## Attachment A

10. Have you paid all Federal, State, local, and other taxes when due (including extensions) for each of the past 10 years? If not, provide details.



• In 2005, 2006, and 2007, I inadvertently did not pay \$56 per year in FUTA taxes on household employees. My accountant apparently believed that FUTA was fully offset by the payment of state unemployment taxes, when in fact the offset should have reduced the FUTA rate from 5.6% to 0.8%. To correct the error, I filed amended tax returns for 2006 and 2007 and paid the additional taxes due. I have been informed that I can no longer file amended returns for 2005, but I have paid the amount due for 2005,

\$56, to the U.S. Treasury. There are no state tax liabilities on account of this error.

### **AFFIDAVIT**

sworn, hereby states that he/she has read and signed the foregoing d of Nominee and that the information provided therein is, to the turate, and complete.
s_215+ day of October, 2009.
District of Columbia: \$55 Subscribed and Swom to before me this day of Clober, 2009 Helga Taylor Bosley, Notery Public, D.C. My commission expires July 14, 2014

### SCHEDULE H (Form 1040)

Household Employment Taxes (For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

Attach to Form 1040, 1040NR, 1040-SS, or 1041.

OMB No. 1545-1971

Department of the Treasury Internal Revenue Service (99)

Name of employer

► See separate instructions.

Social security number

ALAN D. BERSIN & LISA A. FOSTER	Employer	Identification numb
A Did you pay any one household employee cash wages of \$1,400 or more in 2005? (If any household under age 21, your parent, or anyone under age 18, see the line A instructions on page H3 before y	d employee was your : ou answer this questing	spouse, your child
X Yes. Skip lines B and C and go to line 1.		
No. Go to line B.	4 D	
B Did you withhold federal income tax during 2005 for any household employee.	entB	
and the temperature receiver and the same and the same at the same		
Yes. Skip line C and go to line 5.		
No. Go to line C.		•
C Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2004 or 2005 to all hous (Do not count cash wages paid in 2004 or 2005 to your spouse, your child under age 21, or your par	ehold employees? ent.)	
No. Stop. Do not file this schedule.	•	•
Yes. Skip lines 1-9 and go to line 10 on page 2. (Calendar year taxpayers having no househo do not have to complete this form for 2005.)	old employees in 2005	•
Social Security, Medicare, and Income Taxes		
1 Total cash wages subject to social security taxes (see page H-4)	3,032.	
2 Social security taxes. Multiply line 1 by 12.4% (.124)	2	3,476.
		3,470.
3 Total cash wages subject to Medicare taxes (see page H-4)	3,032.	
4 Medicare taxes. Multiply line 3 by 2.9% (LO29)	4	813.
·		•
5 Federal Income tax withheld, if any	5	
6 Total social security, Medicare, and income taxes (add lines 2, 4, and 5)	6	4,289.
7 Advance earned income credit (EIC) payments, if any	7	
t ·		•
8 Net taxes (subtract line 7 from line 6)	8	4,289.
9 Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2004 or 2005 to household er (Do not count cash wages paid in 2004 or 2005 to your spouse, your child under age 21, or your parent.)	mployees?	:
No. Stop. Enter the amount from line 8 above on Form 1040, line 62. If you are not required to fit the line 9 instructions on page H-4.		
Yes. Go to line 10 on page 2.		
LHA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.		
instructions.	Schedule H	(Form 1040) 2005

		<u></u>					4 <u>.</u>			
Sched	ule H (Form 1040) 2005 ALAN D	. BEÉSTN	£ 7.T9	א מי	EO COIET	, f		ون.		<u>.</u>
Pai	Til Federal Unemploy	ment (FUTA)	Tax	DA A.	FOSTER	<u> </u>	<del></del>			Page 2
10 D	old you pay unemployment conti	ributions to only o	ne state?	(If you pa	id contributi	nos to New York	Stata	•	<del></del>	
C	neck 'No.')								г	Yes No
										7 2
	well and many the tendentic to	A DUTH WAS ABOUT	axable io	r vour stair	a's unemolo	yment tax?	** **** **** ** ********		***************************************	2 X
Mexi	If you checked the "Yes" box of If you checked the "No" box or	n au the ines an	OVE. COM	riata Carti	nn 1			•		<del></del>
			acove, sk	Section		dete Section B.			·····	
13 N	ame of the state where you paid	unemployment o	ontributio	VAC		CA	·····	18888		
14 St	ate reporting number as shown	on state unempk	yment ta	x return	·· •			- 🏻		•
					~	0% RA	re .	- 🎆		
15 Cc	ontributions paid to your state u	nemployment fun	d (see pa	ge H-4)		15				
10 10	tal cash wages subject to FUTA	tax (see page H-	4)			**********		. 1	6	
17 FU	TA tax. Multiply line 16 by .008.	. Finter the recult t	hara skia	Continu D	mant 4- 5					•
				~~~~~	a D.	ne 26	***************************************	. 17	7	
18 Co	mplete all columns below that a	pply (if you need	more spa	ce, see par	ge H-5):	·			· · · · · · · · · · · · · · · · · · ·	
(a) Name	(b) State reporting number	(c)		(d) erience rate	(e)	(f)	(g)		(h)	<u> </u>
of state	mountown fix '	Taxable wages (as defined in state act)	po po	crience rate riod	State	Multiply col. (c) by .054	Multiply co	્લ .	Subtract col. (d)	(i) Contributions
	Halling	-	From	To	raio	. 5,000	J. J. G.	7	from col. (f). If zero or less, entor -D-,	paid to state unemployment fund
. ]										
		j j			•					
			<del></del>				<u> </u>	<del>-  </del>		
19 Tota	ls							19		•
20 Add	makeenerikki + M - + M - + M									
21 Tota	columns (h) and (i) of line 19	ne for the English		***********		20				
	cash wages subject to FUTA to	ax (see the line 16	instruction	ous ou bad	je H-4)	~	************	21		
22 Multi	iply line 21 by 6.2% (.062)	•								
							*********	22		
23 Multi	ply line 21 by 5.4% (.054)		*********	*******		3	•			
24 Enter	the smaller of line 20 or line 23	************	-1	*****************		*********		24		
(140W	York State employers must use	the worksheet in	the sepa	rate instru	ctions and c	heck here)				
25 FUTA	tax. Subtract line 24 from line:	22. Friter the room	ift ham no	ed on the	- 00	•			٠.	
Part II	Total Household Emp	loyment Tax	es	io go to an	e <u>20 :</u>	***********	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	25		
•				· · ·			***********			
26 Enter	the amount from line 8	***********		**********	•			26		4,289.
97 Add 8	00 47 for the 013 and 11 and						*************		·······	1,203.
28 Are vo	ne 17 (or line 25) and line 26 ou required to file Form 1040?	***********	4 1	***********	***********	*****************	************	27		4,289.
X Ye	es. Stop. Enter the amount from	n line 27 above o	a Eam 10	MA E CO	. D	• • • • • • • • • • • • • • • • • • • •	_			
<b>Y</b>					- no not co	npiete Part IV b	elow			
N	you may have to complete	Part IV. See page	H-5 for de	etails.						•
Address (num	Address and Signature ber and street or P.O. box if mail is not de	e - Complete thi	s part only	y if require	d. See the fi	e 28 instruction	s on page H	l-5,	<del></del>	
•	- 100 AC	namen m arrest soule			•				m, or sulte no.	
City, town or p	post office, state, and ZIP code				<del></del>	<u>-</u>			· · ·	
	•	-	•							
Under penaltie payment made	s of perjury, I declars that I have examined to a state unemployment fund distined as	this schedule, including	a accompan	ying statemen	ts, and to the be	st of my knowledge =	nd belief. It is to	<b>30.</b> CO	t and cometate 4	la mad a?
			e capucted 1	nom the paym	cats to employe	es.		g	-4 mm combieter ∨	io battotacy
į.		,*	•	•			•			
Employer	's signature			· · · · · · · · · · · · · · · · · · ·	<del></del>		······································			
10352 1-29-05			<del></del>			Date				
							S	Schedu	de H (Form 1	240) 2005

(

# S

# Child and Dependent Care Expenses

➤ Attach to Form 1040.
➤ See separate instructions.

Form 2441 (2005)

Name(s) shown on Form 1040			Your social security number
ALAN D. BERSIN & LISA A	. FOSTER	•	
	e following terms. See Definitions on page 1 o	f the Instructions.	
Dependent Care Benefits	Qualifying Person(s)		Qualified Expenses
	s Who Provided the Care - You must	complete this part.	
(If you need more space, use the	bottom of page 2.)	our proto uno peru	•
(a) Care provider's	(b) Address	(c) Identifying nur (SSN or EIN)	mber (d) Amount paid
name (numbe	er, street, apt. no., city, state, and ZIP code)	(85)(6) (5)(4)	
			4,712.
			23,320.
	•		
Did you r	eceive No —	Complete only Part II be	low.
dependent ca	re benefits? Yes ———	Complete Part III on page	je 2 next.
	A	Amerikana far Carri 1010 Ha	· .
	e, you may owe employment taxes. See the ins	tructions for Potiti 1940, and	# 0Z-
Part II Credit for Child and Dep	endent Care Expenses	an and the instructions	
	(s). If you have more than two qualifying perso	(b) Qualifying pers	on's (c) Qualified expenses you
(a) Carany First	ing person's name Last	social security nur	
	BERSIN		14,016.
•			
2 Add the annual is pairing to office 2 D	not enter more than \$3,000 for one qualifying	person or \$6,000	
for two or more persons. If you completed	Part III, enter the amount from fire 32		3
•			•
4 Enter your earned income. See instruction	B		4
5 If married filing jointly, enter your spouse's	earned income (if your spouse was a student o	rwas	5
disabled, see the instructions; all others,		1 4 4 4 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
6 Enter the smallest of line 3, 4, or 5	* 	managras poper po 4 oposono co 2 è 2 a so 2 a ma 4 a	6
•			
7 Enter the amount from Form 1040, line 38	ind continue where we have been a second or the transfer of th	<u>'                                    </u>	
8 Enter on line 8 the decimal amount shown	pelow that applies to the amount on the r		
if line 7 is:	imal If line 7 is:		
	imal But not Deci- punt is <u>Over over smo</u> t	intis	
\$0 • 15,000	35 \$29,000 - 31,000 - 2	7	
15,000 - 17,000 17,000 - 19,000	35 \$29,000 - 31,000 2 34 31,000 - 33,000 2 33 33,000 - 35,000 2 32 35,000 - 37,000 2 31 37,000 - 39,000 2 30 39,000 - 41,000 2 29 41,000 - 43,000 2 28 43,000 - No limit 2		8 X.
19,000 • 21,000 21,000 • 23,000	32 35,000 - 37,000 2 31 37,000 - 39,000 2	4 3	
23,000 - 25,000	30 39,000 - 41,000 2	<u> </u>	, ,
23,000 - 25,000 25,000 - 27,000	29 41,000 - 43,000 2 39 43,000 - No limit 2	]	•
27,000 - 29,000	28   43,000 - No limit 21	•	
•			
9 Multiply line 6 by the decimal amount on lin	ne 8. If you paid 2004 expenses in 2005, see	•	
the instructions	14 20 0 000 20 14 15 15 15 15 15 15 15 15 15 15 15 15 15	, 6 part y 2 <del>0 pri</del> us <del>- 8 des pl</del> es etc. missumpusor (4 passer	9
10 Enter the amount from Form 1040, line 46,	minus any amount on Form 1040, line 47		10
11 Credit for child and dependent care expe	enses: Enter the smaller of line 9 or line 10 here	e and on Form 1040,	

LHA For Paperwork Reduction Act Notice, see separate instructions.

	m 2441 (2005) ALIAN D. BERSIN & DIBA A. POBIER		<del></del>	_	T age 2
	ar III Dependent Care Benefits			***************************************	<del></del>
12	Enter the total amount of dependent care benefits you received in 2005. Amoun	ts you	received as an		
	employee should be shown in box 10 of your Form(s) W-2. Do not include amoun	ts repo	rted as wages in		
	box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you	ı recelv	red under a		
	dependent care assistance program from your sole proprietorship or partnership,			12	8,000.
	maken tenerit and a second ten brade into them. I am a an in the attended to the second tenerity of the second ten				
44	Enter the amount forfeited or carried forward to 2006, if any (see the instructions)			13	•
13	Eliter life striontif totististi of cartier totaling to 5000' ii mil. Joec die storrectors	******			
٠.	Subtract line 13 from line 12			14	8,000.
14	Subtract line 13 from line 12	*******			
:_		Ι.	· ·		
15	Enter the total amount of qualified expenses incurred in 2005 for the care of	l	14 016		
	the qualifying person(s)	15	14,016.		. •
		-	0.000		
16	Enter the smaller of line 14 or 15	16	8,000.		•
		1			
17	Enter your earned income. See instructions	17	The same of the sa		
18	Enter the amount shown below that applies to you.				
	If married filing jointly, enter your spouse's earned income (if your				
	spouse was a student or was disabled, see the instructions for line 5).				
_	• If married filing separately, see the instructions for the amount to enter.	18			
	All others, enter the amount from line 17.				
	All others, enter the amount from the 17.				
	·	2466674	8,000.		
	Enter the smallest of line 16, 17, or 18	19			
20	Enter the amount from line 12 that you received from your sole proprietorship or p		hip. If you did not	22000	
	receive any such amounts, enter-0-	·	***********	20	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
					•
21	Subtract line 20 from line 14	21	8,000.		
22	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter yo	ur spot	ise's earned		
	income on line 18)			22	5,000.
23	Deductible benefits. Enter the smallest of line 19, 20, or 22. Also, include this are	ount o	n the appropriate		
7.	line(s) of your return (see the instructions)			23	•
i	many to the second seco				
24	Enter the smaller of line 19 or 22	24	5,000.		
24	Cittet the strange of the 12 of TC ***********************************	-			``
	P.A. with a reserved form of Eq. 00	25	•		
25	Enter the amount from line 23				
					5,000.
	Excluded benefits. Subtract line 25 from line 24. If zero or less, enter-0-			26	. 57000.
27	Taxable benefits. Subtract line 26 from line 21. If zero or less, enter -0 Also, inclu				. 2 000
	line 7. On the dotted line next to line 7, enter "DCB"		*********	27	3,000.
	To claim the child and dependent care	e credit			
	complete fines 28-32 below.	,,	1		
<u>.</u>	COMPLICATION DATE.				
28	Enter \$3,000 (\$6,000 if two or more qualifying persons)	*******		28	3,000.
•					
29	Add liges 23 and 26			29	•5,000.
,					
30	Subtract line 29 from line 28. If zero or less, stop. You cannot take the credit. Exce	eption.	If you paid 2004		
••	expenses in 2005, see the instructions for line 9			30	<u>'.</u> 0.
	pichathan is madel dan ette ummanumin in ette e enterrepressioneristettettettettettettettettettettettettet	*******			· · · · · · · · · · · · · · · · · · ·
9-¥	Complete line 2 on page 1 of this form. Do not include in column (c) any benefits s	hown -	on The 29		
01	above. Then, add the amounts in column (c) and enter the total here		·/·· ·/·· ( ** *************************	31	
	Spoke. High's soo me subonite in comfut (c) suo effet me mist nera """"""""""""""""""""""""""""""""""""	:		<del>   </del> -	
	Principle and the Charles Alexander and the Carrest African State Control of the Carr	la fan-	and		
32	Enter the smaller of line 30 or 31. Also, enter this amount on line 3 on page 1 of th			. 20	
	complete lines 4-11			32	C 0444 man-
					Form 2441 (2005)

## SCHEDULE H (Form 1040)

Household Employment Taxes
(For Social Security, Medicare, Withheld Income, and Federal Unamployment (FUTA) Taxes)

Attach to Form 1040, 1040NR, 1040-SS, or 1041.

OMB No. 1545-1971

Department of the Treasury Internal Revenue Service (99) Name of employer

► See separate instructions.

Social security number

Employer identification number

ALAN D. BERSIN & LISA A. FOSTER		
A Did you pay any one household employee cash wages of \$1,500 or more in 2006? (If any household under age 21, your parent, or anyone under age 18, see the line A instructions on page H3 before	old employee was your sp you answer this question	ouse, your child .)
Yes. Skip lines B and C and go to line 1.  No. Go to line B.		
- Attach	nment C	
B Did you withhold federal income tax during 2008 for any household employee?	. •	
Yes. Skip line C and go to line 5.  No. Go to line C.		
C Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2005 or 2006 to all hou (Do not count cash wages paid in 2005 or 2006 to your spouse, your child under age 21, or your pages.)	esehold employees? arent.)	·
No. Stop. Do not file this schedule.		
Yes. Skip lines 1-9 and go to line 10 on page 2. (Calendar year taxpayers having no househ do not have to complete this form for 2006.)	noid employees in 2006	
Parti Social Security, Medicare, and Income Taxes		<del></del>
Total cash wages subject to social security taxes (see page H-4)	25,584.	·
Social security taxes. Multiply line 1 by 12.4% (.124)	2	3,172
Total cash wages subject to Medicare taxes (see page H-4)	5,584.	•
Medicare taxes. Multiply line 3 by 2.9% (.029)	4	742
Federal income tax withheld, if any	5	(
Total social security, Medicare, and income taxes. Add lines 2, 4, and 5		3,914
Advance earned income credit (EIC) payments, if any	7	
Net taxes (subtract line 7 from line 6)	8	3,914
Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2005 or 2006 to household (Do not count cash wages paid in 2005 or 2006 to your spouse, your child under age 21, or your parent	employees? L)	
No. Stop. Enter the amount from line 8 above on Form 1940, line 62. If you are not required to the line 9 instructions on page H4.	file Form 1040, see	
X Yes. Go to line 10 on page 2.		
A For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.	Schedule H I	Form 1040) 2006

•		tule H (Form 1040) 2006 ALAN			A A.	FOSTER	· · · · · · · · · · · · · · · · · · ·		. 1			Page 2
	Pa	rt II Federal Unemp	oloyment (FUTA)	Tax	•			<del> </del>				
\						_					· Yes	No
,	10 /	Are you required to pay unen Did you pay all state unemplo	nployment contribution	is to only arenne b	one state:	20072 5500	·············		*********		10 X	<del> </del>
	12 V	ou you pay all state unemplo Vere all wages that are taxab	de for 14 ITA tax also ta	or zood by exable for	y April 10, Vourstate	2007 i risca Ps Linemolou	ii year illers, see moot tay?	page n-4	••••••		2 X	
		If you checked the "Yes" b					(110015 10051 101000	************				
		If you checked the "No" bo					lete Section B.					
					Section							
	13 N	lame of the state where you	paid unemployment co	ontribution	ns	·· <b>}</b>	CA		- 🏻			
	14 5	State reporting number as sho	own on state unemplo	yment tax	return	- >			- 🎆			
	15 C	contributions paid to your sta	ita Imemolosment filme	t keen nan	na H-41)	1	45	245				
	18 T	otal cash wages subject to F	*UTA tax (see page H-4	1) 1)	(C 11 T)	······ L				S .		•
						·		*				
	17 F	UTA tax. Multiply line 16 by .	.008. Enter the result h				ne 26		17			
	40 0		- hand before		Section						<del></del>	· · ·
		omplete all columns below to (b)	(c)	<del>,</del>		ge H-5): (e)	(0)	(g)	<del></del> -1	A-1	,	<del></del>
	(a) Name of	Shits reporting number as shown on state	Terable wages fas defined in state act	State expe	d) erlence rate flod	State	Muttiply sot (c)	Muttiply col		(h) Subtract col. (d)	Contrib paid to	utions
	state	unemployment tex return	Connect at series acc	From	To	experience	by .054	by coi. (e)	'	from col. (f). If zero or less, enter 40-,	unempk	yment ·
•												
•		· · · · · · · · · · · · · · · · · · ·	<u></u>			<u>.                                    </u>	ļ					<del></del>
	19 To	tais							19			
			_									
:	20 Ad	id columns (h) and (l) of line 1	19		••••••	L	20					
۱ ،	21 To	tal cash wages subject to FL	JTA tax (see the line 16	6 instructi	ons on par	ge H-4)	******************	***********	21	<del> </del>		<del>.</del> -
,	22 Mi	tuply line 21 by 6.2% (.062).								ļ		
	///	maps more by occasional,	······································	************			******** **** ** ********** ******	**********	22			
2	23 Mu	iltiply line 21 by 5.4% (.054).	*******************				23					
2	4 Ent	ter the smaller of line 20 or li	ine 23				******	*********	24		·	
									İ			
2	5 FU	TA tax. Subtract line 24 from	n line 22. Enter the res	ult here ar	ad oo to lin	na 96	÷		25			
6	Part	III Total Household	Employment Tax	(8 <b>5</b>	id go to m	16 20	<del>.</del>	*******	129	l		<del></del>
							<del></del>		]			
2	6 Ent	er the amount from line 8. If	you checked the "Yes	" box on li	ine C of pa	ige 1, enter	0		26		3,9	14.
		JE 491 *	A.m.					ì				
2	A ACC	d line 17 (or line 25) and line : you required to file Form 10	20			•		100000000000000000000000000000000000000	27	<u> </u>	3,9	4.
~		Yes. Stop. Enter the amoun		on Form 1	Ω4Ω. line 6	2 Do not o	molata Dart IV I	Selmu				
•	<u></u>		•							•		
335		No. You may have to com										
	delegas b	Address and Sign number and street) or P.O., box if mail is	tature - Complete the	is part on	ly if require	ed. See the	ine 28 instructio	ns on page l				
	<b>V</b>	man min annog or 1 seel near 11 (the h	a localitation as according	•••					Apr., ro	orn, or suite no.		
G	ty, town	or post office, state, and ZIP code				<del></del>	<del></del>	" (%	<del>P</del> os	<del></del>		
_		·										
U	nder pen syment m	allies of perjury, I declars that I have a nade to a state unemployment fund cla	marnined this schedule, includ almed as a credit was, of is to	ling accompa	nying stateme	ents, and to the I	best of my knowledge	and belief, it is b	rue, com	ect, and complete	. No part o	aty
•	· · · · · ·						,					
Ĺ												
	Empl	loyer's signature	<del></del>				Date			<del></del>		
B1 12	0352 -01-08			<del></del>		<del></del>	<del>, ,</del>		Scher	tule H (Form	1040) 2	006
						68						

# Department of the Tre

### Child and Dependent Care Expenses

► Attach to Form 1040 or Form 1040NR.

