Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

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

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

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

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

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

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

Form I-130, Petition for Alien Relative

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Emily	Middle Name (if any) Elizabeth	Family Name (Last Name) MOBERLY

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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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) Denis	Middle Name (if any) N/A	Family Name (Last Name) GUILHERME VIEIRA
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)		
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)
Credit Card Holder's Billing Address:		
Street Number and Name	Apt. Ste. Flr. ☐ ☐ ☐	Number
City or Town	State	ZIP Code
Credit Card Holder's Signature and Contact Information:		
Credit Card Holder's Signature		
Credit Card Holder's Daytime Telephone Number	Credit Card Holder's Email Address	
Credit Card Information		
Credit Card Number	**Credit Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	Authorized Payment Amount $ 1440 .00
Credit Card Expiration Date (mm/yyyy) CVV Code		

Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

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

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

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

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

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

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

I-765, Application for Employment Authorization

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Denis	Middle Name (if any) N/A	Family Name (Last Name) GUILHERME VIEIRA

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

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

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

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

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

RE: Form I-130, Petition for Alien Relative
Petitioner: Emily Elizabeth Moberly
Beneficiary: Denis Guilherme Vieira (Spouse);

Dear Sir or Madam,

Please find enclosed Form I-130 Petition for Alien Relative and all requisite documentation, filed by counsel on behalf of **Emily Elizabeth Moberly and Denis Guilherme Vieira.**

- **Form G-1450, Authorization for Credit Card Transactions**
- **Emily Elizabeth Moberly'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-864, Affidavit of Support Under Section 213A of the INA;
- **Denis Guilherme Vieira's Signed Forms:**
  - Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
  - Form I-130A, Supplemental Information for a Spouse Beneficiary;
  - Form I-485, Application to Register Permanent Residence or Adjust Status;
  - Form I-765, Application for Employment Authorization;

I. Emily Elizabeth Moberly's Identification Documents
- Emily Elizabeth Moberly's Valid Passport;
- Emily Elizabeth Moberly's Birth Certificate;

II. Denis Guilherme Vieira's Identification Documents
- Denis Guilherme Vieira's Valid Passport;
- Denis Guilherme Vieira's Expired Passport with VISA;
- Denis Guilherme Vieira's Birth Certificate with English Translation;
- Denis Guilherme Vieira's Copy of I-94;

III. Emily Elizabeth Moberly and Denis Guilherme Vieira's Marriage Certificate

IV. Evidence of Bona Fide Marriage
- Emily Elizabeth Moberly's Personal Declaration;
- Denis Guilherme Vieira's Personal Declaration;
- Joint Bank Account - Chase;
- Emily Elizabeth Moberly's Car Insurance with Denis Guilherme Vieira Included as Beneficiary;
- Denis Guilherme Vieira's Car Insurance with Emily Elizabeth Moberly Included as Beneficiary;

- Emily Elizabeth Moberly's Life Insurance Naming Denis Guilherme Vieira as her Husband and Beneficiary;
- Emily Elizabeth Moberly's Emergency Contact at Work with Denis Guilherme Vieira Included as Beneficiary;
- Emily Elizabeth Moberly and Denis Guilherme Vieira's text messages from November 2022;

V. Evidence of Bona Fide Marriage: Letters of Support

- Letter of Support Delivered by Kaylah;
- Letter of Support Delivered by Bethany;
- Letter of Support Delivered by Amy;
- Letter of Support Delivered by Marena;
- Letter of Support Delivered by Scott;

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

- Photographic Evidence of Relationship - Wedding Photos;
- Photographic Evidence of Relationship - Photos;

VII. Petitioner's Financial Information

- Emily Elizabeth Moberly's IRS Federal Income Tax Return - 2025;
- Emily Elizabeth Moberly's W-2 and Earnings Summary - 2025;
- Emily Elizabeth Moberly's IRS Federal Income Tax Return - 2024;
- Emily Elizabeth Moberly's W-2 and Earnings Summary - 2024;
- Emily Elizabeth Moberly's IRS Federal Income Tax Return - 2023;
- Emily Elizabeth Moberly's W-2 and Earnings Summary - 2023;

VIII. Denis Guilherme Vieira's Traffic Violation Notice of Warrant Cancellation

IX. Emily Elizabeth Moberly's Children Identification Documents.

- Kaylah Michelle Alatorre Moberly's Valid Passport;
- Kaylah Michelle Alatorre Moberly's Birth Certificate;
- Kaylah Michelle Alatorre Moberly's Adoption Order;
- Scarlett Rose Moberly's Valid Passport;
- Scarlett Rose Moberly's Birth Certificate;
- Scarlett Rose Moberly's Adoption Order;

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,

_____ 04/20/2026

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

EMILY ELIZABETH MOBERLY'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 (*USPS ZIP Code Lookup*): 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

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

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

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

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

Licensing Authority: California

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

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

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

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

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

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

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

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

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

Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

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

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

I-130, I-864

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

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

N/A

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

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

N/A

4. Receipt Number (if any)

► N / A

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

☐ Applicant ☒ Petitioner ☐ Requestor

☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

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

6.a. Family Name (Last Name) MOBERLY

6.b. Given Name (First Name) Emily

6.c. Middle Name Elizabeth

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

7606886251

11. Mobile Telephone Number (if any)

7606886251

12. Email Address (if any)

emily.moberly@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

➡ Emily Molina

2.b. Date of Signature (mm/dd/yyyy) 04/08/2026

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) 04/08/2026

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): MOBERLY

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

1.c. Middle Name: Elizabeth

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		
Received		
Sent		
Completed		
Approved		
Returned		

Section of Law/Visa Category

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

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

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

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

Remarks

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

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

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

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

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

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

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

☒ Spouse ☐ Parent ☐ Brother/Sister ☐ Child

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

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

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

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

Part 2. Information About You (Petitioner)

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

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

3. U.S. Social Security Number (if any)
► 616465760

Your Full Name

4.a. Family Name (Last Name): MOBERLY

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

4.c. Middle Name: Elizabeth

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 Diego

7. Country of Birth: USA

8. Date of Birth (mm/dd/yyyy): 05/08/1986

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: 4880 Charles Lewis Way

12.b. ☐ Apt. ☐ Ste. ☐ Flr.

12.c. City or Town: San Diego

12.d. State: CA **12.e.** ZIP Code: 92102

12.f. Province: N/A

12.g. Postal Code: N/A

12.h. Country: USA

13.a. Date From (mm/dd/yyyy): 01/05/2018

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

Physical Address 2

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

14.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

14.c. City or Town: N/A

14.d. State: **14.e.** ZIP Code: N/A

14.f. Province: N/A

14.g. Postal Code: N/A

14.h. Country: N/A

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

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

Your Marital Information

16. How many times have you been married? ▶ 1

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) 11/26/2025

Place of Your Current Marriage (if married)

19.a. City or Town: San Diego

19.b. State: CA

19.c. Province: N/A

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): GUILHERME VIEIRA

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

20.c. Middle Name: N/A

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

Spouse 2

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

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

22.c. Middle Name: N/A

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

Information About Your Parents

Parent 1's Information

Full Name of Parent 1

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

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

24.c. Middle Name: Eric

25. Date of Birth (mm/dd/yyyy): 11/06/1959

26. Sex ☒ Male ☐ Female

27. Country of Birth: USA

28. City/Town/Village of Residence: Santee, CA

29. Country of Residence: USA

Parent 2's Information

Full Name of Parent 2

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

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

30.c. Middle Name: N/A

31. Date of Birth (mm/dd/yyyy): 06/23/1959

32. Sex ☐ Male ☒ Female

33. Country of Birth: USA

34. City/Town/Village of Residence: Santee, CA

35. Country of Residence: USA

Additional Information About You (Petitioner)

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

☒ U.S. Citizen ☐ Lawful Permanent Resident

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

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

☒ Birth in the United States

☐ Naturalization

☐ Parents

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

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

39.a. Certificate Number: N/A

39.b. Place of Issuance: N/A

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

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

ICF Resources, LLC

43.a. Street Number and Name 1902 Reston Metro Plaza

43.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

43.c. City or Town Reston

43.d. State VA **43.e.** ZIP Code 20190

43.f. Province N/A

43.g. Postal Code N/A

43.h. Country

USA

44. Your Occupation

Account Manager

45.a. Date From (mm/dd/yyyy) 03/31/2025

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

Employer 2

46. Name of Employer/Company

Starfall Education Foundation

47.a. Street Number and Name P.O. Box 359

47.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

47.c. City or Town Boulder

47.d. State CO **47.e.** ZIP Code 80306

47.f. Province N/A

47.g. Postal Code N/A

47.h. Country

USA

48. Your Occupation

VP of Strategy and Impact

49.a. Date From (mm/dd/yyyy) 06/23/2024

49.b. Date To (mm/dd/yyyy) 09/24/2024

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 8

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): GUILHERME VIEIRA

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

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: Touros

7. Country of Birth: Brazil

8. Date of Birth (mm/dd/yyyy): 11/04/1991

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: 4880 Charles Lewis Way

11.b. ☐ Apt. ☐ Ste. ☐ Flr.: N/A

11.c. City or Town: San Diego

11.d. State: CA **11.e.** ZIP Code: 92102

11.f. Province: N/A

11.g. Postal Code: N/A

11.h. Country: USA

Other Address and Contact Information

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

12.a Street Number and Name: SAME

12.b. ☐ Apt. ☐ Ste. ☐ Flr.: N/A

12.c. City or Town: N/A

12.d. State: **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): 5082826009

Part 4. Information About Beneficiary (continued)

15. Mobile Telephone Number (if any)

5082826009

16. Email Address (if any)

denisvieiravivo@gmail.com

Beneficiary's Marital Information

17. How many times has the beneficiary been married?

▶ 1

18. Current Marital Status

☐ Single, Never Married ☒ Married ☐ Divorced

☐ Widowed ☐ Separated ☐ Annulled

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

11/26/2025

Place of Beneficiary's Current Marriage (if married)

20.a. City or Town: San Diego

20.b. State: CA

20.c. Province: N/A

20.d. Country

USA

Names of Beneficiary's Spouses (if any)

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

Spouse 1

21.a. Family Name (Last Name): MOBERLY

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

21.c. Middle Name: Elizabeth

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): MOBERLY

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

25.c. Middle Name: Elizabeth

26. Relationship: Spouse

27. Date of Birth (mm/dd/yyyy): 05/08/1986

28. Country of Birth

USA

Person 2

29.a. Family Name (Last Name): MOBERLY

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

29.c. Middle Name: Michelle Alatorre

30. Relationship: Stepchild

31. Date of Birth (mm/dd/yyyy): 12/04/2013

32. Country of Birth

USA

Person 3

33.a. Family Name (Last Name): MOBERLY

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

33.c. Middle Name: Rose

34. Relationship: Stepchild

35. Date of Birth (mm/dd/yyyy): 03/08/2018

36. Country of Birth

USA

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: ▶ 78485088030

46.c. Date of Arrival (mm/dd/yyyy): 11/04/2015

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: 05/03/2016

47. Passport Number: FO534256

48. Travel Document Number: N/A

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

50. Expiration Date for Passport or Travel Document (mm/dd/yyyy): 09/23/2025

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): Self-employed

51.b. Street Number and Name: 4880 Charles Lewis Way

51.c. ☐ Apt. ☐ Ste. ☐ Flr.: N/A

51.d. City or Town: San Diego

51.e. State: CA **51.f.** ZIP Code: 92102

51.g. Province: N/A

51.h. Postal Code: N/A

51.i. Country: USA

52. Date Employment Began (mm/dd/yyyy): 01/01/2025

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: N/A

55.b. State:

56. Date (mm/dd/yyyy): N/A

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: 4880 Charles Lewis Way

59.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

59.c. City or Town: San Diego

59.d. State: CA **59.e.** ZIP Code: 92102

59.f. Province: N/A

59.g. Postal Code: N/A

59.h. Country: USA

60.a. Date From (mm/dd/yyyy): 12/01/2025

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

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

61.a. City or Town: San Diego

61.b. State: CA

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

62.a. City or Town: N/A

62.b. Province: N/A

62.c. Country: N/A

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

Part 5. Other Information

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

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

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

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

2.c. Middle Name: N/A

3.a. City or Town: N/A

3.b. State: N/A

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

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

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

Relative 1

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

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

6.c. Middle Name: N/A

7. Relationship: N/A

Part 5. Other Information (continued)

Relative 2

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

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

8.c. Middle Name: N/A

9. Relationship: N/A

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

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

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

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

Petitioner's Statement

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

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

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

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

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number: 7606886251

4. Petitioner's Mobile Telephone Number (if any): 7606886251

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

Petitioner's Declaration and Certification

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

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

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

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

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

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

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

Petitioner's Signature

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

6.b. Date of Signature (mm/dd/yyyy): 04/08/2026

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 **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) 04/08/2026

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): MOBERLY

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

1.c. Middle Name: Elizabeth

2. A-Number (if any) ► A-: N / A

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

3.d.
Traveling Stories
1240 E. Plaza Blvd #604-430
National City, CA, USA - 91915
CEO
From January 4, 2010 to November 15, 2023

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
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

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	0074926254388

► **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 N/A

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

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 N/A

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)
MOBERLY	Emily	Elizabeth

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

2. Sponsor's Current Mailing Address

In Care Of Name (if any)
Otavio Haverroth Silva

Street Number and Name
PO Box 90487

Apt. Ste. Flr. Number
☐ ☐ ☐ N/A

City or Town
San Diego

State
CA

ZIP Code
92169

Province
N/A

Postal Code
N/A

Country
USA

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

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

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

Street Number and Name
4880 Charles Lewis Way

Apt. Ste. Flr. Number
☐ ☐ ☐ N/A

City or Town
San Diego

State
CA

ZIP Code
92102

Province
N/A

Postal Code
N/A

Country
USA

Other Information

5. Country of Domicile
USA

6. Date of Birth (mm/dd/yyyy)
05/08/1986

7. Country of Birth
USA

8. U.S. Social Security Number (Required)
► 6 1 6 4 6 5 7 6 0

9. Immigration Status

☒ I am a U.S. citizen.

☐ I am a U.S. national.

☐ I am a lawful permanent resident.

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

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

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

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

Part 3. Information About the Principal Immigrant

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

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
GUILHERME VIEIRA	Denis	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
N/A	N/A	USA

Other Information

3. Country of Citizenship or Nationality

Brazil

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

11/04/1991

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

► A-N / A

6. USCIS Online Account Number (if any)

► N / A

7. Daytime Telephone Number

5082826009

Part 4. Information About the Immigrants You Are Sponsoring

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

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

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

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

4. **Family Member 1**

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

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

USCIS Online Account Number (if any)

► N/A

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

5. Family Member 2

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

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

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

6. Family Member 3

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

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

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

7. Family Member 4

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

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

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

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

For USCIS Use Only	

Part 5. Sponsor's Household Size

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

Persons you are sponsoring in this affidavit:

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

Persons NOT sponsored in this affidavit:

2. Yourself. **1**

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

4. If you have dependent children, enter the number here. (**NOTE:** Enter "0" if you already counted your dependent children in **Item Number 1.**) **2**

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

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

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

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

Household Size: **4**

Part 6. Sponsor's Employment and Income

I am currently:

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

2. Name of Employer 1 **ICF Resources LLC**

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: $ **60,272**

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 $ None

9. **Person 2**

Name: N/A

Relationship: N/A

Current Income $ N/A

10. **Person 3**

Name: N/A

Relationship: N/A

Current Income $ None

11. **Person 4**

Name: N/A

Relationship: N/A

Current Income $ None

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.) $ 60,272

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	2025	$ 70,850
16.b. 2nd Most Recent	2024	$ 77,926
16.c. 3rd Most Recent	2023	$ 115,648

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

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

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

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

Your Assets (if applicable)

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

Assets of your household members (if applicable)

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

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

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

Assets of the principal sponsored immigrant (if applicable).

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

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

Total Value of Assets

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

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

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

Sponsor's Contract

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

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

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

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

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

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

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

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

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

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

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
   7606886251

4. Sponsor's Mobile Telephone Number (if any)
   7606886251

5. Sponsor's Email Address (if any)
   emily.moberly@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 ➡ Emily Moberly — Date of Signature (mm/dd/yyyy) 04/08/2026

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)

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

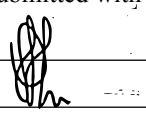
5. Preparer's Email Address (if any)

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)

04/08/2026

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): **MOBERLY** | Given Name (First Name): **Emily** | Middle Name (if applicable): **Elizabeth**

2. A-Number (if any) ► **A-** **N / A**

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

DENIS GUILHERME VIEIRA'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 (*USPS ZIP Code Lookup*): 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

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

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

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

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

Licensing Authority: California

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

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

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

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

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

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

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

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

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

Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

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

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

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

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

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

N/A

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

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

N/A

4. Receipt Number (if any)

► N / A

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

☐ Applicant ☐ Petitioner ☐ Requestor

☒ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

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

6.a. Family Name (Last Name) GUILHERME VIEIRA

6.b. Given Name (First Name) Denis

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

5082826009

11. Mobile Telephone Number (if any)

5082826009

12. Email Address (if any)

denisvieiravivo@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

➡ Denis G. Vieira

2.b. Date of Signature (mm/dd/yyyy) 04/08/2026

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) 04/08/2026

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): GUILHERME VIEIRA

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

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

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): GUILHERME VIEIRA

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

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: 4880 Charles Lewis Way

4.b. ☐ Apt. ☐ Ste. ☐ Flr.

4.c. City or Town: San Diego

4.d. State: CA **4.e.** ZIP Code: 92102

4.f. Province: N/A

4.g. Postal Code: N/A

4.h. Country: USA

5.a. Date From (mm/dd/yyyy): 12/01/2025

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

Physical Address 2

6.a. Street Number and Name: 4360 Banning St

6.b. ☐ Apt. ☐ Ste. ☐ Flr.

6.c. City or Town: San Diego

6.d. State: CA **6.e.** ZIP Code: 92107

6.f. Province: N/A

6.g. Postal Code: N/A

6.h. Country: USA

7.a. Date From (mm/dd/yyyy): 01/01/2023

7.b. Date To (mm/dd/yyyy): 11/30/2025

Last Physical Address Outside the United States

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

8.a. Street Number and Name: Rua Barreira Roxa 141 (03)

8.b. ☐ Apt. ☐ Ste. ☐ Flr.

8.c. City or Town: Parnamirim

8.d. Province: Rio Grande do Norte

8.e. Postal Code: 59151-230

8.f. Country: Brazil

Part 1. Information About You (The Spouse Beneficiary)

9.a. Date From (mm/dd/yyyy) 12/20/2011

9.b. Date To (mm/dd/yyyy) 11/04/2015

Information About Parent 1

Full Name of Parent 1

10.a. Family Name (Maiden Name) BARBOSA VIEIRA

10.b. Given Name (First Name) Valderio

10.c. Middle Name N/A

11. Date of Birth (mm/dd/yyyy) 07/28/1964

12. Sex ☒ Male ☐ Female

13. City/Town/Village of Birth
Touros

14. Country of Birth
Brazil

15. City/Town/Village of Residence
Parnamirim

16. Country of Residence
Brazil

Information About Parent 2

Full Name of Parent 2

17.a. Family Name (Last Name) GUILHERME VIEIRA

17.b. Given Name (First Name) Maria de Fatima

17.c. Middle Name N/A

18. Date of Birth (mm/dd/yyyy) 12/07/1966

19. Sex ☐ Male ☒ Female

20. City/Town/Village of Birth
Touros

21. Country of Birth
Brazil

22. City/Town/Village of Residence
Touros

23. Country of Residence
Brazil

Part 2. Information About Your Employment

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

Employment History

Employer 1

1. Name of Employer/Company
Self-employed

2.a. Street Number and Name 4880 Charles Lewis Way

2.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

2.c. City or Town San Diego

2.d. State CA **2.e.** ZIP Code 92102

2.f. Province N/A

2.g. Postal Code N/A

2.h. Country
USA

3. Your Occupation
Construction Worker

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

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

Employer 2

5. Name of Employer/Company
RSSD General Contracting

6.a. Street Number and Name 1505 Alvarado St

6.b. ☐ Apt. ☐ Ste. ☐ Flr.

6.c. City or Town Oceanside

6.d. State CA **6.e.** ZIP Code 92054

6.f. Province N/A

6.g. Postal Code N/A

6.h. Country
USA

Part 2. Information About Your Employment (continued)

7. Your Occupation
Construction Worker

8.a. Date From (mm/dd/yyyy) 05/01/2024

8.b. Date To (mm/dd/yyyy) 12/01/2024

Part 3. Information About Your Employment Outside the United States

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

1. Name of Employer/Company
TMS Trade Marketing Solutions

2.a. Street Number and Name Av. Dr. Cardoso de Melo, 1955

2.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

2.c. City or Town São Paulo

2.d. State 2.e. ZIP Code 04548-005

2.f. Province São Paulo

2.g. Postal Code N/A

2.h. Country
Brazil

3. Your Occupation
Sales Promoter

4.a. Date From (mm/dd/yyyy) 11/01/2014

4.b. Date To (mm/dd/yyyy) 11/01/2015

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
5082826009

4. Spouse Beneficiary's Mobile Telephone Number (if any)
5082826009

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

Spouse Beneficiary's Certification

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

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

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

Spouse Beneficiary's Signature

6.a. Spouse Beneficiary's Signature (sign in ink)
➡ Denis G. Vieira

6.b. Date of Signature (mm/dd/yyyy) 04/08/2026

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) 04/08/2026

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) 04/08/2026

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): GUILHERME VIEIRA

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

1.c. Middle Name: N/A

2. A-Number (if any) ► A-: N / A

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

3.d.
3162 Cowley Way 4
San Diego, CA, USA - 92117
from 06/07/2022 to 12/01/2022.

190 Allen St, Unit B106
Woonsocket, RI, USA - 02895
from 11/01/2018 to 06/04/2022.

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

4.d.
Superior Kitchen and Bath
1567 Cuyamaca St
El Cajon, CA, USA - 92020.
Supervisor
from 08/01/2022 to 03/01/2024.

Self-employed
180 Allen St, Unit B106
Woonsocket, RI, USA - 02895
Finish Carpenter
from 03/01/2021 to 05/01/2022.

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

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

7.d. N/A

Application to Register Permanent Residence or Adjust Status

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

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

For USCIS Use Only

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

☐ Applicant Interviewed ☐ Interview Waived

Date of Initial Interview: _____

Lawful Permanent Resident as of: _____

Section of Law

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

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

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

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

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

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

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

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

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
GUILHERME VIEIRA	Denis	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) 11/04/1991

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

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

N/A
N/A

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

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

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

A-Number (if any) ► A- N / A

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

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

N/A

N/A

6. Sex ☒ Male ☐ Female

7. Place of Birth

City or Town of Birth: Touros

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: FO534256

Expiration Date of this Passport or Travel Document (mm/dd/yyyy): 09/23/2025

Country that Issued this Passport or Travel Document: Brazil

Nonimmigrant Visa Number Used During Most Recent Arrival (if any): K5917778

Date Nonimmigrant Visa Was Issued (mm/dd/yyyy): 10/16/2015

Place and Date of Last Arrival into the United States

City or Town: Miami

State: FL

Date of Last Arrival (mm/dd/yyyy): 11/04/2015

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): GUILHERME VIEIRA

Given Name (First Name): Denis

Form I-94 Arrival/Departure Record Number ► 7 8 4 8 5 0 8 8 0 3 0

Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status: 05/03/2016

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): Emily Elizabeth Moberly

Street Number and Name: 4880 Charles Lewis Way

Apt. Ste. Flr. Number: ☐ ☐ ☐

City or Town: San Diego

State: CA

ZIP Code: 92102

Date You First Resided at This Address (mm/dd/yyyy): 12/01/2025

Is this your current mailing address? ☐ Yes ☒ No

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

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

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

Street Number and Name: PO Box 90487

Apt. Ste. Flr. Number: ☐ ☐ ☐

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

4360 Banning St | ☐ ☐ ☐ |

City or Town | State | ZIP Code

San Diego | CA | 92107

Province | Postal Code | Country

N/A | N/A | USA

Dates of Residence

From (mm/dd/yyyy) 01/01/2023 To (mm/dd/yyyy) 11/30/2025

Most Recent Address Outside the United States

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

Street Number and Name | Apt. Ste. Flr. | Number

Rua Barreira Roxa 141 (03) | ☐ ☐ ☐ |

City or Town | State | ZIP Code

Parnamirim | | 59151-230

Province | Postal Code | Country

Rio Grande do Norte | N/A | Brazil

Dates of Residence

From (mm/dd/yyyy) 12/20/2011 To (mm/dd/yyyy) 11/04/2015

19. Social Security Card

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

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

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

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

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

Part 2. Application Type or Filing Category

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

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

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

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

☒ Principal Applicant

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

Principal Applicant's Name

Family Name (Last Name): 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: N/A

Country: N/A

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

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

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

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

Employment and Educational History

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

Employer or School (current or most recent): Employer

Name of Employer, Company, or School: Self-employed

Your Occupation (if unemployed or retired, so state): Construction Worker

Part 4. Additional Information About You (continued)

Address of Employer, Company, or School

Street Number and Name: 4880 Charles Lewis Way
Apt. Ste. Flr. Number: ☐ ☐ ☐

City or Town: San Diego
State: CA
ZIP Code: 92102

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

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy): 01/01/2025
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: TMS Trade Marketing Solutions
Your Occupation (if unemployed or retired, so state): Sales Promoter

Address of Employer, Company, or School

Street Number and Name: Av. Dr. Cardoso de Melo, 1955
Apt. Ste. Flr. Number: ☐ ☐ ☐

City or Town: São Paulo
State:
ZIP Code: 04548-005

Province: São Paulo
Postal Code: N/A
Country: Brazil

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy): 11/01/2014
To (mm/dd/yyyy): 11/01/2015

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): BARBOSA VIEIRA
Given Name (First Name): Valderio
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): 07/28/1964

Part 5. Information About Your Parents (continued)

4. Country of Birth

Brazil

Information About Your Parent 2

5. Parent 2's Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
GUILHERME VIEIRA	Maria de Fatima	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)
GUILHERME SILVA	Maria de Fatima	N/A

7. Date of Birth (mm/dd/yyyy) 12/07/1966

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)? 1

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)
MOBERLY	Emily	Elizabeth

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

6. Current Spouse's Date of Birth (mm/dd/yyyy) 05/08/1986

7. Current Spouse's Country of Birth

USA

8. Current Spouse's Current Physical Address

Street Number and Name: 4880 Charles Lewis Way

Apt. ☐ Ste. ☐ Flr. ☐ Number

City or Town: San Diego

State: CA

ZIP Code: 92102

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: San Diego

State or Province: California

Country: USA

Date of Marriage to Current Spouse (mm/dd/yyyy): 11/26/2025

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): 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.

2

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)
MOBERLY	Kaylah	Michelle Alatorre

A-Number (if any) ► A- N / A

Date of Birth (mm/dd/yyyy) 12/04/2013

Country of Birth

USA

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

Stepchild

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)
MOBERLY	Scarlett	Rose

A-Number (if any) ► A- N / A

Date of Birth (mm/dd/yyyy) 03/08/2018

Country of Birth

USA

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

Stepchild

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 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

N/A

3. City or Town

N/A

State or Province

N/A

Country

N/A

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

N/A

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

N/A

5. Dates of Membership or Dates of Involvement

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

Organization 2

6. Name of Organization

N/A

Part 9. General Eligibility and Inadmissibility Grounds (continued)

7. City or Town

N/A

State or Province

N/A

Country

N/A

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

N/A

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

N/A

9. Dates of Membership or Dates of Involvement

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

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

Criminal Acts and Violations

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

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

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

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

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

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

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

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

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

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

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

31. Have you **EVER** directly or indirectly procured or attempted to procure, or imported prostitutes or persons for the purpose of prostitution? ☐ Yes ☒ No

32. Have you **EVER** received any proceeds or money from prostitution? ☐ Yes ☒ No

33. Do you intend to engage in illegal gambling or any other form of commercialized vice, such as prostitution, bootlegging, or the sale of child pornography, while in the United States? ☐ Yes ☒ No

34. Have you **EVER** exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a criminal offense in the United States? ☐ Yes ☒ No

35.a. Have you **EVER** served as a foreign government official? ☐ Yes ☒ No

35.b. If your answer to **Item Number 35.a.** is "Yes," have you **EVER** been responsible for, enforced, or directly carried out violations of religious freedoms? ☐ Yes ☐ No

36. Have you **EVER** induced by force, fraud, or coercion (or otherwise been involved in) the trafficking of another person for commercial sex acts (sex trafficking)? ☐ Yes ☒ No

NOTE: Sex trafficking involves inducing or causing an adult to engage in a commercial sex act (any sex act performed for anything of value) through fraud, force, or coercion, or inducing or causing any person under 18 years of age to engage in a commercial sex act (even without force, fraud, or coercion). Sex trafficking may include recruiting, enticing, harboring, transporting, providing, obtaining, advertising, maintaining, patronizing, or soliciting by any means a person to engage in the commercial sex act knowing (or, in the case of advertising, with reckless disregard of the fact) that the person is under 18 years of age or that force, fraud, or coercion was used to induce or cause the person to engage in the commercial sex act. Sex trafficking may also include knowingly benefiting financially or by receiving anything of value, from participation in a venture involving sex trafficking.

37. Have you **EVER** trafficked a person into involuntary servitude, peonage, debt bondage, or slavery? Trafficking includes recruiting, harboring, transporting, providing, or obtaining a person for labor or services through the use of force, fraud, or coercion. ☐ Yes ☒ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

38. Have you **EVER** knowingly aided, abetted, assisted, conspired, or colluded with others in trafficking in persons for commercial sex acts or involuntary servitude, peonage, debt bondage, or slavery? ☐ Yes ☒ No

39. Are you the spouse, son, or daughter of an alien who engaged in the trafficking in persons and have received or obtained, within the last 5 years, any financial or other benefits from this activity of your spouse or your parent? ☐ Yes ☒ No

40. If your answer is "Yes" to **Item Number 39.**, did you know or reasonably should have known that this benefit resulted from this activity of your spouse or parent? ☐ Yes ☐ No

41. Have you **EVER** engaged in money laundering or have you **EVER** knowingly aided, assisted, abetted, conspired, or colluded with others in money laundering or do you seek to enter the United States to engage in such activity? ☐ Yes ☒ No

Security and Related

Do you intend to:

42.a. Engage in any activity that violates or evades any law relating to espionage (including spying) or sabotage in the United States? ☐ Yes ☒ No

42.b. Engage in any activity in the United States that violates or evades any law prohibiting the export from the United States of goods, technology, or sensitive information? ☐ Yes ☒ No

42.c. Engage in any activity whose purpose includes opposing, controlling, or overthrowing the U.S. Government by force, violence, or other unlawful means while in the United States? ☐ Yes ☒ No

42.d. Engage in any other unlawful activity? ☐ Yes ☒ No

Have you **EVER**:

43.a. Received any weapons training, paramilitary training, or other military-type training? ☐ Yes ☒ No

43.b. Committed kidnapping, assassination, or hijacking or sabotage of a conveyance (including an aircraft, vessel, vehicle, or train)? ☐ Yes ☒ No

43.c. Used a weapon or explosive or any dangerous device with the intent to endanger the safety of another person or people or cause damage to property? ☐ Yes ☒ No

43.d. Threatened, attempted, conspired, prepared, or planned to do any of the things described in **Item Numbers 43.b. - 43.c.**? ☐ Yes ☒ No

43.e. Incited, under circumstances indicating an intention to cause death or serious bodily harm/injury, any of the activities described in **Item Numbers 43.b. - 43.c.?** ☐ Yes ☒ No

43.f. Participated in, or been a member of, a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

43.g. Recruited members or asked for money or things of value for a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

43.h. Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

43.i. Provided money, a thing of value, services or labor, or any other assistance or support for an individual, group, or organization who did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

44. Do you intend to engage in any of the activities listed in any part of **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

45. Do you intend to engage in any activity that could endanger the welfare, safety, or security of the United States? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any part of **Item Numbers 42.a. - 45.**, explain what you did, including the dates and location of the circumstances, or what you intend to do in the space provided in **Part 14. Additional Information**.

Part 9. General Eligibility and Inadmissibility Grounds (continued)

46. Are you the spouse or child of an individual who **EVER** engaged in any of the activities listed in **Item Numbers 43.b. - 43.i.**? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any part of **Item Number 46.**, explain what your parent or spouse did, including the dates and location of the circumstances in **Part 14. Additional Information**.

47. Have you **EVER** sold, provided, or transported weapons, or assisted any person in selling, providing, or transporting weapons, which you knew or believed would be used against another person? ☐ Yes ☒ No

48. Have you **EVER** worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other place where people were detained, or have you **EVER** directed or participated in any other activity that involved detaining people? ☐ Yes ☒ No

49. Have you **EVER** been a member of, assisted, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? ☐ Yes ☒ No

50. Have you **EVER** served in, been a member of, assisted (helped), or participated in any military or police unit? ☐ Yes ☒ No

51. Have you **EVER** served in, been a member of, assisted (helped), or participated in any armed group (a group that carries weapons), for example: paramilitary unit (a group of people who act like a military group, but are not part of the official military), self-defense unit, vigilante unit, rebel group, or guerrilla group? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 50.** or **51.**, include the name of the country, the name of the military unit or armed group, your rank or position, and your dates of involvement in your explanation in **Part 14. Additional Information**.

52. Have you **EVER** been a member of, or in any way affiliated with, the Communist Party or any totalitarian party (in the United States or abroad)? ☐ Yes ☒ No

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

53.a. Torture? ☐ Yes ☒ No

53.b. Genocide? ☐ Yes ☒ No

53.c. Killing, or trying to kill, any person? ☐ Yes ☒ No

53.d. Intentionally and severely injuring or trying to injure any person? ☐ Yes ☒ No

54. Have you **EVER** recruited, enlisted, conscripted, or used any person under 15 years of age to take part in hostilities or to serve in or help an armed force or group, or attempted or worked with others to do so? ☐ Yes ☒ No

55. Have you **EVER** used any person under 15 years of age to take part in hostilities, for instance, participating in combat or providing services related to combat (such as sabotage or serving as a courier) or providing support services (such as transporting supplies), or attempted or worked with others to do so? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any part of **Item Numbers 47. - 55.**, explain what occurred, including the dates and location of the circumstances, in the space provided in **Part 14. Additional Information**.

