal Rule of Civil Procedure 11(b)). Judgment on any award may be entered in any court having jurisdiction. This agreement to arbitrate shall not preclude any party to the arbitration from at any time seeking injunctions or other forms of equitable relief in aid of arbitration from a court of appropriate jurisdiction including whether a Demand for Arbitration is filed in violation of this Agreement.

12. Taxpayer Identity Validation Disclosure. To help IPI and the government identify and fight tax refund fraud, as well as fight the funding of terrorism and money laundering activities, IPI shall obtain, verify, and record information that identifies each Applicant. What this means for you: When you apply to use the ERPS for the purpose of receiving your federal tax refund(s), we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents if we need to perform additional due diligence on your account.

13. Conflicts. To the extent there is any conflict between the terms of this Agreement and the TurboTax Terms of Service available at https://turbotax.intuit.com/corp/terms-of-use/, the provisions of this Agreement shall control with respect to any issues concerning the Program.

YOUR AGREEMENT

IPI agrees to all of the terms of this Agreement. By selecting the "I Agree" button in TurboTax: (i) You authorize IPI and/or Bank to receive your 2024 federal and/or state tax refund(s) from the IRS or applicable state taxing authority and IPI to make the deductions from your federal and/or state refund(s) described in the Agreement, (ii) You agree to receive all communications electronically in accordance with the "Communications" section of the Tax Year 2024 TurboTax® User Agreement, (iii) You consent to the release of your 2024 federal and/or state tax refund(s) disbursement information and application information as described in this Agreement; and (iv) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting "I Agree" indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

FACTS WHAT DOES INTUIT INC. ("INTUIT") DO WITH YOUR PERSONAL INFORMATION?

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	The types of personal information we collect and share depend on the product or service you have with us. This information can include: ▪ Social Security number and transaction history ▪ account balances and payment history ▪ credit history and credit scores
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Intuit chooses to share; and whether you can limit this sharing.

Reasons we can share your information	Does Intuit share?	Can you limit this sharing?
For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes— to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes— information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes— information about your creditworthiness	No	We don't share*
For nonaffiliates to market to you	No	We don't share

Questions?	Visit us at: https://www.intuit.com/privacy/ Email us at: privacy@intuit.com

Who we are	
Who is providing this notice?	This notice is provided by Intuit Inc. and is applicable to your U.S. Intuit account.

What we do	
How does Intuit protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Intuit collect my personal information?	We collect your personal information, for example, when you ▪ open an account or seek financial or tax advice ▪ give us your contact information or give us your income information ▪ apply for a loan We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.
Why can't I limit all sharing?	Federal law gives you the right to limit only ▪ sharing for affiliates' everyday business purposes—information about your creditworthiness ▪ affiliates from using your information to market to you ▪ sharing for nonaffiliates to market to you State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.

Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. ▪ *Our affiliates include companies with the Intuit name (operating as TurboTax, QuickBooks, Mint, Credit Karma, and Mailchimp)*
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies.
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. ▪ *Our joint marketing partners are financial service companies.*

Other important information

For Vermont Customers:

- We will not disclose information about your creditworthiness to our affiliates and will not disclose your personal information, financial information, credit report, or health information to nonaffiliated third parties to market to you, other than as permitted by Vermont law, unless you authorize us to make those disclosures.
- Additional information concerning our privacy policies can be found at https://www.intuit.com/privacy/.

For California Customers: In accordance with California law, we will not share information we collect about California residents with nonaffiliates, unless the law allows. For example, we may share information with your consent, to service your accounts. We will limit sharing among our companies to the extent required by California law.

*We do not share information about your creditworthiness with affiliates for their everyday business purposes. However, we may share information about your creditworthiness with affiliates for other purposes, with your consent.

IMPORTANT DISCLOSURES

If you are owed federal or state tax refund(s), you have a right to choose how you will receive the refund(s). There are several options available to you. Some options cost money and some options are free. Please read about these options below.

You can file your federal tax return(s) electronically or by paper and obtain your federal tax refund(s) directly from the Internal Revenue Service ("IRS") for free. Additionally, you can file your state tax return(s) electronically or by paper and obtain your state tax refund(s) directly from the applicable state taxing authority for free. If you file your federal tax return(s) electronically, you can receive refund checks directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return(s) or the IRS can disburse your refund(s) directly into your bank account in less than 21 days from the time you file your tax return(s) unless there are delays by the IRS. If you file a paper federal tax return(s) through the U.S. Postal Service, you can receive refund checks directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return(s) or the IRS can disburse your refund(s) directly into your bank account in 6 to 8 weeks from the time the IRS receives your return(s). However, if your federal tax return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2025. Please consult your applicable state taxing authority's website for details on when you can expect to receive your state tax refund(s).

The following paragraph applies to the ERPS only: You can file your federal tax return(s) electronically, select the Early Refund Processing Service (the "ERPS"), and have your federal tax refund(s) processed with Intuit Payments, Inc. ("IPI", "we", "our", or "us"). Your refund will be processed through an account created for you at a partner financial institution, such as Cross River Bank ("Bank"). The ERPS allows us to track your federal refund and provide the federal refund amount to you 5 days earlier than the communicated IRS settlement date. This is accomplished when you elect to have your federal refund(s) disbursed into an account at Bank and we receive notice of the federal refund settlement date and can send the federal refund amount, minus any authorized fees for the service, to the bank account indicated on your tax return. If you file your tax return(s) electronically and select the ERPS, the IRS will deposit your refund(s) with Bank. Unless there are unexpected delays, federal refunds are received in less than 21 days from the time you file your tax return(s) electronically. However, if your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2025. Your selection of the ERPS means, if eligible, you will receive your federal refund proceeds five (5) days early.

The following paragraph applies to the RPS only: You can file your federal and state tax return(s) electronically, select the Refund Processing Service (the "RPS") for an additional fee of $ 40. (the "Refund Processing Fee"), and have your federal and/or state tax refund(s) processed with IPI. The RPS allows your refund(s) to be deposited into an account created for you at a partner financial institution, such as Bank, and deducts your TurboTax fees and other amounts that you authorize from your federal and/or state refund(s). The balance of your federal refund will still be delivered to you using the ERPS, if you use the ERPS in addition to the RPS. If you file your tax return(s) electronically and select the RPS, the IRS and/or the applicable state taxing authority will deposit your refund(s) into your account at Bank. IPI will deduct from your federal and/or state refund(s) the Refund Processing Fee, any fees charged by TurboTax for the preparation and filing of your tax return(s) and any other amounts authorized by you. IPI will disburse any remaining balance of your state tax refund proceeds to you, assuming you elect to use the ERPS and have already received your federal tax refund. Please consult your applicable state taxing authority's website for details on when you can expect to receive your state tax refund(s).

The ERPS and the RPS are not necessary to obtain your refund(s). If you have an existing bank account and do not desire to receive the ERPS or the RPS, you do not need to use the ERPS or the RPS in order to receive a direct disbursement from the IRS or applicable state taxing authority. You may consult the IRS website (irs.gov) or website of the applicable state taxing authority for information about tax refund processing.

If you select the ERPS or the RPS, no prior debt you may owe to Bank will be deducted from your refund(s).

You can change your income tax withholdings which might result in you retaining more of your compensation throughout the year rather than waiting to receive withheld amounts potentially in tax refund(s) next year. Please consult your employer or tax advisors for additional details.

This Agreement requires all disputes to be resolved by way of binding arbitration. The terms of the arbitration provision appear in Section 11.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov.

The chart below shows the options for filing your federal and state tax returns (e-file or paper returns), the ERPS product, the RPS product, refund disbursement options, estimated timing for obtaining your federal tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND(S)?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Early Refund Processing Service or Refund Processing Service	IRS or applicable state taxing authority issues direct disbursement to your bank account.	Approximately 6 to 8 weeks[1] Check website for applicable state taxing authority	No additional cost.
	Check mailed by IRS or applicable state taxing authority to address on tax return(s).	Approximately 6 to 8 weeks[1] Check website for applicable state taxing authority	
ELECTRONIC FILING (E-FILE) No Early Refund Processing Service or Refund Processing Service	IRS or applicable state taxing authority issues direct disbursement to your bank account.	Usually within 21 days[1] Check website for applicable state taxing authority	No additional cost.
	Check mailed by IRS or applicable state taxing authority to address on tax return(s).	Approximately 21 to 28 days[1] Check website for applicable state taxing authority	
ELECTRONIC FILING (E-FILE) Early Refund Processing Service	Direct disbursement to your bank account.	Usually within 21 days[1] Check website for applicable state taxing authority	$25. for ERPS[2]
ELECTRONIC FILING (E-FILE) Refund Processing Service	Direct disbursement to your bank account.	Usually within 21 days Check website for applicable state taxing authority	$ 40.[3]

[1]**You may experience delays with your tax refund(s) if, for example, you enter incorrect bank account or contact information, you enter a bank account in someone else's name, or if possible suspicious activity is detected.** If your

return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2025.

[2] If you select and obtain ERPS to receive your federal refund proceeds five (5) days early, you will be charged a $____25.__ fee.

[3] The charges here consist of a Refund Processing Fee, and any fees for additional products and services purchased. See the Refund Processing Agreement for the cost of the service you have chosen.