OMR No. 1545-0074

Attachment Sequence No. 21 Your social security number

internal Revenue Service \* (98) Name(s) shown on return

613761 11-02-06

See separate instructions.

ALAN D. BERSIN & LISA A. FOSTER Before you begin: You need to understand the following terms. See Definitions on page 1 of the instructions. Qualifying Person(s) Qualified Expenses Dependent Care Benefits Persons or Organizations Who Provided the Care - You must complete this part. Parti (if you need more space, use the bottom of page 2.) (b) Address (number, street, apt. no., city, state, and ZIP code) (c) Identifying number (SSN or EIN) (a) Care provider's (d) Amount paid 3,224. 22,360. Did you receive Complete only Part II below. Complete Part III on page 2 next. dependent care benefits? Caution, If the care was provided in your home, you may owe employment taxes. See the instructions for Form 1040, Ine 62, or Form 1040NR, Ine 57. Credit for Child and Dependent Care Expenses Information about your qualifying person(s). If you have more than two qualifying persons, see the instructions. c) Qualified expenses you (a) Qualifying person's name (b) Qualifying person's incurred and paid in 2006 for the person listed in column by social security number Last First 3 Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 33 .... 3 4 Enter your earned income. See instructions ..... 5 If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4 5 6 6 Enter the smallest of line 3, 4, or 5 7 Enter the amount from Form 1040, line 38 Form 1040NR, line 36 8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7 If line 7 is: If line 7 is: **But not** Decimal But not Decimal amount is Over over <u>amount is</u> Over over \$29,000 - 31,000 31,000 - 33,000 33,000 - 35,000 \$0 - 15,000 15,000 - 17,000 265433278 34 33 32 31 30 29 8 17,000 - 19,000 19,000 - 21,000 35,000 - 37,000 37,000 - 39,000 39,000 - 41,000 41,000 - 43,000 43,000 - No limit 21,000 - 23,000 23,000 - 25,000 25,000 - 27,000 27,000 - 29,000 9 Multiply line 6 by the decimal amount on line 8. If you paid 2005 expenses in 2006, see 10 Enter the amount from Form 1040, line 46, minus any amount on Form 1040, line 47, or Form 1040NR, line 43, 10 minus any amount on Form 1040NR, fine 44 11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 48, or Form 1040NR, line 45..... LHA For Paperwork Reduction Act Notice, see separate instructions. Form 2441 (2006)

i	F	orm 2441 (2006) ALAN D. BERSIN & LISA A. FOSTER		·			Page :
		Part III Dependent Care Benefits		<u>-</u>		200000000	
7	. 1	2 Enter the total amount of dependent care benefits you received in 2006. Amou					
)		employee should be shown in box 10 of your Form(s) W-2. Do not include amounts you of Form(s) W-2. If you were self-employed or a partner, include amounts you	ints rep	orted as wage	s in		
		dependent care assistance program from your sole proprietorship or partnership				12	5,000.
		and a second sec	·* *********	**********		- <del>  '^-</del>  -	3,000.
	1	3 Enter the amount, if any, you carried over from 2005 and used in 2006 during the	e grace	period. See in	structions	13	•
	14	Enter the amount, If any, you forfelted or carried forward to 2007. See instruction	ns "	**********	***************************************	. 14 (	
	41	Combine lines 12 through 14. See instructions					
	'`	Compare mas 12 manual 14 ose metropologs			***************************************	15	5,000.
	16	Enter the total amount of qualified expenses incurred in 2006 for the care of	ſ	1 .			
		the qualifying person(s)	16	2	5,584		
							•
	17	Enter the smaller of line 15 or 16	17		5,000	•	
		Enter your earned income. See instructions	18				•
	19	Enter the amount shown below that applies to you.  If manied filing jointly, enter your spouse's earned income (if your					
	•	spouse was a student or was disabled, see the instructions for line 5),		•			
		If married filing separately, see the instructions for the amount to enter.	19				
		All others, enter the amount from line 18.				Ŧ	
		•					
	20	Enter the smallest of line 17, 18, or 19	20		5,000		
	21	Enter the amount from line 12 that you received from your sole proprietorship or p	artnersi	rlp. If you did	not		
		receive any such amounts, enter -0-	r	9   day		21	
•	22	Subtract line 21 from line 15		,	5,000		
) :	23	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter you	<u>                                    </u>	sa's ermad	3,000.		
•		income on line 19)	ui abou	ac a contich		23	5,000.
2	24	Deductible benefits. Enter the smallest of line 20, 21, or 23. Also, include this am	ount on	the appropria	ate	<del></del>	37000.
		line(s) of your return. See instructions	[ <del>7 7 7 7 </del>		75490444	24	
_		<b>-</b>					——————————————————————————————————————
2	<b>3</b>	Enter the smaller of line 20 or 23	25		5,000.		
9	R	Enter the amount from line 24					
-		LING DIS GINGIR POSS MIC 24	26				
2	7	Excluded benefits. Subtract line 26 from line 25. If zero or less, enter 0-				27	5,000.
2	8	Taxable benefits. Subtract line 27 from line 22. If zero or less, enter 0. Also, include	de this a	umount on For	m 1040.		370001
		ine 7, or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7, or Form	1040N	R, line 8, ente	r DCB	28	
		To claim the child and dependent care	credit				
		complete lines 29-33 below.	010011,				
_	_			<del></del>			
2	9 E	Enter \$3,000 (\$6,000 if two or more qualifying persons)				29	2 000
	·	and the state of the state described between the state of			**********	29	3,000.
3	0 4	add lines 24 and 27			. [	30	5,000.
					Ī		
3	1 8	subtract line 30 from line 29. If zero or less, stop. You cannot take the credit. Excep	otion. If	you paid 200	5	1	
	e	xpenses in 2006, see the instructions for line 9	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			31	0.
33	, ,	complete line 2 on page 1 of this form. Do not include in column (c) any benefits sh			I	- 1	
•	- ·	bove. Then, add the amounts in column (c) and enter the total here	own on	line 30	- 1		
	_			******************	·····	32	
33	E	nter the smaller of line 31 or 32. Also, enter this amount on line 3 on page 1 of this	form ar	nd	J	1	
_		omplete lines 4-11			<u></u>	33	
61:						•	Form 2441 (2008)
11-	3752 02-1						<b></b>
		55	* **	21 T			
		BERSIN	, AL	KATA TA			

#### SCHEDULE H (Form 1040)

### **Household Employment Taxes**

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

Attach to Form 1040, 1040NR, 1040-SS, or 1041.

► See separate instructions.

OMB No. 1545-1971 2007 Attachment

Department of the Treasury internal Revenue Service

Name of employer

Attachment Sequence No. 4
Social security number

Schedule H (Form 1040) 2007

Employer identification number ALAN D. BERSIN & LISA A. FOSTER Did you pay any one household employee cash wages of \$1,500 or more in 2007? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions on page H-3 before you answer this question.) X Yes. Skip lines B and C and go to line 1. No. Go to line B. Attachment D Did you withhold federal income tax during 2007 for any household em Yes. Skip line C and go to line 5. No. Go to line C. Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2006 or 2007 to all household employees? (Do not count cash wages paid in 2006 or 2007 to your spouse, your child under age 21, or your parent.) No. Stop. Do not file this schedule. Yes. Skip lines 1-9 and go to line 10 on page 2. (Calendar year taxpayers having no household employees in 2007 do not have to complete this form for 2007.) Terret II Social Security, Medicare, and Income Taxes Total cash wages subject to social security taxes (see page H-4) Social security taxes. Multiply line 1 by 12.4% (.124) 3,313. Total cash wages subject to Medicare taxes (see page H-4) 26,717. Medicare taxes. Multiply line 3 by 2.9% (.029) 775. Federal income tax withheld, if any 5 Total social security, Medicare, and Income taxes. Add lines 2, 4, and 5 6 4,088. Advance earned income credit (EIC) payments, if any 8 Net taxes (subtract line 7 from line 6) 4,088. Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2006 or 2007 to all household employees? (Do not count cash wages paid in 2006 or 2007 to your spouse, your child under age 21, or your parent.) No. Stop. Enter the amount from line 8 above on Form 1040, line 62. If you are not required to file Form 1040, see the line 9 instructions on page H-4. X Yes. Go to line 10 on page 2.

For Privacy Act and Paperwork Reduction Act Notice, see page H-7 of the instructions.

Sch	antili Federal Unemploy	ment (FUTA)	& LIS	A A.	FOSTER				4	Page
12	Did you pay unemployment contribid you pay all state unemployme Were all wages that are taxable fo it: If you checked the "Yes" box on If you checked the "No" box on	ent contributions t or FUTA tax also to on all the lines abo	for 2007 b exable for eve. como	y April 15, your state dete Section ip Section	2008? Fisc s's unemplo on A. A and comp	al year filers, see yment tax?	nano HJ	·	10 X 11 X 12 X	
-			· · · · ·	Section	n A				<del> </del>	
14	Name of the state where you paid State reporting number as shown	unemployment c on state unemplo	contributio Syment tax	nsx retum		CA				-
15	Contributions paid to your state un Total cash wages subject to FUTA	nemployment fun	d (see per	ne H-5)		15	375.	16		
	FUTA tax. Multiply line 16 by .008.				and go to l			17		
18 (	Complete all columns below that a	pply (if you need :	more soar	OBCUON	no H-Sh	<del></del>				
(a) Name of state	(b) State reporting number as shown on state unemployment but	(c) Taxable wages (as defined in state act)	State expe	d) orience rate riod	(e) State experience	(f) Multiply col. (c) by ,054	(g) Multiply col. (c) by col. (c)	(h) Subtract cel. (d) from cel. (d)	Contribu	) Itions
	retim		From	To	rate		3 341 (4	from col. (b. if zero or less, enter -0	unemplo sunc	yment
										<del></del>
<b>40 T</b>		<u> </u>		L			<del></del>	-	ļ	
20 A	otals				1	20 l		21	I	
	ultiply line 21 by 6.2% (.062)							2		<del></del>
23 Mi 24 En	ultiply line 21 by 5.4% (.054) der the smaller of line 20 or line 23	3	***********	**************************************	<u>L</u> 1	3	2	4		
25 FU Part	TA tax Subtract line 24 from line Total Household Emp	22. Enter the reso ployment Tax	ult here an	d go to lin	e 26	<u> </u>	2	5		
26 Ent	ter the amount from line 8. If you c	hecked the "Yes"	box on li	ne C of pag	o 1, enter-	0-	2	6	4,08	8.
27 Ad	d line 17 (or line 25) and line 26 (se	e page H-5)		-464 <del>0</del> 6411546666	**********		2		4,08	
28 Are	you required to file Form 1040? Yes. Stop. Enter the amount from	m line 27 above o	n Form 10	040. line 62	. Do not co	molete Part IV by		·		<u> </u>
	No. You may have to complete	Part IV. See page	H-5 for d	etails.		•				
Address ()	Address and Signatur number and street) or P.O. box if mail is not de	18 - Complete this	s part on!	y if require	d. See the li	ne 28 Instruction				_
	or post office, state, and ZIP code					· · ·	Apt,	, toom, or sulbs no.		
	•			•		,				
inder pen Syment i	attles of perjury, I declare that I have examined and to a state unemployment fund claimed as	d this schedule, includi s a credit was, or is to t	se' degresso ud accoulbari	ying statemen from the paym	ts, and to the b lents to employ	est of my knowledge a les.	nd belief, it is true, co	arrect, and complete	No part of a	пу
Empl	oyer's signature		···			-		· · · · · · · · · · · · · · · · · · ·		
10352 2-05-07					<del></del>	Date				
				6	q		Scho	edule H (Form	1040) 20(	)7

### SCHEDULE H (Form 1040)

Household Employment Taxes
(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

➤ Attach to Form 1040, 1040NR, 1040-SS, or 1041.

► See separate instructions.

OMB No. 1545-1971 Attachment Sequence No. 44

Department of the Treasury Internal Revenue Service (99) Name of employer

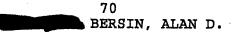
ALAN D. BERSIN & LISA A. FOSTER

Social security number

Employer identification number

under age 21, your parent, or anyone under age 18, see the line A instructions on page H-4 before you answe		ır spouse, your child stion.)
	E	
Did you withhold rederal income tax during 2006 for any nodsenote employee?		
Yes. Skip line C and go to line 5.  No. Go to line C.		
Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2007 or 2008 to all household em (Do not count cash wages paid in 2007 or 2008 to your spouse, your child under age 21, or your parent.)	oloyees?	
No. Stop. Do not file this schedule.  Yes. Skip lines 1-9 and go to line 10 on page 2. (Calendar year taxpayers having no household employed not have to complete this form for 2008.)	ees in 20	008
Social Security, Medicare, and Federal Income Taxes		
Total cash wages subject to social security taxes (see page H-4)		
Social security taxes. Multiply line 1 by 12.4% (.124)	2	2,485
otal cash wages subject to Medicare taxes (see page H-4)	4	
Medicare taxes. Multiply line 3 by 2.9% (.029)	. 4	581
ederal income tax withheld, if any	5	
otal social security, Medicare, and federal income taxes. Add lines 2, 4, and 5	6	3,066
dvance earned income credit (EIC) payments, if arly	7	
let taxes (subtract line 7 from line 6)	8	3,066.
	/ees?	
No. Stop. Include the amount from line 8 above on Form 1040, line 60, and check box b on that line. If 1040, see the line 9 instructions on page H-4.	ou are no	ot required to file Form
X Yes. Go to line 10 on page 2.		
	Yes. Skip lines B and C and go to line 1.  No. Go to line B.  Attachment  Did you withhold federal income tax during 2008 for any household employee?  Yes. Skip line C and go to line 5.  No. Go to line C.  Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2007 or 2008 to all household employ to the count cash wages paid in 2007 or 2008 to your spouse, your child under age 21, or your parent.)  No. Stop. Do not file this schedule.  Yes. Skip lines 1-9 and go to line 10 on page 2. (Calendar year taxpayers having no household employ do not have to complete this form for 2008.)  TI Social Security, Medicare, and Federal Income Taxes  Total cash wages subject to social security taxes (see page H-4)  Social security taxes. Multiply line 1 by 12.4% (.124)  Total cash wages subject to Medicare taxes (see page H-4)  Medicare taxes. Multiply line 3 by 2.9% (.029)  Medicare taxes. Multiply line 3 by 2.9% (.029)  Total social security, Medicare, and federal income taxes. Add lines 2, 4, and 5  Movance earned income credit (EIC) payments, if any  Met taxes (subtract line 7 from line 6)  Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2007 or 2008 to all household employ to not count cash wages paid in 2007 or 2008 to your spouse, your child under age 21, or your parent.)  No. Stop. Include the amount from line 8 above on Form 1040, line 60, and check box b on that line. If you pay total cash wages paid in 2007 or 2008 to your spouse, your child under age 21, or your parent.)	Yes. Skip lines B and C and go to line 1.    Attachment E





Schedule H (For	m 1040) 2008 ALAN D:	BERSIN 8	k LIS	A A.	FOSTER				4			
Part II	Federal Unemployn	nent (FUTA)	Tax		- 00-22		-					Page
											Yes	s No
10 Did you	pay unemployment contrib	outions to only or	ne state?	************						[7	10 X	_
עסע מוע וו	pay all state unemploymen	it contributions f	or 2008 b	v April 15.	20097 Fiscs	l vaar file	re eee r	SOME LIA			11 X	
12 Were all	wages that are taxable for	FUTA tax also ta	exable for	your state	's unemploy	ment tax	?		•••••	-	12 X	
Mexic II you	CHECKED THE "TES" DOX ON	all the lines abo	ve, comp	lete Sectio	on A.				•••••	······		
If you	checked the "No" box on	any of the lines a	bove, ski			lete Sect	ion B.					
				Section								<u> </u>
13 Name of	the state where you paid u	inemployment co	ontributio	ns	>		CA		T			
14 State rep	porting number as shown o	n state unemplo	yment tax	k return	> 🚛				1			
4= 0										i		
15 Contribu	tions paid to your state und	employment fund	d (see pag	ge H-5)	L	15		<u>535</u> .				
16 lotal cas	sh wages subject to FUTA t	tax (see page H-	5)			************			10	6	. 7,0	000
												/
17 FUIA ta	x. Multiply line 16 by .008.	Enter the result h	nere, skip	Section B	and go to li	ne 26	••••••		17	7		<u> 56</u> .
18 Complete	all columns below that ap	nly lif you need i	more eng	Section								
(a) Name	(b)	(c)				1 7				· · · · · ·		
Name of	State reporting number as shown on state	Taxable wages (as	State exp	(d) erience rate riod	(e) State	(1 Multiply		(g) Multiply col. (	c)	(h) Subtract coi. (g)	Contrib	(i) outions
state	unemployment tex return	defined in state act)	From	To	experience rate	by .0	154	by col. (e)		from col. (f).	paid to unemple	state
	· · · · · · · · · · · · · · · · · · ·			<del> </del>	<del> </del>	<del></del>				enter -0	fur	ıd
		i .		j							1	
			<del></del>				$\rightarrow$	<del></del>	-	<del></del>	├	
	-						[					
	* .					<del></del>				<del></del>		
19 Totals		***************************************				••••			19		Ì	
20 Add colur	TINS (h) and (i) of line 19				[ ]	20 ไ			<u> </u>	7		<del></del>
21 lotal cast	n wages subject to FUTA to	x (see the line 10	6 instructi	ions on pa	ae H-5)				21			
22 Multiply III	ne 21 by 6.2% (.062)			***********	·*···	******		**************	22	+		
23 Multiply li	ne 21 by 5.4% (.054)					23				1		
24 Enter the	smaller of line 20 or line 23	······			•••••	***************************************			24			
OIN ION	. Subtract time 24 from pine.	22. Enter the res	uπ nere a	nd go to lii	ne 26	·			25			
rant III	otal nousenoid Emp	Noyment lax	(es		•						**	
20 Enter the	amount from line 8. If you o	hecked the "Yes	box on	line C of pa	age 1, enter	o	•••••		26		3,0	66.
28 Aravovra	7 (or line 25) and line 26 (se quired to file Form 1040?	e page H-5)		•••••••	***************************************				27		3,1	22.
	Stop. Include the amount f Part IV below.	IOIN MINE 27 BDOV	e on Fom	n 1040, IIne	e 60, and ch	eck box I	on that	line. Do not	com	plete		
	You may have to complete	Part IV. See pag	e H-5 for a	dataile								
Part IV A	ddress and Signatur	re - Complete th	is part or	alv if requir	ad See the	lina 20 in	ate takka		-			
ddress (number a	nd street) or P.O. box if mail is not d	elivered to street addr	ess	yoqu	04. 000 110	W10 20 W1	Surction			oom, or suite no.		
					•							
ity, town or post o	ffice, state, and ZiP code											
Inder penalties of a	perjury, I declare that I have examine state unemployment fund claimed s	d this schedule, inclus	ing accomp	anying statem	ents, and to the	best of my k	nowledge	end belief, It is tru	le, con	rect, and complete	a. No part (	of any
hich preparer has	state unemployment fund claimed a any knowledge.	is a creoit was, or is to	De, decucto	nom me pay	ments to emplo	yees. Declar	ation of pre	parer (other than	taxpa	yer) is based on a	il informatio	on of
<b></b>	-					<b>.</b>						
Employer's sig	prature				<del></del>	- <b>P</b> -	Date			· · · · · · · · · · · · · · · · · · ·		
Paid	Preparer's				Date	**********	Ch	eck if		Preparer's S	SN or P	TIN
reparer's	signature							f-employed [		. , . , . , . ,		
- ·	Firm's name (or			•					EIN			
Ise Only	yours if self-employed),	<b></b>							Pho	one no,		
	address, and ZIP code								]			

Schedule H (Form 1040) 2008

### Attachment F

Attached.