Part 9. General Eligibility and Inadmissibility Grounds (continued)

Public Charge

Each alien who is subject to the public charge ground of inadmissibility in INA section 212(a)(4) must complete **Item Numbers 57. - 66.** An alien is subject to the public charge ground of inadmissibility if the alien does not fall under one of the categories exempt from the public charge ground of inadmissibility listed below. If you fall under one of the exempt categories listed below, please select the exempt category, and skip **Item Numbers 57. - 66.** If you do not fall under one of the exempt categories listed below, select "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**"

NOTE: For more information, see **Part 9. General Eligibility and Inadmissibility Grounds, *Public Charge*** section of these Instructions.

56. I am exempt from the public charge ground of inadmissibility because I am a/an (select **only one** box):

- ☐ VAWA Self-Petitioner (Form I-360)
- ☐ Special Immigrant Juvenile (Form I-360)
- ☐ Certain Afghan or Iraqi National (Form I-360 or Form DS-157)
- ☐ Asylee (Form I-589 or Form I-730)
- ☐ Refugee (Form I-590 or Form I-730)
- ☐ Victim of Qualifying Criminal Activity (U Nonimmigrant) under INA section 245(m) (Form I-918, Form I-918A, or Form I-929)
- ☐ Any category other than INA section 245(m), but you are in valid U nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if, at the time of the adjudication of Form I-485, you are still in valid U nonimmigrant status. If, at the time of adjudication of Form I-485, you are no longer in valid U nonimmigrant status, you will be subject to the public charge ground of inadmissibility.)
- ☐ Human Trafficking Victim (T nonimmigrant) under INA section 245(l) (Form I-914 or Form I-914A)
- ☐ Any category other than INA section 245(l), but you either have a pending application for T nonimmigrant status (Form I-914) that sets forth a prima facie case for eligibility or are in valid T nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if your Form I-914 is still pending and deemed to be prima facie eligible or you are in valid T nonimmigrant status when we adjudicate your adjustment of status application.)
- ☐ Cuban Adjustment Act
- ☐ Cuban Adjustment Act for Battered Spouses and Children
- ☐ Dependent Status under the Haitian Refugee Immigrant Fairness Act
- ☐ Dependent Status under the Haitian Refugee Immigrant Fairness Act for Battered Spouses and Children
- ☐ Cuban and Haitian Entrants Applying for Adjustment of Status under section 202 of the Immigration Reform and Control Act of 1986
- ☐ A Lautenberg Parolee
- ☐ National of Vietnam, Cambodia, or Laos Applying under the Foreign Operations, Export Financing, and Related Programs
- ☐ Continuous Residence in the United States Since Before January 1, 1972 (“Registry”)
- ☐ Amerasian Homecoming Act
- ☐ Polish or Hungarian Parolee
- ☐ Nicaraguans and Other Central Americans under section 203 of the Nicaraguan Adjustment and Central American Relief Act (NACARA)
- ☐ American Indian Born in Canada (INA section 289) or the Texas Band of Kickapoo Indians of the Kickapoo Tribe of Oklahoma, Public Law 97-429 (Jan. 8, 1983)
- ☐ Section 7611 of the National Defense Authorization Act for Fiscal Year 2020 (Liberian Refugee Immigration Fairness)

Part 9. General Eligibility and Inadmissibility Grounds (continued)

☐ Syrian National Adjusting Status under Public Law 106-378

☐ Spouse, Child, or Parent of a U.S. Active-Duty Service Member in the Armed Forces under the National Defense Authorization Act (NDAA) (Form I-130 or Form I-360)

☒ I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66**.

If you selected "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**" in **Item Number 56.**, complete **Item Numbers 57. - 66.** below. If you selected an exempt category in **Item Number 56.,** go to **Item Number 67.** If you need extra space to complete this section, use the space provided in **Part 14. Additional Information**.

57. What is the size of your household? **4**

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
Civil Engineering

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- N / 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: 5082826009

2. Applicant's Mobile Telephone Number (if any): 5082826009

3. Applicant's Email Address (if any): denisvieiravivo@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 ➡ Denis G. Vieira

Date of Signature (mm/dd/yyyy): 04/08/2026

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): 04/08/2026

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)
04/08/2026

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)	Given Name (First Name)	Middle Name (if applicable)
GUILHERME VIEIRA	Denis	N/A

2.

Page Number	Part Number	Item Number
3	1	18

3162 Cowley Way 4
San Diego, CA, USA - 92117
from 06/07/2022 to 12/01/2022.

180 Allen St, Unit B106
Woonsocket, RI, USA - 02895
from 11/01/2018 to 06/04/2022.

3.

Page Number	Part Number	Item Number
8	4	7

Employer. RSSD General Contracting. Construction Worker. 1505 Alvarado St, Oceanside, CA, USA - 92054. From 05/01/2024 to 12/01/2024.
Employer. Superior Kitchen and Bath. Supervisor. 1567 Cuyamaca St, El Cajon, CA, USA - 92020. From 08/01/2022 to 03/01/2024.
Employer. Self-employed. Finish Carpenter. 180 Allen St, Unit B106, Woonsocket, RI, USA - 02895. From 03/01/2021 to 05/01/2022.

4.

Page Number	Part Number	Item Number
14	9	12

The applicant worked without authorization during his time in the United States to support himself financially.

5.

Page Number	Part Number	Item Number
14	9	13

The applicant entered the United States on a B-2 visa on November 04, 2015, and remained beyond the authorized period of admission, accruing unlawful presence under INA § 212(a)(9)(B)(i)(II) from May 03, 2016, to the present and worked without authorization.

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): GUILHERME VIEIRA | Given Name (First Name): Denis | Middle Name (if applicable): N/A

2. Page Number: 15 | Part Number: 9 | Item Number: 23

The applicant received a traffic violation for operating a vehicle without valid insurance. He was stopped on October 26, 2016, and was scheduled to appear in court. On November 28, 2016, he appeared before the Framingham District Court, paid a fine of $300, and the matter was fully resolved. The court subsequently issued a Notice of Warrant Cancellation confirming that the warrant had been cancelled.

3. Page Number: 15 | Part Number: 9 | Item Number: 24

The applicant received a traffic violation for operating a vehicle without valid insurance. He was stopped on October 26, 2016, and was scheduled to appear in court. On November 28, 2016, he appeared before the Framingham District Court, paid a fine of $300, and the matter was fully resolved. The court subsequently issued a Notice of Warrant Cancellation confirming that the warrant had been cancelled.

4. Page Number: 21 | Part Number: 9 | Item Number: 76

The applicant entered the United States on a B-2 visa on November 04, 2015, and remained beyond the authorized period of admission, accruing unlawful presence under INA § 212(a)(9)(B)(i)(II) from May 03, 2016, to the present.

5. Page Number: | Part Number: | Item Number:

N/A
N/A
N/A
N/A
N/A
N/A
N/A

Application For Employment Authorization

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

USCIS
Form I-765
OMB No. 1615-0040
Expires 08/31/2027

For USCIS Use Only			
	☐ **Authorization/Extension Valid From** _____	**Fee Stamp**	**Action Block**
	☐ **Authorization/Extension Valid Through** _____		
	Alien Registration Number A-		
	Remarks		

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

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

Part 1. Reason for Applying

I am applying for (select **only one** box):

1.a. ☒ Initial permission to accept employment.

1.b. ☐ Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document NOT DUE to U.S. Citizenship and Immigration Services (USCIS) error.

NOTE: Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to www.uscis.gov/i-765 for further details.

1.c. ☐ Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Part 2. Information About You

Your Full Legal Name

1.a. Family Name (Last Name): GUILHERME VIEIRA

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

1.c. Middle Name: N/A

Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

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

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

2.c. Middle Name: N/A

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

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

3.c. Middle Name: N/A

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

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

4.c. Middle Name: N/A

Part 2. Information About You (continued)

Your U.S. Mailing Address

5.a. In Care Of Name (if any)
Otavio Haverroth Silva

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

5.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

5.d. City or Town: San Diego

5.e. State: CA **5.f.** ZIP Code: 92169

(USPS ZIP Code Lookup)

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

NOTE: If you answered "No" to **Item Number 6.**, provide your physical address below.

U.S. Physical Address

7.a. Street Number and Name: 4880 Charles Lewis Way

7.b. ☐ Apt. ☐ Ste. ☐ Flr.

7.c. City or Town: San Diego

7.d. State: CA **7.e.** ZIP Code: 92102

Other Information

8. Alien Registration Number (A-Number) (if any)
▶ A- N / A

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

10. Sex ☒ Male ☐ Female

11. Marital Status
☐ Single ☒ Married ☐ Divorced ☐ Widowed

12. Have you previously filed Form I-765?
☐ Yes ☒ No

13. Provide your Social Security number (SSN) (if known).
▶ N / A

Your Country or Countries of Citizenship or Nationality

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in **Part 6. Additional Information**.

14.a. Country
Brazil

14.b. Country
N/A

Part 2. Information About You (continued)

Place of Birth

List the city/town/village, state/province, and country where you were born.

15.a. City/Town/Village of Birth

Touros

15.b. State/Province of Birth

Rio Grande do Norte

15.c. Country of Birth

Brazil

16. Date of Birth (mm/dd/yyyy) 11/04/1991

Information About Your Last Arrival in the United States

17. Form I-94 Arrival-Departure Record Number (if any)

► 78485088030

18. Passport Number of Your Most Recently Issued Passport

YF385603

19. Travel Document Number (if any)

N/A

20. Country That Issued Your Passport or Travel Document

Brazil

21. Expiration Date for Passport or Travel Document (mm/dd/yyyy) 01/11/2036

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) 11/04/2015

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)

B2

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 Stauts - I-485 pending

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

► N- N/A

Information About Your Eligibility Category

27. **Eligibility Category.** Refer to the **Who May File Form I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).

(c) (9) ( )

28. **(c)(3)(C) STEM OPT Eligibility Category.** If you entered the eligibility category **(c)(3)(C)** in **Item Number 27.**, provide the information requested in **Item Numbers 28.a - 28.c.**

28.a. Degree N/A

28.b. Employer's Name as Listed in E-Verify

N/A

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

N/A

29. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Item Number 27.**, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

►

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, 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
5082826009

4. Applicant's Mobile Telephone Number (if any)
5082826009

5. Applicant's Email Address (if any)
denisvieiravivo@gmail.com

6. ☐ Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Applicant's Certification

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

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

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

1) I reviewed and provided or authorized all of the information in my application; and

2) I understood all of the information contained in, and submitted with, my application; and

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

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

Applicant's Signature

7.a. Applicant's Signature
➡ Denis G. Vieira

7.b. Date of Signature (mm/dd/yyyy) 04/08/2026

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

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

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

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

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

Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number: 4154252508

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

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

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and portuguese, which is the same language specified in **Part 3.**, **Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature

7.b. Date of Signature (mm/dd/yyyy): 04/08/2026

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

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

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

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

Preparer's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number: 5102419336

5. Preparer's Mobile Telephone Number (if any): 5102419336

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

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant (continued)

Preparer's Statement

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

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

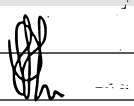
NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

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

Preparer's Signature

8.a. Preparer's Signature



8.b. Date of Signature (mm/dd/yyyy) 04/08/2026

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): GUILHERME VIEIRA

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

1.c. Middle Name: N/A

2. A-Number (if any) ► A-: N / A

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

3.d. N/A

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

4.d. N/A

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

5.d. N/A

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

6.d. N/A

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

7.d. N/A

Exhibit list

Exhibits:	Pages:
Exhibit 1 - Emily Elizabeth Moberly's Identification Documents	
Emily Elizabeth Moberly's Valid Passport	1
Emily Elizabeth Moberly's Birth Certificate	2
Exhibit 2 - Denis Guilherme Vieira's Identification Documents	
Denis Guilherme Vieira's Valid Passport	3-19
Denis Guilherme Vieira's Expired Passport with VISA	20-21
Denis Guilherme Vieira's Birth Certificate with English Translation	22-24
Denis Guilherme Vieira's Copy of I-94	25
Exhibit 3 - Emily Elizabeth Moberly and Denis Guilherme Vieira's Marriage Certificate	
Emily Elizabeth Moberly and Denis Guilherme Vieira's Marriage Certificate	26
Exhibit 4 - Evidence of Bona Fide Marriage	
Emily Elizabeth Moberly's Personal Declaration	27
Denis Guilherme Vieira's Personal Declaration	28
Joint Bank Account - Chase	29
Emily Elizabeth Moberly's Car Insurance with Denis Guilherme Vieira Included as Beneficiary.	30-31
Denis Guilherme Vieira's Car Insurance with Emily Elizabeth Moberly Included as Beneficiary.	32
Emily Elizabeth Moberly's Life Insurance Naming Denis Guilherme Vieira as her Husband and	33

Beneficiary

Emily Elizabeth Moberly's Emergency Contact at Work with Denis Guilherme Vieira Included as Beneficiary. 34

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Exhibit 1 - Emily Elizabeth Moberly's Identification Documents

IF YOUR PASSPORT EXPIRES WITHIN SIX MONTHS OF YOUR DATE OF DEPARTURE,
YOU MAY BE DENIED ENTRY INTO SOME COUNTRIES.
Endorsements / Mentions Spéciales / Anotaciones

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT / PASAPORTE

THE UNITED STATES OF AMERICA

USA

Type/Type/Tipo	Code/Code/Código	Passport No./No. du Passeport/No. de Pasaporte
P	USA	A72777020

Surname/Nom/Apellidos
MOBERLY

Given names/Prénoms/Nombres
EMILY ELIZABETH

Nationality/Nationalité/Nacionalidad
UNITED STATES OF AMERICA

Date of birth/Date de naissance/Fecha de nacimiento
08 MAY 1986

Sex/Sexe/Sexo
F

Place of birth/Lieu de naissance/Lugar de nacimiento
CALIFORNIA, U.S.A.

Date of issue/Date de délivrance/Fecha de expedición
24 JUL 2025

Date of expiration/Date d'expiration/Fecha de caducidad
23 JUL 2035

Authority/Autorité/Autoridad
UNITED STATES DEPARTMENT OF STATE

P<USAMOBERLY<<EMILY<ELIZABETH<<<<<<<<<<<<<<<<

A727770206USA8605087F3507234963373938<695140

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO
ASSESSOR/RECORDER/COUNTY CLERK

JORDAN Z. MARKS

104 - STATE BIRTH CERTIFICATE NUMBER

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

18637015798 LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD	1A. NAME OF CHILD—FIRST: Emily	1B. MIDDLE: Elizabeth	1C. LAST: Moberly			
	2. SEX: Female	3A. THIS BIRTH, SINGLE, TWIN, ETC.: S	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.: ---	4A. DATE OF BIRTH—MONTH, DAY, YEAR: May 8, 1986	4B. HOUR—(24 HOUR CLOCK TIME): 1240	
PLACE OF BIRTH 1444	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY: Home		5B. STREET ADDRESS (STREET, NUMBER, OR LOCATION): 4732 Cereza St.			
	5C. CITY OR TOWN: San Diego		5D. COUNTY: San Diego			
FATHER OF CHILD	6A. NAME OF FATHER—FIRST: William	6B. MIDDLE: Eric	6C. LAST: Moberly	7. STATE OF BIRTH: CA	8. AGE OF FATHER: 26	
MOTHER OF CHILD	9A. NAME OF MOTHER—FIRST: Kris	9B. MIDDLE:	9C. LAST (BIRTH NAME): Kubik	10. STATE OF BIRTH: OK	11. AGE OF MOTHER: 26	
PARENT'S CERTIFICATION	I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE	12A. PARENT OR OTHER INFORMANT—SIGNATURE: Kris Moberly Kris Moberly		12B. RELATIONSHIP TO CHILD: Mother	12C. DATE SIGNED: 6-17-86	
ATTENDANT'S CERTIFICATION	I CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED	13A. PHYSICIAN OR OTHER ATTENDANT—SIGNATURE—DEGREE OR TITLE: Vidalia Garcia		13B. LICENSE NUMBER: -----	13C. DATE SIGNED: 6-17-86	
	14.	13D. TYPED NAME AND ADDRESS: Vidalia Garcia 9924 Magnolia Santee, CA 92071				
LOCAL REGISTRAR	15. DEATH—ENTER DATE OF DEATH	16. LOCAL REGISTRAR—SIGNATURE: Donald L. Powers, M.D.		17. DATE ACCEPTED FOR REGISTRATION: JUN 17 1986		

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

Jordan Z. Marks

Jan 08, 2026

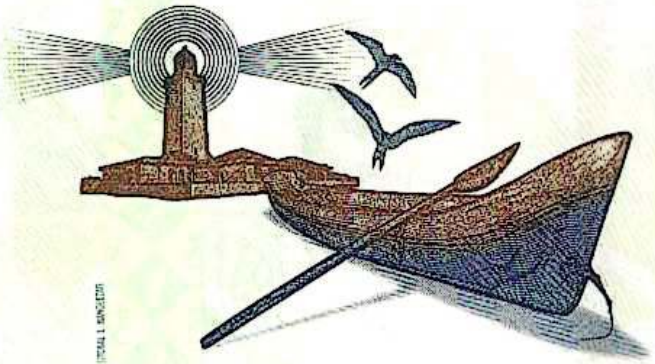
JORDAN Z. MARKS
Assessor/Recorder/County Clerk

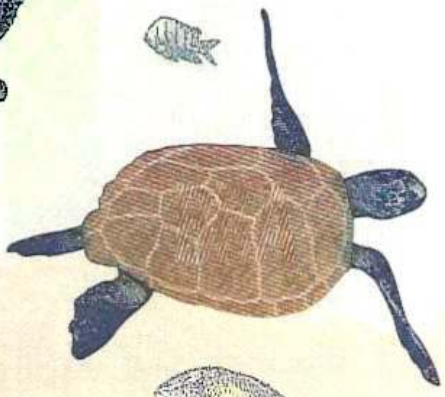
This copy is not valid unless prepared on an engraved border displaying date, seal and signature of the Recorder/County Clerk

006128724

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Exhibit 2 - Denis Guilherme Vieira's Identification Documents





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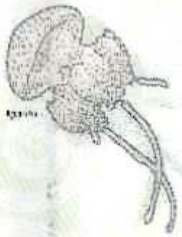
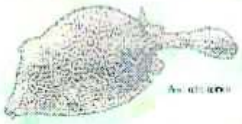
Ce document appartient à la
This document is the property of the
Este documento pertenece a la

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE





Denis Vieira

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

REPÚBLICA FEDERATIVA DO BRASIL

YF385603

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.*: YF385603

SOBRENOME / *SURNAME*
GUILHERME VIEIRA

NOME / *GIVEN NAMES*
DÊNIS

NACIONALIDADE / *NATIONALITY*
BRASILEIRO(A)

DATA DE NASCIMENTO / *DATE OF BIRTH*
04 NOV/NOV 1991

CPF / *PERSONAL NUMBER*
105316204-92

SEXO / *SEX*
M

NATURALIDADE / *PLACE OF BIRTH*
TOUROS/RN

FILIAÇÃO / *FILIATION*
VALDÉRIO BARBOSA VIEIRA

MARIA DE FÁTIMA GUILHERME VIEIRA

DATA DE EXPEDIÇÃO / *DATE OF ISSUE*
12 JAN/JAN 2026

VÁLIDO ATÉ / *DATE OF EXPIRY*
11 JAN/JAN 2036

AUTORIDADE / *AUTHORITY*
LOS ANGELES CG

PPBRAGUILHERME<VIEIRA<<DENIS<<<<<<<<<<<<<<<<

YF385603<2BRA9111048M3601110105316204 92<<<90

BRA

293237MU

REPÚBLICA FEDERATIVA DO BRASIL

CONSULADO-GERAL DO BRASIL EM LOS ANGELES

120

CONCEDIDO EM SUBSTITUIÇÃO AO PASSAPORTE Nº FO534256.

PAGOU
R$-Ouro 120.00
US$ 120.00
TEC 1.01.01.000.005

YF385603

12 JAN/JAN 2026
HOSANA FERREIRA DA SILVA
VICE-CÔNSUL

Este passaporte contém
32 paginas 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 mantem relações diplomáticas.

Ce passeport est valable dans tous les pays avec lesquels le Brésil maintient des relations diplomatiques.

This passport is valid for all countries with which Brazil maintains diplomatic relations.

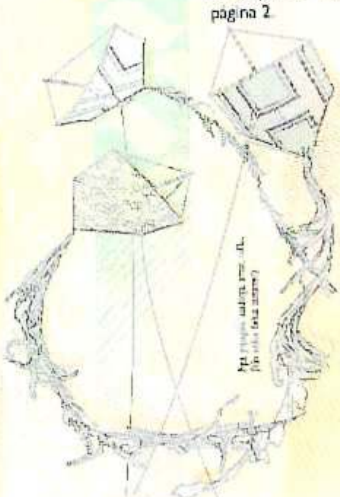
Este pasaporte es válido para todos los países con los que Brasil mantiene relaciones diplomáticas.

REPÚBLICA FEDERATIVA DO BRASIL

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.

REPÚBLICA FEDERATIVA DO BRASIL

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

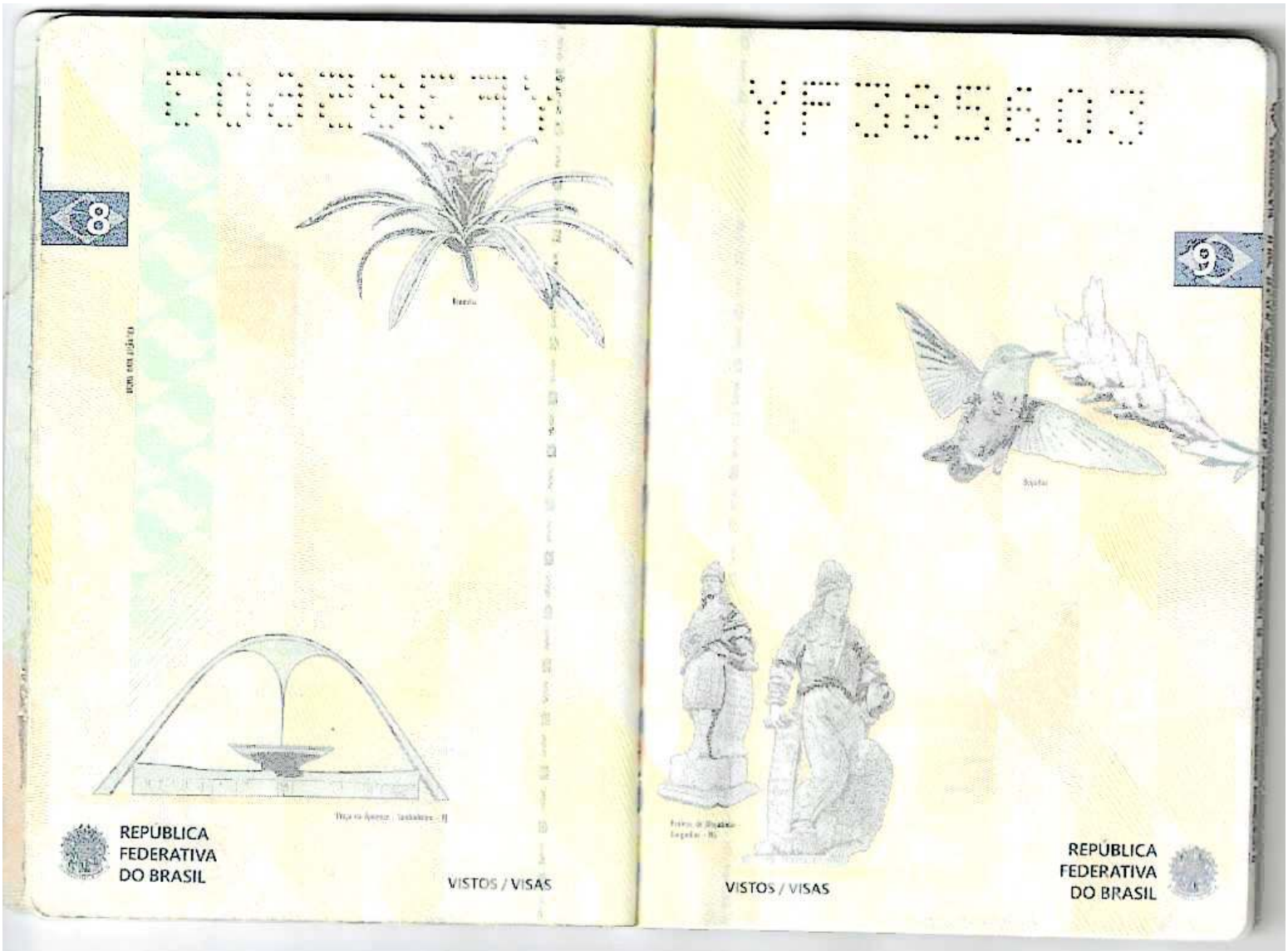
É responsabilidade do titular verificar, antes da viagem, a validade do passaporte e a necessidade de visto. O titular poderá solicitar a substituição do passaporte mesmo antes do vencimento, em vista que muitos países exigem prazo mínimo de validade.

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

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

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

REPÚBLICA FEDERATIVA DO BRASIL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REPÚBLICA FEDERATIVA DO BRASIL
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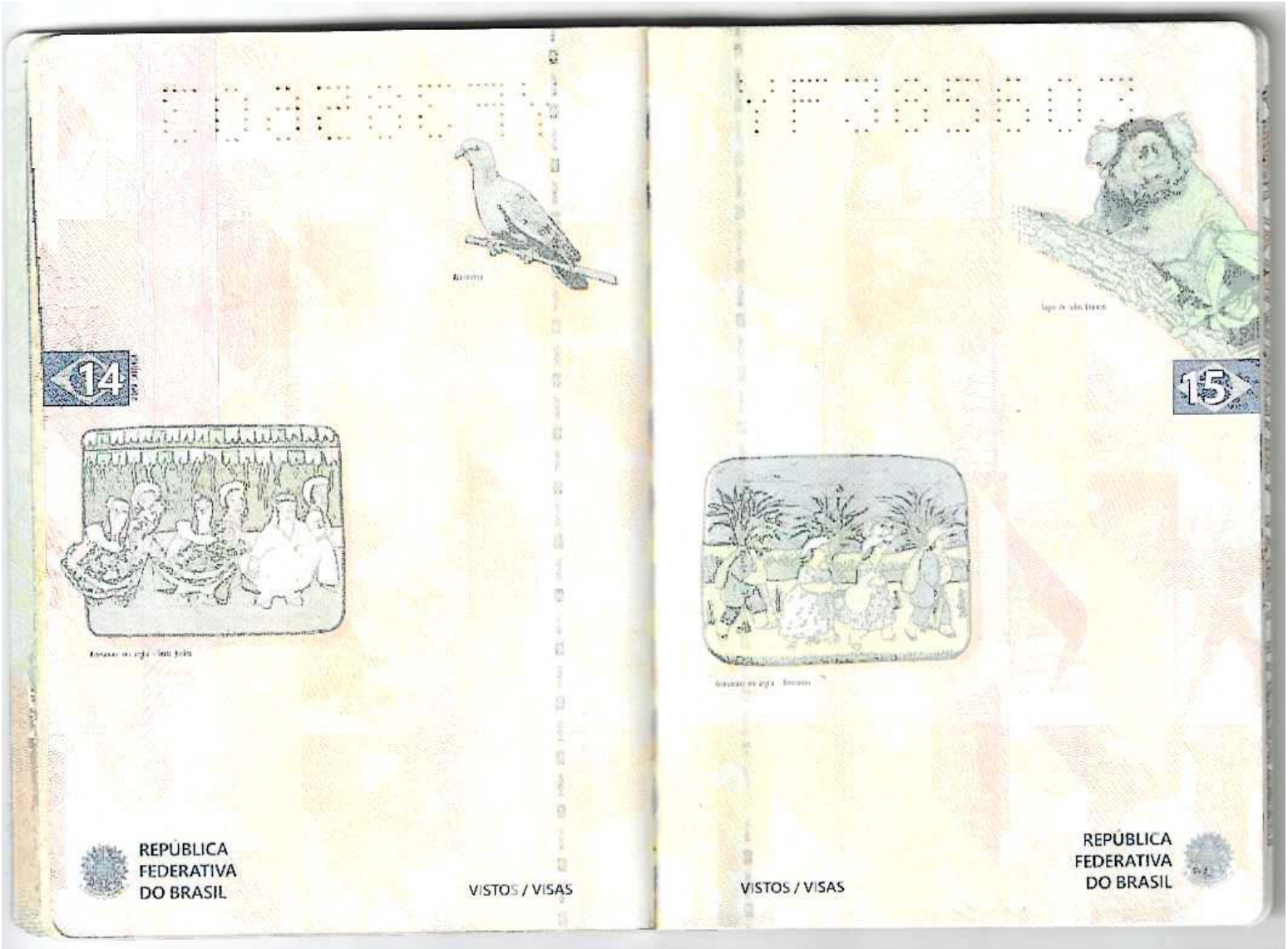
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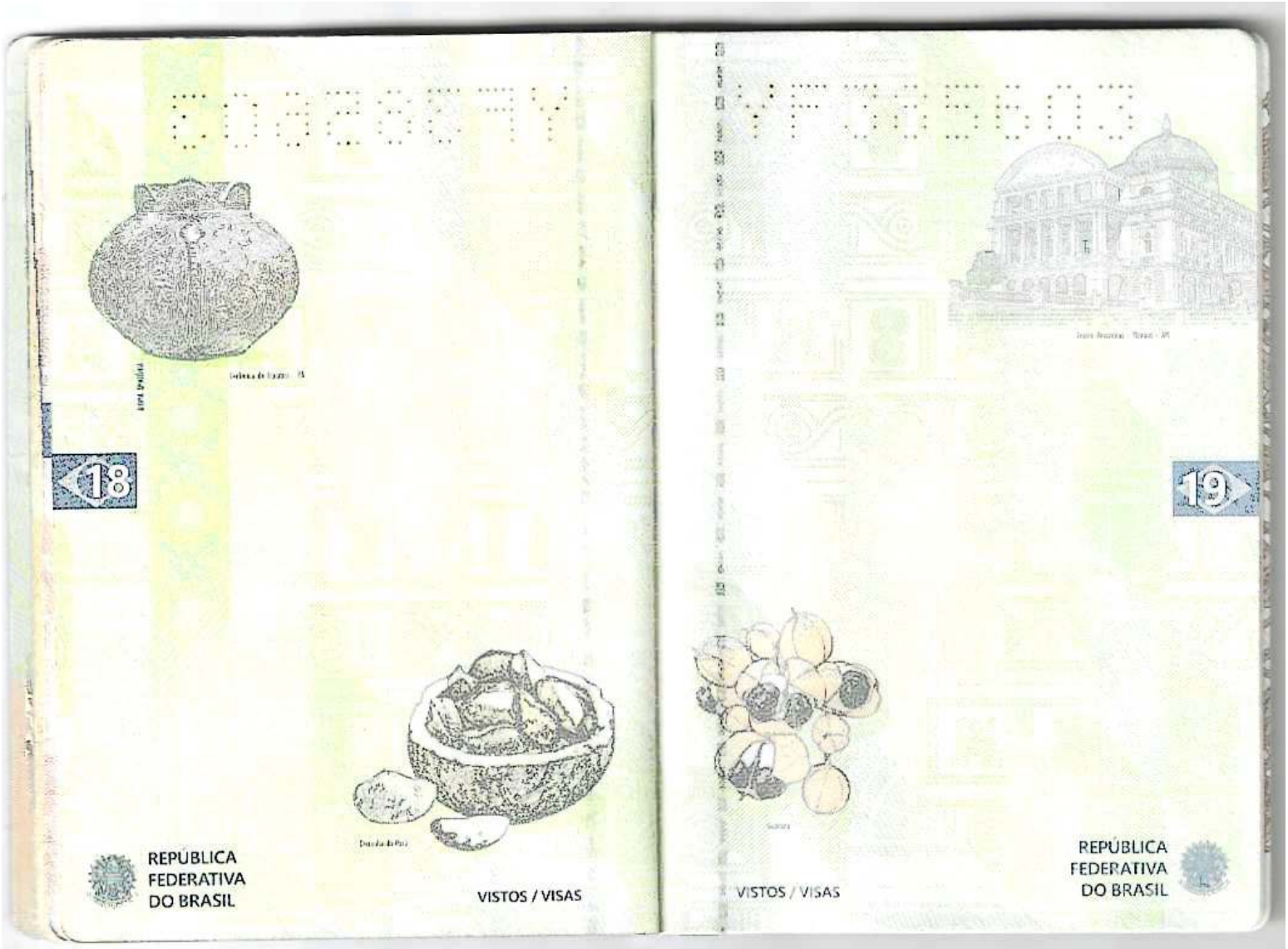
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DO BRASIL
VISTOS / VISAS
29
VISTOS / VISAS
REPÚBLICA
FEDERATIVA
DO BRASIL

Os campos abaixo devem ser preenchidos pelo titular. Aconselha-se usar lapis preto para possibilitar a atualização dos dados.

ENDEREÇO DO TITULAR / ADRESSE DU TITULAIRE / BEARER'S ADDRESS / DIRECCIÓN DEL TITULAR

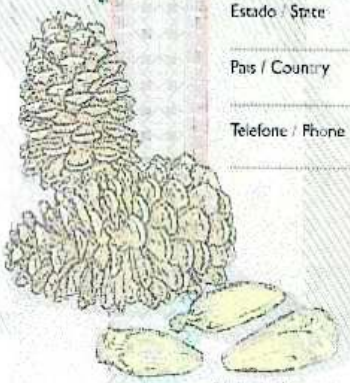
Endereço / Address

Cidade / City

Estado / State

País / Country

Telefone / Phone



REPÚBLICA FEDERATIVA DO BRASIL

Em caso de acidente, avisar a Embaixada ou ao 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

REPÚBLICA FEDERATIVA DO BRASIL

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-se de que ele não ficará úmido, dobrado ou amassado.

Abusos podem afetar adversamente a operação do chip e reduzir sua utilidade para o titular e para o controle de fronteira.