Questions? Call 1-800-446-8848

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **2024** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____, 20 _____ See separate instructions.

Your first name and middle initial	Last name	Your social security number
luis	batres	613 19 0782
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Farm K	Saetern	536 31 0350

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
5511 S Cushman Ave

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
Tacoma WA 984084232

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status Check only one box.
☐ Single ☐ Head of household (HOH)
☒ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____
☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____

Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1960 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1960 ☐ Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here ☐

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
Jacob K	Yellowbird-Saetern	533-65-1897	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	129,577.
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	0.
i	Nontaxable combat pay election (see instructions)	1i				
z	Add lines 1a through 1h				1z	129,577.
2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	
8	Additional income from Schedule 1, line 10				8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	129,577.
10	Adjustments to income from Schedule 1, line 26				10	36.
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	129,541.
12	**Standard deduction or itemized deductions** (from Schedule A)				12	29,200.
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	
14	Add lines 12 and 13				14	29,200.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	100,341.

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)

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		16	12,181.
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	12,181.
	19	Child tax credit or credit for other dependents from Schedule 8812		19	2,000.
	20	Amount from Schedule 3, line 8		20	
	21	Add lines 19 and 20		21	2,000.
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	10,181.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	0.
	24	Add lines 22 and 23. This is your **total tax**		24	10,181.
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a 11,792.		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	11,792.
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	
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	11,792.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	1,611.
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐		35a	1,611.
Direct deposit? See instructions.	b	Routing number 325081403 c Type: ☒ Checking ☐ Savings			
	d	Account number 361848432 7			
	36	Amount of line 34 you want **applied to your 2025 estimated tax**	36		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions		37	
	38	Estimated tax penalty (see instructions)	38		

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes.** Complete below. ☒ **No**

Designee's name | Phone no. | Personal identification number (PIN)

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Assistant Manager	
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.)
		profit managment coordinator	780695
Phone no. (206)698-9445	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name Self-Prepared			Phone no.	
Firm's address			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

2024

Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	**Your social security number**
luis batres & Farm K Saetern	613-19-0782

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	
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	

For Paperwork Reduction Act Notice, see your tax return instructions. **Schedule 1 (Form 1040) 2024**

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	36.
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount:	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your **adjustments to income**. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26	36.

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	Your social security number
luis batres & Farm K Saetern	613-19-0782

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**	129,541.
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**	129,541.
4	Number of qualifying children under age 17 with the required social security number	**4**	1	**5**	2,000.
5	Multiply line 4 by $2,000				
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	**6**	0		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by $500			**7**	
8	Add lines 5 and 7			**8**	2,000.
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	Is the amount on line 8 more than the amount on line 11?			**12**	2,000.
	☐ **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**	12,181.
14	Enter the smaller of line 12 or line 13. **This is your child tax credit and credit for other dependents**			**14**	2,000.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.				

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15 Check this box if you **do not** want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . ☐

16a Subtract line 14 from line 12. If zero, **stop here**; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . **16a** 0.

b Number of qualifying children under age 17 with the required social security number: _____ x $1,700. Enter the result. If zero, **stop here**; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . **16b**

TIP: The number of children you use for this line is the same as the number of children you used for line 4.

17 Enter the **smaller** of line 16a or line 16b **17**

18a Earned income (see instructions) **18a**

b Nontaxable combat pay (see instructions) **18b**

19 Is the amount on line 18a more than $2,500?

☐ **No.** Leave line 19 blank and enter -0- on line 20.

☐ **Yes.** Subtract $2,500 from the amount on line 18a. Enter the result **19**

20 Multiply the amount on line 19 by 15% (0.15) and enter the result **20**

Next. On line 16b, is the amount $5,100 or more?

☐ **No.** If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the **smaller** of line 17 or line 20 on line 27.

☐ **Yes.** If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions. **21**

22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . **22**

23 Add lines 21 and 22 . . . . . **23**

24 **1040 and 1040-SR filers:** Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11.

1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. **24**

25 Subtract line 24 from line 23. If zero or less, enter -0- **25**

26 Enter the **larger** of line 20 or line 25 . . . . . **26**

Next, enter the **smaller** of line 17 or line 26 on line 27.

Part II-C Additional Child Tax Credit

27 **This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28** . . **27**

Form **8889**

Department of the Treasury
Internal Revenue Service

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form8889* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: Farm K Saetern

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.: 536-31-0350

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I **HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2024. See instructions			☒ Self-only ☐ Family
2	HSA contributions you made for 2024 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2024. **Do not** include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions		2	36.
3	If you were under age 55 at the end of 2024 and, on the first day of **every** month during 2024, you were, or were considered, an eligible individual with the **same** coverage, enter $4,150 ($8,300 for family coverage). **All others**, see the instructions for the amount to enter		3	4,150.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2024 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2024, also include any amount contributed to your spouse's Archer MSAs		4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-		5	4,150.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2024, see the instructions for the amount to enter		6	4,150.
7	If you were age 55 or older at the end of 2024, married, and you or your spouse had family coverage under an HDHP at any time during 2024, enter your additional contribution amount. See instructions.		7	0.
8	Add lines 6 and 7		8	4,150.
9	Employer contributions made to your HSAs for 2024	9: 550.		
10	Qualified HSA funding distributions	10:		
11	Add lines 9 and 10		11	550.
12	Subtract line 11 from line 8. If zero or less, enter -0-		12	3,600.
13	**HSA deduction** (see instructions).		13	36.

Part II **HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2024 from all HSAs (see instructions)	14a	594.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
c	Subtract line 14b from line 14a	14c	594.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	594.
16	**Taxable HSA distributions.** Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	0.
17a	If any of the distributions included on line 16 meet any of the **Exceptions to the Additional 20% Tax** (see instructions), check here ☐		
b	**Additional 20% tax** (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	**Total income.** Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20	
21	**Additional tax.** Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

2024 W-2 and EARNINGS SUMMARY

Employee Reference Copy

W-2 Wage and Tax Statement **2024**

OMB No. 1545-0008

Copy C for employee's records.

d Control number	Dept.	Corp.	Employer use only
052980 CLI2/A5P	000019		T

c Employer's name, address, and ZIP code 602-825-98

JETRO HOLDINGS LLC
1710 WHITESTONE EXPWY
WHITESTONE NY 11357

Batch #02281

e/f Employee's name, address, and ZIP code

LUIS BATRES
2101 SW SUNSET BLVD #A407
RENTON WA 98057

b Employer's FED ID number	a Employee's SSA number
13-2847452	XXX-XX-0782

1 Wages, tips, other comp. 22179.25	2 Federal income tax withheld 2495.39
3 Social security wages 23459.95	4 Social security tax withheld 1454.52
5 Medicare wages and tips 23459.95	6 Medicare tax withheld 340.17
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 53.92
14 Other	12b D 1280.70
	12c DD 2244.96
	12d
	13 Stat emp. Ret. plan X 3rd party sick pay
15 State WA / Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	WA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	24,176.75	24,176.75	24,176.75	
Plus GTL (C-Box 12)	53.92	53.92	53.92	
Less 401(k) (D-Box 12)	1,280.70	N/A	N/A	
Less Other Cafe 125	770.72	770.72	770.72	
Reported W-2 Wages	**22,179.25**	**23,459.95**	**23,459.95**	

Note - Fringe benefits include : Other $38.51

2. Employee Name and Address.

LUIS BATRES
2101 SW SUNSET BLVD #A407
RENTON WA 98057

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1 Wages, tips, other comp. 22179.25	2 Federal income tax withheld 2495.39
3 Social security wages 23459.95	4 Social security tax withheld 1454.52
5 Medicare wages and tips 23459.95	6 Medicare tax withheld 340.17
d Control number 052980 CLI2/A5P / Dept. 000019	Corp. / Employer use only T
c Employer's name, address, and ZIP code 602-825-98 JETRO HOLDINGS LLC 1710 WHITESTONE EXPWY WHITESTONE NY 11357	
b Employer's FED ID number 13-2847452	a Employee's SSA number XXX-XX-0782
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 53.92
14 Other	12b D 1280.70
	12c DD 2244.96
	12d
	13 Stat emp. Ret. plan X 3rd party sick pay
e/f Employee's name, address and ZIP code LUIS BATRES 2101 SW SUNSET BLVD #A407 RENTON WA 98057	
15 State WA / Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Federal Filing Copy

W-2 Wage and Tax Statement **2024**

OMB No. 1545-0008

Copy B to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp. 22179.25	2 Federal income tax withheld 2495.39
3 Social security wages 23459.95	4 Social security tax withheld 1454.52
5 Medicare wages and tips 23459.95	6 Medicare tax withheld 340.17
d Control number 052980 CLI2/A5P / Dept. 000019	Corp. / Employer use only T
c Employer's name, address, and ZIP code 602-825-98 JETRO HOLDINGS LLC 1710 WHITESTONE EXPWY WHITESTONE NY 11357	
b Employer's FED ID number 13-2847452	a Employee's SSA number XXX-XX-0782
7 Social security tips	8 Allocated tips
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11 Nonqualified plans	12a C 53.92
14 Other	12b D 1280.70
	12c DD 2244.96
	12d
	13 Stat emp. Ret. plan X 3rd party sick pay
e/f Employee's name, address and ZIP code LUIS BATRES 2101 SW SUNSET BLVD #A407 RENTON WA 98057	
15 State WA / Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

WA.State Reference Copy

W-2 Wa Sta 405 ‹ **2024**

OMB No. 1545-0008

Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 22179.25	2 Federal income tax withheld 2495.39
3 Social security wages 23459.95	4 Social security tax withheld 1454.52
5 Medicare wages and tips 23459.95	6 Medicare tax withheld 340.17
d Control number 052980 CLI2/A5P / Dept. 000019	Corp. / Employer use only T
c Employer's name, address, and ZIP code 602-825-98 JETRO HOLDINGS LLC 1710 WHITESTONE EXPWY WHITESTONE NY 11357	
b Employer's FED ID number 13-2847452	a Employee's SSA number XXX-XX-0782
7 Social security tips	8 Allocated tips
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	13 Stat emp. Ret. plan X 3rd party sick pay
e/f Employee's name, address and ZIP code LUIS BATRES 2101 SW SUNSET BLVD #A407 RENTON WA 98057	
15 State WA / Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

WA.State Filing Copy

W-2 Wage and Tax Statement **2024**

OMB No. 1545-0008

Copy 2 to be filed with employee's State Income Tax Return.