11. Your response to Questions F.10 of the Questionnaire indicates that you have filed amended returns to pay FUTA taxes for 2006 and 2007. It does not appear this correction was included in the amended returns filed on January 26, 2009. Please clarify if it was, and, if not, please provide only the relevant pages of the new 1040Xs that were filed.

Amended returns for 2006 and 2007 were filed in October 2009 to pay the FUTA tax. Copies of the relevant pages are attached.

### Household Employees

15. Please provide the Forms I-9 completed for each of your household employees employed during and since 2006. If Forms I-9 were not completed, please provide the documentation that was considered to establish the legal status of each of the employees.

hired through an employment agency. My wife reviewed U.S. Passport (No. and signed an I-9 that the agency had prepared. The I-9 is attached. It does not appear to be dated, but my wife recalls signing it at the employment agency at the time she hired

Hired 7/07; terminated employment 7/08. Line is a U.S. citizen. She is a daughter and was born in the United States. My wife

Hired 10/08; currently employed. My wife reviewed her Permanent Resident Card and Social Security card at the time of hiring. An I-9 Form was filled out 11/09. Copies of all three items are attached.

## 16. Were Forms W-2 timely provided to each of the employees and submitted to the IRS?

W-2 forms were timely provided to the employees. We submitted the W-2 forms, accompanied by a W-3 form, to the Social Security Administration as required.

LOTTON Price and	Corta See Form	BERSIN & L.	ons.		. 0012		A. Original nu			2	
Complete this part to Increasing or decreasing or decreasing or decreasing or decreasing the complete that the complete	sasing the number o	f exemptions claimed on ill amount for housing indiv	ne 6d of	the reti splaced	ım you I by		of exemption reported or previously adjusted	25 26	8. N	t change	C. Correl number of exemption
25 Yourself and answer						-		_			<del> </del>
Cauting Manmenne	ess elsim una en el	ependent, you cannot clair	••••••		2	5					[
exemption for yourse	n Con Cienti Àûñ 52 5 û	ependent, you cannot clair	11 \$t)			22					
26. Vitter denendent abild	lls manuska throws sciences					1		ĺ			
27 Your dependent child	ren who did a diff. Y	DU	••••••	····	<u>2</u>	5					
divome or senseting	INTERNATION OF HOS HAND	with you gue to			1						
28 Other dependents			*********	••••••	<u>  2</u>	7					
9 Total number of exem	ntinne Add Some SE	ihrough 28	•-••		!_ 21	3					
		formigh 28 the amount on line 4.		low	2			$\dashv$			
Tax	Exemption									- 1	
year	svembrion svembrion	But see the instruction page 3 if the amount	rs for lin	e 4 an		ŝ				- 1	
2006 2005	\$2,300 3,200	\$112,875	THAT !	· · · ·		es o		- 1		- 1	
2004 2003	3,100	108,475 107,029								- 1	
	3,060	104,826			30	1				-	
		r housing individuals displ arm 8914, line 2 for 2005 (									
A CANA 1344 NIPLINCING	INS 101 M/M 41				31			Ţ		j	
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	ret die lasch Uale Ti	nd on line 4 f on original (or adjusted)			32	Τ		_			
							1 Dopensony's lettonship to you	Teresta	becode	you	
		·	- :							e did । win you	due te
									<u>-</u>	separatio	in ▶
			-	┿			<del></del>			Depende	ntu
Explanatio		,	<del></del>	╼┿						en 33 not entered a	
	n of Changes	ge 1 for each item you 66 for the items chanc	ere chi ed. If ye	on qó sugjul	and give	t Ung b th	reason for e e required inf	ach o	hange.	Attach only	the
Enter the line supporting to may be return	ned. He sure to in perating loss carryb	ack or a general business (	social s credit car	ecurit Tyback	y number	on	any attachme	nts.	AS Physical		
Enter the line supporting to may be return change relates to a not o high the loss or credit non	ternel Can man 2 -4	About the state of	CLACK CRI	CANACK	, ausen me	2CU	any attachme	nts. It sho	es the year	lr	<b>&gt;</b>
Enter the line supporting to may be return change relates to a not o high the loss or credit non	ternel Can man 2 -4	clude your name and a ack or a general business of the instructions. Also, che OMITTED FUT	CLACK CRI	CANACK	, ausen me	2CU	any strachme	nts. Il sho	es the year	lr	<b>&gt;</b>
Enter the line supporting to may be return change relates to a not o high the loss or credit non	ternel Can man 2 -4	About the state of	CLACK CRI	CANACK	, ausen me	2CU	any attachme edule or form th	nts.	es the year	tr	
Enter the line supporting to may be return change relates to a not o high the loss or credit non	ternel Can man 2 -4	About the state of	CLACK CRI	CANACK	, ausen me	2CU	any attachme	ents.	es the year	ir	<b>▶</b> [
Enter the line supporting to may be return change relates to a not o high the loss or credit non	ternel Can man 2 -4	About the state of	CLACK CRI	CANACK	, ausen me	2CU	ary attachme	ents.	vs the ye	lr	<b>▶</b> [
Enter the line supporting to may be return change relates to a not o high the loss or credit non	ternel Can man 2 -4	About the state of	CLACK CRI	CANACK	, ausen me	2CU	any attachme	ents.	ws tha ye	ar .	<b>▶</b> [
Enter the line supporting to may be return change relates to a not o high the loss or credit non	ternel Can man 2 -4	About the state of	CLACK CRI	CANACK	, ausen me	2CU	any attachme	ents.	ns the year	ır	<b>▶</b> [
Enter the line supporting to may be return change relates to a not o high the loss or credit non	ternel Can man 2 -4	About the state of	CLACK CRI	CANACK	, ausen me	2CU	any attachme	nts.	ws the ye	kr .	<b>▶</b> [
Enter the line supporting to may be return change relates to a not o high the loss or credit non	ternel Can man 2 -4	About the state of	CLACK CRI	CANACK	, ausen me	2CU	any attachme	ents.	ws the year	kr	<b>▶</b> [
Enter the line supporting to may be return change relates to a not o high the loss or credit non	ternel Can man 2 -4	About the state of	CLACK CRI	CANACK	, ausen me	2CU	any attachme	ents.	ws the ye	kr	<b>▶</b> □
Enter the line supporting to may be return change relates to a not o high the loss or credit non	ternel Can man 2 -4	About the state of	CLACK CAL	CANACK	, ausen me	2CU	any attachme	ents.	ws the ye	kr	<b>▶</b> [
Enter the line supporting to may be return change relates to a not o high the loss or credit non	ternel Can man 2 -4	About the state of	CLACK CAL	CANACK	, ausen me	2CU	any attachme	ents.	ns the ye	kr	<b>▶</b> [
Enter the line supporting to may be return change relates to a not o high the loss or credit non	ternel Can man 2 -4	About the state of	CLACK CAL	CANACK	, ausen me	2CU	any attachme	nts.	ws the ye		<b>▶</b> [
Enter the line supporting to may be return to change relates to a net of the loss or credit occ XPAYER INAD	VERTANTLY	the instructions. Also, che OMITTED FUT	ck here	AX C	DF \$56	Schi	edule or form th	at show	AS the year	lr	<b>▶</b> [
Enter the line supporting to may be return a change relates to a net of thich the loss or credit occ XPAYER INAD.  Elli Presidential did not previously want \$5	VERTANTLY  Election Cam	About the state of	ing belo	AX C	OF \$56	schi	edule or form th	at show	AS the year	lr	<b>▶</b> [

1040 X 206

	Complete this part are increasing or decreasing or decreasing or	tly if you are: easing the number of	040 or 1040A instruction exemptions claimed on limination individual amount for housing individual control i	e 6d of the re	•		A. Original num of exemptions reported or as previously adjus	5	3	. Nel c	hange	C. Correct nymber of exemptions
25	Yourself and appuse		.1			25	·					
	Caulien. If someone	can claim you as a de	pendent, you cannot claim	   20								
	exemption for yourse			. •				- 1			- 1	
26	Your dependent child	ren who lived with yo	Q		*	26					I	
?	Your dependent child	ren who did not live t	with you due to		·····-	~~		-+				
	divorce or separation	**********				27						
8	Other dependents	******			Г	28		7				
9	Total number of exem	iptions. Add lines 25	through 28			29						
0	Multiply the number of for the tax year you ar	emislo znoitomece to	f on line 29 by the amount i e result here.	listed below								
	Tax year 2007	Exemption amount	But see the instruction page 4 if the amount o	ns for line 4 o on line 1 is pu				ļ				
	2008	\$3,400 3,200	\$117,400 112,875									
	2005 2004	3,200 3,100	109,475 107,025		į.	30						
	Hurricano Katrina, entr	exemption amount to the amount from F	or housing individuals displant orm 8914, line 2 for 2005 o wise enter -0-	r line 6				t	-	<u>-</u> .		
٠,	Add ilnes 30 and 31 F	ofer the mount have a	nd on line 4	************	···· }	37						
						32						
-	Dependents (Children :	and other) not claime	d on original (ur adjusted) (	retum:				<u>.                                    </u>			Ne. of sh on 33 wh	
_	n) First name	Last name	. •	(a) Dopandi	At's social Number		(d) Dependent's relationship to you	COLUMN CO	Chack liping of did bacc	ite mest j	⊕ lived v	with 🕨
-	·······			<u> </u>								
_				<del>  </del> -	<del> </del>	↓_		1_[			e did n	SUF to
_	·			<del>                                     </del>	<u> </u>	4-		<del>                                     </del>		_	seperato	
_		<del></del>		<del></del>	┼	┼		┸	ᆚ	_	Depender on 33 not	ie
		<del></del>			<del></del> -			L		-	trilered a	
3	Explanati	on of Change	<u> </u>	<u> </u>	<u> </u>		<del></del>					·
9	Enter the fir supporting i may be refu change relates to a ne	i operating loss camv	age 1 for each item you lies for the items cham include your name and tack or a general business	Cradil Carno	ing and do not be write number of the second	give toch ber c	the reason for the required in many attachment in any attachment in the control of the control o	ach form	char	ige. A	ttach only Form 10	the 10X
9 i	Enter the fir supporting i may be refu change relates to a nel ch the loss or credit or	ne number from policims and schedulerned. Be sure to it operating loss carry occurred. See page 2 (	age 1 for each item you des for the items chang nclude your name and back or a general business of the instructions. Also, ch	Credit Carryn eck here	ick, altach	the s	chedule or form th	al sh	0W3 (	he yez	7	
9 i	Enter the fir supporting i may be refu change relates to a nel ch the loss or credit or	ne number from policims and schedulerned. Be sure to it operating loss carry occurred. See page 2 (	age 1 for each item you lies for the items cham include your name and tack or a general business	Credit Carryn eck here	ick, altach	<b>the</b> 5	chedule or form th	al sh	0W3 (	he yez	7	
9 H	Enter the fir supporting i may be refu change relates to a nel ch the loss or credit or	ne number from policims and schedulerned. Be sure to it operating loss carry occurred. See page 2 (	age 1 for each item you des for the items chang nclude your name and back or a general business of the instructions. Also, ch	Credit Carryn eck here	ick, altach	the s	chedule or form th	al sh	0W3 (	he yez	7	
e in	Enter the fir supporting i may be refu change relates to a nel ch the loss or credit or	ne number from policims and schedulerned. Be sure to it operating loss carry occurred. See page 2 (	age 1 for each item you des for the items chang nclude your name and back or a general business of the instructions. Also, ch	Credit Carryn eck here	ick, altach	the s	chedule or form th	al sh	0W3 (	he yez	7	
9 i	Enter the fir supporting i may be refu change relates to a nel ch the loss or credit or	ne number from policims and schedulerned. Be sure to it operating loss carry occurred. See page 2 (	age 1 for each item you des for the items chang nclude your name and back or a general business of the instructions. Also, ch	Credit Carryn eck here	ick, altach	the s	chedule or form th	al sh	0W3 (	he yez	7	
9 H	Enter the fir supporting i may be refu change relates to a nel ch the loss or credit or	ne number from policims and schedulerned. Be sure to it operating loss carry occurred. See page 2 (	age 1 for each item you des for the items chang nclude your name and back or a general business of the instructions. Also, ch	Credit Carryn eck here	ick, altach	the s	chedule or form th	al sh	0W3 (	he yez	7	
9 H	Enter the fir supporting i may be refu change relates to a nel ch the loss or credit or	ne number from policims and schedulerned. Be sure to it operating loss carry occurred. See page 2 (	age 1 for each item you des for the items chang nclude your name and back or a general business of the instructions. Also, ch	Credit Carryn eck here	ick, altach	the s	chedule or form th	al sh	0W3 (	he yez	7	
9 H	Enter the fir supporting i may be refu change relates to a nel ch the loss or credit or	ne number from policims and schedulerned. Be sure to it operating loss carry occurred. See page 2 (	age 1 for each item you des for the items chang nclude your name and back or a general business of the instructions. Also, ch	Credit Carryn eck here	ick, altach	the s	chedule or form th	al sh	0W3 (	he yez	7	
9 i	Enter the fir supporting i may be refu change relates to a nel ch the loss or credit or	ne number from policims and schedulerned. Be sure to it operating loss carry occurred. See page 2 (	age 1 for each item you des for the items chang nclude your name and back or a general business of the instructions. Also, ch	Credit Carryn eck here	ick, altach	the s	chedule or form th	al sh	0W3 (	he yez	7	
e iti	Enter the fir supporting i may be refu change relates to a nel ch the loss or credit or	ne number from policims and schedulerned. Be sure to it operating loss carry occurred. See page 2 (	age 1 for each item you des for the items chang nclude your name and back or a general business of the instructions. Also, ch	Credit Carryn eck here	ick, altach	the s	chedule or form th	al sh	0W3 (	he yez	7	
e iti	Enter the fir supporting i may be refu change relates to a nel ch the loss or credit or	ne number from policims and schedulerned. Be sure to it operating loss carry occurred. See page 2 (	age 1 for each item you des for the items chang nclude your name and back or a general business of the instructions. Also, ch	Credit Carryn eck here	ick, altach	the s	chedule or form th	al sh	0W3 (	he yez	7	
e iti	Enter the fir supporting i may be refu change relates to a nel ch the loss or credit or	ne number from policims and schedulerned. Be sure to it operating loss carry occurred. See page 2 (	age 1 for each item you des for the items chang nclude your name and back or a general business of the instructions. Also, ch	Credit Carryn eck here	ick, altach	the s	chedule or form th	al sh	0W3 (	he yez	7	
e iti	Enter the fir supporting i may be refu change relates to a nel ch the loss or credit or	ne number from policims and schedulerned. Be sure to it operating loss carry occurred. See page 2 (	age 1 for each item you des for the items chang nclude your name and back or a general business of the instructions. Also, ch	Credit Carryn eck here	ick, altach	the s	chedule or form th	al sh	0W3 (	he yez	7	
e hi	Enter the fir supporting in may be reful change relates to a neight the loss or credit of IPAYER INAL	is number from programs and scheck rand. Be sure to judgment of the program of th	age 1 for each item you lies for the litems cham include your name and back or a general business of the instructions. Also, ch	credit carryth eck hers TA TAX	OF \$	the s	chedule or form the	nal sh	ows (	ns yez		
e hi X	Enter the fir supporting in may be reful change relates to a neith the loss or credit of IPAYER INAL	is number from programs and scheck rand. Be sure to just a present of the program	age 1 for each item you lies for the items cham include your name and back or a general business of the instructions. Also, che OMITTED FU	credit carryth eck here TA TAX	OF \$	the s	chedule or form the	nal sh	0ws (	hs yea		
e hi X	Enter the fir supporting in may be reful change relates to a neith the loss or credit of IPAYER INAL	na number from programs and scheck rand. Be sure to just operating loss carry coursed. See page 2 of DVERTANTLY	age 1 for each item you lies for the litems cham include your name and back or a general business of the instructions. Also, ch	credit carryth eck here TA TAX king below v	OF \$	the s	e your tax or rec	nal sh	0ws (	hs yea		

1040X 2007

Department of Homeland Security U.S. Citizenship and Immigration Services OMB No. 1615-0047; Expires 02/31/12 Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last

First

Middle Initial

Maiden Name

Address (Seret Name and Number)

253	Fust		Middle Initial	Maiden Name
		•		
Address (Street Name and Number)			Apt #	Date of Birth (month/day/year)
				C. D. at (MONAVALLY)
City	State		Zip Code	190-1015-1015
		_	Zip Code	Social Security #
I am aware that federal law provide	es for			I sm (check one of the following):
imprisonment and/or fines for false	statements or		Fthe United States	
use of false documents in connection	a with the	A noncitize	n national of the Uni	ted States (see instructions)
completion of this form.		A lawful pe	mancat resident (Al	ien#)
		An alien au	Chorized to work (Ali	en # or Admission #)
Employee's Signature		until (expir	ition date, if applicat	ole - manth/dayryear)
		Date (month/day	wyear)	
Preparer and/or Translator Certific penalty of perjury, that I have assisted in the con	ation To be comple	ted and simued if Coming I is a		
	upletion of this form	and that to the best of my knowl	reparea by a person ledge the information	Other than the employee.) I attest, under
Preparer's/Translator's Signature		Print Name		
Address (Street Name and Number, Co	iA State 22 Code)		<del></del>	
The second secon	HAY CHANGE STATE COURTY		D	ate (month/day/year)
Section 2. Employer Review and Ver examine one document from List B and				
examine one document from List B and expiration date, if any, of the document List A	OR	List B	AND	List C
Document title: Perminent Resident	rand _			
Issuing authority:				
Document #:			<del></del>	
Expiration Date (V any):		<del></del>	<del></del>	
Document#:	<del>-</del>			
Expiration Date (if any):			•	
CERTIFICATION: I attest, under penaltithe above-listed document(s) appear to be	v of perjury, that I	have evenined the door		
the above-listed document(s) appear to be (month/day/year) (ULD) OF and the	genuine and to re	late to the employee name	d, that the emplo	oy the above-named employee, that
(month/day/year) [U]D  OK and the employment agencies may omit the date the	ri to the best of my	knowledge the employee	is authorized to	work in the United States. (State
employment agencies may omit the date the Signature of Employer or Authorized Representati	to outbroler negati	enthiolineur)		(0.20
A Company of Automized Representati	ve Print N	ame		Title
UN 7941	Li	12 Fastr	1.	Employer
Business of Olganization Name and Address (Street	et Name and Number,	City, State, Zip Code)		Date (mostivides/year)
				WIL 04
Section 3. Updating and Reverification	To be complete	d and signed by employe	r.j	
A. New Name (if applicable)				(monshiday/year) (if applicable)
C. If employee's previous grant of work authorization	nn has expired accord	In the information 1 -1 - 2		
C. If employee's previous grant of work authorization  Document Title:			e document that esta	blishes current employment authorization.
		Document #:	Ехр	riration Date (if any):
attest, under penalty of perjury, that to the best locument(s), the document(s) I have examined a	prese to be gennine:	ars employee is authorized to and to relate to the individua	work in the Upited L	States, and if the employee presented
ignature of Employer or Authorized Representative				ns (month/day/year)