Créditos e informações importantes:
Acesse o endereço eletrônico ou utilize o QR Code abaixo.

https://www.cidadania.gov.br/passaporte/creditos

32

REPÚBLICA FEDERATIVA DO BRASIL

BRA

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 PÁGINA

Símbolo Internacional do Passaporte Eletrônico

CASA DA MOEDA DO BRASIL

Denis Guilherme Vieira

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

FO534256

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.: FO534256

SOBRENOME / SURNAME: GUILHERME VIEIRA

NOME / GIVEN NAMES: DENIS

NACIONALIDADE / NATIONALITY: BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH: 04 NOV/NOV 1991

IDENTIDADE Nº / PERSONAL NO.:

SEXO / SEX: M

NATURALIDADE / PLACE OF BIRTH: TOUROS/RN

FILIAÇÃO / FILIATION: VALDERLO BARBOSA VIEIRA

MARIA DE FATIMA GUILHERME VIEIRA

DATA DE EXPEDIÇÃO / DATE OF ISSUE: 24 SET/SEP 2015

AUTORIDADE / AUTHORITY: SR/DPF/RN

VALIDO ATÉ / DATE OF EXPIRY: 23 SET/SEP 2025

P<BRAGUILHERME<VIEIRA<<DENIS<<<<<<<<<<<<<<<<
FO534256<0BRA9111048M2509231<<<<<<<<<<<<<<00

VISTOS VISAS
MAY 0 1 2015
VISA
UNITED STATES OF AMERICA
Issuing Post Name
RECIFE
Control Number
20152881890001
Surname
GUILHERME VIEIRA
Given Name
DENIS
Visa Type /Class
R B1/B2
Passport Number
F0534256
Sex
M
Birth Date
04NOV1991
Nationality
BRZL
Entries
M
Issue Date
16OCT2015
Expiration Date
14OCT2025
0110
Annotation
K5917778
VNUSAGUILHERME<VIEIRA<<DENIS<<<<<<<<<<<<<<<<
F0534256<OBRA9111048M2510147B3RCFODZ4D442250

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

BIRTH CERTIFICATE

NAME:
DÊNIS GUILHERME VIEIRA

CPF
105.316.204-92

REGISTRATION:
0954140155 1992 1 00030 142 0018435 84

DATE OF BIRTH IN FULL	DAY MONTH YEAR
November fourth, nineteen ninety-one	04/11/1991

TIME OF BIRTH	PLACE OF BIRTH
9:00 AM	Touros-RN

CITY OF REGISTRATION AND STATE	PLACE, CITY OF BIRTH AND STATE	SEX
Touros-RN	Hospital of this city, Touros-RN	Male

FILIATION
VALDÉRIO BARBOSA VIEIRA
MARIA DE FÁTIMA GUILHERME VIEIRA

GRANDPARENTS
VALDEMAR DE PAULA VIEIRA and IZABEL BARBOSA VIEIRA
FRANCISCO GUILHERME DA SILVA and INÁCIA FELINTO RIBEIRO

TWIN	NAME AND REGISTRATION NUMBER OF TWIN(S)
NO	-

DATE OF REGISTRATION IN FULL	LIVE BIRTH REGISTRATION NUMBER
November tenth, nineteen ninety-two	-

ANNOTATIONS/ NOTES TO BE ADDED
Act recorded in Book A-30, Page 142. Entry No. 18,435. on November 10, 1992, in this Notarial and Registry Service, Touros-RN. I certify.

REGISTRATION NOTES

DOCUMENT TYPE	NUMBER	DATE OF ISSUE	ISSUING AUTHORITY	VALIDITY DATE
ID	- - -	- - -	- - -	- - -
PIS/NIS (Social Integration Program / Social Identification Number)	- - -	- - -	- - -	- - -
Passport	- - -	- - -	- - -	- - -
National Health Card	- - -	- - -	- - -	- - -

DOCUMENT TYPE	NUMBER	DISTRICT/POLLING STATION	CITY	STATE
Voter ID	- - -	- - -	- - -	- - -

ZIP CODE	- - -		BLOOD TYPE	- - -

FEES **R$ 59.90**, FDJ **R$ 15.77** (GUIDE No. **7000004273782**), FCRCPN **R$ 6.00**, FRMP **R$ 3.75** (GUIDE No. **0000002172339), ISS R$ 3.00**, PGE **R$ 0.82**, TOTAL **R$ 89.24**

Single Notarial and Registry Service
Registrar: ALDEMIR VASCONCELOS DE SOUZA JUNIOR
Avenida Vereador Miguel Ribeiro Neri, 13, Centro, Touros-RN
(84) 3263-2354

The content of this certificate is true. I certify.
Touros-RN, December 22, 2021.

----//signature//----
Signature of the Registrar/Deputy

Maria Antônia da Silva França
Deputy Registrar
CPF: 024.534.474-83

Judiciary of RN
Digital Inspection Seal
Single Notarial and Registry Service
Standard Seal
RN2021009541400248 99YTN
Check validity on the website: https://selodigital.tjrn.jus.br

AA000226023

Association of Notaries and Registrars of the State of Rio Grande do Norte

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: April 6, 2026.

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE NASCIMENTO

NOME

DÊNIS GUILHERME VIEIRA

CPF

105.316.204-92

MATRÍCULA

0954140155 1992 1 00030 142 0018435 84

DATA DE NASCIMENTO POR EXTENSO

quatro de novembro de mil novecentos e noventa e um

DIA MÊS ANO

04/11/1991

NATURALIDADE

HORA

09:00

Touros-RN

MUNICÍPIO DE REGISTRO E UNIDADE DA FEDERAÇÃO

Touros-RN

LOCAL, MUNICÍPIO DE NASCIMENTO E UF

Hospital desta cidade, Touros-RN

SEXO

masculino

FILIAÇÃO

VALDÉRIO BARBOSA VIEIRA
MARIA DE FÁTIMA GUILHERME VIEIRA

AVÓS

VALDEMAR DE PAULA VIEIRA e IZABEL BARBOSA VIEIRA
FRANCISCO GUILHERME DA SILVA e INÁCIA FELINTO RIBEIRO

GÊMEO

NÃO

NOME E MATRÍCULA DO(S) GÊMEO(S)

-

NÚMERO DA DECLARAÇÃO DE NASCIDO VIVO

DATA DO REGISTRO POR EXTENSO

dez de novembro de mil novecentos e noventa e dois

-

AVERBAÇÕES/ANOTAÇÕES À ACRESCER

Ato registrado no Livro A-30, Fls. 142, Termo nº 18.435, em 10 de novembro de 1992, neste Serviço Notarial e Registral, Touros-RN. Dou fé.

ANOTAÇÕES DE CADASTRO

TIPO DOCUMENTO	NÚMERO	DATA EXPEDIÇÃO	ÓRGÃO EXPEDIDOR	DATA DE VALIDADE
RG	---	---	---	---
PIS/NIS	---	---	---	---
Passaporte	---	---	---	---
Cartão Nacional de Saúde	---	---	---	---

TIPO DOCUMENTO	NÚMERO	ZONA/SEÇÃO	MUNICÍPIO	UF
Título de Eleitor	---	---	---	---

CEP Residencial	---	Grupo Sanguíneo	---

EMOLUMENTOS **R$ 59,90**, FDJ **R$ 15,77** (GUIA DE Nº7000004273782), FCRCPN **R$ 6,00**, FRMP **R$ 3,75** (GUIA DE Nº0000002172339), ISS **R$ 3,00**, PGE **R$ 0,82**, TOTAL **R$ 89,24**

Serviço Notarial e Registral Único
Oficial: ALDEMIR VASCONCELOS DE SOUZA JUNIOR
Av Vereador Miguel Ribeiro Neri, 13, Centro , Touros-RN
(84)3263-2354

O conteúdo da certidão é verdadeiro. Dou fé.
Touros-RN, 22 de dezembro de 2021

Assinatura do Oficial/Substituto

Maria Antônia da Silva França
Substituta
CPF: 024.534.474-83

Poder Judiciário do RN
Selo Digital de Fiscalização
Serviço Notarial e Registral Único - RN
Selo Normal
RN20210095414002489 9YTN
Consulte a validade no site: https://selodigital.tjrn.jus.br

AA00226023

Associação dos Notários e Registradores do Estado do Rio Grande do Norte

For: **DENIS GUILHERME VIEIRA**

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: 78485088030

Arrival/Issued Date: 2015 November 04

Class of Admission: B2

Admit Until Date: 2016 May 03

Details provided on the I-94 Information form:

Last/Surname: GUILHERME VIEIRA

First (Given) Name: DENIS

Birth Date: 1991 November 04

Document Number: FO534256

Country of Citizenship: Brazil

- Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94/I-95. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).
- What to do if someone requests your admission info: If an employer, local, state or federal agency requests admission information, present your admission (I-94/I-95) number along with any additional required documents requested by that employer or agency.
- For security, close your browser after retrieving your I-94/I-95 number.
- Nonimmigrant travelers departing the United States by land or private vessel can now use the CBP Link Mobile Application to report their departure. Please note that departure should only be reported after you have physically left the United States. If you departed by air or sea, your departure was likely recorded automatically.

OMB No. 1651-0111
Expiration Date: 03/31/2026

Exhibit 3 - Emily Elizabeth Moberly and Denis Guilherme Vieira's Marriage Certificate

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

JORDAN Z. MARKS
ASSESSOR/RECORDER/COUNTY CLERK

LICENSE AND CERTIFICATE OF MARRIAGE

4202537019618

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

STATE FILE NUMBER | LOCAL REGISTRATION NUMBER

FIRST PERSON DATA (☒ Groom ☐ Bride)

1A. FIRST NAME	1B. MIDDLE	1C. CURRENT LAST	1D. LAST NAME AT BIRTH (IF DIFFERENT THAN 1C)
DENIS	GUILHERME	VIEIRA	–

2. DATE OF BIRTH (MM/DD/CCYY)	3. STATE/COUNTRY OF BIRTH	4. #PREV. MARRIAGES/SRDP	5A. LAST MARRIAGE/SRDP ENDED BY:	5B. DATE ENDED (MM/DD/CCYY)
11/04/1991	BRAZIL	00	☐ DEATH ☐ DISSO ☐ ANNULMENT ☐ TERM SRDP(S) N/A	–

6. ADDRESS	7. CITY	8. STATE/COUNTRY	9. ZIP CODE
4360 BANNING ST APT 1/2	SAN DIEGO	CA	92107

10A. FULL BIRTH NAME OF FATHER/PARENT	10B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
VALDERIO BARBOSA VIEIRA	BRAZIL

11A. FULL BIRTH NAME OF MOTHER/PARENT	11B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
MARIA DE FATIMA GUILHERME SILVA	BRAZIL

SECOND PERSON DATA (☐ Groom ☒ Bride)

12A. FIRST NAME	12B. MIDDLE	12C. CURRENT LAST	12D. LAST NAME AT BIRTH (IF DIFFERENT THAN 12C)
EMILY	ELIZABETH	MOBERLY	–

13. DATE OF BIRTH (MM/DD/CCYY)	14. STATE/COUNTRY OF BIRTH	15. # PREV. MARRIAGES/SRDP	16A. LAST MARRIAGE/SRDP ENDED BY:	16B. DATE ENDED (MM/DD/CCYY)
05/08/1986	CA	00	☐ DEATH ☐ DISSO ☐ ANNULMENT ☐ TERM SRDP(S) N/A	–

17. ADDRESS	18. CITY	19. STATE/COUNTRY	20. ZIP CODE
4880 CHARLES LEWIS WAY	SAN DIEGO	CA	92102

21A. FULL BIRTH NAME OF FATHER/PARENT	21B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
WILLIAM ERIC MOBERLY	CA

22A. FULL BIRTH NAME OF MOTHER/PARENT	22B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
KRIS KUBIK	OK

AFFIDAVIT

WE, THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT WE ARE UNMARRIED AND THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF. WE FURTHER DECLARE THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR TO THE ISSUANCE OF A LICENSE IS KNOWN TO US. WE ACKNOWLEDGE RECEIPT OF THE INFORMATION REQUIRED BY FAMILY CODE SECTION 358 AND HEREBY APPLY FOR A LICENSE AND CERTIFICATE OF MARRIAGE.

23. SIGNATURE OF PERSON LISTED IN FIELDS 1A-1D	24. SIGNATURE OF PERSON LISTED IN FIELDS 12A-12D
▶ Denis Vieira	▶

LICENSE TO MARRY

I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE ABOVE-NAMED PARTIES TO BE MARRIED HAVE PERSONALLY APPEARED BEFORE ME, OR THE PERSON PERFORMING THE CEREMONY HAS PERSONALLY APPEARED BEFORE ME AND PRESENTED AN AFFIDAVIT SIGNED BY THE PARTIES TO BE MARRIED DECLARING THAT ONE OR BOTH OF THE PARTIES ARE PHYSICALLY UNABLE TO APPEAR AND EXPLAINING THE REASONS THEREFOR IN ACCORDANCE WITH FAMILY CODE SECTION 426. THE PARTIES PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSONS CLAIMED, HAVE DECLARED THAT THEY MEET ALL OF THE REQUIREMENTS OF THE LAW, AND HAVE PAID THE FEES PRESCRIBED BY LAW. AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF CALIFORNIA TO SOLEMNIZE THE MARRIAGE OF THE ABOVE-NAMED PERSONS. REQUIRED CONSENTS AND AFFIDAVITS FOR THE ISSUANCE OF THIS LICENSE ARE ON FILE.

25A. ISSUE DATE (MM/DD/CCYY)	25B. EXPIRES AFTER (MM/DD/CCYY)	25C. NAME OF COUNTY CLERK	25D. SIGNATURE OF CLERK OR DEPUTY CLERK
11/26/2025	02/24/2026	JORDAN Z. MARKS	BY ▶ ROCXANA INIGUEZ

25E. MARRIAGE LICENSE NUMBER	25F. COUNTY OF ISSUE	25G. RETURN COMPLETED MARRIAGE LICENSE TO (INCLUDE ADDRESS):
2025-022679	SAN DIEGO	San Diego County Clerk, 1600 Pacific Hwy Ste 273, San Diego, CA 92101-2422

WITNESS(ES) (ONE REQUIRED, NO MORE THAN TWO ALLOWED)

26A. SIGNATURE OF WITNESS	26B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY)
Bethany Moberly	BETHANY MOBERLY

26C. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE
4880 CHARLES LEWIS WAY, SAN DIEGO, CA 92102

27A. SIGNATURE OF WITNESS	27B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY)
	JOSE PAULO DA SILVA JUNIOR

27C. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE
5084 DEL MONTE AVE, SAN DIEGO, CA 92107

CERTIFICATION OF PERSON SOLEMNIZING MARRIAGE

I, THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE ABOVE-NAMED PARTIES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA. NOTE: THE MARRIAGE CEREMONY MUST TAKE PLACE IN THE STATE OF CALIFORNIA.

28A. DATE OF MARRIAGE (MM/DD/CCYY)	28B. CITY/TOWN OF MARRIAGE	28C. COUNTY OF MARRIAGE
11/26/2025	SAN DIEGO	SAN DIEGO

29A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE	29B. RELIGIOUS DENOMINATION (IF CLERGY)
▶ Kmorales	–

29C. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT CLEARLY)	29D. OFFICIAL TITLE
Katherine Morales	DEPUTY MARRIAGE COMMISSIONER

29E. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE
1600 PACIFIC HWY STE 260, SAN DIEGO, CA 92101

NEW NAMES (IF ANY)

NEW MIDDLE AND LAST NAME OF PERSON LISTED IN 1A-1D (IF ANY) FOR USE UPON SOLEMNIZATION OF THE MARRIAGE (SEE REVERSE FOR INFORMATION)

30A. FIRST – MUST BE SAME AS 1A	30B. MIDDLE	30C. LAST
---	---	---

NEW MIDDLE AND LAST NAME OF PERSON LISTED IN 12A-12D (IF ANY) FOR USE UPON SOLEMNIZATION OF THE MARRIAGE (SEE REVERSE FOR INFORMATION)

31A. FIRST – MUST BE SAME AS 12A	31B. MIDDLE	31C. LAST
---	---	---

LOCAL REGISTRAR

32A. NAME OF LOCAL REGISTRAR	32B. SIGNATURE OF CLERK OR DEPUTY CLERK	32C. DATE ACCEPTED FOR REGISTRATION
JORDAN Z. MARKS, Recorder/County Clerk	BY ▶	NOV 26 2025

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS — VS-117 (01/01/2010)

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

Jordan Z. Marks

Nov 26, 2025

JORDAN Z. MARKS
Assessor/Recorder/County Clerk

This copy is not valid unless prepared on an engraved border displaying date, seal and signature of the Recorder/County Clerk

006105163

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Exhibit 4 - Evidence of Bona Fide Marriage

Statement of Relationship and Marriage

My name is Emily Moberly, and I am writing to describe my genuine relationship and marriage to Denis Vieira.

Denis and I matched on a dating app in November 2022, and our first date was on November 19, 2022. We went for a walk in La Jolla and got dinner afterward. I enjoyed how easy it was to talk to him; and how easily he made me laugh. We quickly developed a strong connection and began spending time together regularly, sharing meals, watching movies, going on outings, and having meaningful conversations.

Over the following years, Denis became closely involved in my life and the lives of my two children, whom I adopted in August 2022. He participates in family activities, helps around the house, and has built a loving and supportive relationship with my children, who are already testing out calling him "dad." Denis and I share responsibilities at home, including cooking, household tasks, and caring for the children.

In November 2025, Denis proposed to me, and we were married on November 26, 2025, in a small ceremony at the San Diego Wedding Chapel with close friends and my children. We celebrated together with photos and a family lunch. Denis now lives with us at our home, and we share daily routines, family activities, and household responsibilities as a married couple.

Our marriage is genuine and based on love, trust, and shared commitment. Denis is an integral part of our family, and we are building our life together as a loving and committed family unit.

Sincerely,

Emily Moberly

April 7, 2026

Statement of Relationship and Marriage

My name is Denis Vieira. Talking a bit about us, me and Emily met through a dating app back in November 2022. We went out for dinner and then continued to build a great relationship over the next 3 years, getting to know each other. Seeing how meaningful it was, I decided to propose to Emily in November 2025. We did a small wedding ceremony with close friends and started to live together. Sharing responsibilities with Emily is really easy. She's an excellent mom, and an amazing wife. We love each other and have built a lot, planning renovations at our place, making our home more comfortable and raising the kids with care. It's been amazing and challenging - but in a good way!

Sincerely,

Denis G. Vieira

Denis Vieira

CHASE

Deposit Account Balance Summary

01/31/2026

Requestor information:

EMILY MOBERLY

4880 CHARLES LEWIS WAY
SAN DIEGO, CA 92102-4775

Summary of Deposit Account				
Account Number	**Account Type**	**Open Date**	**Current Balance**	**Avg Balance (12 mos)**
2916382611	Chase Total Checking	02/02/2026	$0.00	$0.00

Customer Information	
EMILY MOBERLY	Primary Joint Or
DENIS VIEIRA	Secondary Joint Or

Deposit Account Balance Summary request completed by:

ALBERTO MATAMOROS
(619) 296-1984
California Branch

PLEASE NOTE THAT THE INFORMATION PROVIDED IN THIS LETTER WILL BE THE ONLY INFORMATION RELEASED BY JPMorgan Chase, N.A.

This letter is written as a matter of business courtesy, without prejudice, and is intended for the confidential use of the addressee only. No consideration has been paid or received for the issuance of this letter. The sources and contents of this letter are not to be divulged and no responsibility is to attach to this bank or any of its officers, employees or agents by the issuance or contents of the letter which is provided in good faith and in reliance upon the assurances of confidentiality provided to this bank. Information and expressions of opinion of any type contained herein are obtained from the records of this bank or other sources deemed reliable, without independent investigation, but such information and expressions are subject to change without notice and no representation or warranty as to the accuracy of such information or the reliability of the sources is made or implied or vouched in any way. This letter is not to be reproduced, used in any advertisement or in any way whatsoever except as represented to this bank. This bank does not undertake to notify of any changes in the information contained in this letter. Any reliance is at the sole risk of the addressee.

GEICO

Important Information

Here are your Policy Identification Cards
We've provided two (2) cards for each vehicle on your policy.

Need additional ID cards?

The GEICO Mobile app is the quickest way to get additional ID cards. You can also send a copy of your ID cards to anyone that needs them right from the app!

Evidence of Insurance

Here are your Evidence of Liability Insurance Cards. Two cards have been provided for each vehicle insured. One card must be carried in the proper insured vehicle. Proof of insurance is required to register or renew the registration of your vehicle. A law enforcement officer can ask you to prove that you have liability insurance meeting the basic requirements of California law. A violation of these requirements can result in a fine of up to: $1,000 for the first time; $2,000 for additional times. Also, a judge can have your vehicle impounded. False proof of insurance may result in a fine up to $750 and 30 days in prison.

EMILY E MOBERLY AND DENIS VIEIRA
4880 CHARLES LEWIS WAY
SAN DIEGO CA 92102-4775

Cut Along the Dotted Line

California Evidence of Liability Insurance

GEICO Protection Insurance Company
PO BOX 9506 Fredericksburg, VA 22403-9506

NAIC Code	2020 SUBARU FORESTER
17511	**Vehicle ID No.** JF2SKADC7LH564233

Policy Number	Effective Date	Expiration Date
4312-95-68-26	12/28/25	06/28/26

Named Insured(s)	Address
Emily Elizabeth Moberly Denis Vieira	4880 Charles Lewis Way San Diego CA 92102-4775

FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE

2020 SUBARU FORESTER

Additional Drivers

This policy complies with Sections 16056 or 16500.5 of the California Vehicle Code.

Cut Along the Dotted Line

California Evidence of Liability Insurance

GEICO Protection Insurance Company
PO BOX 9506 Fredericksburg, VA 22403-9506

NAIC Code	2020 SUBARU FORESTER
17511	**Vehicle ID No.** JF2SKADC7LH564233

Policy Number	Effective Date	Expiration Date
4312-95-68-26	12/28/25	06/28/26

Named Insured(s)	Address
Emily Elizabeth Moberly Denis Vieira	4880 Charles Lewis Way San Diego CA 92102-4775

FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE

2020 SUBARU FORESTER

Additional Drivers

This policy complies with Sections 16056 or 16500.5 of the California Vehicle Code.

GEICO

Need another form of proof of insurance?

You may need the Insurance Binder for most finance companies, dealerships or vehicle registrations.

Scan this code to get another form of proof of insurance immediately!

If your address changes, update it using the app or log in to geico.com. By keeping your information up-to-date, you'll continue to receive important policy documents.

Cut Along the Dotted Line

2020 SUBARU FORESTER GEICO

- Evidence of financial responsibility shall at all times be carried in the vehicle.
- Insurance information has already been submitted directly to the DMV electronically, submit this document to DMV only if specifically requested by DMV.

FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE

If you're in an accident:

- Stay at the scene and find a safe area.
- Do not admit fault or disclose your coverage limits.
- Call the police, and gather driver and vehicle information.
- Find any witnesses and get their contact information.

To report a claim

Go to geico.com/claims, use the GEICO Mobile app or call 1-800-841-3000.

Need a tow or roadside assistance?

Using the GEICO Mobile app is a quick and easy way to request Emergency Road Service.

U4CA (08-24)

Cut Along the Dotted Line

2020 SUBARU FORESTER GEICO

- Evidence of financial responsibility shall at all times be carried in the vehicle.
- Insurance information has already been submitted directly to the DMV electronically, submit this document to DMV only if specifically requested by DMV.

FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE

If you're in an accident:

- Stay at the scene and find a safe area.
- Do not admit fault or disclose your coverage limits.
- Call the police, and gather driver and vehicle information.
- Find any witnesses and get their contact information.

To report a claim

Go to geico.com/claims, use the GEICO Mobile app or call 1-800-841-3000.

Need a tow or roadside assistance?

Using the GEICO Mobile app is a quick and easy way to request Emergency Road Service.

U4CA (08-24)

GEICO

1-800-841-3000

GEICO PROTECTION INSURANCE COMPANY
PO BOX 9506
Fredericksburg, VA 22403-9506

NAIC
17511

California Evidence of Liability Insurance

Policy Number	Effective Date	Expiration Date
6165360295	12/11/2025	06/11/2026

View All Active Drivers

Insured

Denis G Vieira
Emily E Moberly
4880 Charles Lewis Way
San Diego CA 92102-4775

VIN WBA3C3C55DF981990

Year	Make	Model
2013	BMW	3 SERIES

Ladder

Emily Moberly

Policy ID: LN353840

List of Beneficiaries

Kaylah Michelle Moberly

Beneficiary Type: Primary
Date of Birth: 12-04-2013
Phone:
Address: 4880 Charles Lewis Way
San Diego, CA 92102

Percent: 33.33%
Relationship: Daughter
Email: emily.moberly@gmail.com

Denis Guilherme Vieira

Beneficiary Type: Primary
Date of Birth: 11-04-1991
Phone: (760) 688-6251
Address: 4880 Charles Lewis Way
San Diego, CA 92102

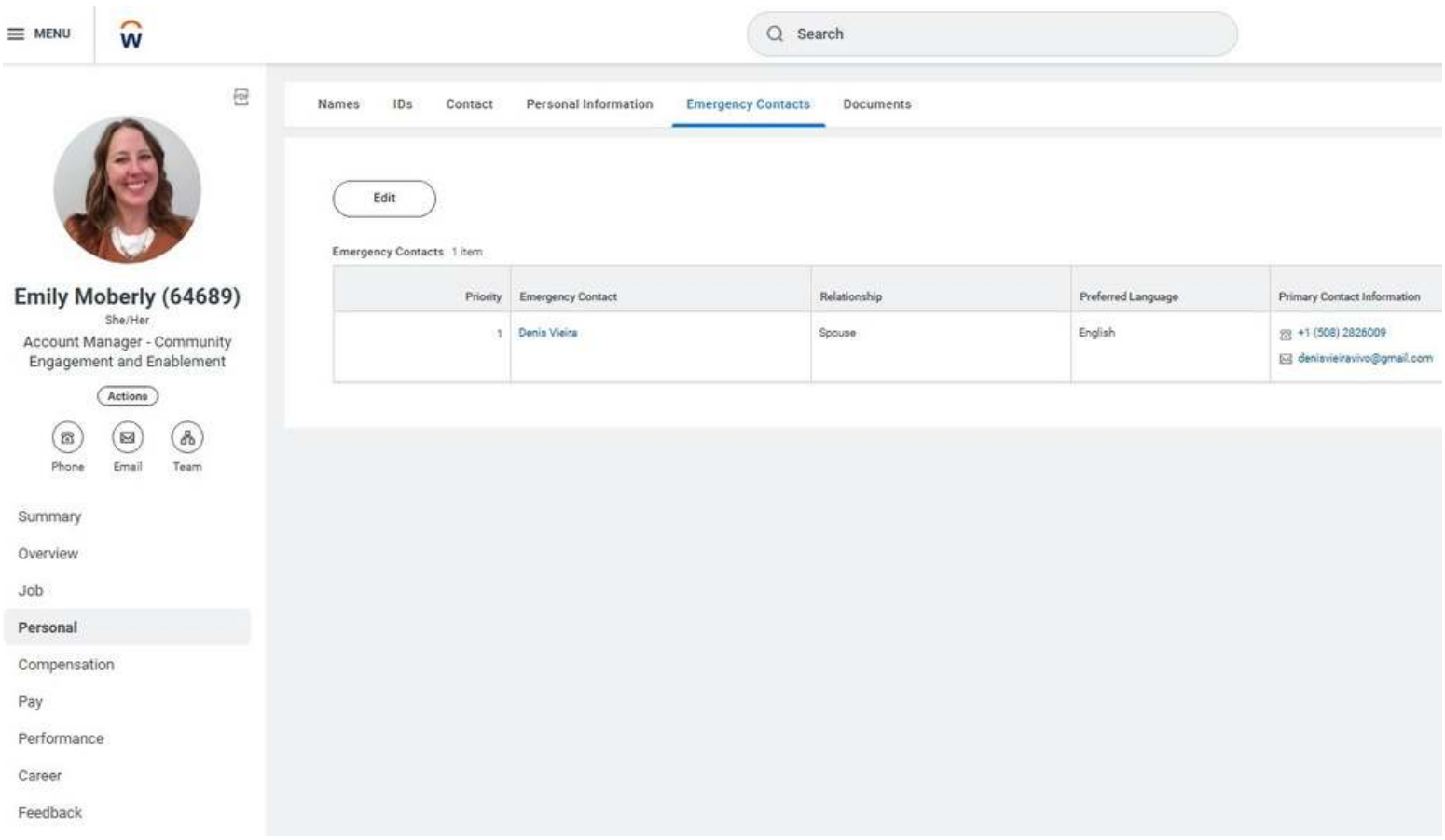
Percent: 33.33%
Relationship: Husband
Email: denisvieiravivo@gmai.com

Scarlett Rose Moberly

Beneficiary Type: Primary
Date of Birth: 03-08-2018
Phone: (760) 688-6251
Address: 4880 Charles Lewis Way
San Diego, CA 92102

Percent: 33.33%
Relationship: Daughter
Email: emily.moberly@gmail.com

This is current as of 01/18/2026. Beneficiaries can be added or removed at any time by the policyholder.
If you have any questions, contact us at LadderLife.com/Contact
Ladder, P.O. Box 456, Menlo Park, CA 94026-0456


MENU
Search
Names
IDs
Contact
Personal Information
Emergency Contacts
Documents
Edit
Emergency Contacts 1 item
Priority
Emergency Contact
Relationship
Preferred Language
Primary Contact Information
1
Denis Vieira
Spouse
English
+1 (508) 2826009
denisvieiravivo@gmail.com
Emily Moberly (64689)
She/Her
Account Manager - Community Engagement and Enablement
Actions
Phone
Email
Team
Summary
Overview
Job
Personal
Compensation
Pay
Performance
Career
Feedback

A selection of Emily Elizabeth Moberly and Denis Guilherme Vieira's text messages from November 2022.

+15082826009 Messages

2022-11-18 20:03:58

How was your day?

2022-11-18 20:59:09

Hey

I'm sorry for the time to respond

I was watching

My day went really good

Came back home a bit earlier from work

2022-11-18 21:36:19

That's alright!

How was your day?

It was good!

I'm kinda hungry, thinking about go get something 😅

Lol

stream

Yess

What time should we go?

Yay! Does 12 work?

I might have to work but early in the morning it w on’t take too long

Yeah

Liked “I might have to work but early in the m orning it won’t take too long”

Lmk where you want me to meet you … are yo u feeling more like sushi or glider port?

Good question

stream

I’m thinking

We could go for the lunch

And if we feel good

We could go watch a movie or something

At the theater

Or just hang at the sunset

stream

Okay

stream

We have time just for lunch

It’s okay

Ok
You never know, you might hate hanging out wi th me 😜

And be like “thank god she has to leave” haha

Nah, I know I will like it

Loved “Nah, I know I will like it ”

I’m really looking forward to it :)

stream

I’m looking forward to it too

Loved “I’m looking forward to it too”

stream

Is he not okay? Sorry to hear that

He’s very old but yeah, his health is deteriorating quickly

stream

Yeah, it’s really hard when you get older

I can imagine

I’m thinking about

Maybe tacos

?!

Loved “Maybe tacos”

Or maybe I’m making something home

stream

Wow

You did handmade?

No haha

Not handmade

Or just the frozen ones

Oh okay

It’s really ok!
I appreciate how much you’ve communicated w ith me

Loved “I promise you that I’m going to try mak e you laugh when we met 😅 ”

Text me or call me when you’re done!!

2022-11-19 12:48:50 AM

2022-11-19 12:48:59

😂

2022-11-19 13:59:06

stream

2022-11-19 14:06:51

Awesome!! What you in the mood for? Eat first?!
I’m still driving back home

But I’m thinking about

Idk… something casual … maybe outdoors?
We could eat first or later
I’m pretty easy going

You mean catch a sunset or go to hiking trail… so mething like that?

Yeah, sure
That sounds fun
I have sandals on tho… so an easy hike? :)

2022-11-19 15:02:06

Okay, I'm going to look for a good one

I know one really good

But isn't that easy

I'm going to take a shower and get ready

Hahaha do I need tennis shoes?!

Liked "I know one really good"

I'll be coming from Santee

I can stop at home on the way to grab shoes if I need them

If it's not too much work

That would be cool

Haha

Ok

Where should I meet you?

We can do the hiking at the place that I thought!!!

We can always meet there

Or I can pick you up too

So we go eat something after together

Let's meet there so we spend less time driving a nd more time doing fun stuff

And good after sounds awesome!

Is this a hike that requires like work out clothes ?
Or are jeans ok?

2022-11-19 16:02:28

Jeans is okay

That looks great!

I'll text you when I'm on my way

Okay

I'm leaving my house

It says I'll be there in 26 min

!

I’m leaving now too

Liked “I’m leaving now too”

17 minutes away

2022-11-19 17:07:46

Just got here

It’s getting dark 😟

I parked behind you

2022-11-19 19:32:31

Thanks for coming, and sorry for not asking to kis s you before do it, I just wanted it so much 😄

Loved “Thanks for coming, and sorry for not a sking to kiss you before do it, I just wanted it so much 😄 ”

I had a great time and I’m glad you missed me 😏

***kissed lol**

I did had a great time too, I knew I would make yo u laugh at least a bit

2022-11-19 20:23:50

Loved “I did had a great time too, I knew I wou ld make you laugh at least a bit ”

You made me laugh a lot

2022-11-19 21:24:35

Liked “You made me laugh a lot ”

2022-11-20 12:41:28

Good morning/afternoon! How’s your day going?

Good morning

stream

Just woke up and got coffee 😅

What you up to?

2022-11-20 13:51:31

Loved “Just woke up and got coffee 😅 ”

We just got back from the zoo 🦒 !

I was woken up very early lol 😜

How was it?

Hahah, ya I was late watching

They were cleaning the place

Did you like the one?

2022-11-20 15:10:16

I did

But I'm going to keep looking

2022-11-20 16:23:04

We should go watch a movie

Yeah! When?

I would go right now, whenever you can 😊

Loved "I would go right now, whenever you can 😊 "

stream

And maybe, when you're sure I'm not gonna ki dnap you, you can come watch a movie here aft er the girls go to bed

Ya

I can go there if you want

You better not kidnap me

😂

Laughed at “You better not kidnap me ”

Let’s do movie theatre first

Haha

Okay

You call

You know I will go always

Loved “You know I will go always ”

Haha ok 🎉🎉🎉

2022-11-20 19:05:19

What you up to?

We were making hot cocoa and watching a mov ie 😍

What are you up to?

I’m doing laudry

I don’t have it at home 🥲

2022-11-20 20:01:35

Oh no the dreaded laundry!

2022-11-23 09:55:03

stream

2022-11-23 10:25:08

Hey :)

Hope you have a great one too!

2022-11-23 17:22:16

Loved “Hope you have a great one too! ”

2022-11-24 07:04:21

Good morning!!! Happy thanksgiving 😊

2022-11-24 08:04:23

Good morning!! You’re up early!!