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above $200,000.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions. You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of $23,000 ($16,000 if you only have SIMPLE plans; $26,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to $23,000. Deferrals under code H are limited to $7,000. However, if you were at least age 50 in 2024, your employer may have allowed an additional deferral of up to $7,500 ($3,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over $50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan

T—Adoption benefits (not included in box 1). Complete Form 8839 to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525 for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

II—Medicaid waiver payments excluded from gross income under Notice 2014-7.

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A.

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

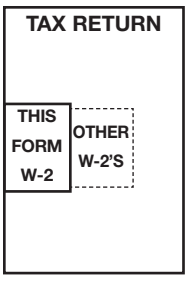
Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Department of the Treasury - Internal Revenue Service

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

IMPORTANT NOTE:
In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



Department of the Treasury - Internal Revenue Service

Future developments. For the latest information about developments related to Form W-2, such as legislation enacted after it was published, go to *www.irs.gov/FormW2*.

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income tax credit (EITC). You may be able to take the EITC for 2024 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EITC if your investment income is more than the specified amount for 2024 or if income is earned for services provided while you were an inmate at a penal institution. For 2024 income limits and more information, visit *www.irs.gov/EITC*. See also Pub. 596. **Any EITC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517.

Department of the Treasury - Internal Revenue Service

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at *www.SSA.gov*.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2024 and more than $10,453.20 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than $6,129.90 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

Department of the Treasury - Internal Revenue Service

2024 W-2 and EARNINGS SUMMARY

Employee Reference Copy

W-2 Wage and Tax Statement **2024**

OMB No. 1545-0008

Copy C for employee's records.

d Control number	Dept.	Corp.	Employer use only
000157 RP/LXN			A

c Employer's name, address, and ZIP code

GLOBAL AGRI-TRADE CORPORATION
15500 S AVALON BLVD
RANCHO DOMINGUEZ, CA 90220

Batch #92736

e/f Employee's name, address, and ZIP code

LUIS BATRES
5511 S CUSHMAN AVE
TACOMA, WA 98408

b Employer's FED ID number	a Employee's SSA number
36-4591798	XXX-XX-0782

1 Wages, tips, other comp. 57375.86	2 Federal income tax withheld 5595.34
3 Social security wages 59945.06	4 Social security tax withheld 3716.59
5 Medicare wages and tips 59945.06	6 Medicare tax withheld 869.20
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 AA 884.74
14 Other	12b D 2569.20
	12c
	12d
	13 Stat emp. / Ret. plan X / 3rd party sick pay
15 State / Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2
Gross Pay	59,945.06	59,945.06	59,945.06
Less 401(k) (D-Box 12)	2,569.20	N/A	N/A
Reported W-2 Wages	**57,375.86**	**59,945.06**	**59,945.06**

2. Employee Name and Address.

LUIS BATRES
5511 S CUSHMAN AVE
TACOMA, WA 98408

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1 Wages, tips, other comp. 57375.86	2 Federal income tax withheld 5595.34
3 Social security wages 59945.06	4 Social security tax withheld 3716.59
5 Medicare wages and tips 59945.06	6 Medicare tax withheld 869.20
d Control number 000157 RP/LXN / Dept. / Corp. / Employer use only A	
c Employer's name, address, and ZIP code: GLOBAL AGRI-TRADE CORPORATION, 15500 S AVALON BLVD, RANCHO DOMINGUEZ, CA 90220	
b Employer's FED ID number 36-4591798	a Employee's SSA number XXX-XX-0782
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 AA 884.74
14 Other	12b D 2569.20
	12c
	12d
	13 Stat emp. / Ret. plan X / 3rd party sick pay
e/f Employee's name, address and ZIP code: LUIS BATRES, 5511 S CUSHMAN AVE, TACOMA, WA 98408	
15 State / Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Federal Filing Copy

W-2 Wage and Tax Statement **2024**

OMB No. 1545-0008

Copy B to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp. 57375.86	2 Federal income tax withheld 5595.34
3 Social security wages 59945.06	4 Social security tax withheld 3716.59
5 Medicare wages and tips 59945.06	6 Medicare tax withheld 869.20
d Control number 000157 RP/LXN / Dept. / Corp. / Employer use only A	
c Employer's name, address, and ZIP code: GLOBAL AGRI-TRADE CORPORATION, 15500 S AVALON BLVD, RANCHO DOMINGUEZ, CA 90220	
b Employer's FED ID number 36-4591798	a Employee's SSA number XXX-XX-0782
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a AA 884.74
14 Other	12b D 2569.20
	12c
	12d
	13 Stat emp. / Ret. plan X / 3rd party sick pay
e/f Employee's name, address and ZIP code: LUIS BATRES, 5511 S CUSHMAN AVE, TACOMA, WA 98408	
15 State / Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

State Reference Copy

W-2 Wa Sta 407 ‹ **2024**

OMB No. 1545-0008

Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 57375.86	2 Federal income tax withheld 5595.34
3 Social security wages 59945.06	4 Social security tax withheld 3716.59
5 Medicare wages and tips 59945.06	6 Medicare tax withheld 869.20
d Control number 000157 RP/LXN / Dept. / Corp. / Employer use only A	
c Employer's name, address, and ZIP code: GLOBAL AGRI-TRADE CORPORATION, 15500 S AVALON BLVD, RANCHO DOMINGUEZ, CA 90220	
b Employer's FED ID number 36-4591798	a Employee's SSA number XXX-XX-0782
7 Social security tips	8 Allocated tips
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14 Other	12b D 2569.20
	12c
	12d
	13 Stat emp. / Ret. plan X / 3rd party sick pay
e/f Employee's name, address and ZIP code: LUIS BATRES, 5511 S CUSHMAN AVE, TACOMA, WA 98408	
15 State / Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

City or Local Reference Copy

W-2 Wage and Tax Statement **2024**

OMB No. 1545-0008

Copy 2 to be filed with employee's City or Local Income Tax Return.

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above $200,000.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions. You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of $23,000 ($16,000 if you only have SIMPLE plans; $26,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to $23,000. Deferrals under code H are limited to $7,000. However, if you were at least age 50 in 2024, your employer may have allowed an additional deferral of up to $7,500 ($3,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over $50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan

T—Adoption benefits (not included in box 1). Complete Form 8839 to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525 for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

II—Medicaid waiver payments excluded from gross income under Notice 2014-7.

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A.

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

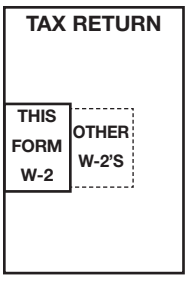
Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Department of the Treasury - Internal Revenue Service

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

IMPORTANT NOTE:
In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



Department of the Treasury - Internal Revenue Service

Future developments. For the latest information about developments related to Form W-2, such as legislation enacted after it was published, go to *www.irs.gov/FormW2*.

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income tax credit (EITC). You may be able to take the EITC for 2024 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EITC if your investment income is more than the specified amount for 2024 or if income is earned for services provided while you were an inmate at a penal institution. For 2024 income limits and more information, visit *www.irs.gov/EITC*. See also Pub. 596. **Any EITC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517.

Department of the Treasury - Internal Revenue Service

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at *www.SSA.gov*.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2024 and more than $10,453.20 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than $6,129.90 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

Department of the Treasury - Internal Revenue Service

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **2023** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20 _____ See separate instructions.

Your first name and middle initial	Last name	Your social security number
luis	batres	613 19 0782
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Farm K	Saetern	536 31 0350

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
5511 S Cushman Ave

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
Tacoma WA 984084232

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☒ You ☒ Spouse

Filing Status Check only one box.
☐ Single ☐ Head of household (HOH)
☒ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1959 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1959 ☐ Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here ☐

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Child tax credit	Credit for other dependents
Jacob K	Yellowbird-Saetern	533-65-1897	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	118,494.
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	0.
i	Nontaxable combat pay election (see instructions)	1i				
z	Add lines 1a through 1h				1z	118,494.

Attach Sch. B if required.