Form 1-9 (Rcv. 08/07/09) Y Page 4

Immeration and Natural ration Carries

# EMPLOYMENT ELIGIBILITY VERIFICATION (Form I-9)

	pe) Last	First	Middle		Birth Name	
Address: Street Nam	ne and Vumber			¶	onth trame	
Coloce (12)	ne and Maniber	City	State		ZIP Code	
Date of Birth (Mont	th/Day/Year)					
			Social Securi	ty Number		
attest, under penalty o	I perjury, that I am	(check a box):			·	
[] 1. A citizen or na	tional of the United	States				
2. An alien lawfu	lly admitted for perr	Manent residence (Alice No.	mhee A		•	
a. I at arrest antito	A YOUR DY LUC HISTORY	aluon and Naturalization Co.	Prince to supply ! 1 11 . 4		Marker &	
or Admission Nu	mber	expiration	of employment authoriz	ation if any	Number A	,
arrest, under penalty of	perjury, the docume	of that I have recommed as a	vidama ali da da			
ederal tow provides for i	imprisonment and/o	or line for any false statemen	tis or use of fairs docum	mployment eligik	sikily are genuine and relate to me.	. I am awa
ignature	·				on with this certificate.	
			Date (Month)	Day/Year)		
PRE	PARER/TRANSLATO	R CERTIFICATION (To be one	and the state of t			
perju	ry, that the above was pr	R CERTIFICATION (To be son repared by mic at the request of the	named individual and is been supported by person	other than the emp	sloyee). I steet, under penalty of	
Si	gnature		Name (Print or	Type)	thru : make 1th Kuonjedie	
<del> </del>			,	-,,,,,		
Α.	ddress (Street Name	and Number)	City	State	Zip Code	
ructions:			•			
lies A			diocument shocked.		e from List C and check the appr	•
List A Documents that Identity and Employee			List B  must that Establish		List C	
			List B	and		h
Documents that			List B mts that Establish		List C  Documents that Establish	h
Documents that		Doçume	List B  that Establish  Identity	and -	List C Documents that Establist Employment Eligibility	h
Documents that Identity and Employs	nent Eligibility	Docume	List B  that Establish  Identity  and driver's license of a	and State-	List C Documents that Establish Employment Eligibility  1. Original Social Security Numb	h 
Documents that Identity and Employn Laited States Passpo	nent Eligibility	Docume  I. A State-issu issued I.D. es information, is	List B  cots that Establish  Identity  and driver's license of a  ard with a photograp  and the photograp	and State-	List C Documents that Establist Employment Eligibility	h 
Documents that Identity and Employn Laited States Passpo	nent Eligibility  ort  States Citizenship	Docume  I. A State-issu issued I.D. es information, is	List B  into that Establish  Identity  and driver's license or a  ard with a photograp  including name, sex, di  cught, and color of eyes.	sand  State- Dh, or Date of	List C Documents that Establish Employment Eligibility  1. Original Social Security Numb than a card stating it is n employment)	er Card (i
Documents that Identity and Employm  Linited States Passpo  Certificate of United  Certificate of Natural	nent Eligibility  ort  States Citizenship	I. A State-issu isrued I.D. edinformation, in birth, height, w (Specify State).	List B  must that Establish  Identity  med driver's license or a  ard with a photograp  meluding name, sex, di  ceight, and color of eyes.	State- oh, or oter of	List C Documents that Establish Employment Eligibility  1. Original Social Security Numb than a card stating it is n employment)  2. A birth certificate issued by Sta municipal authority bearing a	er Card (o
Documents that Identity and Employn  I. United States Passpo  L. Certificate of United  Certificate of Natural  Unexpired foreign pa	nent Eligibility  ort  States Citizenship  lization  ssport with	Docume  I. A State-issu issued I.D. c: information. it birth, height, w (Specify State).  2. U.S. Military	List B  that Establish  Identity  and driver's license or a  ard with a photograp  arcluding name, sex, di  cught, and color of eyes.	State- ph, or ate of	List C Documents that Establish Employment Eligibility  1. Original Social Security Numb than a card stating it is n employment)	er Card (o
Documents that Identity and Employm  Laited States Passpo Certificate of United Certificate of Natural Unexpired foreign pa	nent Eligibility  ort  States Citizenship  lization  ssport with	Docume  I. A State-issu issued I.D. c: information. it birth, height, w (Specify State).  2. U.S. Military	List B  must that Establish  Identity  med driver's license or a  ard with a photograp  meluding name, sex, di  ceight, and color of eyes.	sad  State- ph, or size of	List C Documents that Establish Employment Eligibility  1. Original Social Security Numb than a card stating it is n employment)  2. A birth certificate issued by Sta municipal authority bearing a certification	nerCard (control valid
Documents that Identity and Employm  L. United States Passpo  Certificate of United  Certificate of Natural  Unexpired foreign participated Employment A	nent Eligibility  ort  States Citizenship  lization  ssport with  authorization	I. A State-issu issued I.D. exinformation. in birth, height, w (Specify State).  2. U.S. Military  1. Other (Speauthority)	List B  that Establish  Identity  and driver's license or a  ard with a photograp  arcluding name, sex, di  cught, and color of eyes.	State- bh, or atc of	List C Documents that Establish Employment Eligibility  1. Original Social Security Numb than a card stating it is n employment)  2. A birth certificate issued by Sta municipal authority bearing a certification  3. Unexpired INS Employment A Specify form	nerCard (control valid
Documents that Identity and Employm  1. United States Passpo  2. Certificate of United  3. Certificate of Natural  4. Unexpired foreign pastached Employment A  5. Alien Registration Ca	nent Eligibility  ort  States Citizenship  lization  ssport with  authorization	I. A State-issu issued I.D. exinformation, in birth, height, w (Specify State).  2. U.S. Military  3. Other (Speauthority)	List B  must that Establish  Identity  med driver's license of a  ard with a photograp  neluding name, sex, di  eight, and color of eyes.  Card  cily document and is	State- bh, or atc of	List C Documents that Establish Employment Eligibility  1. Original Social Security Numb than a card stating it is n employment)  2. A birth certificate issued by Sta municipal authority bearing a certification  3. Unexpired (NS Employment A	nerCard (control valid
Documents that Identity and Employm  I. United States Passpo  2. Certificate of United  3. Certificate of Natural  4. Unexpired foreign partitached Employment A  4. Alien Registration Ca	nent Eligibility  ort  States Citizenship  lization  ssport with  authorization	I. A State-issu issued I.D. exinformation. in birth, height, w (Specify State).  2. U.S. Military  1. Other (Speauthority)	List B  must that Establish  Identity  med driver's license of a  ard with a photograp  neluding name, sex, di  eight, and color of eyes.  Card  cily document and is	State- ph, or ate of   suing	List C Documents that Establish Employment Eligibility  1. Original Social Security Numb than a card stating it is n employment)  2. A birth certificate issued by Sta municipal authority bearing a certification  3. Unexpired INS Employment A Specify form	nerCard (control valid
Documents that Identity and Employment Identity and Employment Identity and Employment A. Alien Registration	nent Eligibility  ort  States Citizenship  lization  ssport with  authorization	I. A State-issu issued I.D. exinformation, in birth, height, w (Specify State).  2. U.S. Military  3. Other (Speauthority)	List B  must that Establish  Identity  med driver's license of a  ard with a photograp  neluding name, sex, di  eight, and color of eyes.  Card  cily document and is	State- ph, or ate of   suing	List C Documents that Establish Employment Eligibility  1. Original Social Security Numb than a card stating it is n employment)  2. A birth certificate issued by Sta municipal authority bearing a certification  3. Unexpired INS Employment A Specify form e	nerCard (control valid
Documents that Identity and Employment Identity and Employment Identity and Employment A. Alien Registration	nent Eligibility  ort  States Citizenship  lization  ssport with  authorization	Docume  I. A State-issu isrued I.D. exinformation, is birth, height, w (Specify State).  2. U.S. Military  I. Other (Speatthority)  Document Identification	List B  must that Establish  Identity  med driver's license or a ard with a photograp arcluding name, sex, dienght, and color of eyes.  Card  cify document and is	State- ph, or stee of suing   Doc	List C Documents that Establish Employment Eligibility  1. Original Social Security Numb than a card stating it is n employment)  2. A birth certificate issued by Sta municipal authority bearing a certification  3. Unexpired INS Employment A Specify form  comment Identification	nerCard (control valid
Documents that Identity and Employment Identity and Employment Identity and Employment A. Alien Registration	nent Eligibility  ort  States Citizenship  lization  ssport with  authorization	I. A State-issu issued I.D. exinformation, in birth, height, w (Specify State).  2. U.S. Military  3. Other (Speauthority)	List B  must that Establish  Identity  med driver's license or a ard with a photograp arcluding name, sex, dienght, and color of eyes.  Card  cify document and is	State- ph, or stee of suing   Doc	List C Documents that Establish Employment Eligibility  1. Original Social Security Numb than a card stating it is n employment)  2. A birth certificate issued by Sta municipal authority bearing a certification  3. Unexpired INS Employment A Specify form e	nerCard (control valid
Documents that Identity and Employment Identity and Employment Identity and Employment A. Certificate of Vatural Identification Cament Identification	nent Eligibility  ort  States Citizenship  lization  ssport with  authorization  ord with photograph	Document Identific  Document Identific  Expiration Date (if	List B  must that Establish  Identity  med driver's license or a  ard with a photograp  neluding name, sex, di  cught, and color of eyes.  Card  cify document and is  mution	State- ph, or size of   Suing   Doc  Exp	List C Documents that Establish Employment Eligibility  1. Original Social Security Numb than a card stating it is n employment)  2. A birth certificate issued by Sta municipal authority bearing a certification  3. Unexpired INS Employment A Specify form  comment Identification  iration Date (if any)	erCard (control valid
Documents that Identity and Employments that Identity and Employment I. United States Passpool. Certificate of United I. Unexpired foreign particular description Cament Identification Cament Identification Date (if any)	ort States Citizenship dization assport with authorization and with photograph	Document Identific	List B  that Establish  Identity  and driver's license or a sard with a photograp arcluding name, sex, dieight, and color of eyes.  Card  city document and is sation	State- ph, or site of   Suing   Doc  Exp	List C Documents that Establish Employment Eligibility  1. Original Social Security Numb than a card stating it is n employment)  2. A birth certificate issued by Sta municipal authority bearing a certification  3. Unexpired INS Employment A Specify form  comment Identification  iration Date (if any)	erCard (control valid
Documents that Identity and Employment Identity and Employment I. United States Passpool. Certificate of United I. Certificate of Natural I. Unexpired foreign partiached Employment A. Alien Registration Cament Identification  Tation Date (if any)  TIFICATION: I attest, to the individual name	ort States Citizenship dization assport with authorization and with photograph	Document Identific	List B  that Establish  Identity  and driver's license or a sard with a photograp arcluding name, sex, dieight, and color of eyes.  Card  city document and is sation	State- ph, or site of   Suing   Doc  Exp	List C Documents that Establish Employment Eligibility  1. Original Social Security Numb than a card stating it is n employment)  2. A birth certificate issued by Sta municipal authority bearing a certification  3. Unexpired INS Employment A Specify form  comment Identification  iration Date (if any)	erCard (control valid
Documents that Identity and Employment Identity and Employment I. United States Passpool. Certificate of United I. Certificate of Natural I. Unexpired foreign partiached Employment A. Alien Registration Cament Identification  Tation Date (if any)  TIFICATION: I attest, to the individual name	ort States Citizenship dization assport with authorization and with photograph	Document Identific  Document Identific  Expiration Date (if	List B  that Establish  Identity  and driver's license or a sard with a photograp arcluding name, sex, dieight, and color of eyes.  Card  city document and is sation	State- ph, or site of   Suing   Doc  Exp	List C Documents that Establish Employment Eligibility  1. Original Social Security Numb than a card stating it is n employment)  2. A birth certificate issued by Sta municipal authority bearing a certification  3. Unexpired INS Employment A Specify form  comment Identification  iration Date (if any)  ividual, that they appear to be get States.	erCard (control valid
Documents that Identity and Employment I. United States Passpool. Certificate of United I. Certificate of Natural I. Unexpired foreign partiached Employment A. Alien Registration Cament Identification  THE CATION: I attest, to the individual name gnature.	ort States Citizenship dization assport with authorization and with photograph	Document Identific  Document Identific  Expiration Date (if  Expiration to the best of my known in the	List B  must that Establish Identity  med driver's license or a  ard with a photograp  neluding name, sex, di  cught, and color of eyes.  Card  cify document and is  mulion  any)  be documents presented  owledge, is eligible to wo	State- ph, or site of   Suing   Doc  Exp	List C Documents that Establish Employment Eligibility  1. Original Social Security Numb than a card stating it is n employment)  2. A birth certificate issued by Sta municipal authority bearing a certification  3. Unexpired INS Employment A Specify form  comment Identification  iration Date (if any)	erCard (control valid
Documents that Identity and Employment Identity and Employment Identificate of United Certificate of Natural Unexpired foreign partiached Employment A Alien Registration Caument Identification aution Date (if any)	ort States Citizenship dization assport with authorization and with photograph	Document Identific  Document Identific  Expiration Date (if  Expiration Date (if  Name (Print)  Document Identific  Name (Print)	List B  must that Establish  Identity  med driver's license or a ard with a photograp neluding name, sex, dieight, and color of eyes.  Card  city document and is settled to document and is owiedge, is eligible to won or Typel.	State- ph, or site of   Suing   Doc  Exp	List C Documents that Establish Employment Eligibility  1. Original Social Security Numb than a card stating it is n employment)  2. A birth certificate issued by Sta municipal authority bearing a certification  3. Unexpired INS Employment A Specify form  comment Identification  iration Date (if any)  ividual, that they appear to be get States.	erCard (control valid
Documents that Identity and Employm  1. United States Passpo  2. Certificate of United  3. Certificate of Natural  4. Unexpired foreign pastached Employment A  5. Alien Registration Ca  ament Identification  iration Date (if any)  TIFICATION: Lattest,	ort States Citizenship dization assport with authorization and with photograph	Document Identific  Document Identific  Expiration Date (if  Expiration to the best of my known in the	List B  must that Establish  Identity  med driver's license or a ard with a photograp neluding name, sex, dieight, and color of eyes.  Card  city document and is settled to document and is owiedge, is eligible to won or Typel.	State- ph, or site of   Suing   Doc  Exp	List C Documents that Establish Employment Eligibility  1. Original Social Security Numb than a card stating it is n employment)  2. A birth certificate issued by Sta municipal authority bearing a certification  3. Unexpired (INS Employment A Specify form  ** **Comment Identification**  iration Date (if any)  ividual, that they appear to be get States.  Title  Title	erCard (control valid

### Attachment G

February 11, 2010

Response to Senate Finance Committee Questions

Question:	Forms	I-9
-----------	-------	-----

- was hired in the mid-to-late 1990s and terminated employment in 2007. She was hired through an employment agency which prepared the I-9. Your wife reviewed US passport and social security card and signed the I-9 that the agency prepared. The I-9 is not signed or dated by the employee. In addition to her signature, your wife appears to have printed her name, title, employer name and address, but did not date the I-9.
  - a. Why did not sign or date the Form I-9?
  - b. Why did your wife not fill in the date when she completed the other boxes in the employer's section of the form?

In 1999, my wife and I contracted with agency in San Diego, CA to assist us in hiring a nanny to help care for our children. Recognizing the critical importance of hiring an individual who was eligible to work in the U.S. and to whom we could entrust the care of our children, we utilized the employment agency to ensure that a prospective employee passed a background check and was authorized to work in the U.S.

After interviewing a U.S. citizen, my wife selected her for the position. The agency then provided my wife with a group of employment related documents, including, we believe, the I-9 form. My wife personally examined and recorded both U.S. passport (and and social security card)

information that also appeared on the I-9. She also examined and driver's license. After more than ten years, neither my wife nor the can recall why did not sign or date the employee portion of the form, or why my wife did not fill in the date when she completed and signed the employer portion of the form. My wife and I did take significant steps to ensure that was authorized to work in the U.S. While the I-9 did not require the examination of additional documents where a U.S. passport was presented, my wife took the extra step of examining multiple documents for proof of identity and authorization to work, in this driver's license and social security card. began to work for us on September 7, 1999 and left our employment on June 22, 2007. As part of an effort to assemble documents for the Committee, my wife recently contacted confirmed she provided my wife with her U.S. passport, driver's license and social security card for examination at the employment agency prior to her employment. She provided my wife with a photocopy of the U.S. passport that she had presented at the initial interview, which is also attached. The response regarding was cut off. Please provide a complete response and provide her I-9. If no I-9 was secured, please describe the documentation you considered to determine her legal status. By June of 2007, was no longer working as a nanny, but rather was providing housekeeping services for my family three days a week. When asked that her daughter a U.S. citizen by birth, replace her on a part-time basis while attending community college. was 19 at the time, newly married and in need of income. Even though we had known the age of eleven, my wife nonetheless examined and recorded the numbers on her driver's and her social security card in order to ensure that she could legally work in the U.S. This documentation confirmed her identity and authorization to work. My wife recently contacted and reviewed her passport and driver's license. A photocopy of these items is attached. The substantive information is entirely consistent with that examined and recorded in 2007, supplemented by her passport. was hired in 10/08. Your wife reviewed her permanent resident card and social security card at the time of hiring. An I-9 was filled out 11/09; the I-9 is dated 11/12/09 in the employer section and not dated in the employee section. When you met with in August, 2009, you indicated that you had a nanny and that you had an I-9. Why was an I-9 not completed at the time was hired? has only worked with my family in a part time capacity as a domestic housekeeper. My wife took steps to assure her eligibility to work before hiring her by reviewing and photocopying her Permanent Resident Card

and her social security card We did not think an I-9 form was necessary when we hired for part-time housecleaning work. b. Why was an I-9 not completed when you learned you were under consideration to be nominated for a position with Homeland Security? Since the beginning of employment, we have been fully prepared to is eligible to work in the U.S. Later while going demonstrate that through the process of documenting proof of work authorization and legal status in connection with this nomination, it appeared there was a benefit to formalizing and documenting our efforts through the completion of an I-9 form with the same information we obtained in 2008. Why is the employee section not dated on I to complete an I-9 to further document her identity and eligibility to work. The form contains the same information she earlier supplied, and the substantive information is entirely consistent with that examined and recorded in 2008. We do not know why the did not date the form. However, recalls signing the I-9 the same day in November 2009 when my wife gave her the form, and she has submitted the attached declaration to confirm that fact. d. Why did you indicate you had an I-9 for your nanny during the meeting with Finance Committee staff in August of 2009? If I stated that I had an I-9 in August 2009, then I misspoke and apologize for any misunderstanding. As I noted above, we employed domestic housekeeper who works on a part-time basis, not as a nanny, beginning in

I underline my belief that it is critically important that employers verify the eligibility of all potential employees. I have taken this responsibility seriously in my personal life and have strictly required all potential employees to provide documentation that proves they are eligible to work in the U.S. My wife and I have never hired anyone who has been unable to prove they are eligible to work in this country.

When we spoke in August, I did know that we had verified her identity and

October 2008, when our youngest children were already sixteen

lawful permanent residence prior to hiring her.

and fourteen

### **DECLARATION OF**

# 3

I, declare:

- I. I am over the age of 18, am suffering from no mental disability, and am legally competent to make this declaration.
- 2. I was hired in October 2008 to work part time as a domestic housekeeper at the Bersin residence.
- 3. Before I was hired and before I began performing any work, I presented to Lisa Foster, Alan Bersin's wife, the following forms of identification:
  - a. My Permanent Resident Card, No.
  - b. My Social Security Card, No.
- 4. On November 12, 2009, Lisa Foster presented me with a Form I-9 (Employment Eligibility Verification), to review and sign.
- 5. Immediately after reviewing the Form I-9 on November 12, 2009, I signed the Form I-9.
- 6. When I signed the Form I-9, I neglected to provide a date next to my signature. This was done unintentionally.

I declare under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.



02-10-2010

### Attachment H

Alan D. Bersin - I-9

Attached, in response to the Committee's request, are currently dated I-9 forms for the three individuals my wife and I have hired over the last 11 years, and

#1+#2 +#3

I agree with the Committee that it is extremely important for employers to verify the eligibility of individuals to work prior to hiring them, and to follow the requirements for completing I-9 forms fully and accurately. At the time of hiring and and accurately, my wife and I believed that I-9 forms were not required for this type of domestic housecleaning service. I am concerned that this might suggest that I have not taken seriously the need to verify the eligibility of individuals to work prior to hiring them. This is not the case. I have always understood the importance of verifying the eligibility of employees to work legally in the United States, and I have never employed anyone who was not eligible to work lawfully in this country. To do otherwise would encourage illegal immigration, undermine the wages and working conditions of those authorized to work, and support employment practices that exploit illegal immigrants.

As the Committee is aware, my wife and I did establish the legal work eligibility of all three of these individuals prior to hiring them. We obtained the required documentation and kept records of that documentation. I have always taken my obligations as an employer seriously, and I continue to do so.

I want to ensure that the Committee is fully satisfied with the explanation that I have provided and am available to meet at any time to provide additional information.