Did your boss invite you over for thanksgiving 🦃

stream

I’m finishing a project at his house

And he did invited me for the turkeys 😂

But I’m probably not staying

Laughed at “And he did invited me for the turk eys 😂 ”

No rest for you 😞

Laughed at “But I’m probably not staying ”

I’m sick 😀
I’m trying to drink all the medicine and tea so I can get better before our thanksgiving meal

2022-11-24 08:45:23 AM

2022-11-24 09:19:58

stream

What are you feeling

Loved an image

stream

I’m feeling awful 😞
Chills, aches, sore throat, gross cough, wheezy, burning chest … it’s not pretty!
Rosie and I had to take 3 pics to get that one 😂

I’m gonna put on movies and put out snacks for the girls and basically just stay in bed all day

Honestly it really sucks

Oh girl, I wish I could bring some medicine for yo u, maybe when I get back home?! You probably go t the flu

I'm sorry to hear that, I was hoping you were goin g to have a happy day with the kids 🥲

Let me know, I can just drop it off at the front door like a DoorDash lol

I think you're right 😫

Awww you're so sweet! I appreciate that … I k now, I was looking forward to a fun day too!! I haven't told the girls that we don't get to go y et … I'm dreading it.

My mom is gonna drop off food and I've got a b ox full of medicine but I appreciate it! 🙏

You're so sweet!

Okay, I hope you feel better soon!

stream

Loved "Okay, I hope you feel better soon!"

It's okay, we can always go when you feel better

Loved "It's okay, we can always go when you fe el better "

2022-11-24 17:03:15

What a beautiful sunset

I wish you were feeling good, and were here with 🥲

Me too!

2022-11-24 17:22:22 PM

2022-11-24 17:23:11

Hahaha is that a goat?

Yesss 😂

😂😂

Was the goat surfing too? 😂

I guess so

Hahahahhahah

I want mine

Dog is for losers I guess

Haha yeah, get a pet goat!!

I want to see you surf sometime

When you feel better, anytime you want!!

I'm doing laudry now lol

Liked "When you feel better, anytime you wan t!! "

Haha more laundry! 😫 😫

stream

Nope

stream

Hahah ya, I try do every weekend, since I'm not w orking this week anymore, I just wanted to do it ea rlier

2022-11-24 17:46:37 PM

2022-11-24 17:46:50

stream

2022-11-24 19:25:47 PM

2022-11-24 19:26:02

I’m not sure how soft the octopus is gonna be h aha

Loved an image

Hahaha

So sweet

You had some food?

Yeah!

Did you?

stream

stream

I'm having it right now

Loved "I'm having it right now"

Enjoy!!

Yeah, I hope so!!

2022-11-24 20:04:30 PM

2022-11-24 20:11:25

Hahaha

Looks like fun

2022-11-25 08:35:18

Good morning

How are you feeling?? 🥺

Good morning!
I feel worse 😬
Hopefully it just has to get worse before it gets better

Oh girl 😔

😫

uld be me here lol”

I’ll stop distracting you from organizing 😂
I’m gonna go check on the gremlins 😍

I want you to distract me always 🙃

Loved “I want you to distract me always 🙃 ”

As soon as I am better I’d love to distract you i n person !

Loved “As soon as I am better I’d love to distract you in…”

2022-11-26 11:02:04

Good morning 🙂

stream

Good morning!!
Yeah, a little bit better!!

I’m definitely on the upswing 🙏

How are you?

Are you watching Argentina and Mexico v

?

Loved “I’m definitely on the upswing 🙏 ”

I’m good, I woke up went to get breakfast

Came back

I’m watching the game, are you?

Loved “I’m good, I woke up went to get breakf ast ”

Yeah I’m watching it too

Laughed at “Came back ”

Glad you didn’t get stuck at breakfast forever!

2022-11-26 11:48:06 AM

2022-11-26 11:48:15

2022-11-26 19:28:19 PM

2022-11-26 19:28:29

Loved “I do!!!!”

Wow

She was about to die

Yeah :(

And she looks so pretty now

Loved “And she looks so pretty now ”

Hahahha

She gave us all ring work for about 4 months 😬😂😂

Does she loves you?

Ring worm

Or she just do her thing

Like usually cats are

She loves me so much

Ya?

All my cats love me so much 😍

Hahahah hmm

The lovely girl 😊

They do!

Loved “The lovely girl 😊 ”

I found Rosie in the mountains by my grandm a’s house all alone and sick and starving

after a few months of love and care she was bac k to good health!!

My cats are really shy around other people tho

I bet they are

That’s really cool that you took care of it

I think anyone would have

And see her all healthy and growing

Must be a nice sensation

I was going to leave her at the shelter but they s aid she was too young to treat for the sickness :(

Loved “Must be a nice sensation ”

Yeah, it is a nice feeling!!

Some people can’t have pets, they would give it to the animal control or whatever the name is

Yeah, that’s true
But at least they’d do something to try and help it

I would take care of all the animals if I could ha ha

Ya, me too

I’m always alone, it would be nice having animals 🥲

Awww maybe you can get a pet in your new pla ce

That’s what I’m hoping for

I want a bulldog

Awwww

Yeah!!

2022-11-26 19:50:59 PM

2022-11-26 20:15:24

It’s our cat plant

This one is really pretty too

I’m sure the kids love them

Loved “This one is really pretty too”

Haha yeah, the kids love them
The cats are finally starting to live the kids too
😆

Loved “Haha yeah, the kids love them
The cats are finally…”

***love**
You get it haha

stream

Liked “I’m glad you texted 😉 ”

They do

I’m more the calling person but I know most of A mericans are good with just text

😂

I’m old school on that

You can call too haha

A lot can get missed in text

True

I wish we had our time this weekend 🥺

Me too!!!

It was the worst part of being sick

Are you busy this week?

I’m not sure yet, how work it’s going to be this we ek, but anyway I would make time for us, just bein g honest

Loved “I’m not sure yet, how work it’s going to be this week, but anyway I would make time fo r us, just being honest ”

It depends more about you feel good again

With all oranges and concoctions… I'm here just h oping 🙃

Laughed at "With all oranges and concoction s… I'm here just hoping 🙃 "

stream

stream

Okay :))

🤞

Do you like kayaking?

I do

You want to go kayaking?

Yeah!!
Not this week when it's dark and cold but durin g the day sometime?

The La Jolla caves are cool!

Yeah, I'm down for that for sure

Loved "Yeah, I'm down for that for sure"

stream

stream

Okay!! Sounds like a plan!!!

Loved “Okay!! Sounds like a plan!!!”

Gives me a few extra days to kick this cold!!

I’m going to be thinking about it all week anyway 🤓

Loved “I’m going to be thinking about it all we ek anyway 🤓 ”

😌😌😌

I’ll bring you your book 😜

Liked “I’ll bring you your book 😜 ”

Have you ever played would you rather?

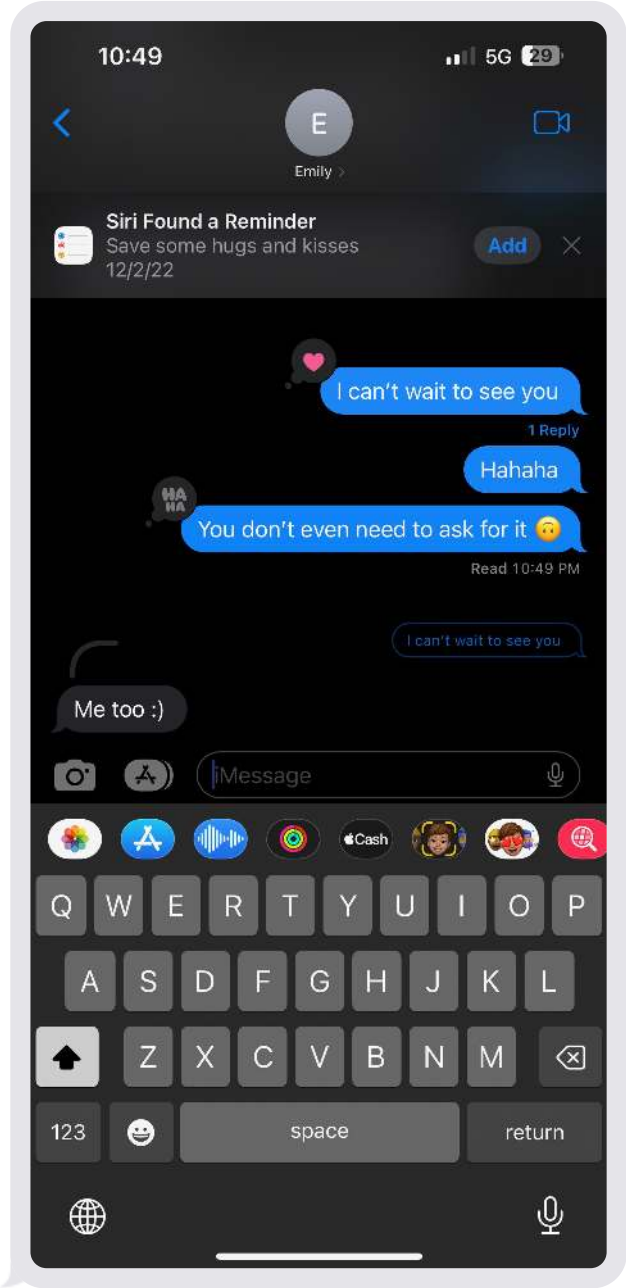
Yeah please!!!!!!

Loved “Yeah please!!!!!!”

No, never

What’s that?

It’s a simple game where you ask you “Would y ou rather….”
And then give two options … you can make it si lly, serious, whatever



2022-11-27 22:50:19

Lol

She is helping us

It's funny, you came with the you rather game

But I did most of the questions

Lol

😂

I'm more curious I guess

You had good questions!
I wanted to hear your answers to your question s haha

Did I said?

I don't remember

Yeah, you did!

Hahaha

I'm getting sleepy!

Okay

I'm gonna go to bed

Good night! Sweet dreams

Good night 💤

Sleep tight!!!

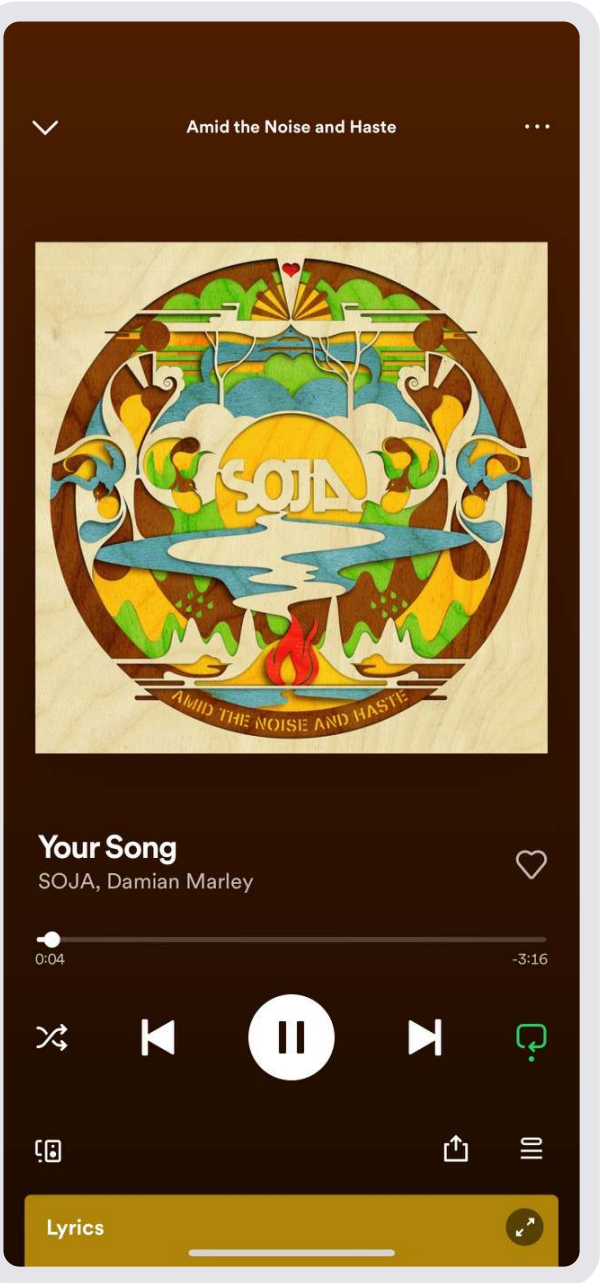
Loved "Sleep tight!!! "

2022-11-28 07:46:23

Good morning :)))

One song for the driving with the kids

2022-11-28 07:46:39 AM



2022-11-28 07:46:42

😂

Good morning :)

Ahhh we just listened to it

It's such a sweet positive song

Scarlett said she likes Pokémon songs better 😂🙄

Hahahah

Not like keep you head up

Laughed at "Not like keep you head up "

2022-11-28 08:12:01

Hope you have a great day! 🌞

I hope you have a great one too, I'm at Home Dep ot buying stuff 😅

Loved "I hope you have a great one too, I'm at Home Depot buying stuff 😅 "

stream

Niceee!

2022-11-28 09:39:44

stream

Kids are going crazy!

They are 🤣

My kids still believe in Santa 😍
They think I have his number and can call him if they're misbehaving
Haha awww it's a great parenting tool

That's great, you have some power

Enjoy until they find out

Lol yeah 😬 😬 😬

2022-11-28 10:56:35

Brazil won!

2022-11-28 11:50:31

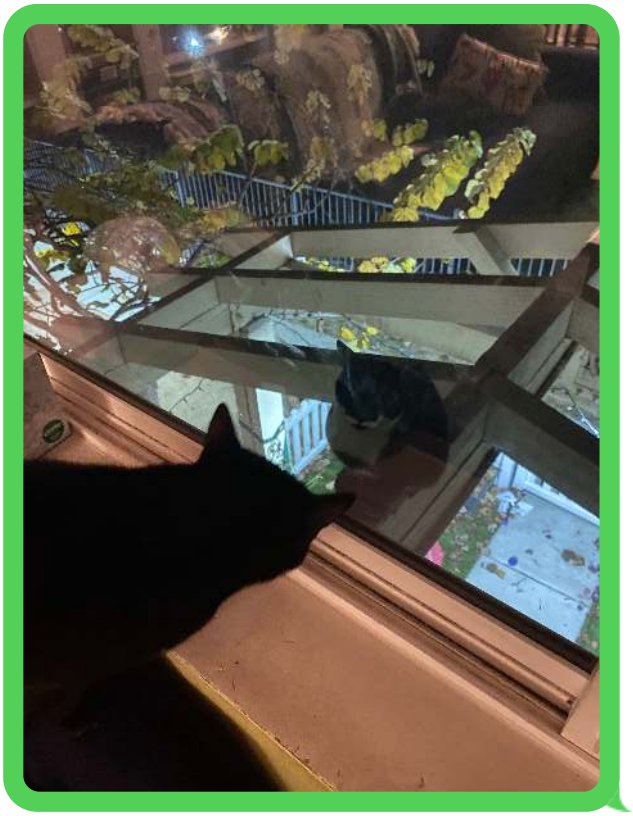
Loved "Brazil won! "

Niceee

1x0?

Yeah, that's what I heard!

2022-11-28 18:21:29 PM



2022-11-28 18:47:19

Laughed at an image

Hahahahha

Your cats are going to be jealous

And probably fight him

Haha yeah! That's how we noticed the other cat

My cat was growling so loudly!

It's funny how cats stares at us right

Lol yeah they're not intimidated

Laughed at "Haha yeah! That's how we noticed th e other cat

M…”

2022-11-28 19:40:50 PM

2022-11-28 19:48:23

Laughed at an image

Sorry I missed your call I was tucking the girls in I called you back :)

2022-11-28 20:06:51

I missed yours too, I went to go get food

Just got back home

I figured you were just busy

I’m not busy anymore :)

I was going to ask what you were doing, and if yo u feel better

stream

I’m looking for a show to watch

What did you get for dinner?

stream

I hope we get more and more comfortable :)

I hope that too

I don't know if you noticed that

Noticed that you are a good listener?

That I'm trying to get closer 😅

Oh haha sorry

Yeah, I do notice :)

No, you're good

I didn't explained good

Can you tell that I'm interested in you?

I hope so :)

Yes, you even invited me to come over

Hahahahha

Loved "Yes, you even invited me to come over"

Haha

Just kidding, yes I can tell

I'm always good about stay home

I appreciate that :)

Loved "I'm always good about stay home"

Seriously

Loved "Seriously "

😍

That means a lot!!

Okay 😊

I'm gonna start thinking of places to take you i n San Diego!

Hahaha

Like a local tour with hugs and kisses

Loved "Like a local tour with hugs and kisses"

That sounds good

Yeah exactly 😜

I brought you to a place that you didn't know 😌

Haha I know!! You're kinda the local

I’m already in bed

Loved “I’m already in bed ”

Loved “I hope you sleep well :) ”

Goodnight! 😘

I hope you slept tight too!!

Good night

Loved “I hope you slept tight too!! ”

Loved “Good night ”

2022-11-30 07:30:01

Good morning! I was thinking about you 😌 ho pe you have a great day!

Good morning :)

I went to bed thinking about you last night

2022-11-30 07:32:56 AM

2022-11-30 07:47:22

Loved “I went to bed thinking about you last ni ght ”

I love the Spotify wrapups!!

stream

Hahahaha mine was all random, just the songs that I most listened

Some Brazilian songs mixed with the rap lol

Hahah same

Although I've got some weird stuff cause the gi rls use my account lol

2022-11-30 07:57:52 AM

2022-11-30 18:18:19

How was your day??

Liked an image

So cool!

My day was good, just going around and doing sm all things

Loved “So cool! ”

stream

stream

2022-11-30 18:27:01 PM

2022-11-30 18:27:26

Laughed at an image

Hahahah

It’s true and its just crazy

Are you feeling better or still feel sick?

Laughed at “It’s true and its just crazy ”

I’m feeling a little sick but a lot better

My energy just isn’t back up to normal yet

It’s coming back more and more every day :)

Good

How's your day going so far?

2022-12-01 14:39:22

Good so far! I was driving back from Carlsbad

Just dropped the working truck and heading home 😊

How is yours?

2022-12-01 15:26:16

That's so nice that you don't have to drive your car to the jobs!! Especially when they're far

stream

2022-12-01 17:01:39

Ya, it's nice that they have the cars and I don't hav e to use mine 😄

Liked "My day is going well … my org got a big t ax refund…"

That's great, good news :)

Loved "That's great, good news :)"

stream

I made soup for dinner 😍

2022-12-01 18:09:39

It’s cold

I wish we could be snuggling together 😊

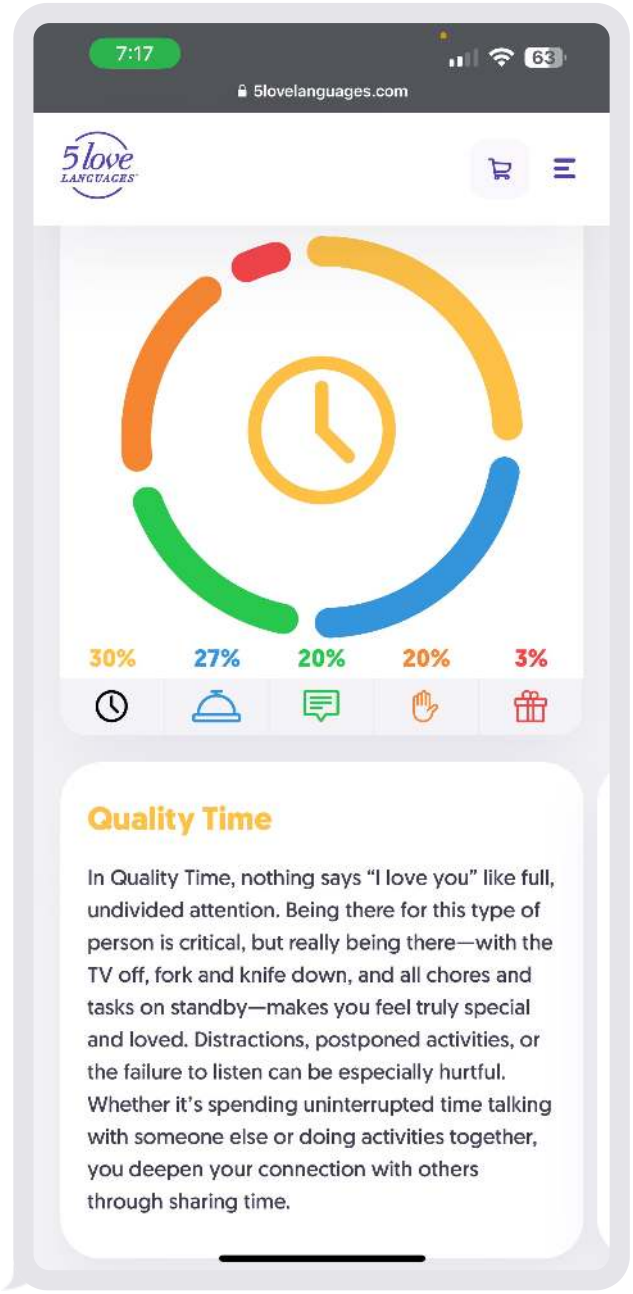
Me too!

stream

2022-12-01 19:05:20

stream

2022-12-01 19:17:31 PM



2022-12-01 19:17:49

Hahaha did you ever did one of those?

Loved "Hahaha did you ever did one of those?"

Yeah!!! I love the love languages

Gifts are low for me too and quality time is my top one

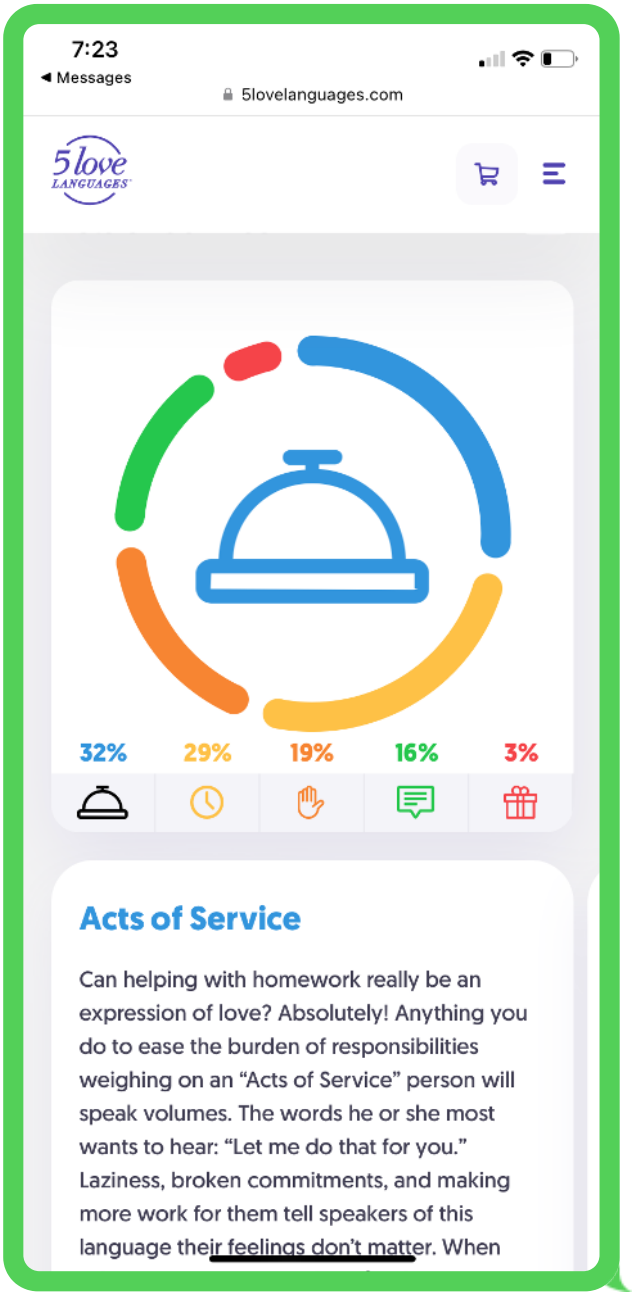
I just learned about it, never knew it

One friend send it to me

😅

I just did the quiz you sent me lol Here's what I got

2022-12-01 19:23:59 PM



2022-12-01 19:24:13

Loved an image

I thought quality time would be first
But I do love when people do something helpful and thoughtful

Ya, it's my second one too

Liked "Ya, it's my second one too"

What do you think of it? Haha

But I knew my would be quality time

Did you friend think it was helpful ?

Ya, that's what she said

Liked "Ya, that's what she said "

I didn't know about anything

A lot of people don't haha
I'm trying to remember who told me about i t….

I can't remember
It's helpful though right?

Yes, I guess so you can know what really matters a nd work through it

Yeah

But I guess the main thing it's about understanding the other

The feelings

Connection…

I went to get my hair cut and my beard

It was too big lol

Laughed at “It was too big lol”

I’m excited to see it

Loved “But I guess the main thing it’s about un derstanding the other ”

Hahaha

I hope it looks decent lol

Lol I’m sure it looks super handsome

😊

What are you up to?

I just finished brushing my teeth and getting m y pajamas on lol
I’m gonna lay in bed with all my blankets

What about you?

I already did that, I’m in bed too

Laughed at “I already did that, I’m in bed too ”

Hahaha

stream

It’s just cold

Loved “It’s just cold”

You think so?

Haha no

I think the movie its suspense, we might be awake

Liked “I think the movie its suspense, we might be awake ”

Yeah, I think we’ll be on the edge of our seats

Movie looks good, and I know it will be good to s pend some time with you :)

Loved “Movie looks good, and I know it will be good to spend some time with you :)”

😌

stream

I’ll keep looking for options that stay open later :)

You looking for restaurants?

Restaurants and bars

Is that ok with you?

Yes, you can pick anything:)

Loved “Yes, you can pick anything:)”

I honestly am not to worried about where we’ll go cause I’m more excited for the company

But I’ll find some good options :)

stream

stream

We might find a place that works, if not we can get something fast somewhere

I’ve got a few places in mind!!

I know that I won’t want you to go back 😌

Hmm

Loved “I know that I won’t want you to go bac k 😌 ”

stream

How do you feel about piano bars?

It’s okay, I totally understand!!

I’ve never been in one before I guess

What is on it?

I don’t go to bars that much

Loved “It’s okay, I totally understand!! ”

Hmmmm ok well, I’ll keep it as an option!

They can be fun… usually they have a piano an d people play it

Hahahah if you want it, it’s okay I’m sure it will b e fun anyway

The one I’m thinking also serves food

Loved “Hahahah if you want it, it’s okay I’m su re it will be fun anyway ”

But there’s some other places I’m thinking too!

Gotcha

Okay

It’ll be fun no matter what

I haven’t been out in awhile haha

I had to ask my friend if the places I was thinki ng of were still cool

She goes our way more than me

Hmm

*out

Liked “There’s one Mexican place next door he re 😂 ”

Haha lucky

2022-12-02 08:51:04

Good morning :)))

stream

stream

2022-12-02 08:52:38 AM

2022-12-02 08:52:42

Hha

Can’t wait to see you !!

Hahahaha

How are you feeling?

A lot better

Can’t wait too

How’s work going so far?

Really good, I came back to Carlsbad

stream

stream

How about yours?

I just got started :)

stream

2022-12-02 09:34:35

Ya, it’s getting cold in the morning

Hahaha that’s cool, she have good fridayssss

Vibes

Loved “Hahaha that’s cool, she have good frida yssss”

Yeah!! Fridays are special 🎉😍

2022-12-02 09:41:32 AM

Where we going

I'll text you when I'm leaving here

Fashion valley right?

18 ?

There's 2 I guess

Yeah, the one with 18

Okay

Loved "I'll text you when I'm leaving here "

Hey! Do you spell your name with 1 n or 2?

I'm leaving now

Wait not yet!

You're gonna be waiting

It's okay

I don't mind

Haha ok
I'll try to leave earlier

My name on my birth certificate it's with 2 n

I'm going to get there before, I'll get the tickets an d wait on my car

Ok :)

I'll leave as soon as she gets here Last time she was super early

It's all good, no rush 😊

Loved "It's all good, no rush 😊 "

My kid just told me not to forget to floss lol

Laughed at "My kid just told me not to forget to fl oss lol "

I just got here, I'm heading to get the tickets

Guy said that the other person have to be here

lol

I don't go to theater in that long that you can't buy 2 tickets alone anymore

I parked on C all way up

What? That's crazy lol

I'm leaving my house now!

I'll look for your car

Okay, drive safe

You will see it, it's on the corner

All way up

I made a spot lol

I don't see you!

I just parked

On the top of C!

2022-12-02 23:34:01

I'm home!
I miss you 😜😘😘

I miss you too

Loved "I miss you too "

I'm driving around home looking for parking 😅

I didn't wanted to let you go

I didn't want to either

Laughed at "I'm driving around home looking for parking 😅 "

I can still feel your lips on my neck 😍

Just found a spot to park

California sucks for parking 😢

Liked “I can still feel your lips on my neck 😍 ”

Loved “Just found a spot to park”

It does

Ya, I can still feel you next to me hugging

Loved “Ya, I can still feel you next to me huggin g ”

Sweet dreams!!

Sleep tight!!!

Loved “Sleep tight!!! ”

2022-12-03 09:11:19

Good morning!!

Good morning :)

I woke up thinking about us

Me too 😍 😘

Loved “Me too 😍 😘 ”

I’m just happy, remembering touching you hair an d kissing you!!!!

Seriously

Loved “I’m just happy, remembering touching you hair and kissing you!!!!”

I wish you were kissing me now ☺️

stream

I want to see you too!

Loved “I want to see you too!”

☺️☺️

2022-12-03 15:50:17

How’s your day going?

2022-12-03 16:21:35

It’s really good

I had some sushi

Went to surf earlier

What about yours?

Loved “Went to surf earlier ”

Exhibit 5 - Evidence of Bona Fide Marriage: Letters of Support

Kaylah Michelle Alatorre Moberly's support letter (typed transcript)

January 26, 2026

To Whom It May Concern,

My name is Kaylah Moberly and I am 12 years old and a US citizen. I am writing this letter for Denis Vieira because he is married to my mom and I really want him to get his green card.

My mom met Denis on a dating app (which is kinda funny) and after that she smiled way more and was happier. He makes her laugh and is really nice to her. When she first brought him over, even our cats liked him, and they don't like anyone. If the cats trusted him, I knew he was probably a good guy.

Denis is always around for birthdays, holidays, movies, and dinner. He took us to fun places like Porto's Bakery and new resturants, which I loved. When my mom told me they were getting married I cried because I was so happy. He takes care of our family and makes my mom feel loved, which is very important.

I think Denis should get his green card because he works really hard, is honest, and makes our family and community better. He is like a dad to me. Thank you for reading my letter.

Sincerly,
Kaylah Moberly
Age 12

January 26, 2026
To whom It May Concern

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Sincerely,
Kaylah Moberly
Age 12

Endorsements / Mentions Spéciales / Anotaciones

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

Kaylah Moberly

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT / PASAPORTE

THE UNITED STATES OF AMERICA

USA

Type/Type/Tipo	Code/Code/Código	Passport No./No. du Passeport/No. de Pasaporte
P	USA	A10380978

Surname/Nom/Apellidos
MOBERLY

Given names/Prénoms/Nombres
KAYLAH MICHELLE ALATORRE

Nationality/Nationalité/Nacionalidad
UNITED STATES OF AMERICA

Date of birth/Date de naissance/Fecha de nacimiento
04 DEC 2013

Sex/Sexe/Sexo
F

Place of birth/Lieu de naissance/Lugar de nacimiento
CALIFORNIA, U.S.A.

Date of issue/Date de délivrance/Fecha de expedición
08 NOV 2022

Date of expiration/Date d'expiration/Fecha de caducidad
07 NOV 2027

Authority/Autorité/Autoridad
UNITED STATES DEPARTMENT OF STATE

P<USAMOBERLY<<KAYLAH<MICHELLE<ALATORRE<<<<<<

A10380978OUSA1312045F2711070762017784<489096

Bethany Anne Moberly
San Diego, California
Email: Bethany.moberly94@gmail.com
Phone: 619-917-3007

January 26, 2026

To Whom It May Concern,

I am writing this letter in support of Denis Vieira's application for lawful permanent residency in the United States. I am a U.S. citizen and have known Denis, my brother-in-law, since November 2022. He is married to my sister, Emily, and I interact with him weekly during family dinners, holidays, and special occasions. Through this consistent and close relationship, I have come to know Denis well and feel confident speaking to his character, values, and contributions.

When I first met Denis while he was dating my sister, I was understandably cautious and wanted to be sure he was the right person for her. Over time, it became clear that Denis is a kind, generous, intentional, and value-driven man. We often share morning conversations over coffee about the importance of taking ownership of one's actions and having pride in one's work. Denis consistently demonstrates these values not only in words, but through his daily actions toward his family and others.

Denis is reliable, hardworking, calm under pressure, generous, and deeply family-oriented. I experienced these qualities firsthand during a difficult period in my life in 2025, when the end of a long-term relationship left me without stable housing and searching for work after relocating from Washington State. During this vulnerable time, Denis showed exceptional compassion and responsibility. He regularly checked in on me through my sister, offered to make me dinner, listened thoughtfully to my situation, and made sure I felt safe and welcome staying in their home while I worked to regain stability. Even now, Denis continues to check in and reminds me that I always have him and Emily to rely on. His support during this period meant more to me than I can fully express, and it reflects the kind of man he is.

Denis has worked in construction for approximately ten years, specializing in general labor, remodeling, and carpentry. He takes great pride in his work and frequently shares photos of completed projects, highlighting detailed woodworking and creative solutions to challenging designs. He prioritizes safety on every job, down to small but important details such as proper protective equipment. Denis is known for his reliability and trustworthiness; he finishes every project he commits to, and many of his clients rely on him repeatedly and refer him to their friends. Some clients trust him enough to ask him to house-sit during extended vacations, which speaks volumes about his integrity and character.

Beyond his professional contributions, Denis consistently shows up for his family. Even before he and my sister were married, he was always present to help with home repairs and ensure that Emily and the children were safe and supported. Since joining our family, he has made a genuine effort to ensure I continue to feel welcome and supported as well. He is a steady, positive presence for his friends and loved ones.

I strongly believe Denis should be allowed to remain in the United States. He is an ethical, hardworking man who loves his wife and children and contributes positively to his family and community. Since coming to America, he has worked diligently every day to provide for his family and build a life he can be proud of. Denis plans to start his own construction and remodeling company and obtain his contractor's license, which will allow him to continue contributing meaningfully to the U.S. workforce while creating long-term stability for his family.

I fully and wholeheartedly support Denis Vieira's application for permanent residency. He is a person of integrity, dedication, and kindness, and our family would be deeply impacted without him. Please feel free to contact me if any additional information would be helpful.