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	400.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	118,894.
10	Adjustments to income from Schedule 1, line 26				10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	118,894.
12	**Standard deduction or itemized deductions** (from Schedule A)				12	27,700.
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	
14	Add lines 12 and 13				14	27,700.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	91,194.

Standard Deduction for—
- Single or Married filing separately, $13,850
- Married filing jointly or Qualifying surviving spouse, $27,700
- Head of household, $20,800
- If you checked any box under *Standard Deduction*, see instructions.

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	10,674.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	10,674.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2,000.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	2,000.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	8,674.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your **total tax**	24	8,674.
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 10,602.		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	10,602.
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:		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**	32	
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	10,602.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	1,928.
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐	35a	1,928.
Direct deposit? See instructions.	b	Routing number 325070760 c Type: ☒ Checking ☐ Savings		
	d	Account number 901467985		
	36	Amount of line 34 you want **applied to your 2024 estimated tax** — 36:		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe**. For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	
	38	Estimated tax penalty (see instructions) — 38:		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes.** Complete below. ☒ **No**

Designee's name | Phone no. | Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		abm	
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.)
		profit managment coordinator	239309
Phone no. (206)698-9445	Email address		

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name Self-Prepared			Phone no.	
Firm's address			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

2023

Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	**Your social security number**
luis batres & Farm K Saetern	613-19-0782

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**	
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**	400.		
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**	400.
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**	400.

For Paperwork Reduction Act Notice, see your tax return instructions. **Schedule 1 (Form 1040) 2023**

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN _____			
c	Date of original divorce or separation agreement (see instructions): _____			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount: _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your **adjustments to income**. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26	

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	Your social security number
luis batres & Farm K Saetern	613-19-0782

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**	118,894.
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**	118,894.
4	Number of qualifying children under age 17 with the required social security number	**4**	1	**5**	2,000.
5	Multiply line 4 by $2,000				
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	**6**	0		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by $500			**7**	
8	Add lines 5 and 7			**8**	2,000.
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	Is the amount on line 8 more than the amount on line 11?			**12**	2,000.
	☐ **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**	10,674.
14	Enter the smaller of line 12 or line 13. **This is your child tax credit and credit for other dependents**			**14**	2,000.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.				

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15 Check this box if you **do not** want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . ☐

16a Subtract line 14 from line 12. If zero, **stop here**; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . **16a** 0.

b Number of qualifying children under 17 with the required social security number: _____ 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 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 **8889**

Department of the Treasury
Internal Revenue Service

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form8889* for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: Farm K Saetern

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.: 536-31-0350

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I **HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions			☒ Self-only ☐ Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. **Do not** include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions		2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of **every** month during 2023, you were, or were considered, an eligible individual with the **same** coverage, enter $3,850 ($7,750 for family coverage). **All others**, see the instructions for the amount to enter		3	
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs		4	
5	Subtract line 4 from line 3. If zero or less, enter -0-		5	
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter		6	
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions		7	0.
8	Add lines 6 and 7		8	0.
9	Employer contributions made to your HSAs for 2023	9: 400.		
10	Qualified HSA funding distributions	10:		
11	Add lines 9 and 10		11	400.
12	Subtract line 11 from line 8. If zero or less, enter -0-		12	0.
13	**HSA deduction.** Enter the **smaller** of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 **Caution:** If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		13	0.

Part II **HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2023 from all HSAs (see instructions)		14a	220.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions		14b	
c	Subtract line 14b from line 14a		14c	220.
15	Qualified medical expenses paid using HSA distributions (see instructions)		15	220.
16	**Taxable HSA distributions.** Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f		16	0.
17a	If any of the distributions included on line 16 meet any of the **Exceptions to the Additional 20% Tax** (see instructions), check here ☐			
b	**Additional 20% tax** (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c		17b	

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	**Total income.** Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20	
21	**Additional tax.** Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

IMPORTANT DISCLOSURES

If you are owed federal or state tax refund(s), you have a right to choose how you will receive the refund(s). There are several options available to you. Some options cost money and some options are free. Please read about these options below.

You can file your federal tax return(s) electronically or by paper and obtain your federal tax refund(s) directly from the Internal Revenue Service ("IRS") for free. Additionally, you can file your state tax return(s) electronically or by paper and obtain your state tax refund(s) directly from the applicable state taxing authority for free. If you file your federal tax return(s) electronically, you can receive refund checks directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return(s) or the IRS can deposit your refund(s) directly into your bank account in less than 21 days from the time you file your tax return(s) unless there are delays by the IRS. If you file a paper federal tax return through the U.S. Postal Service, you can receive refund checks directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return(s) or the IRS can deposit your refund(s) directly into your bank account in 6 to 8 weeks from the time the IRS receives your return(s). However, if your federal tax return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2024. Please consult your applicable state taxing authority's website for details on when you can expect to receive your state tax refund(s).

You can file your federal and state tax return(s) electronically, select the Refund Processing Service ("RPS") for an additional fee of $40.00 (the "Refund Processing Fee"), and have your federal and/or state tax refund(s) processed through a processor using banking services of a financial institution. The RPS allows your refund(s) to be deposited into a bank account at Green Dot Bank ("Bank") and deducts your TurboTax fees and other amounts that you authorize from your federal and/or state refund(s). The balance of your federal and/or state refund(s) is delivered to you via the disbursement method you select. If you file your tax return(s) electronically and select the RPS, the IRS and/or the applicable state taxing authority will deposit your refund(s) with Bank. Upon Bank's receipt of your refund(s), Santa Barbara Tax Products Group, LLC, a division of Green Dot Corporation, a Delaware corporation, a processor, will deduct from your federal and/or state refund(s) the Refund Processing Fee, any fees charged by TurboTax for the preparation and filing of your tax return(s) and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are unexpected delays, federal refunds are received in less than 21 days from the time you file your tax return(s) electronically. However, if your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2024. Please consult your applicable state taxing authority's website for details on when you can expect to receive your state tax refund(s).

The RPS is not necessary to obtain your refund(s). If you have an existing bank account, you do not need to use the RPS, which requires the payment of a fee, in order to receive a direct deposit from the IRS or applicable state taxing authority. You may consult the IRS website (IRS.gov) or website of the applicable state taxing authority for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund(s).

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in tax refund(s) next year. Please consult your employer or tax advisor for additional details.

This Agreement requires all disputes to be resolved by way of binding arbitration.
The terms of the arbitration provision appear in Section 11.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov .

The chart below shows the options for filing your federal and state tax returns (e-file or paper returns), the RPS product, refund disbursement options, estimated timing for obtaining your federal tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND(S)?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS or applicable state taxing authority issues direct deposit to your bank account.	Approximately 6 to 8 weeks [1] Check website for applicable state taxing authority	No additional cost.
	Check mailed by IRS or applicable state taxing authority to address on tax return(s).	Approximately 6 to 8 weeks [1] Check website for applicable state taxing authority	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS or applicable state taxing authority issues direct deposit to your bank account.	Usually within 21 days [1] Check website for applicable state taxing authority	No additional cost.
	Check mailed by IRS or applicable state taxing authority to address on tax return(s).	Approximately 21 to 28 days [1] Check website for applicable state taxing authority	
ELECTRONIC FILING (E-FILE) Refund Processing Service	Direct deposit to your bank account.	Usually within 21 days [1] Check website for applicable state taxing authority	$40.00 [2]

[1] **You may experience delays with your tax refund(s) if, for example, you enter incorrect bank account or contact information, you enter a bank account in someone else's name, or if possible suspicious activity is detected.** If your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2024.

[2] The charges here consist of a Refund Processing Fee, and any fees for additional products and services purchased. See Section 3 of the Refund Processing Service Agreement for the cost of the service you have chosen.

Questions? Call 877-908-7228

sbia5201.SCR 11/30/23 11/20/2023

We need your consent to proceed with this payment option

This is an IRS requirement

The purpose of this agreement is to confirm that you are eligible for this payment option. By agreeing, you allow Intuit, the maker of TurboTax software, to verify that your refund is enough to cover total fees and applicable sales tax and to evaluate your current and future eligibility for the Refund Processing Service.

IRS regulations require the following statements:
Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.
You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. You specify that your consent is valid for three years from the date of this signature. If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) at https://www.treasury.gov/tigta/

To agree, enter your name(s) and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit, the maker of TurboTax, to use the information provided in this 2023 return to determine whether a portion of the refund can be used to pay my fees and to evaluate my current and future eligibility for the Refund Processing Service.

First Name	Last Name
luis	batres

Today's Date

02/12/2024

Spouse's First Name	Spouse's Last Name
Farm	Saetern

Today's Date

02/12/2024

sbia5009 11/14/23

We need your OK to share your info with our partners

This is an IRS requirement

In order to finalize your request for this payment option, we need to send the following information to Green Dot Bank ('BANK') and to Santa Barbara Tax Products Group, LLC ('SBTPG'), the administrator and servicer of this payment option: your identifying information, your deposit information and your refund amount.

We transmit this information so that you may use this payment option. BANK and SBTPG will use your information in accordance with their applicable refund processing service agreement and privacy policy.