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

in Name Last    Middle Initial   Maiden Name	Apt. # Date of Birth (month/day/year)  I street, under penalty of perjury, that I am (check one of the following):  I street, under penalty of perjury, that I am (check one of the following):  Apt. # Date of Birth (month/day/year)  I street, under penalty of perjury, that I am (check one of the following):  Apt. # Date of Birth (month/day/year)  I street, under penalty of perjury, that I am (check one of the following):  A newful permanent resident (Alien #)  A newful permanent resident (Alien #)  A newful permanent resident (Alien #)  An alien authorized to work (Alien # or Admission #)  until (expiration date, if applicable—month/day/year)  Preparer and/or Translator Certification (To be completed and signed if Section I is prepared by a person other than the amployee, I attent, under mealty of perjury, that I have austisted in the completion of this form and that to the best of my knowledge the information is true and correct.  Print Name  Address (Street Name and Number, City, State, 2ip Code)  Date (month/day/year)  Date (month/day/year)  Date (month/day/year)  Date (month/day/year)  Date (month/day/year)  Print Name  Print Name  Address (Street Name and Number, City, State, 2ip Code)  Date (month/day/year)  Date (mo	diverse (Street Name and Number)  Apt. 8  Date of Birth (month/day/year)  Apt. 8  Date of Birth (month/day/year)  Apt. 8  Date of Birth (month/day/year)  I street, under penalty of perjury, that I sun (check one of the following):  ann aware that federal law provides for mprisonment and/or fines for false statements or se of false documents in connection with the ompletion of this form.  A lawful permanent resident (Alien 8)  An alien authorized to work (Alien 8 or Admission 9)  until (expiration date, if applicable - month/day/year)  Date (month/day/year)  Prior Name  Prior Name  Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)  List A  OR  List B  AND  List C  Social Sccurity 8  Date of Birth (month/day/year)  Actives (Street Name and Number, City, State, Zip Code)  Date (month/day/year)  List C  Social Sccurity 8  Date (month/day/year)  List C  Social Sccurity 1  List C  Social Sccurity 1  List C  Social Sccurity 8  Date (month/day/year)  List C  Social Sccurity 8  Date (month/day/year)  List C  Social Sccurity 1  List C  Social Sccurity 8  List C  Social Sccurity 1  List C  Social Sccurity 1  List C  Social Sccurity 1  List C  Social Sccurity 8  List	State Signature  I attest, under penalty of perjury, that I am (check one of the following):  A citizen of the United States (see instructions)  A lawful permanent resident (Alies 8)  An alien suthorized to work (Alien 8 or Admission 8)  until (expiration date, if applicable month/day/year)  Date (month/day/year)	Apt. # Date of Birth (month/dep/year)  I strest, under penalty of perjury, that I am (check one of the following):  A citizen national of the United States (see instructions)  A haveful permanent resident (Alien #)  A noncitizen national of the United States (see instructions)  A noncitizen national of the United States (see instructions)  A noncitizen national of the United States (see instructions)  A noncitizen national of the United States (see instructions)  A noncitizen national of the United States (see instructions)  A noncitizen national of the United States (see instructions)  A noncitizen national of the United States (see instructions)  A noncitizen national of the United States (see instructions)  A noncitizen national of the United States (see instructions)  A noncitizen national of the United States (see instructions)  Date (month/dep/year)  Date (month/dep/year)  Print Name  Print Name  Print Name  Print Name  Print Name  Print Name  Date (month/dep/year)  Date (month/dep/year)  Date (month/dep/year)  Date (month/dep/year)  List A OR  List B AND  List C  Social Scourity C and the Courten (s).  List C  List C Social Scourity C and the Courten (s).  List C Social Scourity C and the Courten (s).  List C Social Scourity C and the Courten (s).  List C Social Scourity C and the Courten (s).  List C Social Scourity C and the Courten (s).  List C Social Scourity C and the Courten (s).  List C Social Scourity C and the Courten (s).  List C Social Scourity C and the Courten (s).  List C Social Scourity C and the Courten (s).  List C Social Scourity C and the Courten (s).  List C Social Scourity C and the Courten (s).  List C Social Scourity C and Co	Apt. # Date of Birth (month/day/year)  State Zip Code Social Security #  I attent, under peoulty of perjury, that I am (check one of the following):  Apt. # Date of Birth (month/day/year)  I attent, under peoulty of perjury, that I am (check one of the following):  A citizen of the United States (see instructions)  A noncitizen national of the United States (see instructions)  An alien sushorized to work (Alien # or Admission #)  until (expiration date, if applicable—month/day/year)  I attent, under peoulty of perjury, that I have examined the document in amount of the United States (see instructions)  A having permanent resident (Alien #)  An alien sushorized to work (Alien # or Admission #)  until (expiration date, if applicable—month/day/year)  Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the sunjetyes, I attent, under monthly of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.  Print Name  Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)  Print Name  Print Name  Print Name  Print Name  Print Name  Date (famy):  Social Security Call State (State)  List C  Call for Call for Admission #  U.S. Dept. of the title, number, and suppraction date, if any, of the document(s), and record the title, number, and suppraction date, if any, of the document(s).  Social Security Call State (State)  List C  Call for Call for Admission #  U.S. Dept. of the title of the suppression and the complete to th	Apt. # Date of Birth (month/day/year)  I attest, under penalty of perjury, that I am (check one of the following):  A citizen of the United States (see instructions)  A nonchizen national of the United States (see instructions)  A nonchizen national of the United States (see instructions)  A nonchizen national of the United States (see instructions)  A nonchizen national of the United States (see instructions)  A nonchizen national of the United States (see instructions)  A nonchizen national of the United States (see instructions)  A nonchizen national of the United States (see instructions)  A nonchizen national of the United States (see instructions)  I attest, under ment of the United States (see instructions)  A nonchizen national of the United States (see instructions)  I attest, under ment (Alien #)  A nonchizen national of the United States (see instructions)  I attent (month/day/year)  Date (month/day/year)  Date (month/day/year)  Print Name  Print Name  Print Name  Print Name  Date (month/day/year)  Date (month/day/year)  Date (month/day/year)  Date (month/day/year)  List A OR  List B AND  List C  Social Security Causing authority.  List C  Social Security Causing Causing Causing Causing authority.  Print Name  Print Name  Title
Apt. # Date of Birth (month/day/year)  State Zip Code Social Security #  I attest, under penalty of perjury, that I am (check one of the following):  am aware that federal law provides for apprisonment and/or fines for false statements or see of false documents in connection with the ampletion of this form.    A citizen of the United States   A noncitizen national of the United States (see instructions)     An A noncitizen national of the United States (see instructions)     An An alien suthorized to work (Alien #) and over (Alien #) and o	Apt. 8  Date of Birth (month/day/year)  It attest, under penalty of perjury, that I am (check one of the following):  am aware that federal law provides for mprisonment and/or fines for false statements or use of false documents in connection with the ompletion of this form.  I attest, under penalty of perjury, that I am (check one of the following):  A citizen of the United States  A noncitizen national of the United States (see instructions)  An alien authorized to work (Alien # or Admission #)  until (expiration date, if applicable - month/day/year)  Date (month/day/year)  I 27 2-0/0  Treparer and/or Translator Certification (To be completed and signed if Section I is prepared by a person other than the employee.) I attest, under maily of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.  Proparer's Translator's Signature  Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)  Date (mo	Apt. # Date of Rirth (month/day/sear)    Apt. # Date of Rirth (month/day/sear)   I sitest, under penalty of perjuy, that I am (check one of the following):   A citizen of the United States   A citizen of the United States (see instructions)   A noncitizen national of the United States (see instructions)   A noncitizen national of the United States (see instructions)   A lawful permanent resident (Alien #)   An I site authorized to work (Alien # or Admission #)   until respiration date, if applicable—month/day/sear)   Date (month/day/sear)   2 7	Apt. 8 Date of Birth (month/dep/year)  State Zip Code Social Security 8  am aware that federal law provides for mprisonment and/or fines for false statements or se of false documents in connection with the mapletion of this form.    A clitter of the United States   A noncitizen national of the United States (see instructions)	Apt. 8  Date of Birth (month/day/year)  Apt. 8  Date of Birth (month/day/year)  I attent, under peculity of perjury, that I am (check one of the following):  Apt. 8  Date of Birth (month/day/year)  I attent, under peculity of perjury, that I am (check one of the following):  A citizen of the United States  A citizen of the United States  A citizen national of the United States (see instructions)  A nation authorized to work (Alien # or Admission #)  until (expiration date, if applicable—month/day/year)  Preparer and/or Translator Certification (To be completed and signed if Section I is prepared by a person other than the employer.) I attent, under monthly of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.  Proparer's Translator's Signature  Print Name  List C  Calif Print License  Social Security #  Address (Street Name and Number, City, State, Zlp Code)  Date (month/day/year)  Date (month/day/year)  List C  Calif Print License  Social Security Calification (To be completed and signed by employer. Examine one document from List A OR  List B  AND  List C  Calif Print License  Social Security Calification (To be completed and signed by employer. Examine one document from List A OR  List B  Expiration Date (f any):  Comment tile:  List C  Calif Print License  Expiration Date (f any):  E	Apt. # Date of Birth (month/day/year)  State Zip Code Social Security #  I attent, under peoulty of perjury, that I am (check one of the following):  Apt. # Date of Birth (month/day/year)  I attent, under peoulty of perjury, that I am (check one of the following):  A citizen of the United States (see instructions)  A noncitizen national of the United States (see instructions)  An alien sushorized to work (Alien # or Admission #)  until (expiration date, if applicable—month/day/year)  I attent, under peoulty of perjury, that I have examined the document in amount of the United States (see instructions)  A having permanent resident (Alien #)  An alien sushorized to work (Alien # or Admission #)  until (expiration date, if applicable—month/day/year)  Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the sunjetyes, I attent, under monthly of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.  Print Name  Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)  Print Name  Print Name  Print Name  Print Name  Print Name  Date (famy):  Social Security Call State (State)  List C  Call for Call for Admission #  U.S. Dept. of the title, number, and suppraction date, if any, of the document(s), and record the title, number, and suppraction date, if any, of the document(s).  Social Security Call State (State)  List C  Call for Call for Admission #  U.S. Dept. of the title of the suppression and the complete to th	Apt. # Date of Birth (month/day/year)  I attest, under penalty of perjury, that I am (check one of the following):    A citizen of the United States
am aware that federal law provides for aprisonment and/or fines for false statements or se of false documents in connection with the ampletion of this form.    A citizen of the United States see instructions)	am aware that sederal law provides for mprisonment and/or fines for false statements or use of false documents in connection with the ompletion of this form.    A citizen of the United States (see instructions)	am aware that federal law provides for mprisonment and/or fines for false statements or se of false documents in connection with the ompletion of this form.    A citizen of the United States (see instructions)   A citizen of the United States (see instructions)     A national permanent resident (Alien #) or Admission #)     An alien authorized to work (Alien # or Admission #)     until (expiration date, if applicable)   [27   2010   ]   Preparer and/or Translator Certification (To be completed and signed if Section I is prepared by a person other than the amployee, I altest, under mally of perjury, that I have satisted in the completion of this form and that to the best of my involvedge the information is true and correct.    Preparer #Translator's Signature	Is itset, under peculty of perjury, that I am (check one of the following):    A citizen of the United States	I altest, under penalty of perjury, that I am (check one of the following):  am aware that federal law provides for imprisonment and/or fines for false statements or see of false documents in connection with the ompletion of this form.    A citizen of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United S	It am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.    A citizen of the United States (see instructions)   A citizen national of the United States (see instructions)   A noncitizen national of the United States (see instructions)   A noncitizen national of the United States (see instructions)   A noncitizen national of the United States (see instructions)   A national of this form.    A national national of the United States (see instructions)   A national of the United States (see instructions)   I	I sitest, under penulty of perjury, that I am (check one of the following):    An allowing penulty of perjury, that I am (check one of the following):   A chitzen of the United States     A nonchitzen national of the United States (see instructions)     An allowing penulty of perjury, that I am (check one of the following):   A nonchitzen national of the United States (see instructions)     An allowing penulty of perjury, that I am (check one of the following):   A nonchitzen national of the United States (see instructions)     An allowing penulty of perjury that I am (check one of the following):   A nonchitzen national of the United States (see instructions)     An allowing penulty of perjury, that I am (check one of the following):   A nonchitzen national of the United States (see instructions)     A nonchitzen national of the United States (see instructions)     A nonchitzen national of the United States (see instructions)     A nonchitzen national of the United States (see instructions)     A nonchitzen national of the United States (see instructions)     A nonchitzen national of the United States (see instructions)     A nonchitzen national of the United States (see instructions)     A nonchitzen national of the United States (see instructions)     A nonchitzen national of the United States (see instructions)     A nonchitzen national of the United States (see instructions)     A nonchitzen national of the United States (see instructions)     A nonchitzen national of the United States (see instructions)     A nonchitzen national of the United States (see instructions)     A nonchitzen national of the United States (see instructions)     A nonchitzen national of the United States (see instructions)     A nonchitzen national of the United States (see instructions)     A nonchitzen national of the United States (see instructions)     A nonchitzen national of the United States (see instructions)     A nonchitzen national of the United States (see instructions)     A nonchitzen national of the United States (s
am aware that federal law provides for aprisonment and/or fines for false statements or se of false documents in connection with the ampletion of this form.    A citizen of the United States see instructions)	am aware that sederal law provides for mprisonment and/or fines for false statements or use of false documents in connection with the ompletion of this form.    A citizen of the United States (see instructions)	am aware that federal law provides for mprisonment and/or fines for false statements or se of false documents in connection with the ompletion of this form.    A citizen of the United States (see instructions)   A citizen of the United States (see instructions)     A national permanent resident (Alien #) or Admission #)     An alien authorized to work (Alien # or Admission #)     until (expiration date, if applicable)   [27   2010   ]   Preparer and/or Translator Certification (To be completed and signed if Section I is prepared by a person other than the amployee, I altest, under mally of perjury, that I have satisted in the completion of this form and that to the best of my involvedge the information is true and correct.    Preparer #Translator's Signature	Is itset, under peculty of perjury, that I am (check one of the following):    A citizen of the United States	I altest, under penalty of perjury, that I am (check one of the following):  am aware that federal law provides for imprisonment and/or fines for false statements or see of false documents in connection with the ompletion of this form.    A citizen of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United S	It am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.    A citizen of the United States (see instructions)   A citizen national of the United States (see instructions)   A noncitizen national of the United States (see instructions)   A noncitizen national of the United States (see instructions)   A noncitizen national of the United States (see instructions)   A national of this form.    A national national of the United States (see instructions)   A national of the United States (see instructions)   I	I sitest, under penulty of perjury, that I am (check one of the following):    An allowing penulty of perjury, that I am (check one of the following):   A chitzen of the United States     A nonchitzen national of the United States (see instructions)     An allowing penulty of perjury, that I am (check one of the following):   A nonchitzen national of the United States (see instructions)     An allowing penulty of perjury, that I am (check one of the following):   A nonchitzen national of the United States (see instructions)     An allowing penulty of perjury that I am (check one of the following):   A nonchitzen national of the United States (see instructions)     An allowing penulty of perjury, that I am (check one of the following):   A nonchitzen national of the United States (see instructions)     A nonchitzen national of the United States (see instructions)     A nonchitzen national of the United States (see instructions)     A nonchitzen national of the United States (see instructions)     A nonchitzen national of the United States (see instructions)     A nonchitzen national of the United States (see instructions)     A nonchitzen national of the United States (see instructions)     A nonchitzen national of the United States (see instructions)     A nonchitzen national of the United States (see instructions)     A nonchitzen national of the United States (see instructions)     A nonchitzen national of the United States (see instructions)     A nonchitzen national of the United States (see instructions)     A nonchitzen national of the United States (see instructions)     A nonchitzen national of the United States (see instructions)     A nonchitzen national of the United States (see instructions)     A nonchitzen national of the United States (see instructions)     A nonchitzen national of the United States (see instructions)     A nonchitzen national of the United States (see instructions)     A nonchitzen national of the United States (see instructions)     A nonchitzen national of the United States (s
I stitest, under penalty of perjury, that I am (check one of the following):     A citizen of the United States     A citizen national of the United States (see instructions)     A lawful permanent resident (Alien #)     An alien authorized to work (Alien # or Admission #)     until (expiration date, if applicable - month/day/year)   27   2016     Preparer's Translator Certification (To be completed and signed   Section 1 is prepared by a person other than the employee.] I altest, under national years of the following:   Print Name     A didress (Street Name and Number, City, State, Zip Code)     Print Name	am aware that federal law provides for mprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.    A citizen of the United States (see instructions)	am aware that federal law provides for mprisonment and/or fines for false statements or see of false documents in connection with the ompletion of this form.    A citizen of the United States (see instructions)   A noncitizen national of the United States (see instructions)   A noncitizen national of the United States (see instructions)   A noncitizen national of the United States (see instructions)   A noncitizen national of the United States (see instructions)   A noncitizen national of the United States (see instructions)   A noncitizen national of the United States (see instructions)   A noncitizen national of the United States (see instructions)   A noncitizen national of the United States (see instructions)   I alter the United States (see insurant in the United States (see instructions)   I alter the Unite	am aware that federal law provides for apprisonment and/or fines for false statements or prisonment and/or fines for false statements or se of false documents in connection with the ampletion of this form.    A citizen of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A	I steet, under penalty of perjury, that I am (check one of the following):  am aware that federal law provides for imprisonment and/or fines for false statements or person of the United States (see instructions)    A citizen of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A national states (see instruc	I steet, under penalty of perjury, that I am (check one of the following):  am aware that federal law provides for imprisonment and/or fines for false statements or person of the United States (see instructions)    A citizen of the United States (see instructions)     A noncitizen national of the United States (see instructions)     A national states (see instruc	am aware that federal law provides for imprisonment and/or fines for false statements or imprisonment false of the United States (see instructions) in the completion of this form.    A noncitizen national of the United States (see instructions) in the false of the United States (see instructions) in the completion of this form.    A natice number resident (Alice #)
am aware that federal law provides for aprisonment and/or fines for false statements or se of false documents in connection with the ampletion of this form.    A lawful permanent resident (Alien #)	am aware that federal law provides for imprisonment and/or fines for false statements or ise of false documents in connection with the ompletion of this form.    A citizen of the United States (see instructions)	am aware that federal law provides for mprisonment and/or fines for false statements or se of false documents in connection with the ompletion of this form.    A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A	am aware that federal law provides for aprisonment and/or fines for false statements or se of false documents in connection with the impletion of this form.    A cluster of the United States (see instructions)   A cluster of the United States (see instructions)     A haveful permanent resident (Alien # or Admission # )     until (expiration date, if applicable - month/day/year)     Date (month/day/year)   127   20   0     Preparer's Translator Certification (To be completed and signed (f Section 1 is prepared by a person other than the employee.) I attest, under realty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.    Print Name     Print Name     A client such or description of the United States (see instructions)     A haveful permanent resident (Alien # or Admission # )     until (expiration date, if applicable - month/day/year)     Date (month/day/year)   127   20   0     Print Name     Print Name     Print Name     Print Name     A haveful permanent resident (Alien # or Admission # )     until (expiration date, if applicable - month/day/year)     Print Name     Print Name     Print Name     Print Name     Print Name     Date (month/day/year)     Date (month/day/year)     Date (month/day/year)     Date (month/day/year)     Date (month/day/year)     Date (month/day/year)     Print Name     Date (month/day/year)     Print Name	I sitest, under penalty of perjury, that I am (check one of the following):  mprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.    A citizen of the United States   A citizen of the United States (see instructions)   A lawful permanent resident (Alien #)   An alien authorized to work (Alien # or Admission #)   until (expiration date, if applicable - month/dep/year)   Date (month/dep/year)   1 2 7 20/0   Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.] I altest, under mailty of perjury, that I have astated in the completion of this form and that to the best of my involving the information is true and correct.    Preparer's/Translator's Signature	I attest, under penalty of perjury, that I am (check one of the following):  mprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.    A lawful permanent resident (Alien #)   An alien authorized to work (Alien # or Admission #)   until (expiration date, if applicable - month/dep/year)   27 20/0   Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under malely of perjury, that I have assisted in the completion of this form and that to the best of my bnowledge the information is true and correct.  Preparer's/Translator's Signature  Print Name  Address (Street Name and Number, City, State, Zip Code)  Andress (Street Name and Number, City, State, Zip Code)  Date (month/dep/year)    Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/year)   Date (month/dep/yea	am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.    A citizen of the United States (see instructions)
am aware that federal law provides for aprisonment and/or fines for false statements or se of false documents in connection with the ampletion of this form.    A lawful permanent resident (Alien #)	am aware that federal law provides for imprisonment and/or fines for false statements or ise of false documents in connection with the ompletion of this form.    A citizen of the United States (see instructions)	am aware that federal law provides for mprisonment and/or fines for false statements or se of false documents in connection with the ompletion of this form.    A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A nonetizer national of the United States (see instructions)     A	am aware that federal law provides for aprisonment and/or fines for false statements or se of false documents in connection with the impletion of this form.    A cluster of the United States (see instructions)   A cluster of the United States (see instructions)     A haveful permanent resident (Alien # or Admission # )     until (expiration date, if applicable - month/day/year)     Date (month/day/year)   127   20   0     Preparer's Translator Certification (To be completed and signed (f Section 1 is prepared by a person other than the employee.) I attest, under realty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.    Print Name     Print Name     A client such or description of the United States (see instructions)     A haveful permanent resident (Alien # or Admission # )     until (expiration date, if applicable - month/day/year)     Date (month/day/year)   127   20   0     Print Name     Print Name     Print Name     Print Name     A haveful permanent resident (Alien # or Admission # )     until (expiration date, if applicable - month/day/year)     Print Name     Print Name     Print Name     Print Name     Print Name     Date (month/day/year)     Date (month/day/year)     Date (month/day/year)     Date (month/day/year)     Date (month/day/year)     Date (month/day/year)     Print Name     Date (month/day/year)     Print Name	I sitest, under penalty of perjury, that I am (check one of the following):  mprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.    A citizen of the United States   A citizen of the United States (see instructions)   A lawful permanent resident (Alien #)   An alien authorized to work (Alien # or Admission #)   until (expiration date, if applicable - month/dep/year)   Date (month/dep/year)   1 2 7 20/0   Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.] I altest, under mailty of perjury, that I have astated in the completion of this form and that to the best of my involving the information is true and correct.    Preparer's/Translator's Signature	I attest, under penalty of perjury, that I am (check one of the following):  mprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.    A lawful permanent resident (Alien #)   A lawful permanent resident (Alien #)   An alien authorized to work (Alien # or Admission #)   until (expiration date, if applicable - month/dep/year)   Date (month/dep/year)   1 2 7 2 0 1 0   Preparer and/or Translator Certification (To be completed and signed if Section I is prepared by a person other than the employee.] I attest, under mailty of perjury, that I have assisted in the completion of this form and that to the best of my bnowledge the information is true and correct.  Preparer's/Translator's Signature   Print Name    Address (Street Name and Number, City, State, Zip Code)   Date (month/dep/year)    Print Name   Date (month/dep/year)      List A OR	am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.    A citizen of the United States (see instructions)