Sincerely,

Bethany Anne Moberly
U.S. Citizen
San Diego, California

IF YOUR PASSPORT EXPIRES WITHIN SIX MONTHS OF YOUR DATE OF DEPARTURE, YOU MAY BE DENIED ENTRY INTO SOME COUNTRIES.

Endorsements / Mentions Spéciales / Anotaciones

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT / PASAPORTE

THE UNITED STATES OF AMERICA

Type/Type/Tipo: P

Code/Code/Código: USA

Passport No./No. du Passeport/No. de Pasaporte: A77638164

USA

Surname/Nom/Apellidos
MOBERLY

Given names/Prénoms/Nombres
BETHANY ANNE

Nationality/Nationalité/Nacionalidad
UNITED STATES OF AMERICA

Date of birth/Date de naissance/Fecha de nacimiento
07 JUL 1994

Sex/Sexe/Sexo
F

Place of birth/Lieu de naissance/Lugar de nacimiento
CALIFORNIA, U.S.A.

Date of issue/Date de délivrance/Fecha de expedición
05 JAN 2026

Date of expiration/Date d'expiration/Fecha de caducidad
04 JAN 2036

Authority/Autorité/Autoridad
UNITED STATES DEPARTMENT OF STATE

P<USAMOBERLY<<BETHANY<ANNE<<<<<<<<<<<<<<<<<<<<

A776381646USA9407071F3601040965803748<613336

01.29.26

To Whom It May Concern,

I am writing this letter in wholehearted support of Denis Vieira's application for lawful permanent residency in the United States.

I am a U.S. citizen and have known Denis for many years. I was first introduced to Denis when he was working for a construction company we retained to complete a comprehensive renovation in our home, where he served as a significant team member, carpenter, and construction manager. From the outset, Denis distinguished himself not only through his technical skill and craftsmanship, but through the care, integrity, and pride he brought to his work.

We were so impressed, both professionally and personally, that we have confidently referred him to friends and family members. In every instance, the feedback has been the same: Denis is thorough, detail-oriented, reliable, and deeply respectful of the people he serves. Denis now plans to start his own construction and remodeling company. This entrepreneurial spirit is the backbone of America, and his business endeavors will allow him to continue contributing meaningfully to the U.S. workforce.

Most importantly, what sets Denis apart, is his character. He approaches his work with genuine kindness and patience, and several times when my aging parents visited, Denis stayed simply to sit and talk with them after a job was complete, offering companionship and presence that went far beyond what was required.

Denis is a thoughtful, conscientious collaborator and an all-around good human being. He takes responsibility seriously, communicates clearly, and consistently follows through on his commitments. He contributes meaningfully not only through his skilled labor, but through the trust, calm, and goodwill he brings into every space he enters.

I can say without hesitation that Denis is an asset to our community and to this country. He embodies the values of hard work, service, and compassion, and I strongly believe the United States would benefit from granting him lawful permanent residency.

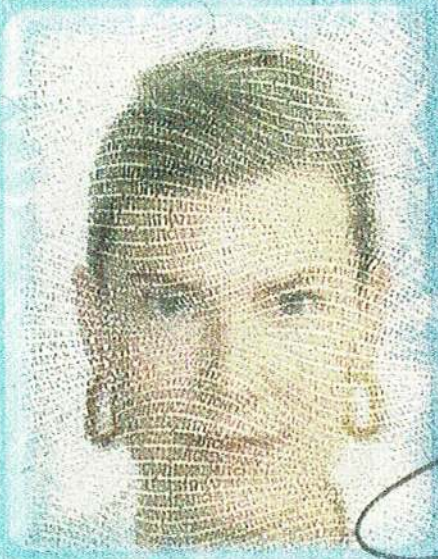
Please feel free to contact me should you require any additional information.

With sincere support,

AmyK Hutchens
U.S. Citizen
San Diego, CA 92130

IF YOUR PASSPORT EXPIRES WITHIN SIX MONTHS OF YOUR DATE OF DEPARTURE, YOU MAY BE DENIED ENTRY INTO SOME COUNTRIES.

Endorsements / Mentions Spéciales / Anotaciones



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT / PASAPORTE

THE UNITED STATES OF AMERICA

Type/Type/Tipo	Code/Code/Código	Passport No./No. du Passeport/No. de Pasaporte
P	USA	A72800692

USA

Surname/Nom/Apellidos
HUTCHENS

Given names/Prénoms/Nombres
AMY KATHLEEN

Nationality/Nationalité/Nacionalidad
UNITED STATES OF AMERICA

Date of birth/Date de naissance/Fecha de nacimiento
26 NOV 1971

Sex/Sexe/Sexo
F

Place of birth/Lieu de naissance/Lugar de nacimiento
MARYLAND, U.S.A.

Date of issue/Date de délivrance/Fecha de expedición
25 JUL 2025

Date of expiration/Date d'expiration/Fecha de caducidad
24 JUL 2035

Authority/Autorité/Autoridad
UNITED STATES DEPARTMENT OF STATE

P<USAHUTCHENS<<AMY<KATHLEEN<<<<<<<<<<<<<<<<<<

A72800692OUSA7111262F3507245461584525<776934

MARENA BRONSON

1601 India Street Unit 413
San Diego, CA 92101
215.589.5894
marena01@gmail.com

January 24, 2026

To Whom It May Concern,

I am writing this letter in support of Emily Moberly and her husband, Denis Viera, as part of Denis' immigration application process. I have known Emily for over a decade, and during that time I have come to know her as a kind, hard-working, and deeply caring person. When she began dating Denis three years ago, I had the pleasure of meeting him when she brought him to a show I was performing in. From the very beginning, he made a wonderful impression. I was struck by his attentiveness and interest in knowing about the people and things that are important to Emily.

Over the past three years, I have enjoyed watching the progression of their relationship. Their partnership is built on genuine affection, mutual respect, and unwavering support for one another. Denis is consistently attentive to Emily, and what stands out most to me is how wonderful he is with her children. He is patient, engaged, and loving with them, and it is clear that he has embraced not only Emily, but her family as well.

I was honored to attend their wedding and witness their commitment to one another. Their marriage is authentic, strong, and rooted in shared values and care. I have no doubt that Denis is a positive and meaningful presence in Emily's life and in her family's future.

I fully support Denis in his application for a Green Card and respectfully ask that you give their case every favorable consideration. Thank you for your time and attention.

Sincerely,

Marena Bronson

Marena Bronson

We the People

Of the United States

Marena Bronson

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

3

PASSPORT
PASSEPORT
PASAPORTE

USA

UNITED STATES OF AMERICA

Type / Type / Tipo
P

USA

681394567

Surname / Nom / Apellidos
BRONSON

Given Names / Prénoms / Nombres
MARENA ANNE

Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento
20 Dec 1969

Place of birth / Lieu de naissance / Lugar de nacimiento
UTAH, U.S.A.

Sex / Sexe / Sexo
F

Date of issue / Date de délivrance / Fecha de expedición
19 Feb 2019

Authority / Autorité / Autoridad
United States
Department of State

Date of expiration / Date d'expiration / Fecha de caducidad
18 Feb 2029

Endorsements / Mentions Spéciales / Anotaciones
SEE PAGE 27

USA

P<USABRONSON<<MARENA<ANNE<<<<<<<<<<<<<<<<<<<<<<

6813945579USA6912200F2902186295975140<103084

01.29.26

To Whom It May Concern,

I write in strong support of Denis Vieira's application for lawful permanent residency in the United States.

I am a U.S. citizen and have known Denis for more than three years. I was first introduced to him when he was working for a general contractor we retained to complete a comprehensive renovation of several bathrooms in our home, where he served as a significant team member, carpenter, and construction manager. Throughout that project, Denis demonstrated a high level of technical competence, sound judgment, and professionalism. His work was methodical, code-compliant, and executed with integrity, care and precision.

Following the successful completion of that renovation, we have also referred him to friends and family members to assist them with various home related needs. In each instance, Denis proved himself to be dependable, detail-oriented, and transparent in his communication. He consistently meets his commitments and approaches each project with a clear sense of responsibility, integrity and accountability.

Denis' intention to establish his own construction and remodeling business further underscores his commitment to long-term contribution within the United States. His skill set, work ethic, and entrepreneurial initiative position him to be a productive participant in the U.S. economy and a reliable service provider within his community.

Based on my direct experience, Denis is a person of integrity who conducts himself with professionalism and care. He contributes not only through his skilled labor, but through the trust he builds and maintains with those he serves.

I offer my unequivocal support for Mr. Denis Vieira's application for lawful permanent residency. I am confident that he will continue to be a constructive and valuable presence in this country.

Please do not hesitate to contact me should additional information be required.

Respectfully,

Scott Dailard
San Diego, CA
U.S. Citizen

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
578310555
Surname / Nom / Apellidos
DAILARD
Given Names / Prénoms / Nombres
SCOTT DOUGLAS
Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA
Date of birth / Date de naissance / Fecha de nacimiento
16 Jun 1968
Place of birth / Lieu de naissance / Lugar de nacimiento
CALIFORNIA, U.S.A.
Sex / Sexe / Sexo
M
Date of issue / Date de délivrance / Fecha de expedición
29 Mar 2018
Authority / Autorité / Autoridad
United States
Department of State
Date of expiration / Date d'expiration / Fecha de caducidad
28 Mar 2028
Endorsements / Mentions Spéciales / Anotaciones
SEE PAGE 27
USA
P<USADAILARD<<SCOTT<DOUGLAS<<<<<<<<<<<<<<<<<<
5783105553USA6806167M2803283289075253<981942

Exhibit 6 - Evidence of Bona Fide Marriage: Photographic Evidence of Relationship

Denis Guilherme Vieira and Emily Elizabeth Moberly wedding photos

WYNDH

WYNDH

ERECTED MCMXXXVI
GOOD GOVERNMENT DEMANDS
THE INTELLIGENT INTEREST
OF EVERY CITIZEN

adidas
adidas

Denis Guilherme Vieira and Emily Elizabeth Moberly photos

Emily and Denis at botanic garden

Emily and Denis at light show.

Denis teaching Emily's child how to pump gas

Denis building a toy with Emily's youngest kid.

Pizza night Denis and Emily

Family photo - Child's drawing

Denis relaxing on the counch with Emily's cat

Exhibit 7 - Petitioner’s Financial Information

Form **1040** Department of the Treasury-Internal Revenue Service **U.S. Individual Income Tax Return** **2025** OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

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

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

☐ Other

Your first name and middle initial	Last name	Your social security number
EMILY	MOBERLY	616-46-5760
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
DENIS G	VIEIRA	964-91-8411

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

4880 CHARLES LEWIS WAY

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
SAN DIEGO	CA	92102

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
☒ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS). Enter spouse's SSN above and full name here:
☐ Head of household (HOH)
☐ Qualifying surviving spouse (QSS)
If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:
☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

Digital Assets

At any time during 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) . . . ☐ **Yes** ☒ **No**

Dependents

(see instructions)

If more than four dependents, see instructions and check here . . . ☐

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name	KAYLAH	SCARLETT		
(2) Last name	ALATORRE	GONZALES		
(3) SSN	869-25-0219	337-15-1671		
(4) Relationship	DAUGHTER	DAUGHTER		
(5) Check if lived with you more than half of 2025	(a) ☒ Yes (b) ☒ And in the U.S.	(a) ☒ Yes (b) ☒ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.
(6) Check if	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled
(7) Credits	☒ Child tax credit ☐ Credit for other dependents	☒ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents

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

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

Attach Sch. B if required.

1a	Total amount from Form(s) W-2, box 1 (see instructions)			1a	60,272
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	400
f	Employer-provided adoption benefits from Form 8839, line 31			1f	
g	Wages from Form 8919, line 6			1g	
h	Other earned income (see instructions). Enter type and amount:			1h	
i	Nontaxable combat pay election (see instructions)	1i			
z	Add lines 1a through 1h			1z	60,672
2a	Tax-exempt interest	2a	b Taxable interest	2b	774
3a	Qualified dividends	3a	b Ordinary dividends	3b	
c	Check if your child's dividends are included in 1 ☐ Line 3a 2 ☐ Line 3b				
4a	IRA distributions	4a	b Taxable amount	4b	
c	Check if (see instructions) 1 ☐ Rollover 2 ☐ QCD 3 ☐				
5a	Pensions and annuities	5a	b Taxable amount	5b	
c	Check if (see instructions) 1 ☐ Rollover 2 ☐ PSO 3 ☐				
6a	Social security benefits	6a	b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐				
d	If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here ☐				
7a	Capital gain or (loss). Attach Schedule D if required			7a	
b	Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)				
8	Additional income from Schedule 1, line 10			8	9,404
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your **total income**			9	70,850
10	Adjustments to income from Schedule 1, line 26			10	
11a	Subtract line 10 from line 9. This is your **adjusted gross income**			11a	70,850

Tax and Credits	11b	Amount from line 11a (adjusted gross income)	11b	70,850
	12a	Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent		
	b	☐ Spouse itemizes on a separate return **c** ☐ You were a dual-status alien		
	d	**You:** ☐ Were born before January 2, 1961 ☐ Are blind		
		Spouse: ☐ Was born before January 2, 1961 ☐ Is blind		
Standard deduction for- • Single or Married filing separately, $15,750 • Married filing jointly or Qualifying surviving spouse, $31,500 • Head of household, $23,625 • If you checked a box on line 12a, 12b, 12c, or 12d, see inst.	e	**Standard deduction or itemized deductions** (from Schedule A)	12e	31,500
	13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	
	b	Additional deductions from Schedule 1-A, line 38	13b	
	14	Add lines 12e, 13a, and 13b	14	31,500
	15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income**	15	39,350
	16	Tax (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐	16	4,248
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	4,248
	19	Child tax credit or credit for other dependents from Schedule 8812	19	1,000
	20	Amount from Schedule 3, line 8	20	3,248
	21	Add lines 19 and 20	21	4,248
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
	24	Add lines 22 and 23. This is your **total tax**	24	0
Payments and Refundable Credits	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 2,158		
	b	Form(s) 1099 — 25b: 630		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	2,788
	26	2025 estimated tax payments and amount applied from 2024 return	26	
If you have a qualifying child, you may need to attach Sch. EIC.		If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):		
	27a	Earned income credit (EIC) — 27a:		
	b	Clergy filing Schedule SE (see instructions) ☐		
	c	If you do not want to claim the EIC, check here ☒		
	28	Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here ☐ — 28: 3,400		
	29	American opportunity credit from Form 8863, line 8 — 29:		
	30	Refundable adoption credit from Form 8839, line 13 — 30:		
	31	Amount from Schedule 3, line 15 — 31:		
	32	Add lines 27a, 28, 29, 30, and 31. These are your **total other payments and refundable credits**	32	3,400
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	6,188
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	6,188
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐	35a	6,188
Direct deposit? See instructions.	b	Routing number 322271627 **c** Type: ☒ Checking ☐ Savings		
	d	Account number 951934134		
	36	Amount of line 34 you want **applied to your 2026 estimated tax** — 36:		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	0
	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: ALEXANDRIA K ANTONIO EA | Phone no.: 818-654-9980 | Personal identification number (PIN): 91367

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.

	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Your signature: 23066	03-12-2026	MARKETING DEPT	
Spouse's signature. If a joint return, **both** must sign. 26152	03-12-2026	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's signature: ALEXANDRIA K ANTONIO EA	Date	PTIN: P01586953	Check if: ☒ Self-employed
Preparer's name: ALEXANDRIA K ANTONIO EA	Phone no.: 818-654-9980		
Firm's name: AKA TAXES			
Firm's address: 6355 TOPANGA CYN BLVD STE 523 WOODLAND HILLS, CA 91367		Firm's EIN: 82-1947779	

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

2025

Attachment Sequence No. **01**

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

EMILY MOBERLY & DENIS G VIEIRA

Your social security number

616-46-5760

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

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

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes			**1**	**3,104**
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). Check if any from Form(s): ☐ 4797 ☐ 4684			**4**	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			**5**	
6	Farm income or (loss). Attach Schedule F			**6**	
7	Unemployment compensation. If you repaid a 2025 overpayment (see instructions), check here ☐ and enter amount repaid:			**7**	**6,300**
8	Other income:				
a	Net operating loss	**8a**	( )		
b	Gambling	**8b**			
c	Cancellation of debt	**8c**			
d	Foreign earned income exclusion from Form 2555	**8d**	( )		
e	Income from Form 8853	**8e**			
f	Income from Form 8889	**8f**			
g	Alaska Permanent Fund dividends	**8g**			
h	Jury duty pay	**8h**			
i	Prizes and awards	**8i**			
j	Activity not engaged in for profit income	**8j**			
k	Stock options	**8k**			
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	**8l**			
m	Olympic and Paralympic medals and USOC prize money (see instructions)	**8m**			
n	Section 951(a) inclusion (see instructions)	**8n**			
o	Section 951A(a) inclusion (see instructions)	**8o**			
p	Section 461(l) excess business loss adjustment	**8p**			
q	Taxable distributions from an ABLE account (see instructions)	**8q**			
r	Scholarship and fellowship grants not reported on Form W-2	**8r**			
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	**8s**	( )		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	**8t**			
u	Wages earned while incarcerated	**8u**			
v	Digital assets received as ordinary income not reported elsewhere. See instructions	**8v**			
z	Other income. List type and amount:	**8z**			
9	Total other income. Add lines 8a through 8z			**9**	
10	Combine lines 1 through 7 and 9. This is your **additional income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			**10**	**9,404**

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

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

EEA

Part II Adjustments to Income

11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903. If claiming only storage fees (see instructions), check here ☐			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. If you are married filing separately and lived apart from your spouse for the entire year (see instructions), check here ☐			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
a	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b			
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d			
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i			
j	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k			
z	Other adjustments. List type and amount: _____ _____	24z			
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your **adjustments to income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10			26	0

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2025

Attachment Sequence No. **03**

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

EMILY MOBERLY & DENIS G VIEIRA

Your social security number

616-46-5760

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441			2	
3	Education credits from Form 8863, line 19			3	
4	Retirement savings contributions credit. Attach Form 8880			4	200
5a	Residential clean energy credit from Form 5695, line 15			5a	
b	Energy efficient home improvement credit from Form 5695, line 32			5b	
6	Other nonrefundable credits:				
a	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
c	Adoption credit. Attach Form 8839	6c	3,048		
d	Credit for the elderly or disabled. Attach Schedule R	6d			
e	Reserved for future use	6e			
f	Clean vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
l	Amount on Form 8978, line 14. See instructions	6l			
m	Credit for previously owned clean vehicles. Attach Form 8936	6m			
z	Other nonrefundable credits. List type and amount: _____ _____	6z			
7	Total other nonrefundable credits. Add lines 6a through 6z			7	3,048
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20			8	3,248

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962			9	
10	Amount paid with request for extension to file (see instructions)			10	
11	Excess social security and tier 1 RRTA tax withheld			11	
12	Credit for federal tax on fuels. Attach Form 4136			12	
13	Other payments or refundable credits:				
a	Form 2439	13a			
b	Section 1341 credit for repayment of amounts included in income from earlier years	13b			
c	Net elective payment election amount from Form 3800, Part III, line 6, column (j)	13c			
d	Deferred amount of net 965 tax liability (see instructions)	13d			
z	Other refundable credits (see instructions): _____ _____	13z			
14	Total other payments or refundable credits. Add lines 13a through 13z			14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31			15	0

Form **2441**

Department of the Treasury
Internal Revenue Service

Child and Dependent Care Expenses

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form2441* for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **21**

Name(s) shown on return: **EMILY MOBERLY & DENIS G VIEIRA**

Your social security number: **616-46-5760**

A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under *Married Persons Filing Separately.* If you meet these requirements, check this box . . ☐

B If you or your spouse was a student or was disabled during 2025 and you're entering deemed income of $250 or $500 a month on Form 2441 based on the income rules listed in the instructions under *If You or Your Spouse Was a Student or Disabled*, check this box . . . . . ☐

Part I Persons or Organizations Who Provided the Care - You **must** complete this part.

If you have more than three care providers, see the instructions and check this box . . . . . ☐

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Was the care provider your household employee in 2025? For example, this generally includes nannies but not daycare centers. (see instructions)	(e) Amount paid (see instructions)
YMCA CHILD CARE	3708 RUFFIN ROAD SAN DIEGO, CA 92123	95-2039198	☐ Yes ☒ No	800
			☐ Yes ☐ No	
			☐ Yes ☐ No	

Did you receive **dependent care benefits?**
- **No** — Complete only Part II below.
- **Yes** — Complete Part III on page 2 next.

Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040). If you incurred care expenses in 2025 but didn't pay them until 2026, or if you prepaid in 2025 for care to be provided in 2026, don't include these expenses in column (d) of line 2 for 2025. See the instructions.

Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s).** If you have more than three qualifying persons, see the instructions and check this box ☐

(a) Qualifying person's name First	Last	(b) Qualifying person's social security number	(c) Check here if the qualifying person was over age 12 and was disabled. (see instructions)	(d) Qualified expenses you incurred and paid in 2025 for the person listed in column (a)
KAYLAH	ALATORRE	869-25-0219	☐	400
SCARLETT	GONZALES	337-15-1671	☐	400
			☐	

3	Add the amounts in column (d) of line 2. **Don't** enter more than $3,000 if you had one qualifying person or $6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31	**3**	800
4	Enter your **earned income.** See instructions	**4**	60,272
5	If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others,** enter the amount from line 4	**5**	
6	Enter the **smallest** of line 3, 4, or 5	**6**	
7	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 . . . . **7** 70,850		
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7.		

If line 7 is: Over	But not over	Decimal amount is	If line 7 is: Over	But not over	Decimal amount is	If line 7 is: Over	But not over	Decimal amount is
$0-	15,000	.35	$25,000-	27,000	.29	$37,000-	39,000	.23
15,000-	17,000	.34	27,000-	29,000	.28	39,000-	41,000	.22
17,000-	19,000	.33	29,000-	31,000	.27	41,000-	43,000	.21
19,000-	21,000	.32	31,000-	33,000	.26	43,000-	No limit	.20
21,000-	23,000	.31	33,000-	35,000	.25			
23,000-	25,000	.30	35,000-	37,000	.24			

		8	X. 20
9a	Multiply line 6 by the decimal amount on line 8	**9a**	
b	If you paid 2024 expenses in 2025, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c	**9b**	
c	Add lines 9a and 9b and enter the result	**9c**	
10	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions **10** 4,248		
11	**Credit for child and dependent care expenses.** Enter the **smaller** of line 9c or line 10 here and on Schedule 3 (Form 1040), line 2	**11**	0

For Paperwork Reduction Act Notice, see your tax return instructions. Form **2441** (2025)

EEA

Part III Dependent Care Benefits

12	Enter the total amount of **dependent care benefits** you received in 2025. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. **Don't** include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership			12	400
13	Enter the amount, if any, you carried over from 2024 and used in 2025 during the grace period. See instructions			13	
14	Enter the amount, if any, you forfeited or carried forward to 2026. See instructions			14	( )
15	Combine lines 12 through 14. See instructions			15	400
16	Enter the total amount of **qualified expenses** incurred in 2025 for the care of the **qualifying person(s)**	16	800		
17	Enter the **smaller** of line 15 or 16	17	400		
18	Enter your **earned income.** See instructions	18	60,272		
19	Enter the amount shown below that applies to you. • If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18.	19			
20	Enter the **smallest** of line 17, 18, or 19. If zero or less, enter -0-	20			
21	Enter $5,000 ($2,500 if married filing separately **and** you were required to enter your spouse's earned income on line 19). However, don't enter more than the maximum amount allowed under your dependent care plan. See instructions	21	5,000		
22	Is any amount on line 12 or 13 from your sole proprietorship or partnership? ☒ **No.** Enter -0-. ☐ **Yes.** Enter the amount here			22	0
23	Subtract line 22 from line 15	23	400		
24	**Deductible benefits.** Enter the **smallest** of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions			24	0
25	**Excluded benefits.** If you checked "No" on line 22, enter the smaller of line 20 or line 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-			25	
26	**Taxable benefits.** Subtract line 25 from line 23. If zero or less, enter -0-. Also, enter this amount on Form 1040, 1040-SR, or 1040-NR, line 1e			26	400

To claim the child and dependent care credit, complete lines 27 through 31 below.

27	Enter $3,000 ($6,000 if two or more qualifying persons)	27	
28	Add lines 24 and 25	28	
29	Subtract line 28 from line 27. If zero or less, **stop**. You can't take the credit. **Exception.** If you paid 2024 expenses in 2025, see the instructions for line 9b	29	
30	Complete line 2 on page 1 of this form. **Don't** include in column (d) any benefits shown on line 28 above. Then, add the amounts in column (d) and enter the total here	30	
31	Enter the **smaller** of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11	31	

Form **8839**

Department of the Treasury
Internal Revenue Service

Qualified Adoption Expenses

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form8839* for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **38**

Name(s) shown on return: **EMILY MOBERLY & DENIS G VIEIRA**

Your social security number: **616-46-5760**

Part I **Information About Your Eligible Child or Children -** You **must** complete this part.
See instructions for details, including what to do if you need more space.

1	(a) Child's name First	Last	(b) Child's year of birth	Check if child was - (c) born **before 2008** and disabled	(d) a child with special needs	(e) a foreign child	(f) Child's identifying number	(g) Check if adoption became final in 2025 or earlier
Child 1	KAYLAH	MOBERLY	2013	☐	☐	☐	869-25-0219	☐
Child 2	SCARLETT	MOBERLY	2018	☐	☐	☐	337-15-1671	☐
Child 3				☐	☐	☐		☐

Caution: If the child was a foreign child, see ***Special rules*** in the instructions for line 1, column (e), before you complete Part II or Part III. If you received **employer-provided adoption benefits,** complete Part III on page 2 next.

Part II **Adoption Credit**

			Child 1	Child 2	Child 3		
2	Maximum adoption credit per child. Enter $17,280. See instructions	2	17,280	17,280			
3	Did you file Form 8839 for a prior year for the same child? ☐ **No.** Enter -0-. ☒ **Yes.** See instructions for the amount to enter	3	14,890	14,890			
4	Subtract line 3 from line 2	4	2,390	2,390			
5	**Qualified adoption expenses.** See instructions. **Caution:** Your qualified adoption expenses may not be equal to the adoption expenses you paid in 2025.	5					
6	Enter the **smaller** of line 4 or line 5	6					
7	Enter modified adjusted gross income. See instructions					7	70,850
8	Is line 7 more than $259,190? ☒ **No.** Skip lines 8 and 9, and enter -0- on line 10. ☐ **Yes.** Subtract $259,190 from line 7					8	
9	Divide line 8 by $40,000. Enter the result as a decimal (rounded to at least three places). Do not enter more than 1.000					9	X
10	Multiply each amount on line 6 by line 9	10					
11a	Subtract line 10 from line 6	11a					
b	Enter the smaller of the amount on line 11a or $5,000	11b					
c	Add the amounts on line 11b					11c	
12	Add the amounts on line 11a					12	
13	**Refundable adoption credit.** Enter the amount from line 11(c) here and on Form 1040, 1040-SR, or 1040-NR, line 30. If you are claiming an adoption credit for more than three children, see instructions. Continue to line 14					13	
14	Subtract line 13 from line 12. If zero or less, enter -0-					14	
15	Credit carryforward, if any, from prior years. See your Adoption Credit Carryforward Worksheet in the 2024 Form 8839 instructions					15	7,152
16	Add lines 14 and 15					16	7,152
17	Enter the amount from line 5 of the Credit Limit Worksheet in the instructions					17	3,048
18	**Nonrefundable adoption credit.** Enter the smaller of line 16 or line 17 here and on Schedule 3 (Form 1040), line 6c. If line 17 is smaller than line 16, you may have a credit carryforward. See instructions					18	3,048

For Paperwork Reduction Act Notice, see your tax return instructions. Form **8839** (2025) Created 9/2/25

EEA

SCHEDULE 8812 (Form 1040)

Department of the Treasury
Internal Revenue Service

Credits for Qualifying Children and Other Dependents

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

Go to *www.irs.gov/Schedule8812* for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **47**

Name(s) shown on return: **EMILY MOBERLY & DENIS G VIEIRA**

Your social security number: 616-46-5760

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11a of your Form 1040, 1040-SR, or 1040-NR			1	70,850
2a	Enter income from Puerto Rico that you excluded	2a			
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b			
c	Enter the amount from line 15 of your Form 4563	2c			
d	Add lines 2a through 2c			2d	
3	Add lines 1 and 2d			3	70,850
4	Number of qualifying children under age 17 with the required social security number	4	2		
5	Multiply line 4 by $2,200			5	4,400
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			
	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	4,400
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	
12	Is the amount on line 8 more than the amount on line 11?			12	4,400
	☐ **No. Stop here.** You cannot take the child tax credit, credit for other dependents, or additional child tax credit.				
	☒ **Yes.** Subtract line 11 from line 8. Enter the result.				
13	Enter the amount from **Credit Limit Worksheet A**			13	1,000
14	Enter the smaller of line 12 or line 13. **This is your child tax credit and credit for other dependents**			14	1,000
	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 or Form 1040-SR through line 27a (or Form 1040-NR through line 26) (also complete Schedule 3 (Form 1040), line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15	Reserved for future use			**15**	
16a	Subtract line 14 from line 12. If zero, **stop here;** you cannot take the additional child tax credit			**16a**	**3,400**
b	Number of qualifying children under age 17 with the required social security number: **2** x $1,700. Enter the result. If zero, **stop here**; you cannot claim the additional child tax credit			**16b**	**3,400**
	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**	**3,400**
18a	Earned income (see instructions)	**18a**	**60,672**		
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**	**58,172**		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result			**20**	**8,726**
	Next. On line 16b, is the amount $5,100 or more?				
	☒ **No.** If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the **smaller** of line 17 or line 20 on line 27.				
	☐ **Yes.** If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.				

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions	**21**			
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	**22**			
23	Add lines 21 and 22	**23**			
24	**1040 and 1040-SR filers:** Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11. **1040-NR filers:** Enter the amount from Schedule 3 (Form 1040), line 11.	**24**			
25	Subtract line 24 from line 23. If zero or less, enter -0-			**25**	
26	Enter the **larger** of line 20 or line 25			**26**	
	Next, enter the **smaller** of line 17 or line 26 on line 27.				

Part II-C Additional Child Tax Credit

27	**This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28**	**27**	**3,400**

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

2025

Attachment Sequence No. **54**

Name(s) shown on return

EMILY MOBERLY & DENIS G VIEIRA

Your social security number

616-46-5760

You **cannot** take this credit if **either** of the following applies.

CAUTION!

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11a, is more than $39,500 ($59,250 if head of household; $79,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral **(a)** was born after January 1, 2008; **(b)** is claimed as a dependent on someone else's 2025 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 2025. **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 2025 (see instructions)	2	3,947	
3	Add lines 1 and 2	3	3,947	
4	Certain distributions received **after** 2022 and **before** the due date (including extensions) of your 2025 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	3,947	
6	In each column, enter the **smaller** of line 5 or $2,000	6	2,000	
7	Add the amounts on line 6. If zero, **stop;** you can't take this credit	7		2,000
8	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11a*	8	70,850	
9	Enter the applicable decimal amount from the table below.	9	x	0.10

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
		THEN enter on line 9...		
	$23,750	0.5	0.5	0.5
$23,750	$25,500	0.5	0.5	0.2
$25,500	$35,625	0.5	0.5	0.1
$35,625	$38,250	0.5	0.2	0.1
$38,250	$39,500	0.5	0.1	0.1
$39,500	$47,500	0.5	0.1	0.0
$47,500	$51,000	0.2	0.1	0.0
$51,000	$59,250	0.1	0.1	0.0
$59,250	$79,000	0.1	0.0	0.0
$79,000	---	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	200
11	Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions	11	4,248
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	200

* See Pub. 590-A, Contributions to Individual Retirement Arrangements, for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, income from Puerto Rico, or income from American Samoa.

Form **8867**

(Rev. November 2024)

Department of the Treasury
Internal Revenue Service

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, or 1040-SS.

Go to *www.irs.gov/Form8867* for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **70**

Taxpayer name(s) shown on return	Taxpayer identification number
EMILY MOBERLY & DENIS G VIEIRA	616-46-5760
Preparer's name	**Preparer tax identification number**
ALEXANDRIA K ANTONIO EA	P01586953

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I–V for the benefit(s) claimed (check all that apply). ☐ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☐ HOH

		Yes	No	N/A
1	Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	☒	☐	
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	☒	☐	☐
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	☒	☐	
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If **"Yes,"** answer questions 4a and 4b. If **"No,"** go to question 5.)	☐	☒	
a	Did you make reasonable inquiries to determine the correct, complete, and consistent information?	☐	☐	
b	Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	☐	☐	
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	☒	☐	
	List those documents provided by the taxpayer, if any, that you relied on: Healthcare Statement			
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	☒	☐	
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? **(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)**	☒	☐	☐
a	Did you complete the required recertification Form 8862?	☐	☐	☐
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	☐	☐	☐

Part II **Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

		Yes	No	N/A
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? **(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)**	X		
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	X		
c	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	X		

Part III **Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

		Yes	No	N/A
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	X		
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	X		

Part IV **Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

		Yes	No
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?		

Part V **Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

		Yes	No
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?		

Part VI **Eligibility Certification**

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);

B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;

C. Submit Form 8867 in the manner required; **and**

D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention.*

1. A copy of this Form 8867.
2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

		Yes	No
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	X	

TAXABLE YEAR [redacted] FORM

2025 California Resident Income Tax Return 540

ATTACH FEDERAL RETURN

616-46-5760 MOBE 964-91-8411 25
EMILY MOBERLY
DENIS G VIEIRA

4880 CHARLES LEWIS WAY
SAN DIEGO CA 92102

05-08-1986 11-04-1991

Principal Residence

Enter your county at time of filing (see instructions)

SAN DIEGO

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

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

Street address (number and street) (If foreign address, see instructions.) | Apt. no/ste. no.

City | State | ZIP code

Filing Status

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

1 ☐ Single

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

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

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

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

See instructions.