IRS regulations require the following statements:

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.
You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.
If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) at https://www.treasury.gov/tigta/

I authorize Intuit, the maker of TurboTax, to disclose to BANK and SBTPG that portion of my 2023 tax return information that is necessary to enable BANK and SBTPG to process my refund.

I agree to the above statement.

Great! Now we just need your signature to confirm your decision.

First Name	Last Name
luis	batres

Today's Date

02/12/2024

Spouse's First Name	Spouse's Last Name
Farm	Saetern

Today's Date

02/12/2024

sbia1301.SCR 11/14/23

CUSTOMER SERVICE: 877-908-7228

Santa Barbara Tax Products Group, LLC, a division of Green Dot Corporation, a Delaware corporation, and Green Dot Bank Refund Processing Service Agreement ("Agreement")

Name: luis batres & Farm K Saetern
Social Security No.: 613-19-0782

This Agreement contains important terms, conditions and disclosures about the processing of your refund(s) (the "Refund Processing Service" or "RPS") by Santa Barbara Tax Products Group, LLC, a division of Green Dot Corporation, a Delaware corporation, ("Processor"), a third party processor using banking services of Green Dot Bank ("Bank"). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words "you" and "your" refer to the applicant or both the applicant and joint applicant if the 2023 federal and/or state income tax return(s) is a joint return (individually and collectively, "Applicant"). The words "we," "us" and "our" refer to Bank and Processor.

1. **NOTICE: No Requirement To Use the Refund Processing Service In Order To File Electronically.**
YOU UNDERSTAND THAT A REFUND PROCESSING FEE OF $40.00 ("REFUND PROCESSING FEE") IS CHARGED BY PROCESSOR TO ESTABLISH A TEMPORARY ACCOUNT TO RECEIVE YOUR FEDERAL AND/OR STATE TAX REFUND(S), TO PROCESS IT, TO DEDUCT YOUR TURBOTAX FEES, AND OTHER AUTHORIZED FEES FROM THAT ACCOUNT, AND TO FORWARD FUNDS TO YOU. THE REFUND PROCESSING FEE IS NOT A LOAN; IT IS DUE TO PROCESSOR WHETHER OR NOT THE FEDERAL OR STATE TAX REFUND(S) OCCURS BUT PROCESSOR WILL NOT PURSUE COLLECTION OF THE REFUND PROCESSING FEE IF YOUR FEDERAL OR STATE TAX REFUND(S) DO NOT OCCUR. THIS FEE IS COLLECTED ONLY AT THE TIME THE REFUND(S) OCCURS. YOU CAN AVOID THIS FEE AND NOT USE THE REFUND PROCESSING SERVICE BY INSTEAD PAYING THE APPLICABLE TURBOTAX FEES TO INTUIT INC. BY CREDIT OR DEBIT CARD AT THE TIME YOU FILE YOUR 2023 FEDERAL AND/OR STATE INCOME TAX RETURN(S) AND ELECTING TO HAVE YOUR REFUND(S) DIRECTLY DEPOSITED IN YOUR OWN BANK ACCOUNT OR MAILED TO YOU. IF YOU DO USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND(S) WITHIN 21 DAYS FROM WHEN THE INTERNAL REVENUE SERVICE ("IRS") ACCEPTS YOUR RETURN(S) UNLESS THERE ARE PROCESSING DELAYS (OR UNLESS YOUR RETURN(S) CONTAINS EARNED INCOME TAX CREDIT OR ADDITIONAL CHILD TAX CREDIT, IN WHICH CASE THE IRS WILL ISSUE YOUR REFUND(S) NO EARLIER THAN FEBRUARY 15, 2024). PLEASE CONSULT YOUR APPLICABLE STATE TAXING AUTHORITY'S WEBSITE FOR DETAILS ON WHEN YOU CAN EXPECT TO RECEIVE YOUR STATE TAX REFUND(S). THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND(S). THE COST OF PREPARING YOUR TAX RETURN(S) IS NOT ANY MORE OR LESS IF YOU PURCHASE THE REFUND PROCESSING SERVICE.

2. Authorization to Release Personal Information. You authorize the IRS and/or applicable state taxing authority to disclose any information to Bank and Processor related to the funding of your 2023 federal and state tax refund(s). You also authorize Intuit Inc., as the transmitter of your electronically filed tax return(s), Bank and Processor to disclose to each other certain information about you and your tax return(s) for the purpose of providing the services contemplated under this Agreement. You also represent that any authorizations you have made in this Section 2 have also been obtained from and are made with respect to your spouse, if this is a jointly filed return. Please see the Privacy Policy at the end of this Agreement describing how Bank may use or share your personal information.

3. Summary of Terms

Expected Refund(s)	$ 1,928.00
Less Processor Refund Processing Fee	$ 40.00
Less TurboTax Fees	$ 39.00
Less Fees for Additional Products and Services Purchased	$
Expected Proceeds*	$ 1,849.00

* These amounts are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, a Return Item Fee and an Account Research and Processing Fee paid to Processor as set forth in Sections 4, 6 and 7 below. The above deductions will be subtracted from your federal or state refund(s), where applicable, whichever is received first. Additionally, in the event one refund is insufficient to fully pay all such amounts due, deductions for the remaining amount due will be wholly or partially supplemented by, and subtracted from, the other refund (if you receive both state and federal refund(s).

4. Temporary Deposit Account Authorization. You hereby authorize Bank to establish a temporary deposit account ("Deposit Account") for the purpose of receiving your tax year 2023 federal and/or state tax refund(s) from the IRS or applicable state taxing authority. Bank or Processor must receive an acknowledgement from the IRS or applicable state taxing authority that your return(s) has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize Processor or Bank to deduct from your Deposit Account the following amounts: (i) the Refund Processing Fee; (ii) the fees and charges related to the preparation, processing and transmission of your tax return(s) ("TurboTax Fees"); and (iii) fees for Additional Products and Services Purchased, plus applicable taxes. You also authorize Processor to deduct thirty dollars ($30.00) as a returned item processing fee (the "Return Item Fee") from your Deposit Account for the additional processing required in the event that your deposit is returned or cannot be delivered as directed in Section 7 below. A fee of $30.00 (the "Account Research and Processing Fee") may be charged if we are required to provide additional processing to return the funds to the IRS or applicable state taxing authority due to (a) your bank not accepting your direct deposit of your refund or (b) your tax return being in dispute or being deemed by Processor, in its reasonable determination, to be fraudulent or suspicious. These fees will be deducted from the Deposit Account and will be retained by Processor. You authorize Processor to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If the Deposit Account does not have sufficient funds at the time your tax refund is processed to pay the TurboTax Fees and the fees for Additional Products and Services Purchased as set forth in Section 3, and any sales tax (collectively, "Fees"), or if your refund proceeds are delayed (a) you authorize Processor to automatically deduct such Fees (or any portion thereof) via ACH, electronic check, or wire transfer directly from the account into which you authorized Processor to deposit your expected tax refund proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such Fees, those arrangements will be attempted prior to any automatic deduction. You also authorize any amounts outstanding pursuant to this paragraph to be deducted from refunds you may receive up to 30 months after the date of this Agreement and processed through Processor. Additionally, if the Fees are not fully repaid from the Deposit account for any other reason not specified above, (a) you authorize Processor to automatically deduct such Fees (or any portion thereof) or attempt to deduct such Fees for up to 4 months after your tax return was accepted via ACH, electronic check, or wire transfer directly from the account into which you authorized Processor to deposit your expected tax refund proceeds ("Authorized Destination Account") as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such Fees, those arrangements will be attempted prior to any automatic deduction. To make alternative payment arrangements or revoke your consent to automatic deduction, you must contact Intuit Inc. according to the instructions on the notices e-mailed to you by Intuit Inc. regarding outstanding amounts owed under this Agreement.

5. Acknowledgements. (a) You understand that: (i) neither Bank nor Processor can guarantee the amount of your tax year 2023 federal and/or state tax refund(s) or the date it will be issued, and (ii) neither Bank nor Processor is affiliated with the transmitter of the tax return(s) (Intuit Inc.) and neither warrants the accuracy of the software used to prepare the tax return(s). (b) You agree that Intuit Inc. is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund(s) by Bank and Processor. (c) Your refund(s) may be held or returned to the IRS or applicable state taxing authority if it is suspected of fraud or identity theft.

6. Truth in Savings Disclosure. The Deposit Account is being opened for the purpose of receiving your (or both spouses if this is a jointly filed return) tax year 2023 federal and/or state tax refund(s). Processor will deduct from the Deposit Account the amounts set forth in Section 3, including the $40.00 Refund Processing Fee for opening and maintaining the Deposit Account and processing your tax refund(s). No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except to collect the amounts stated in this Section, Section 3, Section 7, and Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of $30.00 if the refund(s) cannot be delivered as directed in Section 7 of this Agreement. A $30.00 Account Research and Processing Fee may be charged if we are required to provide additional processing to return the funds to the IRS or applicable state taxing authority due to (a) your bank not accepting your direct deposit of your refund or (b) your tax return being in dispute or being deemed by Processor, in its reasonable determination, to be fraudulent or suspicious. These fees will be deducted from the Deposit Account and will be retained by Processor. Questions or concerns about the Deposit Account should be directed to Santa Barbara Tax Products Group, LLC, PO Box 817, West Chester, OH 45071 or via the Internet at http://sbtpg.com.