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

Exemptions

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

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 2 X $153 = $ 306

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

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

Your name: EMILY MOBERLY & D Your SSN or ITIN: 616465760

Exemptions

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

	Dependent 1	Dependent 2	Dependent 3
First Name	KAYLAH M	SCARLETT R	
Last Name	ALATORRE	GONZALES	
SSN. See instructions.	869250219	337151671	
Dependent's relationship to you	DAUGHTER	DAUGHTER	

Total dependent exemptions . . . . . 10 2 X $475 = $ 950

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 . . . . . 11 $ 1256

Taxable Income

12	State wages from your federal Form(s) W-2, box 16	12	60272 .00
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11b	13	70850 .00
14	California adjustments - subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B	14	9404 .00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15	61446 .00
16	California adjustments - additions. Enter the amount from Schedule CA (540), Part I, line 27, column C	16	.00
17	California adjusted gross income. Combine line 15 and line 16	17	61446 .00
18	Enter the **larger** of { Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR** Your California **standard deduction** shown below for your filing status: • Single or Married/RDP filing separately . . . . . $5,706 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP . . $11,412 } If Married/RDP filing separately or the box on line 6 is checked, **STOP.** See instructions . .	18	11412 .00
19	Subtract line 18 from line 17. This is your **taxable income.** If less than zero, enter -0-	19	50034 .00

Tax

31	Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule [ ] FTB 3800 [ ] FTB 3803	31	778 .00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than $252,203, see instructions	32	1256 .00
33	Subtract line 32 from line 31. If less than zero, enter -0-	33	0 .00
34	Tax. See instructions. Check the box if from: [ ] Schedule G-1 [ ] FTB 5870A	34	.00
35	Add line 33 and line 34	35	0 .00

Special Credits

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions	40	.00
43	Enter credit name [ ] code [ ] and amount . .	43	.00
44	Enter credit name [ ] code [ ] and amount . .	44	.00

Your name: EMILY MOBERLY & D Your SSN or ITIN: 616465760

Special Credits

45	To claim more than two credits, see instructions. Attach Schedule P (540)	45		.00
46	Nonrefundable Renter's Credit. See instructions	46		.00
47	Add line 40 through line 46. These are your total credits	47	0	.00
48	Subtract line 47 from line 35. If less than zero, enter -0-	48	0	.00

Other Taxes

61	Alternative Minimum Tax. Attach Schedule P (540)	61		.00
62	Behavioral Health Services Tax. See instructions	62		.00
63	Other taxes and credit recapture. See instructions	63		.00
64	Add line 48, line 61, line 62, and line 63. This is your total tax	64	0	.00

Payments

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

Use Tax

91 **Use Tax.** Do not leave blank. See instructions • 91 .00

If line 91 is zero, check if: ⊙ [X] No use tax is owed. ⊙ [ ] You paid your use tax obligation directly to CDTFA.

ISR Penalty

92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. If you did not check the box, see instructions • [X]

Individual Shared Responsibility (ISR) Penalty. See instructions • 92 .00

Overpaid Tax/Tax Due

93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	93		.00
94	**Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91	94		.00
95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93	95		.00
96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92	96		.00
97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95	97		.00

Your name: EMILY MOBERLY & D Your SSN or ITIN: 616465760

Overpaid Tax/Tax Due

98	Amount of line 97 you want applied to your **2026** estimated tax	**98**		.00
99	Overpaid tax available this year. Subtract line 98 from line 97	**99**		.00
100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	**100**		.00

Contributions

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

Your name: EMILY MOBERLY & D Your SSN or ITIN: 616465760

Amount You Owe

111 **AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001**
Pay Online - Go to **ftb.ca.gov/pay** for more information. . . . **111** .00

Interest and Penalties

112 Interest, late return penalties, and late payment penalties . . . . . **112** .00

113 Underpayment of estimated tax.
Check the box: ☐ **FTB 5805 attached** ☐ **FTB 5805F attached** . . . . . **113** .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment . . . . . **114** .00

115 **REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** . . **115** .00

Refund and Direct Deposit

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

Routing number | Type: ☐ Checking ☐ Savings | Account number | **116** Direct deposit amount .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Routing number | Type: ☐ Checking ☐ Savings | Account number | **117** Direct deposit amount .00

Voter Info.

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

Health Care Coverage Info.

Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions . . . . . ◉ ☐ Yes ☒ No

Organ Donor Election

By checking the applicable box you authorize written consent for Donate Life California to enroll you in the Donate Life California Organ and Tissue Donor Registry, and for the Franchise Tax Board to share limited information from your tax return with Donate Life California.

If your individual information has changed since the last time you filed a tax return, and are already registered with Donate Life California, re-checking the box will send your most updated individual information to Donate Life California. If you do not check the box, Donate Life California will not enroll you in the registry at this time.
To remove your name from the registry contact Donate Life California directly. For more information, see the Consent Language in the instructions.

◉ ☐ Primary taxpayer
◉ ☐ Spouse/RDP (if joint tax return)

Sign your tax return on Side 6

Your name: EMILY MOBERLY & D Your SSN or ITIN: 616465760

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

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

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature	Date	Spouse's/RDP's signature (if a joint tax return, both must sign)
EMILY MOBERLY		DENIS G VIEIRA

Sign Here

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

Joint tax return? See instructions.

Your email address. Enter only one email address.

Preferred phone number

Print paid preparer's name: ALEXANDRIA K ANTONIO EA

Paid preparer's phone number: 818-654-9980

Paid preparer's signature **(declaration of preparer is based on all information of which preparer has any knowledge)**: ALEXANDRIA K ANTONIO EA

Firm's name (or yours, if self-employed): AKA TAXES

PTIN: P01586953

Firm's address: 6355 TOPANGA CYN BLVD STE 523 WOODLAND HILLS, CA 91367

Firm's FEIN: 821947779

Do you want to allow another person to discuss this tax return with us? See instructions . . . . [X] Yes [ ] No

Print Third Party Designee's Name	Telephone Number
ALEXANDRIA K ANTONIO EA	818-654-9980

TAXABLE YEAR [redacted] SCHEDULE

2025 California Adjustments - Residents CA (540)

Important: Attach this schedule behind Form 540, Side 6 as a supporting California schedule.

Name(s) as shown on tax return: EMILY MOBERLY & DENIS G VIEIRA

SSN or ITIN: 616-46-5760

Part I Income Adjustment Schedule
Section A - Income from federal Form 1040 or 1040-SR

		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
1 a	Total amount from federal Form(s) W-2, box 1. See instructions 1a	60272		
b	Household employee wages not reported on federal Form(s) W-2 1b			
c	Tip income not reported on line 1a 1c			
d	Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d			
e	Taxable dependent care benefits from federal Form 2441, line 26 1e	400		
f	Employer-provided adoption benefits from federal Form 8839, line 29 1f			
g	Wages from federal Form 8919, line 6 1g			
h	Other earned income. See inst. Enter type & amount _____ 1h			
i	Nontaxable combat pay election. See instructions 1i			
z	Add line 1a through line 1i 1z	60672		
2	Taxable interest. a _____ 2b	774		
3	Ordinary dividends. See instructions. a _____ 3b			
4	IRA distributions. See instructions. a _____ 4b			
5	Pensions and annuities. See instructions a _____ 5b			
6	Social security benefits a _____ 6b			
7 a	Capital gain or (loss). See instructions 7a			

Section B - Additional Income from federal Schedule 1 (Form 1040)

1	Taxable refunds, credits, or offsets of state and local income taxes 1	3104	3104	
2 a	Alimony received. b Date of original divorce or separation agreement. See instr. _____ 2a			
3	Business income or (loss). See instructions 3			
4	Other gains or (losses) 4			
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc 5			
6	Farm income or (loss) 6			
7	Unemployment compensation 7	6300	6300	

Section B - Additional Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 Other income:				
a Federal net operating loss	8a	( )		
b Gambling	8b			
c Cancellation of debt	8c			
d Foreign earned income exclusion from federal Form 2555	8d	( )		
e Income from federal Form 8853	8e			
f Income from federal Form 8889	8f			
g Alaska Permanent Fund dividends	8g			
h Jury duty pay	8h			
i Prizes and awards	8i			
j Activity not engaged in for profit income	8j			
k Stock options	8k			
l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l			
m Olympic and Paralympic medals and USOC prize money	8m			
n IRC Section 951(a) inclusion	8n			
o IRC Section 951A(a) inclusion	8o			
p IRC Section 461(l) excess business loss adjustment	8p			
q Taxable distributions from an ABLE account	8q			
r Scholarship and fellowship grants not reported on federal Form(s) W-2	8r			
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line1a or line 1d	8s	( )		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan	8t			
u Wages earned while incarcerated	8u			
v Digital assets received as ordinary income not reported elsewhere	8v			
z Other income. List type and amount.	8z			

Section B - Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
9 a Total other income. Add line 8a through line 8z 9a			
b1 Disaster loss deduction from form FTB 3805V 9b1			
b2 NOL deduction from form FTB 3805V 9b2			
b3 NOL deduction from form FTB 3805Z, FTB 3807, or FTB 3809 9b3			
10 **Total.** Add Section A, line 1z through line 7a, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7a, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions 10	70850	9404	

Section C - Adjustments to Income

from federal Schedule 1 (Form 1040)

11 Educator expenses 11			
12 Certain business expenses of reservists, performing artists, and fee-basis government officials 12			
13 Health savings account deduction 13			
14 Moving expenses. Attach form FTB 3913. See instructions 14			
15 Deductible part of self-employment tax. See instructions 15			
16 Self-employed SEP, SIMPLE, and qualified plans 16			
17 Self-employed health insurance deduction. See instructions 17			
18 Penalty on early withdrawal of savings 18			
19 a Alimony paid 19a			
b Recipient's: SSN			
Last Name			
c Date of original divorce or separation agreement. See instr.			
20 IRA deduction 20			
21 Student loan interest deduction 21			
22 Reserved for future use 22			
23 Archer MSA deduction 23			

Section C - Adjustments to Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24 Other adjustments:				
a Jury duty pay	24a			
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b			
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c			
d Reforestation amortization and expenses	24d			
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974	24e			
f Contributions to IRC Section 501(c)(18)(D) pension plans	24f			
g Contributions by certain chaplains to IRC Section 403(b) plans	24g			
h Attorney fees and court costs for actions involving certain unlawful discrimination claims	24h			
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i			
j Housing deduction from federal Form 2555	24j			
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)	24k			
z Other adjustments. List type and amount.	24z			
25 Total other adjustments. Add line 24a through line 24z	25			
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions	26			
27 **Total.** Subtract line 26 from line 10 in columns A, B, and C. See instructions	27	70850	9404	

Part II Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California . . . . . ☐

		A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.				
1 Medical and dental expenses .	1			
Enter amount from federal Form 1040 or 1040-SR, line 11b	2	70850		
3 Multiply line 2 by 7.5% (0.075) .	3	5314		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0	4			
Taxes You Paid				
5 a State and local income tax or general sales taxes	5a	1124	1124	
b State and local real estate taxes	5b	2498		
c State and local personal property taxes	5c			
d Add line 5a through line 5c	5d	3622		
e Enter the smaller of line 5d or $40,000 ($20,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C	5e	3622	1124	
6 Other taxes. List type	6			
7 Add line 5e and line 6	7	3622	1124	
Interest You Paid				
8 a Home mortgage interest and points reported to you on federal Form 1098	8a	3410		
b Home mortgage interest not reported to you on federal Form 1098	8b			
c Points not reported to you on federal Form 1098	8c			
d Reserved for future use	8d			
e Add line 8a through line 8c	8e	3410		
9 Investment interest	9			
10 Add line 8e and line 9	10	3410		

Part II Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Gifts to Charity			
11 Gifts by cash or check 11			
12 Other than by cash or check 12			
13 Carryover from prior year 13			
14 Add line 11 through line 13 14			
Casualty and Theft Losses			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . . 15			
Other Itemized Deductions			
16 Other-from list in federal instructions 16			
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C 17	7032	1124	

18 Total. Combine line 17 column A less column B plus column C 18 5908

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions 19 1500

20 Tax preparation fees 20 385

21 Other expenses: investment, safe deposit box, etc. List type 21

22 Add line 19 through line 21 . . . . . 22 1885

23 Enter amount from federal Form 1040 or 1040-SR, line 11b 70850

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0 . . . . . 24 1417

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0 . . . . . 25 468

26 **Total Itemized Deductions.** Add line 18 and line 25 . . . . . 26 6376

27 Other adjustments. See instructions. Specify. 27

28 Combine line 26 and line 27 . . . . . 28 6376

29 **Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?**

Single or married/RDP filing separately **$252,203**
Head of household **$378,310**
Married/RDP filing jointly or qualifying surviving spouse/RDP **$504,411**

No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29 . . . . . 29 6376

30 **Enter the larger of the amount on line 29 or your standard deduction shown below:**

Single or married/RDP filing separately. See instructions **$5,706**
Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP . . **$11,412**

Transfer the amount on line 30 to Form 540, line 18 . . . . . 30 11412

Form **2106**

Department of the Treasury
Internal Revenue Service

Employee Business Expenses

(for use only by Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and employees with impairment-related work expenses)

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form2106* for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **129**

Your name	Occupation in which you incurred expenses	**Social security number**
EMILY MOBERLY	MARKETING DEPT	616-46-5760

Part I Employee Business Expenses and Reimbursements

Step 1 Enter Your Expenses

			Column A Other Than Meals	**Column B** Meals
1	Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)	**1**		
2	Parking fees, tolls, and transportation, including trains, buses, etc., that **didn't** involve overnight travel or commuting to and from work	**2**		
3	Travel expense while away from home overnight, including lodging, airfare, car rental, etc. **Don't** include meals	**3**		
4	Business expenses not included on lines 1 through 3. **Don't** include meals	**4**	1,500	
5	Meals expenses (see instructions)	**5**		
6	**Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	**6**	1,500	

Note: If you weren't reimbursed for any expenses in Step 1, skip line 7 and enter the amounts from line 6 on line 8.

Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1

7	**Reimbursements** received from employer. **Include reimbursements** reported on Form W-2, box 12, code "L." Do not include amounts reported on Form W-2, box 1. (See instructions.)	**7**		

Step 3 Figure Expenses To Deduct

8	Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form1040, 1040-SR, or 1040-NR, line 1a	**8**	1,500	
	Note: If **both columns** of line 8 are zero, you can't deduct employee business expenses. Stop here and attach Form 2106 to your return.			
9	In Column A, enter the amount from line 8. In Column B, see the instructions for the amount to enter	**9**	1,500	
10	Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule 1 (Form 1040), line 12. Employees with impairment-related work expenses, see the instructions for rules on where to enter the total on your return	**10**		1,500

For Paperwork Reduction Act Notice, see your tax return instructions. Form **2106** (2025) Created 3/27/25

EEA

Part II Vehicle Expenses

Section A - General Information (You must complete this section if you are claiming vehicle expenses.)

			(a) Vehicle 1	(b) Vehicle 2
11	Enter the date the vehicle was placed in service	11	02-01-2012	00-00-0000
12	Total miles the vehicle was driven during 2025	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles
18	Was your vehicle available for personal use during off-duty hours?		X Yes ☐ No	
19	Do you (or your spouse) have another vehicle available for personal use?		☐ Yes X No	
20	Do you have evidence to support your deduction?		X Yes ☐ No	
21	If "Yes," is the evidence written?		X Yes ☐ No	

Section B - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 70¢ (0.70). Enter the result here and on line 1	22	

Section C - Actual Expenses

			(a) Vehicle 1	(b) Vehicle 2
23	Gasoline, oil, repairs, vehicle insurance, etc	23		
24a	Vehicle rentals	24a		
b	Inclusion amount (see instructions)	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2 - see instructions)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation (see instructions)	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle 1	(b) Vehicle 2
30	Enter cost or other basis (see instructions)	30		
31	Enter section 179 deduction and special allowance (see instructions)	31		
32	Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage (see instructions)	33		
34	Multiply line 32 by the percentage on line 33 (see instructions)	34		
35	Add lines 31 and 34	35		
36	Enter the applicable limit explained in the line 36 instructions	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

TAXABLE YEAR [redacted] CALIFORNIA SCHEDULE

2025 **Wage and Tax Statement** **W-2**

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

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

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

W-2 Information

a. Employee's social security number*: 964918411

c. Employer's name: STARFALL EDUCATION FOUNDATION

b. Employer identification number (EIN): 464463460

Employer's address: 4900 NAUTILUS CT N 100

City: BOULDER State: CO ZIP code: 80301-3251

e. Employee's first name*: EMILY Initial*: Last name*: MOBERLY Suffix*:

f. Employee's address*: 4880 CHARLES LEWIS WAY

City*: SAN DIEGO State*: CA ZIP code*: 92102

1. Wages, tips, other compensation	60272	**4.** Social security tax withheld	3982	**8.** Allocated tips (not included in box 1)	
2. Federal income tax withheld	2158	**6.** Medicare tax withheld	931	**10.** Dependent care benefits	400
3. Social security wages	64219	**7.** Social security tips		**11.** Nonqualified plans	

12. Codes and amounts

	Code	Amount		Code	Amount
12a.	C	36	**12c.**	DD	7404
12b.	D	3947	**12d.**		

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

[ ] Statutory employee [X] Retirement plan [ ] Third-party sick pay

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

Type: CASDI Amount: 771

16. State wages, tips, etc.: 60272

15. State and employer's state ID number

State: CA Employer's state ID number: 44802429

17. State income tax:

Franchise Tax Board Privacy Notice on Collection

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

Copy B—To Be Filed With Employee's FEDERAL Tax Return. OMB No. 1545-0029

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
616-46-5760	60272.18	2158.35
	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN)	64219.04	3981.58
541500263	5 Medicare wages and tips	6 Medicare tax withheld
	64219.04	931.18

c Employer's name, address, and ZIP code
ICF Resources, LLC
1902 Reston Metro Plaza
Reston, VA 20190

d Control number

e Employee's name, address, and ZIP code
Emily E Moberly
4880 Charles Lewis Way
San Diego, CA 92102

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits: 400.00	11 Nonqualified plans	12a Code See inst. for box 12: C 35.53
13 Statutory employee:	14 Other: 14U 300.00; CASDI 770.63	12b Code: D 3946.86
Retirement plan: X		12c Code: DD 7403.73
Third-party sick pay:		12d Code:

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
CA	448-0242-9	60272.18	

18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2025 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. 1545-0029

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
616-46-5760	60272.18	2158.35
	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN)	64219.04	3981.58
541500263	5 Medicare wages and tips	6 Medicare tax withheld
	64219.04	931.18

c Employer's name, address, and ZIP code
ICF Resources, LLC
1902 Reston Metro Plaza
Reston, VA 20190

d Control number

e Employee's name, address, and ZIP code
Emily E Moberly
4880 Charles Lewis Way
San Diego, CA 92102

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits: 400.00	11 Nonqualified plans	12a Code: C 35.53
13 Statutory employee:	14 Other: 14U 300.00; CASDI 770.63	12b Code: D 3946.86
Retirement plan: X		12c Code: DD 7403.73
Third-party sick pay:		12d Code:

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
CA	448-0242-9	60272.18	

18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2025 Dept. of the Treasury - IRS

Copy C—For EMPLOYEE'S RECORDS (See *Notice to Employee* on the back of Copy B.) OMB No. 1545-0029

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
616-46-5760	60272.18	2158.35
	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN)	64219.04	3981.58
541500263	5 Medicare wages and tips	6 Medicare tax withheld
	64219.04	931.18

c Employer's name, address, and ZIP code
ICF Resources, LLC
1902 Reston Metro Plaza
Reston, VA 20190

d Control number

e Employee's name, address, and ZIP code
Emily E Moberly
4880 Charles Lewis Way
San Diego, CA 92102

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits: 400.00	11 Nonqualified plans	12a Code See inst. for box 12: C 35.53
13 Statutory employee:	14 Other: 14U 300.00; CASDI 770.63	12b Code: D 3946.86
Retirement plan: X		12c Code: DD 7403.73
Third-party sick pay:		12d Code:

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
CA	448-0242-9	60272.18	

18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2025 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. 1545-0029

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
616-46-5760	60272.18	2158.35
	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN)	64219.04	3981.58
541500263	5 Medicare wages and tips	6 Medicare tax withheld
	64219.04	931.18

c Employer's name, address, and ZIP code
ICF Resources, LLC
1902 Reston Metro Plaza
Reston, VA 20190

d Control number

e Employee's name, address, and ZIP code
Emily E Moberly
4880 Charles Lewis Way
San Diego, CA 92102

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits: 400.00	11 Nonqualified plans	12a Code: C 35.53
13 Statutory employee:	14 Other: 14U 300.00; CASDI 770.63	12b Code: D 3946.86
Retirement plan: X		12c Code: DD 7403.73
Third-party sick pay:		12d Code:

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
CA	448-0242-9	60272.18	

18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2025 Dept. of the Treasury - IRS

BW24UP NTF 2587011 5 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.

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 2025 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 2025 or if income is earned for services provided while you were an inmate at a penal institution. For 2025 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 2025 and more than $10,918.20 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 $6,409.20 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 $23,500 (Generally, $16,500 for SIMPLE plans; $26,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to $23,500. 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 2025, your employer may have allowed an additional elective deferral or designated Roth contribution (catch-up contribution) to your plan. For information about the limits on these catch-up contributions, including the higher limit if you were age 60 through 63 as of December 31, 2025, see Pub. 525. 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 (this includes elective deferrals made to a Roth SEP IRA)

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 (this includes salary reduction contributions made to a Roth SIMPLE IRA)

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.

FOR TAX YEAR 2024

EMILY MOBERLY

AKA TAXES

6355 TOPANGA CYN BLVD STE 523

WOODLAND HILLS, CA 91367

(818)654-9980

Form **1040** Department of the Treasury-Internal Revenue Service **U.S. Individual Income Tax Return** **2024** OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

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

Your first name and middle initial	Last name	Your social security number
EMILY	MOBERLY	[redacted]
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.
4880 CHARLES LEWIS WAY

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
SAN DIEGO	CA	92102

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 if qualifies for (see instructions): Child tax credit	Credit for other dependents
KAYLAH	ALATORRE	[redacted]	DAUGHTER	☒	☐
SCARLETT	GONZALES	[redacted]	DAUGHTER	☒	☐
				☐	☐
				☐	☐

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	63,874
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	63,874
2a	Tax-exempt interest	2a		b Taxable interest	2b	1,330
3a	Qualified dividends	3a	6	b Ordinary dividends	3b	16
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	268
8	Additional income from Schedule 1, line 10				8	12,438
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	77,926
10	Adjustments to income from Schedule 1, line 26				10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	77,926
12	**Standard deduction or itemized deductions** (from Schedule A)				12	26,829
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	
14	Add lines 12 and 13				14	26,829
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	51,097

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)
EEA

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐		16	5,768
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	5,768
	19	Child tax credit or credit for other dependents from Schedule 8812		19	600
	20	Amount from Schedule 3, line 8		20	5,168
	21	Add lines 19 and 20		21	5,768
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	0
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	
	24	Add lines 22 and 23. This is your **total tax**		24	0
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a 9,033		
	b	Form(s) 1099	25b 1,170		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	10,203
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 3,400		
	29	American opportunity credit from Form 8863, line 8	29		
	30	Reserved for future use	30		
	31	Amount from Schedule 3, line 15	31 0		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**		32	3,400
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	13,603
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	13,603
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐		35a	13,603
Direct deposit? See instructions.	b	Routing number 322271627 **c** Type: ☒ Checking ☐ Savings			
	d	Account number [redacted]			
	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	0
	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 **ALEXANDRIA K ANTONIO EA** Phone no. **818-654-9980** Personal identification number (PIN) **91367**

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.)
16342	03-24-2025	MARKETING DEPT	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's signature	Date	PTIN	Check if:
ALEXANDRIA K ANTONIO EA		P01586953	☒ Self-employed
Preparer's name **ALEXANDRIA K ANTONIO EA**	Phone no. **818-654-9980**		
Firm's name **AKA TAXES**			
Firm's address **6355 TOPANGA CYN BLVD STE 523 WOODLAND HILLS, CA 91367**		Firm's EIN **82-1947779**	

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

EMILY MOBERLY

Your social security number [redacted]

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**	738
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**	11,700
8	Other income:				
a	Net operating loss	**8a**	( )		
b	Gambling	**8b**			
c	Cancellation of debt	**8c**			
d	Foreign earned income exclusion from Form 2555	**8d**	( )		
e	Income from Form 8853	**8e**			
f	Income from Form 8889	**8f**			
g	Alaska Permanent Fund dividends	**8g**			
h	Jury duty pay	**8h**			
i	Prizes and awards	**8i**			
j	Activity not engaged in for profit income	**8j**			
k	Stock options	**8k**			
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	**8l**			
m	Olympic and Paralympic medals and USOC prize money (see instructions)	**8m**			
n	Section 951(a) inclusion (see instructions)	**8n**			
o	Section 951A(a) inclusion (see instructions)	**8o**			
p	Section 461(l) excess business loss adjustment	**8p**			
q	Taxable distributions from an ABLE account (see instructions)	**8q**			
r	Scholarship and fellowship grants not reported on Form W-2	**8r**			
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	**8s**	( )		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	**8t**			
u	Wages earned while incarcerated	**8u**			
v	Digital assets received as ordinary income not reported elsewhere. See instructions	**8v**			
z	Other income. List type and amount:	**8z**			
9	Total other income. Add lines 8a through 8z			**9**	
10	Combine lines 1 through 7 and 9. This is your **additional income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			**10**	12,438

For Paperwork Reduction Act Notice, see your tax return instructions. **Schedule 1 (Form 1040) 2024**

EEA

Part II Adjustments to Income

11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
c	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
a	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b			
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d			
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i			
j	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k			
z	Other adjustments. List type and amount:	24z			
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your **adjustments to income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10			26	0

SCHEDULE 3
(Form 1040)
Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074
2024
Attachment Sequence No. **03**

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

Your social security number
6[redacted]

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441			2	338
3	Education credits from Form 8863, line 19			3	
4	Retirement savings contributions credit. Attach Form 8880			4	
5a	Residential clean energy credit from Form 5695, line 15			5a	
b	Energy efficient home improvement credit from Form 5695, line 32			5b	
6	Other nonrefundable credits:				
a	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
c	Adoption credit. Attach Form 8839	6c	4,830		
d	Credit for the elderly or disabled. Attach Schedule R	6d			
e	Reserved for future use	6e			
f	Clean vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
l	Amount on Form 8978, line 14. See instructions	6l			
m	Credit for previously owned clean vehicles. Attach Form 8936	6m			
z	Other nonrefundable credits. List type and amount: _____	6z			
7	Total other nonrefundable credits. Add lines 6a through 6z			7	4,830
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20			8	5,168

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962			9	0
10	Amount paid with request for extension to file (see instructions)			10	
11	Excess social security and tier 1 RRTA tax withheld			11	
12	Credit for federal tax on fuels. Attach Form 4136			12	
13	Other payments or refundable credits:				
a	Form 2439	13a			
b	Section 1341 credit for repayment of amounts included in income from earlier years	13b			
c	Net elective payment election amount from Form 3800, Part III, line 6, column (j)	13c			
d	Deferred amount of net 965 tax liability (see instructions)	13d			
z	Other refundable credits (see instructions): _____	13z			
14	Total other payments or refundable credits. Add lines 13a through 13z			14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31			15	0

For Paperwork Reduction Act Notice, see your tax return instructions.
Schedule 3 (Form 1040) 2024
EEA

SCHEDULE A (Form 1040)

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.

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

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2024

Attachment Sequence No. **07**

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

EMILY MOBERLY

Your social security number [redacted]

Medical and Dental Expenses		**Caution:** Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions)	1		
	2	Enter amount from Form 1040 or 1040-SR, line 11	2		
	3	Multiply line 2 by 7.5% (0.075)	3		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4
Taxes You Paid	5	State and local taxes.			
	a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☐	5a	4,145	
	b	State and local real estate taxes (see instructions)	5b	5,289	
	c	State and local personal property taxes	5c	270	
	d	Add lines 5a through 5c	5d	9,704	
	e	Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately)	5e	9,704	
	6	Other taxes. List type and amount:	6		
	7	Add lines 5e and 6			7 9,704
Interest You Paid	8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐			
Caution: Your mortgage interest deduction may be limited. See instructions.	a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	9,646	
	b	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8b		
	c	Points not reported to you on Form 1098. See instructions for special rules	8c		
	d	Reserved for future use	8d		
	e	Add lines 8a through 8c	8e	9,646	
	9	Investment interest. Attach Form 4952 if required. See instructions	9		
	10	Add lines 8e and 9			10 9,646
Gifts to Charity	11	Gifts by cash or check. If you made any gift of $250 or more, see instructions	11	469	
Caution: If you made a gift and got a benefit for it, see instructions.	12	Other than by cash or check. If you made any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500	12	7,010	
	13	Carryover from prior year	13		
	14	Add lines 11 through 13			14 7,479
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions			15
Other Itemized Deductions	16	Other - from list in instructions. List type and amount:			16
Total Itemized Deductions	17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12			17 26,829
	18	If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐			

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1040, 1040-SR, or 1040-NR.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to *www.irs.gov/ScheduleD* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **12**

Name(s) shown on return

Your social security number

EMILY MOBERLY [redacted]

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ **Yes** ☒ **No**
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked	**88**	**84**		**4**
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked				

4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	**4**	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**5**	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** in the instructions	**6**	( )
7 **Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2	**7**	**4**

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked	**1,215**	**952**	**1**	**264**
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked				
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked				

11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	**11**	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**12**	
13 Capital gain distributions. See the instructions	**13**	
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	**14**	( )
15 **Net long-term capital gain or (loss).** Combine lines 8a through 14 in column (h). Then, go to Part III on page 2	**15**	**264**

Part III Summary

16 Combine lines 7 and 15 and enter the result **16** **268**

- If line 16 is a **gain,** enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.
- If line 16 is a **loss,** skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.
- If line 16 is **zero,** skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.

17 Are lines 15 and 16 **both** gains?

- [X] **Yes.** Go to line 18.
- [ ] **No.** Skip lines 18 through 21, and go to line 22.

18 If you are required to complete the **28% Rate Gain Worksheet** (see instructions), enter the amount, if any, from line 7 of that worksheet **18**

19 If you are required to complete the **Unrecaptured Section 1250 Gain Worksheet** (see instructions), enter the amount, if any, from line 18 of that worksheet **19**

20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?

- [X] **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16. **Don't** complete lines 21 and 22 below.
- [ ] **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the **smaller** of:

- The loss on line 16; or
- ($3,000), or if married filing separately, ($1,500)

. . . . . **21** ( )

Note: When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?

- [ ] **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16.
- [ ] **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.

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
000159 LOSA/KGR	000675		T

c Employer's name, address, and ZIP code

STARFALL EDUCATION FOUNDATION
4900 NAUTILUS CT N #100
BOULDER CO 80301-3251

Batch #01569

e/f Employee's name, address, and ZIP code

EMILY MOBERLY
4880 CHARLES LEWIS WAY
SAN DIEGO CA 92102

b Employer's FED ID number	a Employee's SSA number
46-4463460	XXX-XX-5760

1 Wages, tips, other comp. 63873.92	2 Federal income tax withheld 9032.91
3 Social security wages 63873.92	4 Social security tax withheld 3960.18
5 Medicare wages and tips 63873.92	6 Medicare tax withheld 926.17
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 DD 1079.40
14 Other 702.61 SDI	12b 12c 12d
	13 Stat emp. / Ret. plan / 3rd party sick pay

15 State	Employer's state ID no.	16 State wages, tips, etc.
CA	048-1064 4	63873.92
17 State income tax 3442.09		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	CA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	63,873.92	63,873.92	63,873.92	63,873.92
Reported W-2 Wages	**63,873.92**	**63,873.92**	**63,873.92**	**63,873.92**

2. Employee Name and Address.

EMILY MOBERLY
4880 CHARLES LEWIS WAY
SAN DIEGO CA 92102

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1 Wages, tips, other comp. 63873.92 | 2 Federal income tax withheld 9032.91
3 Social security wages 63873.92 | 4 Social security tax withheld 3960.18
5 Medicare wages and tips 63873.92 | 6 Medicare tax withheld 926.17
d Control number 000159 LOSA/KGR | Dept. 000675 | Corp. | Employer use only T
c Employer's name, address, and ZIP code
STARFALL EDUCATION FOUNDATION
4900 NAUTILUS CT N #100
BOULDER CO 80301-3251
b Employer's FED ID number 46-4463460 | a Employee's SSA number XXX-XX-5760
7 Social security tips | 8 Allocated tips
9 | 10 Dependent care benefits
11 Nonqualified plans | 12a See instructions for box 12 DD 1079.40
14 Other 702.61 SDI | 12b | 12c | 12d
13 Stat emp. | Ret. plan | 3rd party sick pay
e/f Employee's name, address and ZIP code
EMILY MOBERLY
4880 CHARLES LEWIS WAY
SAN DIEGO CA 92102
15 State CA | Employer's state ID no. 048-1064 4 | 16 State wages, tips, etc. 63873.92
17 State income tax 3442.09 | 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. 63873.92 | 2 Federal income tax withheld 9032.91
3 Social security wages 63873.92 | 4 Social security tax withheld 3960.18
5 Medicare wages and tips 63873.92 | 6 Medicare tax withheld 926.17
d Control number 000159 LOSA/KGR | Dept. 000675 | Corp. | Employer use only T
c Employer's name, address, and ZIP code
STARFALL EDUCATION FOUNDATION
4900 NAUTILUS CT N #100
BOULDER CO 80301-3251
b Employer's FED ID number 46-4463460 | a Employee's SSA number XXX-XX-5760
7 Social security tips | 8 Allocated tips
9 | 10 Dependent care benefits
11 Nonqualified plans | 12a DD 1079.40
14 Other 702.61 CA SDI | 12b | 12c | 12d
13 Stat emp. | Ret. plan | 3rd party sick pay
e/f Employee's name, address and ZIP code
EMILY MOBERLY
4880 CHARLES LEWIS WAY
SAN DIEGO CA 92102
15 State CA | Employer's state ID no. 048-1064 4 | 16 State wages, tips, etc. 63873.92
17 State income tax 3442.09 | 18 Local wages, tips, etc.
19 Local income tax | 20 Locality name

CA.State Reference Copy

W-2 Wage and Tax Statement **2024**

OMB No. 1545-0008

Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 63873.92 | 2 Federal income tax withheld 9032.91
3 Social security wages 63873.92 | 4 Social security tax withheld 3960.18
5 Medicare wages and tips 63873.92 | 6 Medicare tax withheld 926.17
d Control number 000159 LOSA/KGR | Dept. 000675 | Corp. | Employer use only T
c Employer's name, address, and ZIP code
STARFALL EDUCATION FOUNDATION
4900 NAUTILUS CT N #100
BOULDER CO 80301-3251
b Employer's FED ID number 46-4463460 | a Employee's SSA number XXX-XX-5760
7 Social security tips | 8 Allocated tips
9 | 10 Dependent care benefits
11 Nonqualified plans | 12a DD 1079.40
14 Other 702.61 CA SDI | 12b | 12c | 12d
13 Stat emp. | Ret. plan | 3rd party sick pay
e/f Employee's name, address and ZIP code
EMILY MOBERLY
4880 CHARLES LEWIS WAY
SAN DIEGO CA 92102
15 State CA | Employer's state ID no. 048-1064 4 | 16 State wages, tips, etc. 63873.92
17 State income tax 3442.09 | 18 Local wages, tips, etc.
19 Local income tax | 20 Locality name

CA.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.

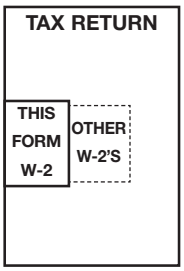
Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings 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

Form **1040** Department of the Treasury-Internal Revenue Service **U.S. Individual Income Tax Return** **2023** OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____ See separate instructions.

Your first name and middle initial	Last name	Your social security number
EMILY	MOBERLY	616-46-5760
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.
4880 CHARLES LEWIS WAY

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
SAN DIEGO CA 92102

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 if qualifies for (see instructions): Child tax credit	Credit for other dependents
KAYLAH	ALATORRE	869-25-0219	DAUGHTER	☒	☐
SCARLETT	GONZALES	337-15-1671	DAUGHTER	☒	☐
				☐	☐
				☐	☐

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	111,522
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	111,522
2a	Tax-exempt interest	2a	b Taxable interest	2b	270
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	3,856
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**			9	115,648
10	Adjustments to income from Schedule 1, line 26			10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**			11	115,648
12	**Standard deduction or itemized deductions** (from Schedule A)			12	21,538
13	Qualified business income deduction from Form 8995 or Form 8995-A			13	
14	Add lines 12 and 13			14	21,538
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**			15	94,110

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)

EEA

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐ _____		16	14,409
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	14,409
	19	Child tax credit or credit for other dependents from Schedule 8812		19	800
	20	Amount from Schedule 3, line 8		20	13,609
	21	Add lines 19 and 20		21	14,409
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	0
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	
	24	Add lines 22 and 23. This is your **total tax**		24	0
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a 9,991		
	b	Form(s) 1099	25b 90		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	10,081
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 3,200		
	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	3,200
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	13,281
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	13,281
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐		35a	13,281
Direct deposit? See instructions.	b	Routing number 322271627 **c** Type: ☒ Checking ☐ Savings			
	d	Account number 951934134			
	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	0
	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 **ALEXANDRIA K ANTONIO EA** Phone no. **818-654-9980** Personal identification number (PIN) **91367**

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.)
16342	02-13-2024	NONPROFIT CEO	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's signature **ALEXANDRIA K ANTONIO EA**	Date	PTIN **P01586953**	Check if: ☒ Self-employed
Preparer's name **ALEXANDRIA K ANTONIO EA**	Phone no. **818-654-9980**		
Firm's name **AKA TAXES**			
Firm's address **6355 TOPANGA CYN BLVD STE 523 WOODLAND HILLS, CA 91367**		Firm's EIN **82-1947779**	

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: **EMILY MOBERLY**

Your social security number: **616-46-5760**

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	2,506
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	1,350
8	Other income:			
a	Net operating loss	8a ( )		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ( )		
e	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ( )		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
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	3,856

Part II Adjustments to Income

11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
c	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
a	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b			
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d			
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i			
j	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k			
z	Other adjustments. List type and amount:	24z			
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your **adjustments to income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10			26	0

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2023

Attachment Sequence No. **03**

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

Your social security number
616-46-5760

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required			**1**	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441			**2**	141
3	Education credits from Form 8863, line 19			**3**	
4	Retirement savings contributions credit. Attach Form 8880			**4**	
5a	Residential clean energy credit from Form 5695, line 15			**5a**	
b	Energy efficient home improvement credit from Form 5695, line 32			**5b**	
6	Other nonrefundable credits:				
a	General business credit. Attach Form 3800	**6a**			
b	Credit for prior year minimum tax. Attach Form 8801	**6b**			
c	Adoption credit. Attach Form 8839	**6c**	13,468		
d	Credit for the elderly or disabled. Attach Schedule R	**6d**			
e	Reserved for future use	**6e**			
f	Clean vehicle credit. Attach Form 8936	**6f**			
g	Mortgage interest credit. Attach Form 8396	**6g**			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	**6h**			
i	Qualified electric vehicle credit. Attach Form 8834	**6i**			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	**6j**			
k	Credit to holders of tax credit bonds. Attach Form 8912	**6k**			
l	Amount on Form 8978, line 14. See instructions	**6l**			
m	Credit for previously owned clean vehicles. Attach Form 8936	**6m**			
z	Other nonrefundable credits. List type and amount: _____	**6z**			
7	Total other nonrefundable credits. Add lines 6a through 6z			**7**	13,468
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20			**8**	13,609

(continued on page 2)

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962			9	
10	Amount paid with request for extension to file (see instructions)			10	
11	Excess social security and tier 1 RRTA tax withheld			11	
12	Credit for federal tax on fuels. Attach Form 4136			12	
13	Other payments or refundable credits:				
a	Form 2439	13a			
b	Credit for repayment of amounts included in income from earlier years	13b			
c	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c			
d	Deferred amount of net 965 tax liability (see instructions)	13d			
z	Other payments or refundable credits. List type and amount: _____	13z			
14	Total other payments or refundable credits. Add lines 13a through 13z			14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31			15	0

SCHEDULE A (Form 1040)

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.

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

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2023

Attachment Sequence No. **07**

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

Your social security number

EMILY MOBERLY **616-46-5760**

Medical and Dental Expenses	**Caution:** Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses (see instructions)		1	1,250	
	2 Enter amount from Form 1040 or 1040-SR, line 11	2 115,648			
	3 Multiply line 2 by 7.5% (0.075)		3	8,674	
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-				4 0
Taxes You Paid	5 State and local taxes.				
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☐		5a	4,315	
	b State and local real estate taxes (see instructions)		5b	5,101	
	c State and local personal property taxes		5c	296	
	d Add lines 5a through 5c		5d	9,712	
	e Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately)		5e	9,712	
	6 Other taxes. List type and amount:		6		
	7 Add lines 5e and 6				7 9,712
Interest You Paid **Caution:** Your mortgage interest deduction may be limited. See instructions.	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐				
	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited		8a	9,889	
	b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address		8b		
	c Points not reported to you on Form 1098. See instructions for special rules		8c		
	d Reserved for future use		8d		
	e Add lines 8a through 8c		8e	9,889	
	9 Investment interest. Attach Form 4952 if required. See instructions		9		
	10 Add lines 8e and 9				10 9,889
Gifts to Charity **Caution:** If you made a gift and got a benefit for it, see instructions.	11 Gifts by cash or check. If you made any gift of $250 or more, see instructions		11	1,262	
	12 Other than by cash or check. If you made any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500		12	675	
	13 Carryover from prior year		13		
	14 Add lines 11 through 13				14 1,937
Casualty and Theft Losses	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions				15
Other Itemized Deductions	16 Other - from list in instructions. List type and amount:				16
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12				17 21,538
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐				

Form **2441**

Department of the Treasury
Internal Revenue Service

Child and Dependent Care Expenses

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form2441* for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **21**

Name(s) shown on return: **EMILY MOBERLY**

Your social security number: **616-46-5760**

A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under *Married Persons Filing Separately.* If you meet these requirements, check this box . . ☐

B If you or your spouse was a student or was disabled during 2023 and you're entering deemed income of $250 or $500 a month on Form 2441 based on the income rules listed in the instructions under *If You or Your Spouse Was a Student or Disabled*, check this box . . . . . ☐

Part I Persons or Organizations Who Provided the Care - You **must** complete this part.

If you have more than three care providers, see the instructions and check this box . . . . . ☐

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Was the care provider your household employee in 2023? For example, this generally includes nannies but not daycare centers. (see instructions)	(e) Amount paid (see instructions)
	6350 COLLAGE GROVE DRIVE			
	SAN DIEGO, CA		☐ Yes ☒ No	
CHOLLAS LAKEPARK	92115	27-2591347		304
	2135 RIDGE VIEW DR			
	SAN DIEGO, CA		☐ Yes ☒ No	
TENDER CARE PRE	92105	33-0622415		399
			☐ Yes ☐ No	

Did you receive **dependent care benefits?** — **No** → Complete only Part II below. — **Yes** → Complete Part III on page 2 next.

Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the instructions for Schedule H (Form 1040). If you incurred care expenses in 2023 but didn't pay them until 2024, or if you prepaid in 2023 for care to be provided in 2024, don't include these expenses in column (d) of line 2 for 2023. See the instructions.

Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s).** If you have more than three qualifying persons, see the instructions and check this box ☐

(a) Qualifying person's name First	Last	(b) Qualifying person's social security number	(c) Check here if the qualifying person was over age 12 and was disabled. (see instructions)	(d) Qualified expenses you incurred and paid in 2023 for the person listed in column (a)
KAYLAH	ALATORRE	869-25-0219	☐	304
SCARLETT	GONZALES	337-15-1671	☐	399
			☐	

3	Add the amounts in column (d) of line 2. **Don't** enter more than $3,000 if you had one qualifying person or $6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31	**3**	703
4	Enter your **earned income.** See instructions	**4**	111,522
5	If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others,** enter the amount from line 4	**5**	111,522
6	Enter the **smallest** of line 3, 4, or 5	**6**	703
7	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 . . . . **7** 115,648		
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7.		

If line 7 is: Over	But not over	Decimal amount is	If line 7 is: Over	But not over	Decimal amount is	If line 7 is: Over	But not over	Decimal amount is
$0-	15,000	.35	$25,000-	27,000	.29	$37,000-	39,000	.23
15,000-	17,000	.34	27,000-	29,000	.28	39,000-	41,000	.22
17,000-	19,000	.33	29,000-	31,000	.27	41,000-	43,000	.21
19,000-	21,000	.32	31,000-	33,000	.26	43,000-	No limit	.20
21,000-	23,000	.31	33,000-	35,000	.25			
23,000-	25,000	.30	35,000-	37,000	.24			

		8	X. 20
9a	Multiply line 6 by the decimal amount on line 8	**9a**	141
b	If you paid 2022 expenses in 2023, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c	**9b**	
c	Add lines 9a and 9b and enter the result	**9c**	141
10	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions **10** 14,409		
11	**Credit for child and dependent care expenses.** Enter the **smaller** of line 9c or line 10 here and on Schedule 3 (Form 1040), line 2	**11**	141

For Paperwork Reduction Act Notice, see your tax return instructions. Form **2441** (2023)

EEA

Form **8839**

Department of the Treasury
Internal Revenue Service

Qualified Adoption Expenses

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form8839* for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **38**

Name(s) shown on return: **EMILY MOBERLY**

Your social security number: **616-46-5760**

Part I **Information About Your Eligible Child or Children -** You **must** complete this part.
See instructions for details, including what to do if you need more space.

1	(a) Child's name First	Last	(b) Child's year of birth	Check if child was - (c) born **before 2006** and disabled	(d) a child with special needs	(e) a foreign child	(f) Child's identifying number	(g) Check if adoption became final in 2023 or earlier
Child 1	KAYLAH	MOBERLY	2013	☐	☐	☐	869-25-0219	☐
Child 2	SCARLETT	MOBERLY	2018	☐	☐	☐	337-15-1671	☐
Child 3				☐	☐	☐		☐

Caution: If the child was a foreign child, see ***Special rules*** in the instructions for line 1, column (e), before you complete Part II or Part III. If you received **employer-provided adoption benefits,** complete Part III on page 2 next.

Part II **Adoption Credit**

			Child 1	Child 2	Child 3		
2	Maximum adoption credit per child. Enter $15,950. See Instructions	2	15,950	15,950			
3	Did you file Form 8839 for a prior year for the same child? ☐ **No.** Enter -0- ☒ **Yes.** See instructions for the amount to enter	3	14,890	14,890			
4	Subtract line 3 from line 2	4	1,060	1,060			
5	**Qualified adoption expenses.** See instructions. **Caution:** Your qualified adoption expenses may not be equal to the adoption expenses you paid in 2023.	5					
6	Enter the **smaller** of line 4 or line 5	6					
7	Enter modified adjusted gross income. See instructions					7	115,648
8	Is line 7 more than $239,230? ☒ **No.** Skip lines 8 and 9, and enter -0- on line 10. ☐ **Yes.** Subtract $239,230 from line 7					8	
9	Divide line 8 by $40,000. Enter the result as a decimal (rounded to at least three places). Do not enter more than 1.000					9	X
10	Multiply each amount on line 6 by line 9	10					
11	Subtract line 10 from line 6	11					
12	Add the amounts on line 11					12	
13	Credit carryforward, if any, from prior years. See your Adoption Credit Carryforward Worksheet in the 2022 Form 8839 instructions					13	25,450
14	Add lines 12 and 13					14	25,450
15	Enter the amount from line 5 of the Credit Limit Worksheet in the instructions					15	13,468
16	**Adoption credit.** Enter the smaller of line 14 or line 15 here and on Schedule 3 (Form 1040), line 6c. If line 15 is smaller than line 14, you may have a credit carryforward. See instructions					16	13,468

For Paperwork Reduction Act Notice, see your tax return instructions. Form **8839** (2023)

EEA

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: **EMILY MOBERLY**

Your social security number: **616-46-5760**

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	115,648
2a	Enter income from Puerto Rico that you excluded	2a		
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b		
c	Enter the amount from line 15 of your Form 4563	2c		
d	Add lines 2a through 2c		2d	
3	Add lines 1 and 2d		3	115,648
4	Number of qualifying children under age 17 with the required social security number	4	2	
5	Multiply line 4 by $2,000		5	4,000
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		
	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	4,000
9	Enter the amount shown below for your filing status. • Married filing jointly-$400,000 • All other filing statuses-$200,000		9	200,000
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of $1,000, enter the next multiple of $1,000. For example, if the result is $425, enter $1,000; if the result is $1,025, enter $2,000, etc.		10	0
11	Multiply line 10 by 5% (0.05)		11	
12	Is the amount on line 8 more than the amount on line 11?		12	4,000
	☐ **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	800
14	Enter the smaller of line 12 or 13. **This is your child tax credit and credit for other dependents.** **Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.**		14	800

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**	**3,200**
b	Number of qualifying children under 17 with the required social security number: **2** 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**	**3,200**
	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**	**3,200**
18a	Earned income (see instructions)	**18a**	**111,522**		
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**	**109,022**		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result			**20**	**16,353**
	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**	**3,200**

Form **8867**

(Rev. November 2023)

Department of the Treasury
Internal Revenue Service

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to *www.irs.gov/Form8867* for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **70**

Taxpayer name(s) shown on return	Taxpayer identification number
EMILY MOBERLY	616-46-5760
Preparer's name	**Preparer tax identification number**
ALEXANDRIA K ANTONIO EA	P01586953

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I–V for the benefit(s) claimed (check all that apply). ☐ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☒ HOH

		Yes	No	N/A
1	Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	☒	☐	
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	☒	☐	☐
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	☒	☐	
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If **"Yes,"** answer questions 4a and 4b. If **"No,"** go to question 5.)	☐	☒	
a	Did you make reasonable inquiries to determine the correct, complete, and consistent information?	☐	☐	
b	Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	☐	☐	
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	☒	☐	
	List those documents provided by the taxpayer, if any, that you relied on: Healthcare Statement			
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	☒	☐	
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?	☒	☐	☐
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)			
a	Did you complete the required recertification Form 8862?	☐	☐	☐
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	☐	☐	☐

Part II **Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

		Yes	No	N/A
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? **(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)**	X		
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	X		
c	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	X		

Part III **Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

		Yes	No	N/A
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	X		
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	X		

Part IV **Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

		Yes	No
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?		

Part V **Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

		Yes	No
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	X	

Part VI **Eligibility Certification**

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);

B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;

C. Submit Form 8867 in the manner required; **and**

D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention.*

1. A copy of this Form 8867.
2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

		Yes	No
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	X	

Form **8283**
(Rev. December 2023)
Department of the Treasury
Internal Revenue Service

Noncash Charitable Contributions

Attach one or more Forms 8283 to your tax return if you claimed a total deduction of over $500 for all contributed property.
Go to *www.irs.gov/Form8283* for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. **155**

Name(s) shown on your income tax return: **EMILY MOBERLY**

Identifying number: **616-46-5760**

Enter the entity name and identifying number from the tax return where the noncash charitable contribution was originally reported, if different from above.

Name: _____ Identifying number: _____

Check this box if a family pass-through entity made the noncash charitable contribution. See instructions . . . . . ☐

Note: Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of $5,000 or Less and Publicly Traded Securities - List in this section **only** an item (or a group of similar items) for which you claimed a deduction of $5,000 or less. Also list publicly traded securities and certain other property even if the deduction is more than $5,000. If you need more space, attach a statement. See instructions.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached).	(c) Description and condition of donated property (For a vehicle, enter the year, make, model, and mileage. For securities and other property, see instructions.)
A	GOODWILL	☐	CLOTHES, FURN, BOOKS, HOUSE ITEMS, GOOD (USED)
B	TRAVELING STORIES	☐	
C		☐	
D		☐	

Note: If the amount you claimed as a deduction for an item is $500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A	07-15-2023	VARIOUS	PURCHASE	3,375	675	THRIFT STORE
B						
C						
D						

Section B. Donated Property Over $5,000 (Except Publicly Traded Securities, Vehicles, Intellectual Property or Inventory Reportable in Section A) - Complete this section for one item (or a group of similar items) for which you claimed a deduction of more than $5,000 per item or group (except contributions reportable in Section A). Provide a separate form for each item donated unless it is part of a group of similar items. A qualified appraisal is required for items reportable in Section B and in certain cases must be attached. See instructions.

Part I Information on Donated Property

2 Check the box that describes the type of property donated. See instructions for definitions.

- **a** ☐ Art (contribution of $20,000 or more)
- **b** ☐ Qualified conservation contribution
  - **b(1)** ☐ Certified historic structure
    NPS # _____
- **c** ☐ Art (contribution of less than $20,000)
- **d** ☐ Other real estate
- **e** ☐ Equipment
- **f** ☐ Securities
- **g** ☐ Collectibles
- **h** ☐ Intellectual property
- **i** ☐ Vehicles
- **j** ☐ Clothing and household items
- **k** ☐ Digital assets
- **l** ☐ Other

3	(a) Description of donated property (if you need more space, attach a separate statement)	(b) If any tangible personal property or real property was donated, give a brief summary of the overall physical condition of the property at the time of the gift.	(c) Appraised fair market value
A			
B			
C			

	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) For bargain sales, enter amount received	(h) Qualified conservation contribution relevant basis (see instructions)	(i) Amount claimed as a deduction (see instructions)
A						
B						
C						

TAXABLE YEAR [redacted] FORM

2023 California Resident Income Tax Return 540

ATTACH FEDERAL RETURN

616-46-5760 MOBE 23
EMILY MOBERLY

4880 CHARLES LEWIS WAY
SAN DIEGO CA 92102

05-08-1986

Principal Residence

Enter your county at time of filing (see instructions)
SAN DIEGO

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

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

Street address (number and street) (If foreign address, see instructions.) | Apt. no/ste. no.

City | State | ZIP code

Filing Status

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

1 ☐ Single

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

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

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

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

See instructions.

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

Exemptions

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

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 [1] X $144 = $ 144

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions . . . . . 8 [ ] X $144 = $

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions . . . . . 9 [ ] X $144 = $

Your name: EMILY MOBERLY Your SSN or ITIN: 616465760

Exemptions

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

	Dependent 1	Dependent 2	Dependent 3
First Name	KAYLAH M	SCARLETT R	
Last Name	ALATORRE	GONZALES	
SSN. See instructions.	869250219	337151671	
Dependent's relationship to you	DAUGHTER	DAUGHTER	

Total dependent exemptions . . . . . 10 2 X $446 = $ 892

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32. . . . . 11 $ 1036

Taxable Income

12	State wages from your federal Form(s) W-2, box 16. 12	111522	.00
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 13	115648	.00
14	California adjustments - subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B 14	3856	.00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15	111792	.00
16	California adjustments - additions. Enter the amount from Schedule CA (540), Part I, line 27, column C 16		.00
17	California adjusted gross income. Combine line 15 and line 16 17	111792	.00
18	Enter the **larger** of { Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR** Your California **standard deduction** shown below for your filing status: • Single or Married/RDP filing separately . . . . . $5,363 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP . . $10,726 } If Married/RDP filing separately or the box on line 6 is checked, **STOP.** See instructions . . 18	17223	.00
19	Subtract line 18 from line 17. This is your **taxable income.** If less than zero, enter -0- 19	94569	.00

Tax

31	Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule [ ] FTB 3800 [ ] FTB 3803 31	3544	.00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than $237,035, see instructions 32	1036	.00
33	Subtract line 32 from line 31. If less than zero, enter -0- 33	2508	.00
34	Tax. See instructions. Check the box if from: [ ] Schedule G-1 [ ] FTB 5870A 34		.00
35	Add line 33 and line 34 35	2508	.00

Special Credits

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions 40		.00
43	Enter credit name CHILD ADOPT code 197 and amount . . . 43	2508	.00
44	Enter credit name code and amount . . . 44		.00

Your name: EMILY MOBERLY Your SSN or ITIN: 616465760

Special Credits

45	To claim more than two credits, see instructions. Attach Schedule P (540)	45		.00
46	Nonrefundable Renter's Credit. See instructions	46		.00
47	Add line 40 through line 46. These are your total credits	47	2508	.00
48	Subtract line 47 from line 35. If less than zero, enter -0-	48	0	.00

Other Taxes

61	Alternative Minimum Tax. Attach Schedule P (540)	61		.00
62	Mental Health Services Tax. See instructions	62		.00
63	Other taxes and credit recapture. See instructions	63		.00
64	Add line 48, line 61, line 62, and line 63. This is your total tax	64	0	.00

Payments

71	California income tax withheld. See instructions	71	3221	.00
72	2023 California estimated tax and other payments. See instructions	72		.00
73	Withholding (Form 592-B and/or Form 593). See instructions	73		.00
74	Excess SDI (or VPDI) withheld. See instructions	74		.00
75	Earned Income Tax Credit (EITC). See instructions	75		.00
76	Young Child Tax Credit (YCTC). See instructions	76		.00
77	Foster Youth Tax Credit (FYTC). See instructions	77		.00
78	Add line 71 through line 77. These are your total payments. See instructions	78	3221	.00

Use Tax

91 **Use Tax.** Do not leave blank. See instructions • 91 .00

If line 91 is zero, check if: ⊙ [X] No use tax is owed. ⊙ [ ] You paid your use tax obligation directly to CDTFA.

ISR Penalty

92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. If you did not check the box, see instructions • [X]

Individual Shared Responsibility (ISR) Penalty. See instructions • 92 .00

Overpaid Tax/Tax Due

93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	93	3221	.00
94	**Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91	94		.00
95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93	95	3221	.00
96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92	96		.00
97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95	97	3221	.00

Your name: EMILY MOBERLY Your SSN or ITIN: 616465760

Overpaid Tax/Tax Due

98	Amount of line 97 you want applied to your **2024** estimated tax	**98**		.00
99	Overpaid tax available this year. Subtract line 98 from line 97	**99**	3221	.00
100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	**100**		.00

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	**400**	.00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	**401**	.00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	**403**	.00
California Breast Cancer Research Voluntary Tax Contribution Fund	**405**	.00
California Firefighters' Memorial Voluntary Tax Contribution Fund	**406**	.00
Emergency Food for Families Voluntary Tax Contribution Fund	**407**	.00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	**408**	.00
California Sea Otter Voluntary Tax Contribution Fund	**410**	.00
California Cancer Research Voluntary Tax Contribution Fund	**413**	.00
School Supplies for Homeless Children Voluntary Tax Contribution Fund	**422**	.00
State Parks Protection Fund/Parks Pass Purchase	**423**	.00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	**424**	.00
Keep Arts in Schools Voluntary Tax Contribution Fund	**425**	.00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	**438**	.00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	**439**	.00
Rape Kit Backlog Voluntary Tax Contribution Fund	**440**	.00
Suicide Prevention Voluntary Tax Contribution Fund	**444**	.00
Mental Health Crisis Prevention Voluntary Tax Contribution Fund	**445**	.00
110 Add amounts in code 400 through code 445. This is your total contribution	**110**	.00

Your name: EMILY MOBERLY Your SSN or ITIN: 616465760

Amount You Owe

111 **AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** . . . **111** .00
Pay Online - Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties

112 Interest, late return penalties, and late payment penalties . . . . . **112** .00

113 Underpayment of estimated tax.
Check the box: ☐ **FTB 5805 attached** ☐ **FTB 5805F attached** . . . . . **113** .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment . . . . . **114** .00

Refund and Direct Deposit

115 **REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** . . **115** 3221 .00

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

Routing number	Type	Account number	**116** Direct deposit amount
322271627	☒ Checking ☐ Savings	951934134	3221 .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Routing number	Type	Account number	**117** Direct deposit amount
	☐ Checking ☐ Savings		.00

Voter Info.

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

Health Care Coverage Info.

Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions . . . . . ◉ ☐ Yes ☒ No

Sign your tax return on Side 6

Your name: EMILY MOBERLY Your SSN or ITIN: 616465760

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

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

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature | Date | Spouse's/RDP's signature (if a joint tax return, both must sign)

Sign Here

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

Joint tax return? See instructions.

Your email address. Enter only one email address. | Preferred phone number

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

Firm's name (or yours, if self-employed): **AKA TAXES** | PTIN: **P01586953**

Firm's address: **6355 TOPANGA CYN BLVD STE 523 WOODLAND HILLS, CA 91367** | Firm's FEIN: **821947779**

Do you want to allow another person to discuss this tax return with us? See instructions . . . . X Yes ☐ No

Print Third Party Designee's Name: **ALEXANDRIA K ANTONIO EA** | Telephone Number: **818-654-9980**

TAXABLE YEAR [redacted] SCHEDULE

2023 California Adjustments - Residents CA (540)

Important: Attach this schedule behind Form 540, Side 6 as a supporting California schedule.

Name(s) as shown on tax return: EMILY MOBERLY

SSN or ITIN: 616-46-5760

Part I Income Adjustment Schedule **Section A - Income** from federal Form 1040 or 1040-SR		**A** Federal Amounts (taxable amounts from your federal tax return)	**B** Subtractions See instructions	**C** Additions See instructions
1 a Total amount from federal Form(s) W-2, box 1. See instructions	1a	111522		
b Household employee wages not reported on federal Form(s) W-2	1b			
c Tip income not reported on line 1a	1c			
d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions	1d			
e Taxable dependent care benefits from federal Form 2441, line 26	1e			
f Employer-provided adoption benefits from federal Form 8839, line 29	1f			
g Wages from federal Form 8919, line 6	1g			
h Other earned income. See instructions	1h			
i Nontaxable combat pay election. See instructions	1i			
z Add line 1a through line 1i	1z	111522		
2 Taxable interest. a	2b	270		
3 Ordinary dividends. See instructions. a	3b			
4 IRA distributions. See instructions. a	4b			
5 Pensions and annuities. See instructions a	5b			
6 Social security benefits a	6b			
7 Capital gain or (loss). See instructions	7			

Section B - Additional Income from federal Schedule 1 (Form 1040)				
1 Taxable refunds, credits, or offsets of state and local income taxes	1	2506	2506	
2 a Alimony received. See instructions	2a			
3 Business income or (loss). See instructions	3			
4 Other gains or (losses)	4			
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc	5	0		
6 Farm income or (loss)	6			
7 Unemployment compensation	7	1350	1350	

Section B - Additional Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 Other income:				
a Federal net operating loss	8a	( )		
b Gambling	8b			
c Cancellation of debt	8c			
d Foreign earned income exclusion from federal Form 2555	8d	( )		
e Income from federal Form 8853	8e			
f Income from federal Form 8889	8f			
g Alaska Permanent Fund dividends	8g			
h Jury duty pay	8h			
i Prizes and awards	8i			
j Activity not engaged in for profit income	8j			
k Stock options	8k			
l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l			
m Olympic and Paralympic medals and USOC prize money	8m			
n IRC Section 951(a) inclusion	8n			
o IRC Section 951A(a) inclusion	8o			
p IRC Section 461(l) excess business loss adjustment	8p			
q Taxable distributions from an ABLE account	8q			
r Scholarship and fellowship grants not reported on federal Form(s) W-2	8r			
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line1a or line 1d	8s	( )		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan	8t			
u Wages earned while incarcerated	8u			
z Other income. List type and amount.	8z			

Section B - Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
9 a Total other income. Add lines 8a through 8z . 9a			
b1 Disaster loss deduction from form FTB 3805V . . 9b1			
b2 NOL deduction from form FTB 3805V . . . 9b2			
b3 NOL deduction from form FTB 3805Z, 3807, or 3809 . . . . . 9b3			
10 **Total.** Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions 10	115648	3856	

Section C - Adjustments to Income

from federal Schedule 1 (Form 1040)

11 Educator expenses 11			
12 Certain business expenses of reservists, performing artists, and fee-basis government officials . . . 12			
13 Health savings account deduction 13			
14 Moving expenses. Attach form FTB 3913. See instructions 14			
15 Deductible part of self-employment tax. See instructions 15			
16 Self-employed SEP, SIMPLE, and qualified plans 16			
17 Self-employed health insurance deduction. See instructions 17			
18 Penalty on early withdrawal of savings 18			
19 a Alimony paid 19a			
b Recipient's: SSN			
Last Name			
20 IRA deduction 20			
21 Student loan interest deduction 21			
22 Reserved for future use 22			
23 Archer MSA deduction 23			

Section C - Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24 Other adjustments:			
a Jury duty pay **24a**			
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit **24b**			
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m **24c**			
d Reforestation amortization and expenses **24d**			
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 **24e**			
f Contributions to IRC Section 501(c)(18)(D) pension plans **24f**			
g Contributions by certain chaplains to IRC Section 403(b) plans **24g**			
h Attorney fees and court costs for actions involving certain unlawful discrimination claims **24h**			
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations **24i**			
j Housing deduction from federal Form 2555 **24j**			
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) **24k**			
z Other adjustments. List type and amount. _____ **24z**			
25 Total other adjustments. Add line 24a through line 24z **25**			
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions **26**			
27 **Total.** Subtract line 26 from line 10 in columns A, B, and C. See instructions **27**	115648	3856	

Part II Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California . . . . . ☐

		A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.				
1 Medical and dental expenses . . . 1250	1			
Enter amount from federal Form 1040 or 1040-SR, line 11 . . . 115648	2			
3 Multiply line 2 by 7.5% (0.075) . . . 8674	3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0	4			
Taxes You Paid				
5 a State and local income tax or general sales taxes	5a	4315	4315	
b State and local real estate taxes	5b	5101		
c State and local personal property taxes	5c	296		
d Add line 5a through line 5c	5d	9712		
e Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C	5e	9712	4315	
6 Other taxes. List type ____	6			
7 Add line 5e and line 6	7	9712	4315	
Interest You Paid				
8 a Home mortgage interest and points reported to you on federal Form 1098	8a	9889		
b Home mortgage interest not reported to you on federal Form 1098	8b			
c Points not reported to you on federal Form 1098	8c			
d Reserved for future use	8d			
e Add line 8a through line 8c	8e	9889		
9 Investment interest	9			
10 Add line 8e and line 9	10	9889		

Part II Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Gifts to Charity			
11 Gifts by cash or check 11	1262		
12 Other than by cash or check 12	675		
13 Carryover from prior year 13			
14 Add line 11 through line 13 14	1937		
Casualty and Theft Losses			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . . 15			
Other Itemized Deductions			
16 Other-from list in federal instructions 16			
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C 17	21538	4315	

18 Total. Combine line 17 column A less column B plus column C 18 17223

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions 19 1812

20 Tax preparation fees 20 385

21 Other expenses: investment, safe deposit box, etc. List type 21

22 Add line 19 through line 21 . . . . . 22 2197

23 Enter amount from federal Form 1040 or 1040-SR, line 11 115648

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0 . . . . . 24 2313

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0 25

26 **Total Itemized Deductions.** Add line 18 and line 25 . . . . . 26 17223

27 Other adjustments. See instructions. Specify. 27

28 Combine line 26 and line 27 . . . . . 28 17223

29 **Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?**

Single or married/RDP filing separately **$237,035**
Head of household **$355,558**
Married/RDP filing jointly or qualifying surviving spouse/RDP **$474,075**

No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29 . . . . . 29 17223

30 **Enter the larger of the amount on line 29 or your standard deduction shown below:**

Single or married/RDP filing separately. See instructions **$5,363**
Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP . . **$10,726**

Transfer the amount on line 30 to Form 540, line 18 . . . . . 30 17223

TAXABLE YEAR **2023**

Alternative Minimum Tax and Credit Limitations - Residents

CALIFORNIA SCHEDULE **P (540)**

Attach this schedule to Form 540.

Name(s) as shown on Form 540: EMILY MOBERLY

Your SSN or ITIN: 616-46-5760

Part I Alternative Minimum Taxable Income (AMTI) **Important:** See instructions for information regarding California/federal differences.

1	If you itemized deductions, go to line 2. If you did not itemize deductions, enter your standard deduction from Form 540, line 18, and go to line 6	1	00
2	Medical and dental expenses. Enter the smaller of federal Schedule A (Form 1040), line 4, or 2 1/2% (.025) of federal Form 1040 or 1040-SR, line 11. See instructions	2	00
3	Personal property taxes and real property taxes. See instructions	3	5397 00
4	Certain interest on a home mortgage not used to buy, build, or improve your home. See instructions	4	00
5	Miscellaneous itemized deductions. See instructions	5	00
6	Refund of personal property taxes and real property taxes. See instructions **Do not** include your state income tax refund on this line.	6	(00)
7	Investment interest expense adjustment. See instructions	7	00
8	Post-1986 depreciation. See instructions	8	00
9	Adjusted gain or loss. See instructions	9	00
10	Incentive stock options (ISOs) and California qualified stock options (CQSOs). See instructions	10	00
11	Passive activities adjustment. See instructions	11	00
12	Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (541), line 12a	12	00

13 Other adjustments and preferences. Enter the amount, if any, for each item, a through l. See instructions.

a	Circulation expenditures	00	g	Mining costs	00
b	Depletion	00	h	Patron's adjustment	00
c	Installment sales	00	i	Pollution control facilities	00
d	Intangible drilling costs	00	j	Research and experimental	00
e	Long-term contracts	00	k	Tax shelter farm activities	00
f	Loss limitations	00	l	Related adjustments	00

Add amounts on line a through line l, and enter total here — 13 — 00

14	Total Adjustments and Preferences. Combine line 1 through line 13	14	5397 00
15	Enter taxable income from Form 540, line 19. See instructions	15	94569 00
16	Net operating loss (NOL) deductions from Schedule CA (540), Part I, Section B, line 9b1, line 9b2, and line 9b3, column B. Enter as a positive amount	16	00
17	AMTI exclusion. See instructions	17	(00)
18	If your federal adjusted gross income (AGI) is less than the amount for your filing status (listed below), skip this line and go to line 19. If you itemized deductions and your federal AGI is more than the amount for your filing status, see instructions	18	(00)

Single or married/RDP filing separately $237,035
Married/RDP filing jointly or qualifying surviving spouse/RDP $474,075
Head of household $355,558

19	Combine line 14 through line 18	19	99966 00
20	Alternative minimum tax NOL deduction. See instructions	20	00
21	**Alternative Minimum Taxable Income.** Subtract line 20 from line 19 (if married/RDP filing separately and line 21 is more than $450,368, see instructions)	21	99966 00

Part II Alternative Minimum Tax (AMT)

22 **Exemption Amount.** (If this schedule is for a certain child under age 24, see instructions.)