7. Disbursement Method: You agree that the disbursement method selected below will be used by Processor to disburse funds to you.

By using the Direct Deposit method of disbursement, the balance of your Deposit Account will be disbursed to you electronically by ACH direct deposit to your Authorized Destination Account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

DIRECT DEPOSIT ACCOUNT TYPE:

[X] Checking
[ ] Savings

RTN # 325070760
Account # 901467985

Note: To ensure that there are no delays in receiving your refund(s), please contact your financial institution to confirm that you are using the correct RTN (routing) and account number. If you or your representative enter your account information incorrectly and your deposit is returned to Bank, the Deposit Account balance minus a $30.00 Return Item Fee will be disbursed to you via a cashier's check mailed to your physical address of record. Bank, Processor and Intuit Inc. are **not** responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. In cases where Bank has received your federal and/or state tax refund(s) but is unable to deliver the funds directly to you, funds may be held at Bank until claimed, or returned to the IRS or applicable state taxing authority. An Account Research and Processing Fee of $30.00 may be charged if we are required to provide additional processing to return the funds to the IRS or applicable state taxing authority due to (a) your bank not accepting your direct deposit of your refund or (b) your tax return being in dispute or being deemed by Processor, in its reasonable determination, to be fraudulent or suspicious. Return Item and Account Research and Processing Fees will not exceed $90.00 in the aggregate if there is also a state return, and $60.00 in the aggregate if there is not a state return and will be deducted from the Deposit Account for federal and state refunds that continue to be undeliverable and unclaimed and must be returned to the IRS or applicable state taxing authority. These fees will be retained by Processor. Due to the risk of fraudulent diversion of tax refunds, we will not process any address or account changes for purposes of disbursing your tax refund(s). If we become aware that your address or checking or savings account has changed after you sign this Agreement but before your federal and/or state tax refund(s) is received by us, upon receipt of your federal or state tax refund(s) from the IRS or applicable state agency, we will return your tax refund(s) to the applicable agency after deducting our Refund Processing Fee, TurboTax Fees and other applicable fees. We will do our best to escalate the return of your federal or state tax refund(s) to the applicable agency and you will need to work with the applicable agency directly for disbursement.

8. FEDERAL ELECTRONIC FUND TRANSFER ACT DISCLOSURES: In case of errors or questions about electronic transfers to or from the Deposit Account, write to Santa Barbara Tax Products Group, LLC, PO Box 817, West Chester, OH 45071 or telephone (877) 908-7228 and provide your name, a description or explanation of the error, and the dollar amount of the suspected error. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 business days to investigate your complaint or question. If we decide to do this, we will credit your Deposit Account within 10 business days for the amount you think is in error, although in most circumstances you won't have use of the money until we complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your Deposit Account. For errors involving transfers of funds to or from the Deposit Account within 30 business days after the first deposit to the Deposit Account was made, (i) we may take up to 90 business days to investigate your complaint or question, and (ii) we may take up to 20 business days to credit your Deposit Account for the amount you think is in error. We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

Business Days: Our business days are Monday through Friday, excluding federal holidays. Saturday, Sunday, and federal holidays are not considered business days, even if we are open.

Confidentiality: We will disclose information to third parties about your account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant;
- To comply with government agency or court orders;
- If you give us your written permission; or
- As explained in the Privacy Policy following this Agreement.

Our Liability: If we do not complete a transfer to your account on time or in the correct amount according to this Agreement, we may be liable for your losses or damages. In addition to all other limitations of liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (such as fire, flood, water damage, power failure, strike, labor dispute, pandemic, computer breakdown, telephone line disruption, or a natural disaster) prevent the transfer, despite reasonable precautions that have been taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.
- You, your representative or a third party provide us with inaccurate or untimely information.

9. Compensation. In addition to any fees paid directly by you to Intuit Inc., Processor will pay compensation to Intuit Inc. in consideration of Intuit Inc.'s provision of various programming, testing, data processing, transmission, systems maintenance, status reporting and other software, technical and communications services. The Refund Processing Fee will be retained by Processor for its Refund Processing Service. Processor shall pay Bank for its banking services.

10. Governing Law. The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive laws of Delaware.

11. Arbitration Provision. You acknowledge that the services set forth in this Agreement are being made available and priced by Processor on the basis of your acceptance of the following arbitration provision ("Arbitration Provision"). By entering into this Agreement, you acknowledge that you are giving up the right to litigate Claims (as defined below) if you, Bank or Processor elects arbitration of the Claims pursuant to this provision, except as otherwise expressly provided herein, and you hereby knowingly and voluntarily waive the right to trial of all Claims subject to this Agreement. You further acknowledge that you have read this Arbitration Provision carefully, agree to its terms, and are entering into this Agreement voluntarily and not in reliance on any promises or representations whatsoever except those contained in this Agreement.

ARBITRATION NOTICE

THIS AGREEMENT CONTAINS AN ARBITRATION PROVISION. PLEASE READ THIS PROVISION CAREFULLY, AS IT AFFECTS YOUR LEGAL RIGHTS.

11.1. Arbitration of Claims: Except as expressly provided herein, any claim, dispute or controversy (whether based upon contract; tort, intentional or otherwise; constitution; statute; common law; or equity and whether pre-existing, present or future), including initial claims, counter-claims, cross-claims and third-party claims, arising from or relating directly or indirectly to this Agreement, including the validity, enforceability, interpretation, scope, or application of the Agreement and this Arbitration Provision (except for the prohibition on class or other non-individual claims, which shall be for a court to decide) ("Claim") shall be decided, upon the election of you, Bank or Processor (or our agents, employees, successors, representatives, affiliated companies, or assigns), by binding arbitration before the American Arbitration Association ("AAA"). Arbitration replaces the right to litigate a claim in court or to have a jury trial. The AAA's phone number is 800-778-7879 and website is http://www.adr.org. You may obtain copies of the current rules, forms, and instructions for initiating an arbitration using the above information.

11.2. Other Claims Subject to Arbitration: In addition to Claims brought by you, Claims made by anyone connected with you or anyone making a Claim through you (including a taxpayer filing jointly, employee, agent, representative, affiliated company, predecessor or successor, heir, assignee, or trustee in bankruptcy) against us shall be subject to arbitration as described herein.

11.3. Exceptions: We agree not to invoke our right to arbitrate any individual Claim you bring in small claims court or an equivalent court so long as the Claim is pending only in that court. This Arbitration

Provision also does not limit or constrain our right to interplead funds in the event of claims to the Account by several parties.

11.4. Individual Claims Only: Claims may be submitted to arbitration on an individual basis only. Claims subject to this Arbitration Provision may not be joined or consolidated in arbitration with any Claim of any other person or be arbitrated on a class basis, in a representative capacity on behalf of the general public or on behalf of any other person, unless otherwise agreed to by the parties in writing. However, taxpayers filing jointly and party to this Agreement are considered as one person; Processor and its officers, directors, employees, agents, and affiliates are considered as one person; and Bank and its officers, directors, employees, agents, and affiliates are considered as one person.

11.5. Arbitration Fees: If you initiate arbitration, we will advance any arbitration fees, including any required deposit. If we initiate or elect arbitration, we will pay the entire amount of the arbitration fees, including any required deposit. We will also be responsible for payment and/or reimbursement of any arbitration fees to the extent that such fees exceed the amount of the filing fees you would have incurred if your Claim had been brought in the state or federal court nearest your residence with jurisdiction over the Claims.

11.6. Procedure: A single arbitrator will resolve the Claims. The arbitrator will be a lawyer with at least ten years' experience or who is a former or retired judge. The arbitration shall follow the rules and procedures of the arbitration administrator in effect on the date the arbitration is filed, except when there is a conflict or inconsistency between the rules and procedures of the arbitration administrator and this Arbitration Provision, in which case this Arbitration Provision shall govern. Any in-person arbitration hearing for a Claim shall take place within the federal judicial district in which you live or at such other reasonably convenient location as agreed by the parties. The arbitrator shall apply applicable substantive law consistent with the Federal Arbitration Act, 9 U.S.C. § 1 et seq. (the "FAA") and shall honor all claims of privilege and confidentiality recognized at law. All statutes of limitations that would otherwise be applicable shall apply to any arbitration proceeding. The arbitrator shall be empowered to grant whatever relief would be available in court under law or in equity. Any appropriate court may enter judgment upon the arbitrator's award. This Arbitration Provision is made pursuant to a transaction involving interstate commerce, and shall be governed by the FAA.

12. Taxpayer Identity Validation Disclosure. To help Bank, Processor and the government identify and fight tax refund fraud, as well as fight the funding of terrorism and money laundering activities, Bank and Processor obtain, verify, and record information that identifies each Refund Processing Service taxpayer. What this means for you: When you apply to use the Refund Processing Service for the purpose of receiving your federal and/or state tax refund(s), we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents if we need to perform additional due diligence on your account.