If your filing status is:	And line 21 is not over:	Enter on line 22:
Single or head of household	$ 326,891	$ 87,171
Married/RDP filing jointly or qualifying surviving spouse/RDP	$ 435,855	$ 116,229
Married/RDP filing separately	$ 217,924	$ 58,111

If Part I, line 21 is more than the amount shown above for your filing status, see instructions.

22 — 87171 00

23	Subtract line 22 from line 21. If zero or less, enter -0-. See instructions	23	12795 00
24	Tentative Minimum Tax. Multiply line 23 by 7.0% (.07)	24	896 00
25	Regular tax before credits from Form 540, line 31	25	3544 00
26	**Alternative Minimum Tax.** Subtract line 25 from line 24. If zero or less, enter -0- here and on Form 540, line 61. If more than zero, enter here and on Form 540, line 61. If you make estimated tax payments for taxable year 2024, enter amount from line 26 on the 2024 Form 540-ES, California Estimated Tax Worksheet, line 16. (Exception: If you have carryover credit for solar energy or commercial solar energy, first enter the result on Side 2, Part III, Section C, line 23 or 24)	26	0 00

Part III **Credits that Reduce Tax** **Note:** Be sure to attach your credit forms to Form 540. 616-46-5760

1	Enter the amount from Form 540, line 35	1	2508 00
2	Enter the tentative minimum tax from Side 1, Part II, line 24	2	896 00

Section A - Credits that reduce excess tax.		(a) Credit amount	(b) Credit used this year	(c) Tax balance that may be offset by credits	(d) Credit carryover
3 Subtract line 2 from line 1. If zero or less enter -0- and see instructions. This is your excess tax which may be offset by credits	3			1612	
A1 Credits that reduce excess tax and have no carryover provisions.					
4 Code: 162 Prison inmate labor credit (FTB 3507)	4				
5 Code: 232 Child and dependent care expenses credit (FTB 3506)	5				
A2 Credits that reduce excess tax and have carryover provisions. See instructions.					
6 Code: Credit Name:	6				
7 Code: Credit Name:	7				
8 Code: Credit Name:	8				
9 Code: Credit Name:	9				
10 Code: 188 Credit for prior year alternative minimum tax	10				
Section B - Credits that may reduce tax below tentative minimum tax.					
11 If Part III, line 3 is zero, enter the amount from line 1. If line 3 is more than zero, enter the total of line 2 and the last entry in column (c)	11			2508	
B1 Credits that reduce net tax and have no carryover provisions.					
12 Code: 170 Credit for joint custody head of household	12				
13 Code: 173 Credit for dependent parent	13				
14 Code: 163 Credit for senior head of household	14				
15 Nonrefundable renter's credit	15				
B2 Credits that reduce net tax and have carryover provisions. See instructions.					
16 Code: 197 Credit Name: CHILD ADOPT	16	5000	2508	0	2492
17 Code: Credit Name:	17				
18 Code: Credit Name:	18				
19 Code: Credit Name:	19				
B3 Other state tax credit.					
20 Code: 187 Other state tax credit	20				
B4 Pass-through entity elective tax credit. See instructions.					
21 Code: 242 Pass-through entity elective tax credit	21				
Section C - Credits that may reduce alternative minimum tax.					
22 Enter your alternative minimum tax from Side 1, Part II, line 26	22				
23 Code: 180 Solar energy credit carryover from Section B2, column (d)	23				
24 Code: 181 Commercial solar energy credit carryover from Section B2, column (d)	24				
25 Adjusted AMT. Enter the balance from line 24, column (c) here and on Form 540, line 61	25				

TAXABLE YEAR [redacted] CALIFORNIA SCHEDULE

2023 **Wage and Tax Statement** **W-2**

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

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

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

W-2 Information

a. Employee's social security number*: 616465760

c. Employer's name: TRAVELING STORIES

b. Employer identification number (EIN): 320298884

Employer's address: 8552 HOLDEN ROAD

City: SANTEE State: CA ZIP code: 92071

e. Employee's first name*: EMILY Initial*: Last name*: MOBERLY Suffix*:

f. Employee's address*: 4880 CHARLES LEWIS WAY

City*: SAN DIEGO State*: CA ZIP code*: 92102

1. Wages, tips, other compensation	111522	4. Social security tax withheld	7534	8. Allocated tips (not included in box 1)	
2. Federal income tax withheld	9991	6. Medicare tax withheld	1762	10. Dependent care benefits	
3. Social security wages	121522	7. Social security tips		11. Nonqualified plans	

12. Codes and amounts

	Code	Amount		Code	Amount
12a.	D	10000	12c.		
12b.			12d.		

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

[ ] Statutory employee [X] Retirement plan [ ] Third-party sick pay

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

Type: CASDI Amount: 1094

16. State wages, tips, etc.: 111522

15. State and employer's state ID number

State: CA Employer's state ID number: 04482923

17. State income tax: 3221

Franchise Tax Board Privacy Notice on Collection

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

TAXABLE YEAR [redacted] CALIFORNIA FORM

2023 Head of Household Filing Status Schedule 3532

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

Name(s) as shown on tax return SSN or ITIN

EMILY MOBERLY 616-46-5760

Part I Marital Status

1 Check one box below to identify your marital status. See instructions.

a Not legally married/RDP during 2023 . . . . . ⊙ **1a** [X]

b Surviving spouse/RDP (my spouse/RDP died before 01/01/2023) . . . . . ⊙ **1b** [ ]

c Marriage/RDP was annulled . . . . . ⊙ **1c** [ ]

d Received final decree of divorce, legal separation, dissolution, or termination of marriage/RDP by 12/31/2023 . . . . . ⊙ **1d** [ ]

e Legally married/RDP and did not live with spouse/RDP during 2023 . . . . . ⊙ **1e** [ ]

f Legally married/RDP and lived with spouse/RDP during 2023. List the beginning and ending dates for each period when you lived together . . . . . ⊙ **1f** [ ]

(mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy)

From: ⊙ _____ To: ⊙ _____ From: ⊙ _____ To: ⊙ _____

Part II Qualifying Person

2 Check one box below to identify the relationship of the person that qualifies you for the head of household filing status. See instructions.

a Son, daughter, stepson, or stepdaughter . . . . . ⊙ **2a** [X]

b Grandchild, brother, sister, half brother, half sister, stepbrother, stepsister, nephew, or niece . . . . . ⊙ **2b** [ ]

c Eligible foster child . . . . . ⊙ **2c** [ ]

d Father, mother, stepfather, or stepmother . . . . . ⊙ **2d** [ ]

e Grandfather, grandmother, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, uncle, or aunt . . . . . ⊙ **2e** [ ]

Part III Qualifying Person Information

3 Information about your qualifying person. See instructions.

First Name . . . . . ⊙ KAYLAH

Last Name . . . . . ⊙ ALATORRE

SSN . . . . . ⊙ 869-25-0219

DOB (mm/dd/yyyy) If your qualifying person is age 19 or older in 2023, go to line 3a. If not, go to line 4 . . . . . ⊙ 12/04/2013

a Was your qualifying person a full time student under age 24 in 2023? . . . . . ⊙ **3a** ____ Yes ____ No

b Was your qualifying person permanently and totally disabled in 2023? . . . . . ⊙ **3b** ____ Yes ____ No

4 Enter qualifying person's gross income in 2023. See instructions . . . . . ⊙ 0

5 Number of days your qualifying person lived with you during 2023. See instructions . . . . . ⊙ 365

When calculating the total number of days your qualifying person lived with you, you may include any days your qualifying person was temporarily absent from your home. For example, illness, education, business, vacations, military service, and incarceration. In the event of a birth or death of your qualifying person during the year, enter 365 days. See instructions.

Copy B--To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.

OMB No. 1545-0008

a. Employee's social security number	1. Wages, tips, other compensation	2. Federal income tax withheld
616465760	111521.83	9990.94
b. Employer ID number (EIN)	3. Social security wages	4. Social security tax withheld
32-0298884	121521.83	7534.35
	5. Medicare wages and tips	6. Medicare tax withheld
	121521.83	1762.07

c. Employer's name, address, and ZIP code
TRAVELING STORIES
1240 E Plaza Blvd Suite 604-430
National City, CA 91950

d. Control number

e. Employee's name, address, and ZIP code
EMILY E MOBERLY
4880 charles lewis way
SAN DIEGO, CA 92102

7. Social security tips	8. Allocated tips	9. Verification Code
10. Dependent care benefits	11. Nonqualified plans	12a. Code See inst. for Box 12 D 10000.00
13. Statutory employee	14. Other CASDI 1093.70	12b. Code
Retirement plan Y		12c. Code
Third-party sick pay		12d. Code

15. State	Employer's state ID number	16. State wages, tips, etc.	17.State income tax
CA	044-8292-3	111521.83	3220.62

18. Local wages, tips, etc.	19. Local income tax	20. Locality name

Form W-2 Wage and Tax Statement **2023** Department of the Treasury ~ 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 social security number	1. Wages, tips, other compensation	2. Federal income tax withheld
616465760	111521.83	9990.94
b. Employer ID number (EIN)	3. Social security wages	4. Social security tax withheld
32-0298884	121521.83	7534.35
	5. Medicare wages and tips	6. Medicare tax withheld
	121521.83	1762.07

c. Employer's name, address, and ZIP code
TRAVELING STORIES
1240 E Plaza Blvd Suite 604-430
National City, CA 91950

d. Control number

e. Employee's name, address, and ZIP code
EMILY E MOBERLY
4880 charles lewis way
SAN DIEGO, CA 92102

7. Social security tips	8. Allocated tips	9. Verification Code
10. Dependent care benefits	11. Nonqualified plans	12a. Code See inst. for Box 12 D 10000.00
13. Statutory employee	14. Other CASDI 1093.70	12b. Code
Retirement plan Y		12c. Code
Third-party sick pay		12d. Code

15. State	Employer's state ID number	16. State wages, tips, etc.	17.State income tax
CA	044-8292-3	111521.83	3220.62

18. Local wages, tips, etc.	19. Local income tax	20. Locality name

Form W-2 Wage and Tax Statement **2023** Department of the Treasury ~ Internal Revenue Service

Copy C--For EMPLOYEE'S RECORDS(See Notice to Employee.)
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.

OMB No. 1545-0008

a. Employee's social security number	1. Wages, tips, other compensation	2. Federal income tax withheld
616465760	111521.83	9990.94
b. Employer ID number (EIN)	3. Social security wages	4. Social security tax withheld
32-0298884	121521.83	7534.35
	5. Medicare wages and tips	6. Medicare tax withheld
	121521.83	1762.07

c. Employer's name, address, and ZIP code
TRAVELING STORIES
1240 E Plaza Blvd Suite 604-430
National City, CA 91950

d. Control number

e. Employee's name, address, and ZIP code
EMILY E MOBERLY
4880 charles lewis way
SAN DIEGO, CA 92102

7. Social security tips	8. Allocated tips	9. Verification Code
10. Dependent care benefits	11. Nonqualified plans	12a. Code See inst. for Box 12 D 10000.00
13. Statutory employee	14. Other CASDI 1093.70	12b. Code
Retirement plan Y		12c. Code
Third-party sick pay		12d. Code

15. State	Employer's state ID number	16. State wages, tips,	17.State income tax
CA	044-8292-3	111521.83	3220.62

18. Local wages, tips, etc.	19. Local income tax	20. Locality name

Form W-2 Wage and Tax Statement **2023** Department of the Treasury ~ 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 social security number	1. Wages, tips, other compensation	2. Federal income tax withheld
616465760	111521.83	9990.94
b. Employer ID number (EIN)	3. Social security wages	4. Social security tax withheld
32-0298884	121521.83	7534.35
	5. Medicare wages and tips	6. Medicare tax withheld
	121521.83	1762.07

c. Employer's name, address, and ZIP code
TRAVELING STORIES
1240 E Plaza Blvd Suite 604-430
National City, CA 91950

d. Control number

e. Employee's name, address, and ZIP code
EMILY E MOBERLY
4880 charles lewis way
SAN DIEGO, CA 92102

7. Social security tips	8. Allocated tips	9. Verification Code
10. Dependent care benefits	11. Nonqualified plans	12a. Code See inst. for Box 12 D 10000.00
13. Statutory employee	14. Other CASDI 1093.70	12b. Code
Retirement plan Y		12c. Code
Third-party sick pay		12d. Code

15. State	Employer's state ID number	16. State wages, tips,	17.State income tax
CA	044-8292-3	111521.83	3220.62

18. Local wages, tips, etc.	19. Local income tax	20. Locality name

Form W-2 Wage and Tax Statement **2023** Department of the Treasury ~ Internal Revenue Service

Exhibit 8 - Denis Guilherme Vieira's Traffic Violation Notice of Warrant Cancellation

NOTICE OF WARRANT CANCELLATION

DOCKET NUMBER: 1649CR002327

Trial Court of Massachusetts
District Court Department

DEFENDANT NAME & ADDRESS

Denis G Vieira
43 South Main Street #2
Milford, MA 01757

COURT NAME & ADDRESS

Framingham District Court
600 Concord Street
Framingham, MA 01702
(508)875-7461

DEFENDANT DOB	DATE WARRANT ISSUED	DATE WARRANT CANCELLED	DATE & TIME	<<<<<<< DEFENDANT MUST APPEAR AT ABOVE COURT ON THIS DATE AND TIME >>>>>>>
11/04/1991	10/26/2016	11/28/2016	11/28/2016 09:40 AM	

WARRANT TYPE	CANCELLATION REASON	SCHEDULED EVENT	ROOM/SESSION
Straight Warrant	Default Removed; Case Continued	Default Removal Hearing	Administrative Session

TO THE DEFENDANT NAMED ABOVE:

You are hereby notified that this court has cancelled the warrant against you that is listed above. This cancellation notice applies ONLY to the warrant which was issued and cancelled on the dates listed above under this docket number. It does NOT apply to any subsequent warrants issued under the same docket number.

KEEP THIS NOTICE ON YOUR PERSON AS EVIDENCE OF THE CANCELLATION in the event that a law enforcement officer questions you about this warrant.

If your case has not been fully disposed of, you must appear on all future court dates as required. If you fail to appear, you will be found in default, another warrant for your immediate arrest will be issued, the Registry of Motor Vehicles will suspend your driver's license or right to operate, and you may be required to pay substantial court costs and warrant removal fees. The court may also issue a new criminal complaint against you for failing to appear (G. L. c.276, §82A), which is separately punishable by up to $50,000 in fines and up to 5 years imprisonment (if you are charged with a felony) or up to $10,000 in fines and up to 1 year imprisonment (if you are charged with a misdemeanor).

	AUTHORIZED COURT SIGNATURE
NOV 28 2016	X B. Glynn

Date/Time Printed: 11-28-2016 09:40:16

Retain for Proof of Payment
Framingham District Court
600 Concord Street
Framingham MA 01702
Receipt 71475 Date 11/28/20
16
Case Number 1649CR002327
Description 1649CR002327 Commonwealth vs. Vie
ira, Denis G
Received From Vieira, Denis G
On Behalf Of Vieira, Denis G
Payment Type Amount Reference
CASH 300.00
Applied Type Amount
GENERAL REVENUE FUND 300.00
Change .00
Balance Due .00
E 10:49 AM Clerk TAYLORB Trans Date 11/28/201
Comments

Exhibit 3 - Emily Elizabeth Moberly’s Children Identification Documents.

Endorsements / Mentions Spéciales / Anotaciones

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

Kaylah Moberly

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT / PASAPORTE

THE UNITED STATES OF AMERICA

Type/Type/Tipo	Code/Code/Código	Passport No./No. du Passeport/No. de Pasaporte
P	USA	A10380978

USA

Surname/Nom/Apellidos
MOBERLY

Given names/Prénoms/Nombres
KAYLAH MICHELLE ALATORRE

Nationality/Nationalité/Nacionalidad
UNITED STATES OF AMERICA

Date of birth/Date de naissance/Fecha de nacimiento
04 DEC 2013

Sex/Sexe/Sexo
F

Place of birth/Lieu de naissance/Lugar de nacimiento
CALIFORNIA, U.S.A.

Date of issue/Date de délivrance/Fecha de expedición
08 NOV 2022

Date of expiration/Date d'expiration/Fecha de caducidad
07 NOV 2027

Authority/Autorité/Autoridad
UNITED STATES DEPARTMENT OF STATE

P<USAMOBERLY<<KAYLAH<MICHELLE<ALATORRE<<<<<<

A10380978OUSA1312045F2711070762017784<489096

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH

1052013444329

1201337041996

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

THIS CHILD

1A. NAME OF CHILD - FIRST	1B. MIDDLE	1C. LAST
KAYLAH	MICHELLE ALATORRE	MOBERLY

2. SEX	3A. THIS BIRTH: SINGLE, TWIN, ETC	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC	4A. DATE OF BIRTH - MM/DD/CCYY	4B. HOUR - 24 HOUR CLOCK TIME
FEMALE	SINGLE	-	12/04/2013	0015

PLACE OF BIRTH

5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY	5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION
PARADISE VALLEY HOSPITAL	2400 E. 4TH ST.
5C. CITY	**5D. COUNTY**
NATIONAL CITY	SAN DIEGO

NAME OF PARENT

6A. NAME OF PARENT - FIRST	6B. MIDDLE	6C. LAST - BIRTH NAME	6D. ☐ MOTHER ☐ FATHER ☐ PARENT	7. BIRTHPLACE - STATE/COUNTRY	8. DATE OF BIRTH
-	-	-			-
9A. NAME OF PARENT - FIRST	**9B. MIDDLE**	**9C. LAST - BIRTH NAME**	**9D. ☒ MOTHER ☐ FATHER ☐ PARENT**	**10. BIRTHPLACE - STATE/COUNTRY**	**11. DATE OF BIRTH**
EMILY	ELIZABETH	MOBERLY		CA	05/08/1986

INFORMANT AND BIRTH CERTIFICATION

I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE	12A. PARENT OR OTHER INFORMANT - SIGNATURE EMILY ELIZABETH MOBERLY	12B. RELATIONSHIP TO CHILD MOTHER	12C. DATE SIGNED 12/04/2013
I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED	13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE M. ISAAC,BC	13B. LICENSE NUMBER A72235	13C. DATE SIGNED 12/04/2013
13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT LATISA S CARSON, MD 502 S EUCLID AVE , #302, NATIONAL CITY, CA		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT M. ISAAC, BC	

LOCAL REGISTRAR

15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE	17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY
		WILMA J. WOOTEN, M.D.	12/09/2013

This is to certify that this document is a true copy of the official record filed with Vital Records.

DATE ISSUED

DANA E. MOORE, MPH, CPH
STATE REGISTRAR OF VITAL RECORDS

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the State Registrar.

CACDPH--01

0056711100

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

ADOPT-215 Adoption Order

Clerk stamps date here when form is filed.

FILED
Clerk of the Superior Court
AUG 26 2022
By: E. Alcantara, Deputy

1 Adopting parent(s)

a. Name: EMILY ELIZABETH MOBERLY
b. Name:
Relationship to child: ADOPTIVE PARENT
Street address: 4880 CHARLES LEWIS WAY
City: SAN DIEGO State: CA Zip: 92102
Daytime telephone number: (760) 688-6251
Lawyer (if any) *(name, address, telephone number, e-mail address, and State Bar number)*:

Fill in court name and street address:

Superior Court of California, County of
SAN DIEGO
JUVENILE DIVISION
2851 MEADOW LARK DRIVE
SAN DIEGO, CA 92123

Court fills in case number when form is filed.

Case Number:
22AD000555C
Central: MARTIN, TILISHA T.

2 Information about the child

Child's name after adoption: Kaylah Michelle Alatorre Moberly
First name: KAYLAH
Middle name: MICHELLE ALATORRE
Last name: MOBERLY
Date of birth: DECEMBER 04, 2013 Age: 8 YO
Place of birth *(if known)*: PARADISE VALLEY HOSPITAL
City: NATIONAL CITY State: CA Country: USA

3 Name of adoption agency *(if any)*: COUNTY OF SAN DIEGO, HHSA

4 Hearing details

Hearing date: AUG 26 2022 Dept.: 1 Div.: Rm.:
Judicial officer: ANA ESPAÑA Clerk's office telephone number:
People present at the hearing:

- [x] Adopting parent(s)
- [ ] Lawyer for adopting parent(s)
- [x] Child
- [ ] Child's lawyer
- [ ] Parent keeping parental rights:
- [ ] Other people present *(list each name and relationship to child)*:
  a.
  b.

If there are more names, attach a sheet of paper, write "ADOPT-215, Item 4" at the top, and list the additional names and each person's relationship to child.

- [ ] The hearing is waived pursuant to Family Code section 9000.5 *(Check this box only if this is an adoption confirming parentage of a parent who was married to or in a state-registered domestic partnership, including a registered domestic partnership or civil union from another jurisdiction, with the legal parent at the time the child was born.)*

Judge will fill out section below.

5 The judge finds that the child *(check all that apply)*:

a. [ ] Is 12 or older and agrees to the adoption
b. [x] Is under 12
c. [ ] Is not required to consent because this is a tribal customary adoption.

Your name: EMILY ELIZABETH MOBERLY

Case Number:

6 The judge has reviewed the report and other documents and evidence and finds that each adopting parent:
a. Is at least 10 years older than the child or meets the criteria in Fam. Code, § 8601(b);
b. Will treat the child as their own;
c. Will support and care for the child;
d. Has a suitable home for the child; *and*
e. Agrees to adopt the child.

7 ☐ This case is an adoption by a relative petitioned under Family Code section 8714.5.
☐ The adopting relative ☐ The child, who is 12 or older, has requested that the child's name before adoption be listed on this order. (Fam. Code, § 8714.5(g).) The child's name before adoption was:
First name: _____ Middle name: _____ Last name: _____

8 ☐ The child is an Indian child. The judge finds that this adoption meets the placement requirements of the Indian Child Welfare Act or that there is good cause to give preference to these adopting parents. The clerk will fill out 13 below.

9 ☐ The judge approves the *Contact After Adoption Agreement* (ADOPT-310)
☐ As submitted ☐ As amended on ADOPT-310

10 ☐ This is a tribal customary adoption. The tribal customary adoption order of the _____ tribe dated _____ containing ___ pages and attached hereto is fully incorporated into this order of adoption.

11 ☐ This is an adoption under the Hague Adoption Convention. *Verification of Compliance with Hague Adoption Convention Attachment* (form ADOPT-216) is attached and fully incorporated into this order.

12 ☐ This is an adoption involving an additional parent or parents. ☐ All persons with existing parental rights agreed to this adoption and will maintain their existing parental rights. ☐ An agreement waiving termination of parental rights, signed by both the existing parent(s) and the adopting parent(s), was filed with the court.

13 The judge believes the adoption is in the child's best interest and orders this adoption.
The child's name after adoption will be:
First name: Kaylah Middle name: Michelle Alatorre Last name: Moberly
The adopting parent or parents and the child are now parent and child under the law, with all the rights and duties of the parent-child relationship or, in the case of a tribal customary adoption, all the rights and duties set out in the tribal customary adoption order and Welfare and Institutions Code section 366.24.
☐ The judge believes it will serve public policy and the best interest of the child to grant the request of the adopting parent or parents for the court to make this order effective as of *(date)*: _____.

Date: AUG 26 2022 *(Date of Signature)*

ANA ESPAÑA *Judge (or Judicial Officer)*

Clerk will fill out section below.

14 **Clerk's Certificate of Mailing**
For the adoption of an Indian child, the clerk certifies:
I am not a party to this adoption. I placed a filed copy of:
☐ *Adoption Request* (form ADOPT-200) ☐ *Adoption of Indian Child* (form ADOPT-220)
☐ *Adoption Order* (form ADOPT-215) ☐ *Contact After Adoption Agreement* (form ADOPT-310)
in a sealed envelope, marked "Confidential" and addressed to:
Chief, Division of Social Services
Bureau of Indian Affairs
1849 C Street, NW
Mail Stop 310-SIB
Washington, DC 20240
The envelope was mailed by U.S. mail, with full postage, from:
Place: _____ on *(date)*: _____
Date: _____ Clerk, by: _____, Deputy

CLERK'S CERTIFICATE

The foregoing 2 page(s) is a true and correct copy of ☐ the original ☐ a copy on file with this office. It is ☑ the entire document ☐ an excerpt from a document.

Clerk of the Superior Court

Date

by Deputy

E. ALCANTARA

Endorsements / Mentions Spéciales / Anotaciones

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

SCARLETT

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT / PASAPORTE

THE UNITED STATES OF AMERICA

USA

Type/Type/Tipo	Code/Code/Código	Passport No./No. du Passeport/No. de Pasaporte
P	USA	A10380979

Surname/Nom/Apellidos
MOBERLY

Given names/Prénoms/Nombres
SCARLETT ROSE

Nationality/Nationalité/Nacionalidad
UNITED STATES OF AMERICA

Date of birth/Date de naissance/Fecha de nacimiento
08 MAR 2018

Sex/Sexe/Sexo
F

Place of birth/Lieu de naissance/Lugar de nacimiento
CALIFORNIA, U.S.A.

Date of issue/Date de délivrance/Fecha de expedición
08 NOV 2022

Date of expiration/Date d'expiration/Fecha de caducidad
07 NOV 2027

Authority/Autorité/Autoridad
UNITED STATES DEPARTMENT OF STATE

P<USAMOBERLY<<SCARLETT<ROSE<<<<<<<<<<<<<<<<<<<<

A103809791USA1803080F2711070762017785<400548

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH

1052018075491 — STATE FILE NUMBER

1201837007811 — LOCAL REGISTRATION NUMBER

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA

USE BLACK INK ONLY

THIS CHILD

1A. NAME OF CHILD - FIRST	1B. MIDDLE	1C. LAST
SCARLETT	ROSE	MOBERLY

2. SEX	3A. THIS BIRTH: SINGLE, TWIN, ETC	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC	4A. DATE OF BIRTH - MM/DD/CCYY	4B. HOUR - 24 HOUR CLOCK TIME
FEMALE	SINGLE	-	03/08/2018	0436

PLACE OF BIRTH

5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY	5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION
PARADISE VALLEY HOSPITAL	2400 E. 4TH ST.
5C. CITY	**5D. COUNTY**
NATIONAL CITY	SAN DIEGO

NAME OF PARENT

6A. NAME OF PARENT - FIRST	6B. MIDDLE	6C. LAST - BIRTH NAME	6D. ☐ MOTHER ☐ FATHER ☐ PARENT	7. BIRTHPLACE - STATE/COUNTRY	8. DATE OF BIRTH
-	-	-			-

NAME OF PARENT

9A. NAME OF PARENT - FIRST	9B. MIDDLE	9C. LAST - BIRTH NAME	9D. ☒ MOTHER ☐ FATHER ☐ PARENT	9. BIRTHPLACE - STATE/COUNTRY	11. DATE OF BIRTH
EMILY	ELIZABETH	MOBERLY		CA	05/08/1986

INFORMANT AND BIRTH CERTIFICATION

I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE	12A. PARENT OR OTHER INFORMANT - SIGNATURE	12B. RELATIONSHIP TO CHILD	12C. DATE SIGNED
	EMILY ELIZABETH MOBERLY	MOTHER	03/08/2018
I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED	13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE	13B. LICENSE NUMBER	13C. DATE SIGNED
	E. LOUSTAUNAU,BIRTH CLERK	A72235	03/09/2018

13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT	14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT
LATISA S CARSON, MD 502 S EUCLID AVE #302,NATIONAL CITY, CA	E. LOUSTAUNAU, BIRTH CLERK

LOCAL REGISTRAR

15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE	17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY
		WILMA J. WOOTEN, M.D.,M.P.H.	03/14/2018

This is to certify that this document is a true copy of the official record filed with Vital Records.

DATE ISSUED

MAR 21 2023

Dana E Moore

DANA E. MOORE, MPH, CPH
STATE REGISTRAR OF VITAL RECORDS

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the State Registrar.

CACDPH--01

0056855973

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

ADOPT-215 Adoption Order

Clerk stamps date here when form is filed.

FILED
Clerk of the Superior Court
AUG 26 2022
By: E. Alcantara, Deputy

1 Adopting parent(s)

a. Name: EMILY ELIZABETH MOBERLY
b. Name:
Relationship to child: ADOPTIVE PARENT
Street address: 4880 CHARLES LEWIS WAY
City: SAN DIEGO State: CA Zip: 92102
Daytime telephone number: (760) 688-6251
Lawyer (if any) *(name, address, telephone number, e-mail address, and State Bar number)*:

Fill in court name and street address:

Superior Court of California, County of
SAN DIEGO
JUVENILE DIVISION
2851 MEADOW LARK DRIVE
SAN DIEGO, CA 92123

Court fills in case number when form is filed.

Case Number: 22AD000555C
Central: MARTIN, TILISHA T.

2 Information about the child

Child's name after adoption: SCARLETT ROSE MOBERLY
First name: SCARLETT
Middle name: ROSE
Last name: MOBERLY
Date of birth: MARCH 08, 2018 Age: 4 YO
Place of birth *(if known)*: PARADISE VALLEY HOSPITAL
City: NATIONAL CITY State: CA Country: USA

3 Name of adoption agency *(if any)*: COUNTY OF SAN DIEGO, HHSA

4 Hearing details

Hearing date: AUG 26 2022 Dept.: 1 Div.: Rm.:
Judicial officer: ANA ESPAÑA Clerk's office telephone number:
People present at the hearing:

- [x] Adopting parent(s)
- [ ] Lawyer for adopting parent(s)
- [x] Child
- [ ] Child's lawyer
- [ ] Parent keeping parental rights:
- [ ] Other people present *(list each name and relationship to child)*:
  a.
  b.

If there are more names, attach a sheet of paper, write "ADOPT-215, Item 4" at the top, and list the additional names and each person's relationship to child.

- [ ] The hearing is waived pursuant to Family Code section 9000.5 *(Check this box only if this is an adoption confirming parentage of a parent who was married to or in a state-registered domestic partnership, including a registered domestic partnership or civil union from another jurisdiction, with the legal parent at the time the child was born.)*

Judge will fill out section below.

5 The judge finds that the child *(check all that apply)*:

a. [ ] Is 12 or older and agrees to the adoption
b. [x] Is under 12
c. [ ] Is not required to consent because this is a tribal customary adoption.

Your name: EMILY ELIZABETH MOBERLY

Case Number:

(6) The judge has reviewed the report and other documents and evidence and finds that each adopting parent:
a. Is at least 10 years older than the child or meets the criteria in Fam. Code, § 8601(b);
b. Will treat the child as their own;
c. Will support and care for the child;
d. Has a suitable home for the child; *and*
e. Agrees to adopt the child.

(7) ☐ This case is an adoption by a relative petitioned under Family Code section 8714.5.
☐ The adopting relative ☐ The child, who is 12 or older, has requested that the child's name before adoption be listed on this order. (Fam. Code, § 8714.5(g).) The child's name before adoption was:
First name: _____ Middle name: _____ Last name: _____

(8) ☐ The child is an Indian child. The judge finds that this adoption meets the placement requirements of the Indian Child Welfare Act or that there is good cause to give preference to these adopting parents. The clerk will fill out (13) below.

(9) ☐ The judge approves the *Contact After Adoption Agreement* (ADOPT-310)
☐ As submitted ☐ As amended on ADOPT-310

(10) ☐ This is a tribal customary adoption. The tribal customary adoption order of the _____ tribe dated _____ containing ___ pages and attached hereto is fully incorporated into this order of adoption.

(11) ☐ This is an adoption under the Hague Adoption Convention. *Verification of Compliance with Hague Adoption Convention Attachment* (form ADOPT-216) is attached and fully incorporated into this order.

(12) ☐ This is an adoption involving an additional parent or parents. ☐ All persons with existing parental rights agreed to this adoption and will maintain their existing parental rights. ☐ An agreement waiving termination of parental rights, signed by both the existing parent(s) and the adopting parent(s), was filed with the court.

(13) The judge believes the adoption is in the child's best interest and orders this adoption.
The child's name after adoption will be:
First name: SCARLETT Middle name: ROSE Last name: MOBERLY
The adopting parent or parents and the child are now parent and child under the law, with all the rights and duties of the parent-child relationship or, in the case of a tribal customary adoption, all the rights and duties set out in the tribal customary adoption order and Welfare and Institutions Code section 366.24.
☐ The judge believes it will serve public policy and the best interest of the child to grant the request of the adopting parent or parents for the court to make this order effective as of *(date)*: _____.

Date: AUG 26 2022 *(Date of Signature)*

ANA ESPAÑA *Judge (or Judicial Officer)*

Clerk will fill out section below.

(14) **Clerk's Certificate of Mailing**
For the adoption of an Indian child, the clerk certifies:
I am not a party to this adoption. I placed a filed copy of:
☐ *Adoption Request* (form ADOPT-200) ☐ *Adoption of Indian Child* (form ADOPT-220)
☐ *Adoption Order* (form ADOPT-215) ☐ *Contact After Adoption Agreement* (form ADOPT-310)
in a sealed envelope, marked "Confidential" and addressed to:
Chief, Division of Social Services
Bureau of Indian Affairs
1849 C Street, NW
Mail Stop 310-SIB
Washington, DC 20240
The envelope was mailed by U.S. mail, with full postage, from:
Place: _____ on *(date)*: _____
Date: _____ Clerk, by: _____, Deputy

CLERK'S CERTIFICATE

The foregoing 2 page(s) is a true and correct copy of ☑ the original ☐ a copy on file with this office. It is ☑ the entire document ☐ an excerpt from a document.

Clerk of the Superior Court

Date

Deputy E. ALCANTARA