YOUR AGREEMENT

Bank and Processor agree to all of the terms of this Agreement. By selecting the "I Agree" button in TurboTax: (i) You authorize Bank to receive your 2023 federal and/or state tax refund(s) from the IRS and applicable state taxing authority and Processor to make the deductions from your refund(s) described in the Agreement, (ii) You agree to receive all communications electronically in accordance with the "Communications" section of the Tax Year 2023 TurboTax(Registered Trademark) User Agreement, (iii) You consent to the release of your 2023 federal and/or state tax refund(s) deposit information and application information as described in Section 2 of this Agreement; (iv) In the event your refund(s) is/are insufficient to fully pay all such amounts due under this Agreement, you consent to the automatic debiting of your Authorized Destination Account as set forth in Section 4, as applicable, and the Arbitration Provision in Section 11; and (v) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting "I Agree" indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

Rev. 11/2021

FACTS **WHAT DOES GREEN DOT BANK DO WITH YOUR PERSONAL INFORMATION?**

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do
What?	The types of personal information we collect and share depend on the product or service you have with us. This information can include: • Social Security number and account balances • account transactions and checking account information • transaction history and payment history When you are no longer our customer, we continue to share your information as described in this notice.
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Green Dot Bank chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Green Dot Bank share?	Can you limit this sharing?
For our everyday business purposes — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes	No
For our marketing purposes — to offer our products and services to you.	Yes	No
For joint marketing with other financial companies.	Yes	No
For our affiliates' everyday business purposes — information about your transactions and experiences.	Yes	No
For our affiliates' everyday business purposes — information about your creditworthiness.	No	We don't share
For our affiliates to market to you.	No	We don't share
For nonaffiliates to market to you.	No	We don't share

Questions?	Call Toll Free: 800-901-6663

Page 2

What we do	
How does Green Dot Bank protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Green Dot Bank collect my personal information?	We collect your personal information, for example, when you • open an account or make deposits or withdrawals from your account • tell us where to send the money or provide account information • give us your contact information We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.
Why can't I limit all sharing?	Federal law gives you the right to limit only • sharing for affiliates' everyday business purposes — information about your creditworthiness • affiliates from using your information to market to you • sharing for nonaffiliates to market to you State laws and individual companies may give you additional rights to limit sharing.
Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. • *Our affiliates include companies with a common corporate identity of Green Dot (such as our parent bank holding company Green Dot Corporation) and tax processing services companies, such as Santa Barbara Tax Products Group, LLC.*
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies. • *Green Dot Bank does not share with nonaffiliates so they can market to you.*
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. • *The only joint marketing partners we share with are Intuit Inc. and its affiliates and subsidiaries.*

2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy

W-2 Wage and Tax Statement **2023**

OMB No. 1545-0008

Copy C for employee's records.

d Control number	Dept.	Corp.	Employer use only
052980 CLI2/A5P	000019		A

c Employer's name, address, and ZIP code 602-825-98

JETRO HOLDINGS LLC
1710 WHITESTONE EXPWY
WHITESTONE NY 11357

Batch #02705

e/f Employee's name, address, and ZIP code

LUIS BATRES
2101 SW SUNSET BLVD #A407
RENTON WA 98057

b Employer's FED ID number	a Employee's SSA number
13-2847452	XXX-XX-0782

1 Wages, tips, other comp. 67235.42	2 Federal income tax withheld 7998.30
3 Social security wages 73871.61	4 Social security tax withheld 4580.04
5 Medicare wages and tips 73871.61	6 Medicare tax withheld 1071.14
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 166.11
14 Other	12b D 6636.19
	12c DD 8669.04
	12d
	13 Stat emp: Ret. plan X; 3rd party sick pay
15 State WA / Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Federal Filing Copy

W-2 Wage and Tax Statement **2023**

OMB No. 1545-0008

Copy B to be filed with employee's Federal Income Tax Return.

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	WA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	76,123.24	76,123.24	76,123.24	
Plus GTL (C-Box 12)	166.11	166.11	166.11	
Less 401(k) (D-Box 12)	6,636.19	N/A	N/A	
Less Other Cafe 125	2,417.74	2,417.74	2,417.74	
Reported W-2 Wages	**67,235.42**	**73,871.61**	**73,871.61**	

Note - Fringe benefits include : Other $149.65

2. Employee Name and Address.

LUIS BATRES
2101 SW SUNSET BLVD #A407
RENTON WA 98057

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1 Wages, tips, other comp. 67235.42 | 2 Federal income tax withheld 7998.30
3 Social security wages 73871.61 | 4 Social security tax withheld 4580.04
5 Medicare wages and tips 73871.61 | 6 Medicare tax withheld 1071.14
d Control number 052980 CLI2/A5P | Dept. 000019 | Corp. | Employer use only A
c Employer's name, address, and ZIP code 602-825-98
JETRO HOLDINGS LLC
1710 WHITESTONE EXPWY
WHITESTONE NY 11357
b Employer's FED ID number 13-2847452 | a Employee's SSA number XXX-XX-0782
7 Social security tips | 8 Allocated tips
9 | 10 Dependent care benefits
11 Nonqualified plans | 12a See instructions for box 12 C 166.11
14 Other | 12b D 6636.19
12c DD 8669.04
12d
13 Stat emp. | Ret. plan X | 3rd party sick pay
e/f Employee's name, address and ZIP code
LUIS BATRES
2101 SW SUNSET BLVD #A407
RENTON WA 98057
15 State WA / Employer's state ID no. | 16 State wages, tips, etc.
17 State income tax | 18 Local wages, tips, etc.
19 Local income tax | 20 Locality name

WA.State Reference Copy

W-2 Wa Sta 427 ‹ **2023**

OMB No. 1545-0008

Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 67235.42 | 2 Federal income tax withheld 7998.30
3 Social security wages 73871.61 | 4 Social security tax withheld 4580.04
5 Medicare wages and tips 73871.61 | 6 Medicare tax withheld 1071.14
d Control number 052980 CLI2/A5P | Dept. 000019 | Corp. | Employer use only A
c Employer's name, address, and ZIP code 602-825-98
JETRO HOLDINGS LLC
1710 WHITESTONE EXPWY
WHITESTONE NY 11357
b Employer's FED ID number 13-2847452 | a Employee's SSA number XXX-XX-0782
7 Social security tips | 8 Allocated tips
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14 Other | 12b D 6636.19
12c DD 8669.04
12d
13 Stat emp. | Ret. plan X | 3rd party sick pay
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15 State WA / Employer's state ID no. | 16 State wages, tips, etc.
17 State income tax | 18 Local wages, tips, etc.
19 Local income tax | 20 Locality name

WA.State Filing Copy

W-2 Wage and Tax Statement **2023**

OMB No. 1545-0008

Copy 2 to be filed with employee's State Income Tax Return.

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above $200,000.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of $22,500 ($15,500 if you only have SIMPLE plans; $25,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to $22,500. Deferrals under code H are limited to $7,000.

However, if you were at least age 50 in 2023, your employer may have allowed an additional deferral of up to $7,500 ($3,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over $50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T—Adoption benefits (not included in box 1). Complete Form 8839 to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525 for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A.

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

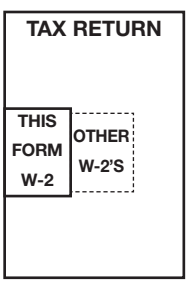
Department of the Treasury - Internal Revenue Service

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2023 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2023 or if income is earned for services provided while you were an inmate at a penal institution.
For 2023 income limits and more information, visit *www.irs.gov/EITC*. See also Pub. 596. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at *www.SSA.gov.*

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only.
The amount reported with code DD is not taxable.

Credit for excess taxes. If you had more than one employer in 2023 and more than $9,932.40 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than $5,821.20 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

Department of the Treasury - Internal Revenue Service

Department of the Treasury - Internal Revenue Service

Department of the Treasury - Internal Revenue Service

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** 2022 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 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:

Your first name and middle initial	Last name	Your social security number
luis	batres	613-19-0782
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Farm K	Saetern	536-31-0350

Home address (number and street). If you have a P.O. box, see instructions. 5511 S Cushman Ave — Apt. no.

City, town, or post office. If you have a foreign address, also complete spaces below. Tacoma — State WA — ZIP code 984084232

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

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, 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, 1958 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1958 ☐ 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) Child tax credit	(4) Credit for other dependents
Jacob K	Yellowbird-Saetern	533-65-1897	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	123,494.
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	0.
i	Nontaxable combat pay election (see instructions)	1i				
z	Add lines 1a through 1h				1z	123,494.

Attach Sch. B if required.

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	Other income from Schedule 1, line 10				8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	123,494.
10	Adjustments to income from Schedule 1, line 26				10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	123,494.
12	**Standard deduction or itemized deductions** (from Schedule A)				12	25,900.
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	
14	Add lines 12 and 13				14	25,900.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	97,594.

Standard Deduction for—
- Single or Married filing separately, $12,950
- Married filing jointly or Qualifying surviving spouse, $25,900
- Head of household, $19,400
- If you checked any box under *Standard Deduction*, see instructions.

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐	16	12,701.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	12,701.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2,000.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	2,000.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	10,701.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your **total tax**	24	10,701.
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 16,656.		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	16,656.
If you have a qualifying child, attach Sch. EIC.	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC) — 27:		
	28	Additional child tax credit from Schedule 8812 — 28:		
	29	American opportunity credit from Form 8863, line 8 — 29:		
	30	Reserved for future use — 30:		
	31	Amount from Schedule 3, line 15 — 31:		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**	32	
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	16,656.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	5,955.
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐	35a	5,955.
Direct deposit? See instructions.	b	Routing number 325070760 **c** Type: ☒ Checking ☐ Savings		
	d	Account number 901467985		
	36	Amount of line 34 you want **applied to your 2023 estimated tax** — 36:		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe**. For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	
	38	Estimated tax penalty (see instructions) — 38:		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes.** Complete below. ☒ **No**

Designee's name | Phone no. | Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		abm	
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.)
		profit managment coordinator	626673

Joint return? See instructions. Keep a copy for your records.

Phone no. (206)698-9445 Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name Self-Prepared			Phone no.	
Firm's address			Firm's EIN	

SCHEDULE 8812 (Form 1040)

Department of the Treasury
Internal Revenue Service

Credits for Qualifying Children and Other Dependents

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to *www.irs.gov/Schedule8812* for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment Sequence No. **47**

Name(s) shown on return: luis batres & Farm K Saetern

Your social security number: 613-19-0782

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**	123,494.
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**	123,494.
4	Number of qualifying children under age 17 with the required social security number	**4**	1		
5	Multiply line 4 by $2,000			**5**	2,000.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	**6**	0		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by $500			**7**	
8	Add lines 5 and 7			**8**	2,000.
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	Is the amount on line 8 more than the amount on line 11?			**12**	2,000.
	☐ **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 the **Credit Limit Worksheet A**			**13**	12,701.
14	Enter the smaller of line 12 or 13. **This is your child tax credit and credit for other dependents**			**14**	2,000.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.				

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15 Check this box if you **do not** want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . ☐

16a Subtract line 14 from line 12. If zero, **stop here**; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . **16a** 0.

b Number of qualifying children under 17 with the required social security number: _____ x $1,500. 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 $4,500 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, 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 **8889**

Department of the Treasury
Internal Revenue Service

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form8889* for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.
Farm K Saetern	536-31-0350

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction.

See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions		☒ Self-only ☐ Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. **Do not** include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of **every** month during 2022, you were, or were considered, an eligible individual with the **same** coverage, enter $3,650 ($7,300 for family coverage). **All others**, see the instructions for the amount to enter	3	3,650.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	3,650.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	6	3,650.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions	7	0.
8	Add lines 6 and 7	8	3,650.
9	Employer contributions made to your HSAs for 2022 — 9		
10	Qualified HSA funding distributions — 10		
11	Add lines 9 and 10	11	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	3,650.
13	**HSA deduction.** Enter the **smaller** of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 **Caution:** If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	0.

Part II HSA Distributions.

If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a	93.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
c	Subtract line 14b from line 14a	14c	93.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	93.
16	**Taxable HSA distributions.** Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	0.
17a	If any of the distributions included on line 16 meet any of the **Exceptions to the Additional 20% Tax** (see instructions), check here ☐		
b	**Additional 20% tax** (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.

See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	**Total income.** Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20	
21	**Additional tax.** Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

2022 W-2 and EARNINGS SUMMARY

Employee Reference Copy

W-2 Wage and Tax Statement **2022** OMB No. 1545-0008

Copy C for employee's records.

d Control number	Dept.	Corp.	Employer use only
052980 CLI2/A5P	000019		A

c Employer's name, address, and ZIP code 602-825-98

JETRO HOLDINGS LLC
1710 WHITESTONE EXPWY
WHITESTONE NY 11357

Batch #02619

e/f Employee's name, address, and ZIP code

LUIS BATRES
2101 SW SUNSET BLVD #A407
RENTON WA 98057

b Employer's FED ID number	a Employee's SSA number
13-2847452	XXX-XX-0782
1 Wages, tips, other comp. 74167.31	2 Federal income tax withheld 10037.74
3 Social security wages 81251.26	4 Social security tax withheld 5037.58
5 Medicare wages and tips 81251.26	6 Medicare tax withheld 1178.14
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 153.66
14 Other	12b D 7083.95
	12c DD 15286.44
	12d
	13 Stat emp X; Ret. plan; 3rd party sick pay
15 State WA; Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	WA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	86,055.54	86,055.54	86,055.54	
Plus GTL (C-Box 12)	153.66	153.66	153.66	
Less 401(k) (D-Box 12)	7,083.95	N/A	N/A	
Less Other Cafe 125	4,957.94	4,957.94	4,957.94	
Reported W-2 Wages	**74,167.31**	**81,251.26**	**81,251.26**	

Note - Fringe benefits include : Other $138.54

2. Employee Name and Address.

LUIS BATRES
2101 SW SUNSET BLVD #A407
RENTON WA 98057

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1 Wages, tips, other comp. 74167.31 | 2 Federal income tax withheld 10037.74
3 Social security wages 81251.26 | 4 Social security tax withheld 5037.58
5 Medicare wages and tips 81251.26 | 6 Medicare tax withheld 1178.14
d Control number 052980 CLI2/A5P | Dept. 000019 | Corp. | Employer use only A
c Employer's name, address, and ZIP code 602-825-98 JETRO HOLDINGS LLC 1710 WHITESTONE EXPWY WHITESTONE NY 11357
b Employer's FED ID number 13-2847452 | a Employee's SSA number XXX-XX-0782
7 Social security tips | 8 Allocated tips
9 | 10 Dependent care benefits
11 Nonqualified plans | 12a See instructions for box 12 C 153.66
14 Other | 12b D 7083.95
12c DD 15286.44
12d
13 Stat emp. | Ret. plan X | 3rd party sick pay
e/f Employee's name, address and ZIP code LUIS BATRES 2101 SW SUNSET BLVD #A407 RENTON WA 98057
15 State WA | Employer's state ID no. | 16 State wages, tips, etc.
17 State income tax | 18 Local wages, tips, etc.
19 Local income tax | 20 Locality name

Federal Filing Copy

W-2 Wage and Tax Statement **2022** OMB No. 1545-0008

Copy B to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp. 74167.31 | 2 Federal income tax withheld 10037.74
3 Social security wages 81251.26 | 4 Social security tax withheld 5037.58
5 Medicare wages and tips 81251.26 | 6 Medicare tax withheld 1178.14
d Control number 052980 CLI2/A5P | Dept. 000019 | Corp. | Employer use only A
c Employer's name, address, and ZIP code 602-825-98 JETRO HOLDINGS LLC 1710 WHITESTONE EXPWY WHITESTONE NY 11357
b Employer's FED ID number 13-2847452 | a Employee's SSA number XXX-XX-0782
7 Social security tips | 8 Allocated tips
9 | 10 Dependent care benefits
11 Nonqualified plans | 12a C 153.66
14 Other | 12b D 7083.95
12c DD 15286.44
12d
13 Stat emp. | Ret. plan X | 3rd party sick pay
e/f Employee's name, address and ZIP code LUIS BATRES 2101 SW SUNSET BLVD #A407 RENTON WA 98057
15 State WA | Employer's state ID no. | 16 State wages, tips, etc.
17 State income tax | 18 Local wages, tips, etc.
19 Local income tax | 20 Locality name

WA.State Reference Copy

W-2 Wa Sta 434 ‹ **2022** OMB No. 1545-0008

Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 74167.31 | 2 Federal income tax withheld 10037.74
3 Social security wages 81251.26 | 4 Social security tax withheld 5037.58
5 Medicare wages and tips 81251.26 | 6 Medicare tax withheld 1178.14
d Control number 052980 CLI2/A5P | Dept. 000019 | Corp. | Employer use only A
c Employer's name, address, and ZIP code 602-825-98 JETRO HOLDINGS LLC 1710 WHITESTONE EXPWY WHITESTONE NY 11357
b Employer's FED ID number 13-2847452 | a Employee's SSA number XXX-XX-0782
7 Social security tips | 8 Allocated tips
9 | 10 Dependent care benefits
11 Nonqualified plans | 12a C 153.66
14 Other | 12b D 7083.95
12c DD 15286.44
12d
13 Stat emp. | Ret. plan X | 3rd party sick pay
e/f Employee's name, address and ZIP code LUIS BATRES 2101 SW SUNSET BLVD #A407 RENTON WA 98057
15 State WA | Employer's state ID no. | 16 State wages, tips, etc.
17 State income tax | 18 Local wages, tips, etc.
19 Local income tax | 20 Locality name

WA.State Filing Copy

W-2 Wage and Tax Statement **2022** OMB No. 1545-0008

Copy 2 to be filed with employee's State Income Tax Return.

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above $200,000.

Box 8. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of $20,500 ($14,000 if you only have SIMPLE plans; $23,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to $20,500. Deferrals under code H are limited to $7,000.

However, if you were at least age 50 in 2022, your employer may have allowed an additional deferral of up to $6,500 ($3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over $50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

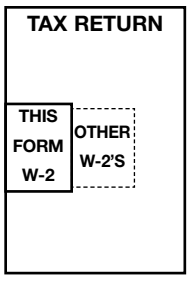
Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits,** keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2022 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2022 or if income is earned for services provided while you were an inmate at a penal institution. For 2022 income limits and more information, visit *www.irs.gov/EITC*. See also Pub. 596, Earned Income Credit. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at *www.SSA.gov.*

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2022 and more than $9,114 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than $5,350.80 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

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