prisonment and/or fines for false statements or se of false documents in connection with the pumpletion of this form.    A lawful permanent resident (Alien #)	mprisonment and/or fines for false statements or see of false documents in connection with the ompletion of this form.    A citizen of the United States (see instructions)     A lawful permanent resident (Alien #)     A natien authorized to work (Alien # or Admission #)     Until (expiration date, if applicable - month/day/year)     Preparer's Translator's Signature     Print Name     Print Name     Address (Street Name and Number, City, State, Zip Code)     Print Name     Address (Street Name and Number, City, State, Zip Code)     Date (month/day/year)     Print Name     Address (Street Name and Number, City, State, Zip Code)     Date (month/day/year)     Date (month/day/year)     Print Name     Print Name     Print Name     Date (month/day/year)     Date (mont	mprisonment and/or fines for false statements or se of false documents in connection with the completion of this form.    A citizen of the United States (see instructions)	A citizen of the United States  A citizen of the United States (see instructions)  A citizen of the United States (see instructions)  A haveful permanent resident (Alien #)  In A lawful permanent re	mprisonment and/or fines for false statements or use of false documents in connection with the ompletion of this form.    A lawful permanent resident (Alien #)	mprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.    A lawful permanent resident (Alien #) or Admission #)	mprisonment and/or fines for false statements or use of false documents in connection with the ompletion of this form.    A lawful permanent resident (Alien # or Admission #)
prisonment and/or fines for false statements or se of false documents in connection with the pumpletion of this form.    A lawful permanent resident (Alien #)	mprisonment and/or fines for false statements or see of false documents in connection with the ompletion of this form.    A citizen of the United States (see instructions)     A lawful permanent resident (Alien #)     A natien authorized to work (Alien # or Admission #)     Until (expiration date, if applicable - month/day/year)     Preparer's Translator's Signature     Print Name     Print Name     Address (Street Name and Number, City, State, Zip Code)     Print Name     Address (Street Name and Number, City, State, Zip Code)     Date (month/day/year)     Print Name     Address (Street Name and Number, City, State, Zip Code)     Date (month/day/year)     Date (month/day/year)     Print Name     Print Name     Print Name     Date (month/day/year)     Date (mont	mprisonment and/or fines for false statements or se of false documents in connection with the completion of this form.    A citizen of the United States (see instructions)	A citizen of the United States  A citizen of the United States (see instructions)  A citizen of the United States (see instructions)  A haveful permanent resident (Alien #)  In A lawful permanent re	mprisonment and/or fines for false statements or use of false documents in connection with the ompletion of this form.    A lawful permanent resident (Alien #)	mprisonment and/or fines for false statements or use of false documents in connection with the ompletion of this form.    A lawful permanent resident (Alien #)	mprisonment and/or fines for false statements or use of false documents in connection with the ompletion of this form.    A lawful permanent resident (Alien # or Admission #)
prisonment and/or fines for false statements or se of false documents in connection with the pumpletion of this form.    A lawful permanent resident (Alien #)	mprisonment and/or fines for false statements or see of false documents in connection with the ompletion of this form.    A citizen of the United States (see instructions)     A lawful permanent resident (Alien #)     A natien authorized to work (Alien # or Admission #)     Until (expiration date, if applicable - month/day/year)     Preparer's Translator's Signature     Print Name     Print Name     Address (Street Name and Number, City, State, Zip Code)     Print Name     Address (Street Name and Number, City, State, Zip Code)     Date (month/day/year)     Print Name     Address (Street Name and Number, City, State, Zip Code)     Date (month/day/year)     Date (month/day/year)     Print Name     Print Name     Print Name     Date (month/day/year)     Date (mont	mprisonment and/or fines for false statements or se of false documents in connection with the completion of this form.    A citizen of the United States (see instructions)	A citizen of the United States  A citizen of the United States (see instructions)  A citizen of the United States (see instructions)  A haveful permanent resident (Alien #)  In A lawful permanent re	mprisonment and/or fines for false statements or use of false documents in connection with the ompletion of this form.    A lawful permanent resident (Alien #)	mprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.    A lawful permanent resident (Alien #) or Admission #)	mprisonment and/or fines for false statements or use of false documents in connection with the ompletion of this form.    A lawful permanent resident (Alien # or Admission #)
se of false documents in connection with the purpletion of this form.    A noncitizen national of the United States (see instructions)	In a noncitizen national of the United States (see instructions)    A lawful permanent resident (Alien #)	se of false documents in connection with the completion of this form.    A noncitizen national of the United States (see instructions)	se of false documents in connection with the purpletion of this form.  A lawful permanent resident (Alien #)  I lat (A lamful permanent resident (Alien #)  I lat (A lamful permanent my lamful permanent signated by seption of the design of the amployer. I latest, under mall year and correct.  Print Name  A lawful permanent resident (Alien #)  A lawful permanent resident (Alien #)  I lat (A lamful permanent resident for Admission #)  I lat (A lamful permanent resident for Admission #)  I lat (A lamful permanent resident for Admission #)  I lat (A lamful permanent resident for Admission #)  I lat (A lamful permanent resident for Admission #)  I lat (A lamful	In a noncitizen national of the United States (see instructions)  ompletion of this form.    A lawful permanent resident (Alien #)     An alien authorized to work (Alien # or Admission #)     An alien authorized to work (Alien # or Admission #)     An alien authorized to work (Alien # or Admission #)     An alien authorized to work (Alien # or Admission #)     An alien authorized to work (Alien # or Admission #)     An alien authorized to work (Alien # or Admission #)     An alien authorized to work (Alien # or Admission #)     An alien authorized to work (Alien # or Admission #)     An alien authorized to work (Alien # or Admission #)     An alien authorized to work (Alien # or Admission #)     An alien authorized to work (Alien # or Admission #)     An alien authorized to work (Alien # or Admission #)     An alien authorized to work (Alien # or Admission #)     An alien authorized to work (Alien # or Admission #)     An alien authorized to work (Alien # or Admission #)     An alien authorized to work (Alien # or Admission #)     An alien authorized to work (Alien # or Admission #)     An alien authorized to work (Alien # or Admission #)     An alien authorized to work (Alien # or Admission #)     An alien authorized to work (Alien # or Admission #)     An alien authorized to work (Alien # or Admission #)     An alien authorized to work (Alien # or Admission #)     An alien authorized to work in the United States. (State appropriet of Alien authorized Representative     An alien authorized to work in the United States. (State apployment agencies may omit the date the employee began employment.)   An alien authorized to work in the United States. (State apployment agencies may omit the date the employee began employment.)   An alien authorized to work in the United States. (State apployment agencies may omit the date the employee began employment.)	as of false documents in connection with the completion of this form.    A noncitizen national of the United States (see instructions)     A lawful permanent resident (Alien #)     An alien authorized to work (Alien # or Admission #)     An alien authorized to work (Alien # or Admission #)     An alien authorized to work (Alien # or Admission #)     An alien authorized to work (Alien # or Admission #)     An alien authorized to work (Alien # or Admission #)     An alien authorized to work (Alien # or Admission #)     An alien authorized to work (Alien # or Admission #)     An alien authorized to work (Alien # or Admission #)     An alien authorized to work (Alien # or Admission #)     An alien authorized to work (Alien # or Admission #)     An alien authorized to work (Alien # or Admission #)     An alien authorized to work (Alien # or Admission #)     An alien authorized to work (Alien # or Admission #)     An alien authorized to work (Alien # or Admission #)     An alien authorized to work (Alien # or Admission #)     An alien authorized to work (Alien # or Admission #)     An alien authorized to work (Alien # or Admission #)     An alien authorized to work (Alien # or Admission #)     An alien authorized to work (Alien # or Admission #)     An alien authorized to work (Alien # or Admission #)     An alien authorized to work in the United States. (State amployment agencies may omit the date the employee began employment.)     An alien authorized to work in the United States. (State amployment agencies may omit the date the employee began employment.)     An an alien authorized to work in the United States. (State amployment agencies may omit the date the employee began employment.)     An an alien authorized to work in the United States. (State amployment agencies may omit the date the employee began employment.)	A noncitizen national of the United States (see instructions)   A lawful permanent resident (Alien #)   An alien authorized to work (Alien # or Admission #)   until (expiration date, if applicable — month/day/year)     2 7 20/0     Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I aliest, under mails of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.    Print Name   Print Nam
A lawful permanent resident (Alien #)  An alien authorized to work (Alien # or Admission #)  until (expiration date, if applicable - month/day/year)  Date (month/day/year)    27   20   0    reparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under nealty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.    Print Name	A lawful permanent resident (Alien #)  An alien authorized to work (Alien # or Admission #)  until (expiration date, if applicable - month/day/year)  Date (month/day/year)  I 27 / 2010  reparer and/or Translator Certification (To be completed and signed if Section I is prepared by a person other than the employee, I attext, under mailty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.  Preparer's/Translator's Signature  Print Name  Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)  Date (month/day/year)  Date (month/day/year)  Date (month/day/year)  Date (month/day/year)  List B and one from List C, as listed on the reverse of this form, and record the title, number, and principle of a document from List C. ACL Society Code (List B)  List A  OR  List B  AND  List C  Social Security Code (List B)  List C  Social Security Code (List C)  Description Date (If any):  Expiration Date (If any):	A lawful permanent resident (Alien #)  An alien authorized to work (Alien # or Admission #)  until (expiration date, if applicable—month/day/year)  properer and/or Translator Certification (To be completed and signed (Section I is prepared) by a person other than the employee.) I aliest, under maley of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.  Preparer's/Translator's Signature  Print Name  Address (Street Name and Number, City, State, Zlp Code)  Date (month/day/year)  Print Name  Print Name  Address (Street Name and Number, City, State, Zlp Code)  Date (month/day/year)  Date (month/day/year)  List A OR  List B AND  List C  Call Pluy   Lich K  Social Scoulity Columnt(s).)  Expiration Date (if any):  Ex	A lawful permanent resident (Alien #)   An alien authorized to work (Alien # or Admission #)   until (expiration date, if applicable - month/day/year)   27   2016	A lawful permanent resident (Alien #)  An atien authorized to work (Alien # or Admission #)  until (expiration date, if applicable—month/day/year)  Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee,) I altest, under maily of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.  Preparer's/Translator's Signature  Print Name  Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)  Date (month/day/year)  Date (month/day/year)  List A OR List B AND List C  comment from List A OR  List A OR List B AND List C  comment title:	A lawful permanent resident (Alien #)  An atien authorized to work (Alien # or Admission #)  until (expiration date, if applicable—month/day/year)  Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee,) I altest, under maily of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.  Preparer's/Translator's Signature  Print Name  Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)  Date (month/day/year)  Date (month/day/year)  List A OR List B AND List C  comment from List A OR  List A OR List B AND List C  comment title:	A lawful permanent resident (Alien #)  An alien authorized to work (Alien # or Admission #)  until (expiration date, if applicable - month/day/year)  Date (month/day/year)   27   20/0  reparer and/or Translator Certification (To be completed and signed if Section I is prepared by a person other than the employee.) I altest, under mailty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.  Preparer's/Translator's Signature  Print Name  Address (Street Name and Number, City, State, 2p Code)  Date (month/day/year)  Date (month/day/
An alien authorized to work (Alien # or Admission #)  until (expiration date, if applicable - month/daylyear)  Date (month/daylyear)	An alien authorized to work (Alien # or Admission #)  until (expiration date, if applicable - month/day/year)  Date (month/day/year) [27 20/0]  Treparer and/or Translator Certification (To be completed and signed if Section I is prepared by a person other than the employee.) I attest, under malty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.  Preparer's/Translator's Signature  Address (Street Name and Number, City, State, Zip Code)  Print Name  Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)  Determine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and epiration date, if any, of the document(s).  List A  OR  List B  AND  List C  Calif Plug/ Lichk  Social Scoling Coling  List C  Social Scoling Coling  Expiration Date (if any):	An alien authorized to work (Alien # or Admission #)  until (expiration date, if applicable - month/day/year)  Date (month/day/year)     27   20   0  reparer and/or Translator Certification (To be completed and signed if Section I is prepared by a person other than the employee, I attest, under malty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.  Preparer's Translator's Signature   Print Name    Address (Street Name and Number, City, State, Zip Code)   Date (month/day/year)  Address (Street Name and Number, City, State, Zip Code)   Date (month/day/year)  Date (month/day/year)   Date (month/day/year)  List A   OR   List B   AND   List C    Social Security Code   Security Code    Social Security Code   Security Code    Separation Date (formy):  Separ	An alien suthorized to work (Alien # or Admission #)  until (expiration date, if applicable - month/day/year)  Date (month/day/year)   27   20   0  reparer and/or Translator Certification (To be completed and signed if Section I is prepared by a person other than the employee.) I attest, under neally of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.  Preparer's Translator's Signature  Print Name  Address (Street Name and Number, City, State, 2ip Code)  Date (month/day/year)  Address (Street Name and Number, City, State, 2ip Code)  Date (month/day/year)  Date (month/day/year)  Date (month/day/year)  List A OR  List B AND List C  comment title:     S.   Pass port   Carc    List A OR  Call f Plice   Lich K    Social Security Call    List C  comment title:     S.   Pass port    Call f Plice   Lich K    Social Security Call    Sample of maply:  Comment # Expiration Date (ff any):  Comment # Expiration Date (ff any):  Comment first document(s) appear to be genuine and to relate to the employee named, that the employee began employment on onth/day/year)	An alien suthorized to work (Alien # or Admission #) until (expiration date, if applicable - month/day/year)  Date (month/day/year)   27   20   0  reparer and/or Translator Certification (To be completed and signed if Section I is prepared by a person other than the employee, I alies, under malty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.  Preparer's/Translator's Signature  Print Name  Address (Street Name and Number, City, State, 2p Code)  Date (month/day/year)  Print Name  Address (Street Name and Number, City, State, 2p Code)  Date (month/day/year)  Date (month/day/year)  List A OR  List B AND List C  Social Scority Ca  Summer of the document(s).)  List A OR  List B AND List C  Social Scority Ca  Social	An alien suthorized to work (Alien # or Admission #) until (expiration date, if applicable - month/day/year)  Preparer and/or Translator Certification (To be completed and signed if Section I is prepared by a person other than the employee, I alies, under smally of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.  Preparer's/Translator's Signature  Print Name  Address (Street Name and Number, City, State, Zip Code)  Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)  Print Name  Print Name  Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)  List A  OR  List B  AND  List C  Social Scotting Ca  Summand and the title, number, and record the title, number, and correct title:	An alien authorized to work (Alien # or Admission #) until (expiration date, if applicable - month/day/year)  Date (month/day/year)    27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   27 20/0   2
until (expiration date, if applicable - month/day/year)  Date (month/day/year)   27   20   6  reparer and/or Translator Certification (To be completed and signed if Section I is prepared by a person other than the employee, I attest, under nealty of perjuy, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.  Preparer's/Translator's Signature  Address (Street Name and Number, City, State, Zip Code)  Address (Street Name and Number, City, State, Zip Code)  Address (Street Name and Verification (To be completed and signed by employer. Examine one document from List A OR amine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and piration date, if any, of the document(s).  List A OR List B AND List C content title:    List A	Interpretation date, if applicable - month/day/year)  Date (month/day/year)   27   2010  Treparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee, I attest, under mally of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.  Preparer's/Translator's Signature   Print Name    Address (Street Name and Number, City, State, Zip Code)   Date (month/day/year)    Date (m	mployee's Signature  Date (month/day/year)  Date (month/day/year)  Date (month/day/year)  Date (month/day/year)  1 27 20/0  reparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee, I attest, under malty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.  Preparer's Translator's Signature  Print Name  Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)  Title  Employee is authorized to work in the United States. (State apployment agencies may omit the date the employee began employment.)  Print Name  Date (month/day/year)  Title  First Name  Date (month/day/year)  Date (month/day/year)	Date (month/day/year)  Date (month/day/year)  Log / 20/0  reparer and/or Translator Certification (To be completed and signed if Section I is prepared by a person other than the employee.) I attest, under neally of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.  Preparer's/Translator's Signature  Print Name  Address (Street Name and Number, City, State, Zip Code)  Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)  Address (Street Name and Verification (To be completed and signed by employer. Examine one document from List A OR amine one document from List A OR commine one document from List A OR privation date, if any, of the document(s).)  List A  OR  List B  AND  List C  Call f Plice   Lich K  Social Scoling Coling Coling Coling authority:  List C Call f Plice   Lich K  Social Scoling Coling Coling Coling Coling authority:  Sepiration Date (if any):  Expiration Date (if any):  Expiration Date (if any):  Expiration Date (if any):  Substitution Date (if any):  Print Name  Print Name  Title  Find ove (  Find Name and Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)  Date (month/day/year)  Date (month/day/year)  Date (month/day/year)	until (expiration date, if applicable—month/day/year)  Date (month/day/year) 1 27 2010  reparer and/or Translator Certification (To be completed and signed if Section I is prepared by a person other than the employee.) I altest, under maily of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.  Preparer's Translator's Signature  Address (Street Name and Number, City, State, Zip Code)  Print Name  Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)  Print Name  OR  List A OR  List B AND  List C  Social Scoulty Columnation date, if application (and the title, number, and th	until (expiration date, if applicable—month/daylyear)  Date (month/daylyear) 1 27 2010  Treparer and/or Translator Certification (To be completed and signed if Section I is prepared by a person other than the employee.) I altest, under maily of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.  Preparer's/Translator's Signature  Address (Street Name and Number, City, State, Zlp Code)  Print Name  Address (Street Name and Number, City, State, Zlp Code)  Print Name  Print Name  Print Name  Address (Street Name and Number, City, State, Zlp Code)  Date (month/daylyear)  Print Name  Title  Expiration Date (f anyl):  Expiration Dat	until (expiration date, if applicable - month/daylyear)  Date (month/daylyear)   27   20   6  Treparer and/or Translator Certification (To be completed and signed if Section I is prepared by a person other than the employee.) I attest, under mealty of perjuy, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.  Preparer's Translator's Signature   Print Name    Address (Street Name and Number, City, State, Zip Code)   Date (month/daylyear)  ection 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)  List A OR List B AND List C  comment title:
Date (month/day/year) 127 2010  reparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee, I attest, under mally of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.  Preparer's/Translator's Signature  Address (Street Name and Number, City, State, Zip Code)  Address (Street Name and Number, City, State, Zip Code)  Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)  Date (month/day/year)  Date (month/day/year)  Date (month/day/year)  Date (month/day/year)  List A OR  List B AND List C  Call f Plue/I Lichk Social Sccolity Call and an experiment it it.  Dist C Call f Plue/I Lichk Social Sccolity Call Sccolity Call School Scho	Date (month/day/year)   27   2010  reparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I altest, under mally of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.  Preparer's/Translator's Signature  Print Name  Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)  Date (form):  List A OR  List B AND  List C  Date (month/day/year)  Date (form):  Date (	Interpretation of this form and in the employees. I attest, under penalty of perjury, that I have assisted in the completed and signed if Section I is prepared by a person other than the employees.) I attest, under maily of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.  Preparer's/Translator's Signature  Print Name  Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)  Print Name  Print Name  Print Name  Print Name  Date (month/day/year)  Date (month/day/year)  Print Name  Print Name  Print Name  Print Name  Print Name  Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)	properses Signature  Date (month/day/year)   27   2016  reparer and/or Translator Certification (To be completed and signed if Section I is prepared by a person other than the employee, I attest, under nealty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.  Print Name  Address (Street Name and Number, City, State, Zip Code)  Address (Street Name and Number, City, State, Zip Code)  Print Name  Date (month/day/year)	reparer and/or Translator Certification (To be completed and signed if Section I is prepared by a person other than the employee.) I attest, under malty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.  Preparer's/Translator's Signature  Address (Street Name and Number, City, State, Zip Code)  Print Name  Address (Street Name and Number, City, State, Zip Code)  Date (month/daylyear)  Date (	replace Signature  Date (month/day/year)   27   20   6  Preparer and/or Translator Certification (To be completed and signed if Section I is prepared by a person other than the employee.) I attest, under enalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.  Preparer's/Translator's Signature  Print Name  Address (Street Name and Number, City, State, Zip Code)  Print Name  Print Name  Date (month/day/year)  Date	Imployer's Signature  Date (month/day/year)   27   20   6  Treparer and/or Translator Certification (To be completed and signed if Section I is prepared by a person other than the employee.) I altest, under malty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.  Preparer's/Translator's Signature  Print Name  Address (Street Name and Number, City, State, Zip Code)  Print Name  Print Name  Date (month/day/year)  Date (month/day/year)  Date (month/day/year)  Date (month/day/year)  List A OR List B AND List C  Social Security Called State of Called Plury: License Social Security Called State of Called Plury: License Social Security Called State of Called Plury: License Social Security Called State of Called States (State aployment agencies may omit the date the employee began employee began employment.)  Print Name  Title
reparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under malty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.  Preparer's/Translator's Signature  Address (Street Name and Number, City, State, Zip Code)  Print Name  Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)  Date (month/day/year)  List A OR  Amine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and piration date, if any, of the document(s).)  List A OR  List B AND List C  Calif Plice   Lice   Social Security Caling authority:   List C   Social Sec	Treparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under smally of perjury, that I have examined the document(s) presented by the above-named employee, the eabove-listed document(s) appear to be genuine and to relate to the employee named, that the employee person other than the employee.) I attest, under the mall of the completed and signed by a person other than the employee.) I attest, under the mall of the completed and the total of my knowledge the information is true and correct.  Print Name  Print Name  Print Name  Print Name  Date (month/day/year)	reparer and/or Translator Certification (To be completed and signed if Section I is prepared by a person other than the employee.) I attest, under mally of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.  Preparer's Translator's Signature  Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)	reparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee, I altest, under nately of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.  Preparer's Translator's Signature  Address (Street Name and Number, City, State, Zip Code)  Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)  Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR and the reverse of this form, and record the title, number, and piration date, if any, of the document(s).  List A OR List B AND List C comment title:  List A OR List B AND List C comment title:  List C Comment title:  List C Colif Priver License  Social Security Color comments:  Expiration Date (f any):  Expiration	reparer and/or Translator Certification (To be completed and signed by special by a person other than the employee.) I attest, under mally of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.  Preparer's/Translator's Signature  Address (Street Name and Number, City, State, Zip Code)  Print Name  Address (Street Name and Number, City, State, Zip Code)  Date (month/days/year)  ection 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR camine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).  List A OR List B AND List C  comment title:	Treparer and/or Translator Certification (To be completed and signed for my knowledge the information is true and correct.  Preparer's/Translator's Signature  Print Name  Address (Street Name and Number, City, State, Zip Code)  Address (Street Name and Number, City, State, Zip Code)  Print Name  Address (Street Name and Number, City, State, Zip Code)  Date (month/days/year)  ection 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR camine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).  List A OR List B AND List C compared by the short of the completed and signed by employer. Examine one document from List A OR List B AND List C comment title: [] S. Pass port Card Calif Print I Calif Sung authority: [] Social Security California (I California) (I C	Translator Certification (To be completed and signed if Section I is prepared by a person other than the employee.) I attest, under malty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.  Prepared's Translator's Signature  Print Name  Address (Street Name and Number, City, State, Zip Code)  Date (month/daylyear)  Date (month/daylyear)  Date (month/daylyear)  List A OR  List B AND  List C  Call f Pluy! Lichk  Social Security Call sung authority: U. Deept. of Italy  Expiration Date (if any):  Exp
reparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I altest, under naily of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.  Preparer's/Translator's Signature  Print Name  Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)  Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR amine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and piration date, if any, of the document(s).  List A OR List B AND List C coment title: U.S. Pass port Card Calf Priver License Society Colf Society	reparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under malty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.  Preparer's Translator's Signature  Print Name  Address (Street Name and Number, City, State, Zip Code)  Date (month/daylyear)  ection 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR camine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)  List A OR List B AND List C Call Follows:  Decement title: 15. Pass port Card Call Follows: 16. Social Security Call	reparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee, I attest, under mally of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.  Preparer's Translator's Signature  Print Name  Address (Street Name and Number, City, State, Zip Code)  Date (month/daylyear)  List A OR  List B AND  List C  Date (famy):  Date (famy	reparer and/or Translator Certification (To be completed and signed if Section I is prepared by a person other than the employee.) I attest, under natity of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.  Preparer's Translator's Signature  Print Name  Address (Street Name and Number, City, State, Zip Code)  Address (Street Name and Number, City, State, Zip Code)  Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)  Date (month/day/year)  Date (month/day/year)  List A OR List B AND List C  cument title:	reparer and/or Translator Certification (To be completed and signed if Section I is prepared by a person other than the employee.) I attest, under mally of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.  Preparer's/Translator's Signature  Print Name  Address (Street Name and Number, City, State, Zip Code)  Print Name  Print Name  Print Name  Date (month/day/year)  Date (month/day/year)  List A OR  List B AND List C  Calif Pliver Lice K  Social Security California attention and record the title, number, and comment title:  List A OR List B AND List C  Social Security California attention Date (if any):  Expiration Date (if any):	reparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under enalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.  Preparer's Translator's Signature  Print Name  Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)  Date (month/day/year)  ection 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and spiration date, if any, of the document(s).)  List A OR List B AND List C  Social Security Colored State of Calif Plices License  Begination Date (if any):  Expiration Date (if	reparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under mally of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.  Preparer's/Translator's Signature  Print Name  Print Name  Print Name  Date (month/daylyear)
Print Name  Print Name  Print Name  Print Name  Print Name  Date (month/day/year)	Preparer's/Translator's Signature  Print Name  Date (month/day/year)  List A OR  List B AND  List C  Date Call for Date (if any):  Date (i	Preparer's Translator's Signature  Print Name  Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)	Print Name  Address (Street Name and Number, City, State, Zip Code)  Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)	Preparer's Translator's Signature  Print Name  Address (Street Name and Number, City, State, Zip Code)  Print Name  Date (month/day/year)   Preparer's Translator's Signature  Print Name  Address (Street Name and Number, City, State, Zip Code)  Print Name  Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)  Date (month/day/year)  Date (month/day/year)  Date (month/day/year)  Date (month/day/year)  List A OR List B AND List C  Calif Pling List B AND List C  Social Scority Calif Pling List B C  Social Scority Calif Calif Pling List B C  Social Scority Calif Pling List B C  Social Scority Calif Calif List C Calif List B C  Social Scority Calif Calif Calif List C Calif List B C  Social Scority Calif Calif Calif List C Calif List	Preparer's Translator's Signature  Address (Street Name and Number, City, State, Zip Code)  Print Name  Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)  Date (month/day/year)  Date (month/day/year)  Date (month/day/year)  List A OR List B AND List C  Decument title:   S. Pass port Card Calif Plug! Lice Security California Date (famy):  Expiration Date (famy):  Ex	
Print Name  Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)  Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)	Preparer's Translator's Signature  Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)  Dete (month/day/year)  List A OR List B AND List C  Decement title: U.S. Pass port Card Call Pliver License Social Security Call	Preparer's/Translator's Signature  Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)	Print Name  Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)	Preparer's Translator's Signature  Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)	Preparer's Translator's Signature  Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)	Preparer's/Translator's Signature  Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)
Expiration Date (if any):	Expiration Date (if any):	section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR camine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and printion date, if any, of the document(s).)  List A OR List B AND List C comment title: \( \subseteq \)	Expiration Date (if any):  Expiration Date (if a	ection 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR camine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and spiration date, if any, of the document(s).)  List A OR List B AND List C comment title:  List A OR List B AND List C comment title:  List A OR List B AND List C comment title:  Social Security Comment title:  Expiration Date (if any):  Expiration Date (if any):  Expiration Date (if any):  EXPITITION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the e above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on south/day/year) 9/7-1949 and that to the best of my knowledge the employee is authorized to work in the United States. (State apployment agencies may omit the date the employee began employment.)  Expiration Date (if any):  Expirati	ection 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR camine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and spiration date, if any, of the document(s).)  List A OR List B AND List C  comment title: U.S. Pass port Card Call follows: Social Security Call Suing authority: U.D. Pass port State State of Call follows: Social Security Call Security Call Suing authority: U.D. Dept. of State State of Call follows: Social Security Call Separation Date (if any):  Expiration Date (if	ection 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR camine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and spiration date, if any, of the document(s).)  List A OR List B AND List C  Calif Plive Lichte Social Security California authority: Lichte Social Security California authority California authority California authority Califor
Expiration Date (if any):	Expiration Date (if any):	section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR camine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and printion date, if any, of the document(s).)  List A OR List B AND List C comment title: \( \subseteq \)	Expiration Date (if any):  Expiration Date (if a	ection 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR camine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and spiration date, if any, of the document(s).)  List A OR List B AND List C comment title:  List A OR List B AND List C comment title:  List A OR List B AND List C comment title:  Social Security Comment title:  Expiration Date (if any):  Expiration Date (if any):  Expiration Date (if any):  EXPITITION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the e above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on south/day/year) 9/7-1949 and that to the best of my knowledge the employee is authorized to work in the United States. (State apployment agencies may omit the date the employee began employment.)  Expiration Date (if any):  Expirati	ection 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR kannine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and spiration date, if any, of the document(s).)  List A OR List B AND List C occument title: U.S. Pass port Card Calif Pliver License Social Security Californian Date (if any):  Expiration Date (if any):  Expiration Date (if any):  EXTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the e above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on anothidaylyear) 9/7-1949 and that to the best of my knowledge the employee is authorized to work in the United States. (State inployment agencies may omit the date the employee began employment.)  First Name Title	ection 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR camine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and spiration date, if any, of the document(s).)  List A OR List B AND List C  Calif Plive Lichte Social Security California authority: Lichte Social Security California authority California authority California authority Califor
Expiration Date (if any):	Expiration Date (if any):	section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR camine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and printion date, if any, of the document(s).)  List A OR List B AND List C comment title: \( \subseteq \)	Expiration Date (if any):  Expiration Date (if a	ection 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR camine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and spiration date, if any, of the document(s).)  List A OR List B AND List C comment title:  List A OR List B AND List C comment title:  List A OR List B AND List C comment title:  Social Security Comment title:  Expiration Date (if any):  Expiration Date (if any):  Expiration Date (if any):  EXPITITION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the e above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on south/day/year) 9/7-1949 and that to the best of my knowledge the employee is authorized to work in the United States. (State apployment agencies may omit the date the employee began employment.)  Expiration Date (if any):  Expirati	ection 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR kannine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and spiration date, if any, of the document(s).)  List A OR List B AND List C occument title: U.S. Pass port Card Calif Pliver License Social Security Californian Date (if any):  Expiration Date (if any):  Expiration Date (if any):  EXTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the e above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on anothidaylyear) 9/7-1949 and that to the best of my knowledge the employee is authorized to work in the United States. (State inployment agencies may omit the date the employee began employment.)  First Name Title	ection 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR camine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and spiration date, if any, of the document(s).)  List A OR List B AND List C  Calif Plive Lichte Social Security California authority: Lichte Social Security California authority California authority California authority Califor
Expiration Date (if any):	Expiration Date (if any):	List A OR List B AND List C comment title:   Social Security Cod comment #    Expiration Date (If any):   Expiration Date (If any):	Expiration Date (if any):  Expiration Date (if a	List A OR List B AND List C Calif Plice List B AND List C Calif Plice List C Calif Plice License Social Security Ca comment title: U.S. Pass port Card Calif Plice License Social Security Ca comment #  Expiration Date (if any):  Expiratio	List A  OR  List B  AND  List C  comment title: U.S. PASS port CAC  comment #:  Expiration Date (if any):  EXPIRICATION: I sitest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the e above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on south/day/year) 9/7-1949 and that to the best of my knowledge the employee is authorized to work in the United States. (State apployment agencies may omit the date the employee began employment.)  Fint Name  Title  From love of Employee or Authorized Representative  Print Name  Title	List A  Comment title: DS. Pass port Card  Sequence of this form, and record the title, number, and  List A  Calif Pliver List B  AND  List C  Social Security California authority: DS. Pass port Card  Sequence of this form, and record the title, number, and  List B  AND  List C  Social Security California authority: DS. Pass port Card  Social Security California authority: DS. Pass port of State  Expiration Date (if any):  Expiration Date (if any):  EXPIRICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on south/day/year) 9/3-1949 and that to the best of my knowledge the employee is authorized to work in the United States. (State apployment agencies may omit the date the employee began employment.)  Spature of Employer or Authorized Representative  Print Name  Title
Expiration Date (if any):	Expiration Date (if any):	List A OR List B AND List C comment title:   Social Security Cod comment #    Expiration Date (If any):   Expiration Date (If any):	Expiration Date (if any):  Expiration Date (if a	List A OR List B AND List C Calif Plice List B AND List C Calif Plice List C Calif Plice License Social Security Ca comment title: U.S. Pass port Card Calif Plice License Social Security Ca comment #  Expiration Date (if any):  Expiratio	List A  OR  List B  AND  List C  comment title: U.S. PASS port CAC  comment #:  Expiration Date (if any):  EXPIRICATION: I sitest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the e above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on south/day/year) 9/7-1949 and that to the best of my knowledge the employee is authorized to work in the United States. (State apployment agencies may omit the date the employee began employment.)  Fint Name  Title  From love of Employee or Authorized Representative  Print Name  Title	List A  Comment title: DS. Pass port Card  Sequence of this form, and record the title, number, and  List A  Calif Pliver List B  AND  List C  Social Security California authority: DS. Pass port Card  Sequence of this form, and record the title, number, and  List B  AND  List C  Social Security California authority: DS. Pass port Card  Social Security California authority: DS. Pass port of State  Expiration Date (if any):  Expiration Date (if any):  EXPIRICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on south/day/year) 9/3-1949 and that to the best of my knowledge the employee is authorized to work in the United States. (State apployment agencies may omit the date the employee began employment.)  Spature of Employer or Authorized Representative  Print Name  Title
Expiration Date (if any):	Expiration Date (if any):	Expiration Date (if any):  Expiration Date (if any):  Expiration Date (if any):  EXPIRITE CATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on onth/day/year) 97 1949 and that to the best of my knowledge the employee is authorized to work in the United States. (State apployment agencies may omit the date the employee began employment.)  Expiration Date (if any):  Expi	Expiration Date (if any):  Expiration Date (if a	Expiration Date (if any):  Expiration Date (if a	Expiration Date (if any):  Expiration Date (if a	Expiration Date (if any):  Expiration Date (if a
Expiration Date (if any):  Expiration Date (if any):  Expiration Date (if any):  EXTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on	Expiration Date (if any):  Expiration Date (if any):  Expiration Date (if any):  EXTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on	Expiration Date (if any):  Expiration Date (if a	Expiration Date (if any):  Expiration Date (if any):  Expiration Date (if any):  EXTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on anth/day/year) 9/3/1949 and that to the best of my knowledge the employee is authorized to work in the United States. (State ployment agencies may omit the date the employee began employment.)  Title  Title  Title  Title  Date (month/day/year)  Date (month/day/year)	Expiration Date (if any):  Expiration Date (if a	Expiration Date (if any):  Expiration Date (if a	Expiration Date (if any):  Expiration Date (if a
Expiration Date (if any):  EXTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on	Expiration Date (if any):  EXTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on	Expiration Date (if any):  Expiration Date (if any):  EXPTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on onth/day/year) 9/7/1949 and that to the best of my knowledge the employee is authorized to work in the United States. (State apployment agencies may omit the date the employee began employment.)  Final Print Name  Title  Final Over (month/day/year)	Expiration Date (if any):  EXTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on onth/day/year) 9/7/9/9 and that to the best of my knowledge the employee is authorized to work in the United States. (State ployment agencies may omit the date the employee began employment.)  The state of Employer or Authorized Representative  Print Name  Title  Employe (   Employe (  Employe (  Employe (  Employe (  Employe (  Employe (  Employe (  Employe (  Employe (  Employe (  Employe (  Employe	Expiration Date (if any):  EXPITITICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the eabove-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on conth/day/year) 9/7/19/9 and that to the best of my knowledge the employee is authorized to work in the United States. (State apployment agencies may omit the date the employee began employment.)  Expiration Date (if any):  Ex	Expiration Date (if any):  EXPIRITED TION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the eabove-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on sonth/day/year) 9/7/19/9 and that to the best of my knowledge the employee is authorized to work in the United States. (State in ployment agencies may omit the date the employee began employment.)  Expiration Date (if any):  E	Expiration Date (if any):  EXTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the eabove-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on south/day/year) 17 199 and that to the best of my knowledge the employee is authorized to work in the United States. (State apployment agencies may omit the date the employee began employment.)  EXECUTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the cabove-listed document(s) appear to be genuine and to relate to the employee is authorized to work in the United States. (State apployment agencies may omit the date the employee began employment.)  EXECUTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the cabove-listed document(s) appear to be genuine and to relate to the employee is authorized to work in the United States. (State apployment agencies may omit the date the employee began employment.)  EXECUTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the cabove-listed document(s) appear to be genuine and to relate to the employee is authorized to work in the United States. (State application of Employee or Authorized Representative application of Employee and the cabove-named employee, the cabove-named employee application of the cabove-named employee, the cabove-named employee application of the cabove-named employee, the cabove-named employee, the cabove-named employee, the cabove-named employee application of the cabove-named employee, the cabove-named employee application of the cabove-named employee applicati
Expiration Date (if any):  EXTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on	Expiration Date (if any):  EXTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on	Expiration Date (if any):  Expiration Date (if any):  EXPTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on onth/day/year) 9/7/1949 and that to the best of my knowledge the employee is authorized to work in the United States. (State apployment agencies may omit the date the employee began employment.)  Final Print Name  Title  Final Over (month/day/year)	Expiration Date (if any):  EXTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on onth/day/year) 9/7/9/9 and that to the best of my knowledge the employee is authorized to work in the United States. (State ployment agencies may omit the date the employee began employment.)  The state of Employer or Authorized Representative  Print Name  Title  Employe (   Employe (  Employe (  Employe (  Employe (  Employe (  Employe (  Employe (  Employe (  Employe (  Employe (  Employe (  Employe	Expiration Date (if any):  EXPITITICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the eabove-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on conth/day/year) 9/7/19/9 and that to the best of my knowledge the employee is authorized to work in the United States. (State apployment agencies may omit the date the employee began employment.)  Expiration Date (if any):  Ex	Expiration Date (if any):  EXPIRITED TION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the eabove-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on sonth/day/year) 9/7/19/9 and that to the best of my knowledge the employee is authorized to work in the United States. (State in ployment agencies may omit the date the employee began employment.)  Expiration Date (if any):  E	Expiration Date (if any):  EXTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the eabove-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on south/day/year) 17 199 and that to the best of my knowledge the employee is authorized to work in the United States. (State apployment agencies may omit the date the employee began employment.)  EXECUTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the cabove-listed document(s) appear to be genuine and to relate to the employee is authorized to work in the United States. (State apployment agencies may omit the date the employee began employment.)  EXECUTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the cabove-listed document(s) appear to be genuine and to relate to the employee is authorized to work in the United States. (State apployment agencies may omit the date the employee began employment.)  EXECUTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the cabove-listed document(s) appear to be genuine and to relate to the employee is authorized to work in the United States. (State application of Employee or Authorized Representative application of Employee and the cabove-named employee, the cabove-named employee application of the cabove-named employee, the cabove-named employee application of the cabove-named employee, the cabove-named employee, the cabove-named employee, the cabove-named employee application of the cabove-named employee, the cabove-named employee application of the cabove-named employee applicati
Expiration Date (if any):  EXTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on	Expiration Date (if any):  ERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on	Expiration Date (if any):  CRTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on onth/day/year) 9/7/1949 and that to the best of my knowledge the employee is authorized to work in the United States. (State apployment agencies may omit the date the employee began employment.)  The final property of Authorized Representative  Print Name  Title  Sincessed Organization Name and Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)	Expiration Date (if any):  CRTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on onth/day/year) 9/7/9/9 and that to the best of my knowledge the employee is authorized to work in the United States. (State ployment agencies may omit the date the employee began employment.)  The state of Employer or Authorized Representative  Print Name  Title  Title  Date (month/day/year)	Expiration Date (if any):  ERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the eabove-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on conth/day/year) 9/7/19/9 and that to the best of my knowledge the employee is authorized to work in the United States. (State apployment agencies may omit the date the employee began employment.)  grature of Employer or Authorized Representative  Print Name  Title	Expiration Date (if any):  ERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the eabove-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on conth/day/year) 9/7/19/9 and that to the best of my knowledge the employee is authorized to work in the United States. (State inployment agencies may omit the date the employee began employment.)  grature of Employer or Authorized Representative  Print Name  Title	Expiration Date (if any):  ERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the eabove-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on conth/day/year) 17 199 and that to the best of my knowledge the employee is authorized to work in the United States. (State apployment agencies may omit the date the employee began employment.)  ERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the control of the employee began employee is authorized to work in the United States. (State apployment agencies may omit the date the employee began employment.)  ERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the capture of the employee began employee is authorized to work in the United States. (State apployment agencies may omit the date the employee began employment.)  ERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the capture of the employee began employee is authorized to work in the United States. (State apployment agencies may omit the date the employee began employment.)
RTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on	ERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on	ERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on onth/day/year) 9/7/1949 and that to the best of my knowledge the employee is authorized to work in the United States. (State aployment agencies may omit the date the employee began employment.)  The property of Employer or Authorized Representative  Print Name  Title  From over the states of the continuous partners of Employer or Authorized Representative  Print Name  Title  Date (month/day/year)	RTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on onth/day/year) 9/7/1949 and that to the best of my knowledge the employee is authorized to work in the United States. (State ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative  Print Name  Title  From one of Employee or Authorized Representative  Print Name  Date (month/day/year)	ERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the c above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on conth/day/year) 9/7-1949 and that to the best of my knowledge the employee is authorized to work in the United States. (State apployment agencies may omit the date the employee began employment.)  Spature of Employer or Authorized Representative  Print Name  Title	ERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the eabove-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on south/day/year) 9/7-1999 and that to the best of my knowledge the employee is authorized to work in the United States. (State apployment agencies may omit the date the employee began employment.)  Bright Name  Print Name  Title	ERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the cabove-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on worth/day/year) 9/3-1999 and that to the best of my knowledge the employee is authorized to work in the United States. (State apployment agencies may omit the date the employee began employment.)  Spatial of Employer or Authorized Representative Print Name Title
above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on	e above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on	above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on onth/day/year) 97-1999 and that to the best of my knowledge the employee is authorized to work in the United States. (State apployment agencies may omit the date the employee began employment.)  The Title  Final Name  Title  Final Name  Lisa Fush  Date (month/day/sear)	above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on onth/day/year) 9 + 1949 and that to the best of my knowledge the employee is authorized to work in the United States. (State ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative Print Name  Title  Find over the ployer of Authorized Representative Print Name  Date (month/day/year)	c above-isted document(s) appear to be genuine and to relate to the employee named, that the employee began employment on south/day/year) 9/7/1949 and that to the best of my knowledge the employee is authorized to work in the United States. (State apployment agencies may omit the date the employee began employment.)  grature of Employer or Authorized Representative  Print Name  Title  From one C	e above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on sonth/day/year) 9/7/1919 and that to the best of my knowledge the employee is authorized to work in the United States. (State apployment agencies may omit the date the employee began employment.)  Title  Title	e above-usted document(s) appear to be genuine and to relate to the employee named, that the employee began employment on south/day/year) 97-1999 and that to the best of my knowledge the employee is authorized to work in the United States. (State apployment agencies may omit the date the employee began employment.)  Title
above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on	e above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on	above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on onth/day/year) 97-1999 and that to the best of my knowledge the employee is authorized to work in the United States. (State apployment agencies may omit the date the employee began employment.)  The Title  Final Name  Title  Final Name  Lisa Fush  Date (month/day/sear)	above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on onth/day/year) 9 + 1949 and that to the best of my knowledge the employee is authorized to work in the United States. (State ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative Print Name  Title  Find over the ployer of Authorized Representative Print Name  Date (month/day/year)	c above-isted document(s) appear to be genuine and to relate to the employee named, that the employee began employment on south/day/year) 9/7/1949 and that to the best of my knowledge the employee is authorized to work in the United States. (State apployment agencies may omit the date the employee began employment.)  grature of Employer or Authorized Representative  Print Name  Title  From one C	e above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on sonth/day/year) 9/7/1919 and that to the best of my knowledge the employee is authorized to work in the United States. (State apployment agencies may omit the date the employee began employment.)  Title  Title	e above-usted document(s) appear to be genuine and to relate to the employee named, that the employee began employment on south/day/year) 97-1999 and that to the best of my knowledge the employee is authorized to work in the United States. (State apployment agencies may omit the date the employee began employment.)  Title
and blank land 1010 1000 and at the tree of the tree o	countary year) 1/1/1/1 and that to the best of my knowledge the employee is authorized to work in the United States. (State	ployment agencies may omit the date the employee began employment.)  prature of Employer or Authorized Representative  Print Name  Title  LISA FOSH  Employe (  Emplo	ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative Print Name  Title  LISA FUH!  Employe (  incessed Organization Name and Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)	spature of Employer or Authorized Representative Print Name  Title  LISA FWH  Employer or Authorized Representative Print Name	mployment agencies may omit the date the employee began employment.)  gnature of Employer or Authorized Representative Print Name  Title  LISA FORM	nployment agencies may omit the date the employee began employment.)  gnature of Employer or Authorized Representative Print Name Title
munuary/year) ~{   ~~   ~~ and institute the cost of my knowledge the employee is enthorized to work in the Hullad Galla (Calla	and a manufacture of a manufacture of the date the annular of the date the	mature of Employer or Authorized Representative Print Name  Title  LISA FORM  Employer  Employer  Employer  Date (month/day/pear)	nature of Employer or Authorized Representative Print Name  Title  LISA FUHC  Employe (  incesser Organization Name and Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)	gnature of Employer or Authorized Representative Print Name  Title  Lisa Faster  Economics	gnature of Employer or Authorized Representative Print Name Title	mature of Employer or Authorized Representative Print Name Title
mlargered according to which the date of the continue to the continue to work in the United States, (State	iployment agencies may omit the date the employee degan employment.)	sinessed Organization Name and Address (Street Name and Number, City, State, Zip Code)  Employe ( Date (month/day/bear)	inesser Organization Name and Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)	MON TOUT LIST FORTER Employer	MON VOLT Lisa Faster Employer	
ployment agencies may omit the date the employee began employment.)		siness of Organization Name and Address (Street Name and Number, City, State, Zip Code)  Date (month/day/lyear)	iness of Organization Name and Address (Street Name and Number, City, State, Zip Code)  Date (month/day/fear)	sinessel Organization Name and Address (Street Name and Number, City, State, Zip Code)  Date (month/day/bear)	Sinesser Organization Name and Address Organization Name and Organ	(MPA' VOLA Lies Frieder Letter
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative Print Name Title	mature of Employer or Authorized Representative Print Name Title			siness of Organization Name and Address (Street Name and Number, City, State, Zip Code)  Date (month/day/bear)	sinessed Organization Name and Address (Street Name and Number City State 71- C-1-1	The said the
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative   Print Name   Title      Title   Formation of Employee or Authorized Representative   Print Name   Formation of Employee or Authorized Representative   Print Name   Title      Title   Formation of Employee or Authorized Representative   Print Name   Title	gnature of Employer or Authorized Representative Print Name  Title  Lisa Faster  Economics	1,17,100	1,17,100		Date (month/day/year)	The state of the s
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative   Print Name   Title      Title   Formation of Employee or Authorized Representative   Print Name   Formation of Employee or Authorized Representative   Print Name   Title      Title   Formation of Employee or Authorized Representative   Print Name   Title	gnature of Employer or Authorized Representative Print Name  Title  Lisa Faster  Economics					siness-or Organization Name and Address (Street Name and Number, City, State, Zip Code)  Date (month/day/fear)
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative Print Name  Title  Lisa Fast   Employe (  Date (month/day/sear)	grature of Employer or Authorized Representative Print Name  Title  LISA FUHC  Employer (  Date (month/day/year)			1 1.74.7010	1.27.7010	
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative  Print Name  Lisa Fost  Employe (  Date (month/day/year)	mature of Employer or Authorized Representative Print Name  Title  LISA FOHC  Employer  Siness of Organization Name and Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)	ction 3. Updating and Reverification (To be completed and signed by employer.)	ction 3. Updating and Reverification (To be completed and signed by employer.)	ection 3. Updating and Reverification (To be completed and signed by employer.)	ection 3. Updating and Reverification (To be completed and signed by employer.)	1.77.9010
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative  Print Name  Title  Employe (  Employe (  Date (month/day/year)  1.27.2010  Ction 3. Updating and Reverification (To be completed and signed by employer.)	grature of Employer or Authorized Representative  Print Name  LISA FUHE  Employe (  Date (month/day/lear)  LISA FUHE  For love (  Date (month/day/lear)  LISA FUHE  Employer.)			ction 3. Updating and Reverification (To be completed and signed by employer.)	ection 3. Updating and Reverification (To be completed and signed by employer.)	ection 3. Updating and Reverification (To be completed and signed by employer.)
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative  Print Name  LISA FORM  Employer  Employer  Date (month/day/year)  LISA FORM  Date (month/day/year)  LISA FORM  Date (month/day/year)	grature of Employer or Authorized Representative  Print Name  LISA FUHE  Employe (  Date (month/day/lear)  LISA FUHE  For love (  Date (month/day/lear)  LISA FUHE  Employer.)			ction 3. Updating and Reverification (To be completed and signed by employer.)	ection 3. Updating and Reverification (To be completed and signed by employer.)	ection 3. Updating and Reverification (To be completed and signed by employer.)
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative  Print Name  Title  Employe (  Employer or Authorized Representative  Print Name  Title  Employe (  Date (month/day/year)  LISA FOUTH (  Employer)  Date (month/day/year)  LISA FOUTH (  Employer)  Date (month/day/year)  LISA FOUTH (  Employer)  Date (month/day/year) (if applicable)	grature of Employer or Authorized Representative  Print Name  LISA FUHC  Employer (  Employer)  Date (month/day/year)  LISA FUHC  Employer)  Date (month/day/year)  Print Name  (f applicable)  B. Date of Rehire (month/day/year) (if applicable)	New Name (if applicable)  B. Date of Rehire (month/day/year) (if applicable)	New Name (if applicable)  B. Date of Rehire (month/day/year) (if applicable)	ection 3. Updating and Reverification (To be completed and signed by employer.)  New Name (if applicable)  B. Date of Rehire (month/day/year) (if applicable)	ection 3. Updating and Reverification (To be completed and signed by employer.)  New Name (if applicable)  B. Date of Rehire (month/day/year) (if applicable)	ection 3. Updating and Reverification (To be completed and signed by employer.)  New Name (if applicable)  B. Date of Rehire (month/day/year) (if applicable)
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative  Print Name  LISA FOSH  Employer ( Date (month/day/year)  LISA FOSH  Employer ( Date (month/day/year)  LISA FOSH  Employer ( Date (month/day/year)  Reverification ( To be completed and signed by employer.)  New Name ( f applicable)  Representative  Print Name  Employee ( Date (month/day/year) ( f applicable)  F employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization	grature of Employer or Authorized Representative  Print Name  LISA FUHC  Employer (  Date (month/day/year)  LISA FUHC  Employer)  Date (month/day/year)  LISA FUHC  Employer)  New Name (if applicable)  B. Date of Rehire (month/day/year) (if applicable)  If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization	New Name (if applicable)  B. Date of Rehire (month/day/year) (if applicable)  If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization	New Name (if applicable)  B. Date of Rehire (month/day/year) (if applicable)  f employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.	Section 3. Updating and Reverification (To be completed and signed by employer.)  New Name (if applicable)  B. Date of Rehire (month/day/year) (if applicable)  If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization	Description 3. Updating and Reverification (To be completed and signed by employer.)  B. Date of Rehire (month/day/year) (if applicable)  If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization	ection 3. Updating and Reverification (To be completed and signed by employer.)  New Name (if applicable)  B. Date of Rehire (month/day/year) (if applicable)  If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative  Print Name  Lisa Fost  Employe (  Date (month/day/year)  Lisa Fost  Employer)  Date (month/day/year)  Print Name  Lisa Fost  Employe (  Date (month/day/year)  Lisa Fost  Employer)  Date (month/day/year)  Print Name  (f applicable)  B. Date of Rehire (month/day/year) (if applicable)  f employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization  Document Title:  Document #:  Expiration Date (ff any):	mature of Employer or Authorized Representative  Print Name  Title  Employe (  Date (month/day/year)  Ltt. July  Siness of Organization Name and Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)  Ltt. July  Date (month/day/year)  B. Date of Rehire (month/day/year) (if applicable)  If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization  Document Title:  Document #:  Expiration Date (if any):	New Name (if applicable)  B. Date of Rehire (month/day/year) (if applicable)  If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization  Document Title:  Document #:  Expiration Date (if any):	New Name (if applicable)  B. Date of Rehire (month/day/year) (if applicable)  f employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization Document Title:  Document #: Expiration Date (if any):	Document Title:  Document #:  Expiration A Reverification (To be completed and signed by employer.)  B. Date of Rehire (month/day/year) (if applicable)  Expiration Date (if any):	New Name (if applicable)  If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.  Document Title:  Document #:  Expiration Date (if any):	Action 3. Updating and Reverification (To be completed and signed by employer.)  New Name (if applicable)  B. Date of Rehire (month/day/year) (if applicable)  If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization  Document Title:  Document #: Expiration Date (if any):
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative  Print Name  Lisa Fost  Employer  Date (month/day/year)  Lisa Fost  Date (month/day/year)  Lisa Fost  Employer  Date (month/day/year)  (if applicable)  Rew Name (if applicable)  Remployee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization  Document Title:  Document #:  Expiration Date (if any):  Print Name  Title  Expiration Date (if any):  Print Name  Print Name  Title  Expiration Date (if any):	printing of Employer or Authorized Representative  Print Name    Code   Fille	New Name (if applicable)  B. Date of Rehire (month/day/year) (if applicable)  If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization Document Title:  Document #:  Expiration Date (if any):  test, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented	He Name (if applicable)  B. Date of Rehire (month/day/year) (if applicable)  f employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization  Document Title:  Document #:  Expiration Date (if any):  est, under penalty of perjury, that to the best of my knowledge, this employee is anthorized to work in the United States, and if the employee presented	Document Title:  Document #:  Expiration Date (if apply):  Test, under penalty of perjury, that to the best of my knowledge, this employee is anthorized to work in the United States, and if the employee presented	Description 3. Updating and Reverification (To be completed and signed by employer.)  B. Date of Rehire (month/day/year) (if applicable)  If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization	Expiration Date (if applicable)  Document Title:  Document #:  Expiration Date (if applicable)  Document that establishes current employment authorization below for the document that establishes current employment authorization below for the document that establishes current employment authorization below for the document that establishes current employment authorization below for the document that establishes current employment authorization below for the document that establishes current employment authorization below for the document that establishes current employment authorization below for the document that establishes current employment authorization below for the document that establishes current employment authorization below for the document that establishes current employment authorization below for the document that establishes current employment authorization below for the document that establishes current employment authorization below for the document that establishes current employment authorization below for the document that establishes current employment authorization below for the document that establishes current employment authorization below for the document that establishes current employment authorization below for the document that establishes current employment authorization below for the document that establishes current employment authorization below for the document that establishes current employment authorization below for the document that establishes current employment authorization below for the document that establishes current employment authorization below for the document that establishes current employment authorization below for the document that establishes current employment authorization below for the document that establishes current employment authorization below for the document that establishes current employment authorization below for the document that establishes current employment authorization below for the document authorization for the document authorizatio
mth/day/year) 9/7- 1949 and that to the best of my knowledge the employee is anthorized to work in the Visited Contra	ployment agencies may omit the date the employee began employment.)				Date (month/day/year)	Lisa will the love
ployment agencies may omit the date the employee began employment.)		sinessed Organization Name and Address (Street Name and Number, City, State, Zip Code)  Employe( Emplo	inesser Organization Name and Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)	and the Lisa Faster Employer	and the Lisa Faster Employer	
ployment agencies may omit the date the employee began employment.)		siness of Organization Name and Address (Street Name and Number, City, State, Zip Code)  Date (month/day/bear)	iness of Organization Name and Address (Street Name and Number, City, State, Zip Code)  Date (month/day/fear)	sinesser Organization Name and Address (Street Name and Number, City, State, Zip Code)  Date (month/daw/bear)	tinesser Organization Name and Address (Street Name and Name) or Clay State 72- Carl	
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative Print Name Title	mature of Employer or Authorized Representative Print Name Title			siness of Organization Name and Address (Street Name and Number, City, State, Zip Code)  Date (month/dav/bear)	sinessel Organization Name and Address (Street Name and Namber Class State 72- 0-1-1	11/2 1 Employe
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative Print Name Title	mature of Employer or Authorized Representative Print Name Title	1,17,100	1.17.100		Date (month/day/bear)	
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative   Print Name   Title      Title   Formation of Employee or Authorized Representative   Print Name   Formation of Employee or Authorized Representative   Print Name   Title      Title   Formation of Employee or Authorized Representative   Print Name   Title	grature of Employer or Authorized Representative Print Name  Title  Lisa Faster  Economics	$\frac{1}{1}$	$\frac{1}{1}$		Date (month/day/year)	TINESDAY I WORNITSTIAN Name and Address (Vinast Name and Number City State 7th Code)
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative   Print Name   Title      Title   Formation of Employee or Authorized Representative   Print Name   Formation of Employee or Authorized Representative   Print Name   Title      Title   Formation of Employee or Authorized Representative   Print Name   Title	grature of Employer or Authorized Representative Print Name  Title  Lisa Faster  Economics					siness-or Organization Name and Address (Street Name and Number, City, State, Zip Code)  Date (month/day/fear)
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative Print Name  Title  Lisa Fast   Employe (  Date (month/day/sear)	grature of Employer or Authorized Representative Print Name  Title  LISA FUHC  Employer (  Date (month/day/year)	7-1 8-010	7 - 7 - 010			
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative Print Name  Title  Lisa Fast   Employe (  Date (month/day/sear)	mature of Employer or Authorized Representative Print Name  Title  LISA FUHC  Employer (  Date (month/day/year)	721 800	7-1 8-010	1 1 2 1 2 1 . 1 . 1		
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative Print Name  Title  Lisa Fast   Employe (  Date (month/day/sear)	mature of Employer or Authorized Representative Print Name  Title  LISA FUSE  Employe (  Date (month/day/year)		721 8-010			
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative Print Name  Title  Lisa Fast   Employe (  Date (month/day/sear)	mature of Employer or Authorized Representative Print Name  Title  LISA FUHC  Employer (  Date (month/day/year)	7 6-010				
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative Print Name  Title  Lisa Fast   Employe (  Date (month/day/sear)	mature of Employer or Authorized Representative Print Name  Title  LISA FUHC  Employer (  Date (month/day/year)					
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative Print Name  Title  Lisa Fast   Employe (  Date (month/day/sear)	grature of Employer or Authorized Representative Print Name  Title  LISA FUHC  Employer (  Date (month/day/year)					
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative Print Name  Title  Lisa Fast   Employe (  Date (month/day/sear)	grature of Employer or Authorized Representative Print Name  Title  LISA FUHC  Employer (  Date (month/day/year)	7-1 8-010	1 7-1 0-0 0	1.1+.140	1.17.140	
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative  Print Name  Lisa Fost  Employe (  Date (month/day/year)	mature of Employer or Authorized Representative Print Name  Title  LISA FORM  Employer (  Date (month/day/year)			1,74,9010	1.77.9010	1.77.9010
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative  Print Name  Lisa Fost  Employe (  Date (month/day/year)	mature of Employer or Authorized Representative Print Name  Title  LISA FORM  Employer (  Date (month/day/year)	CDOR 3. 1) DORNING and Keverification (10 he completed and signed by semilares)	COOR 3. 1) DOISHING AND KEVENTICSTON (10 he completed and signed his semilaries )	ction 3. Underline and Reverification (To be completed and signed by completed	ction 3. Underline and Reverification (To be completed and signed by completed by	1.77.9010
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative  Print Name  Lisa Fost  Employe (  Date (month/day/year)	mature of Employer or Authorized Representative Print Name  Title  LISA FORM  Employer (  Date (month/day/year)	CHOR 3. Undering and Keverification (In he completed and signed his ownloads)	COOR 3. Undering and Keverification (To be completed and signed by employer)	ction 3. Updating and Reverification (To be completed and signed by appropriate)	ction 3. Underling and Reverification (To be completed and signed by applying)	1.77.9010
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative  Print Name  Title  Employe (  Date (month/day/year)	mature of Employer or Authorized Representative Print Name  Title  LISA FORM  Employer (  Date (month/day/year)			ction 3. Vindeting and Providentian (To be completed and its 11	1. L7. dolo	1.77.9010
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative  Print Name  Title  Employe (  Date (month/day/year)	mature of Employer or Authorized Representative Print Name  Title  Lisa Fast (  Employer (  Date (month/day/year)	-41 - 7 - 7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	.A	1.74.9010	1.77.7010	1.77.9010
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative Print Name  Title  Lisa Fast   Employe (  Date (month/day/sear)	mature of Employer or Authorized Representative Print Name  Title  LISA FUHC  Employer (  Date (month/day/year)			1.74.7010	1.27.2010	
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative Print Name  Title  Lisa Fast   Employe (  Date (month/day/sear)	grature of Employer or Authorized Representative Print Name  Title  LISA FUHC  Employer (  Date (month/day/year)	, , , , , , , , , , , , , , , , , , , ,	,   8-0 0	1 1 1 + 1 10	1.17.110	
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative  Print Name  Title  Employe (  Date (month/day/year)	mature of Employer or Authorized Representative Print Name  Title  LISA FUSH  Employer  Employer  Employer  Date (month/day/year)			1 1.74.4010	1.27.2010	1.77.9010
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative  Print Name  Title  Employe (  Date (month/day/year)	Title  And Address (Street Name and Number, City, State, Zip Code)  Title  Employe (  Date (month/day/year)			1.74.9010	1.27.2010	1.77.9010
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative Print Name  Title  LISA FOSH!  Employe (  Date (month/day/year)	mature of Employer or Authorized Representative Print Name  Title  Lisa Fast (  Employe (  Date (month/day/year)			1.7.4.900	1.27.4010	
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative Print Name  Title  LISA FOSH!  Employe (  Date (month/day/year)	nature of Employer or Authorized Representative Print Name  Title  Lisa Fast (  Employe (  Employe (  Date (month/day/year)		, , , , , , , , , , , , , , , , , , , ,	1 1.74.7410	1.17.2010	
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative Print Name  Title  LISA FOSH!  Employe (  Date (month/day/year)	nature of Employer or Authorized Representative Print Name  Title  Lisa Fast (  Employe (  Employe (  Date (month/day/year)		, , , , , , , , , , , , , , , , , , , ,	1 1.74.7410	1.17.2010	
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative Print Name  Title  LISA FOSH!  Employe (  Date (month/day/year)	mature of Employer or Authorized Representative Print Name  Title  Lisa Fast (  Employe (  Date (month/day/year)	77-100		1:1+:100	1.17:400	
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative Print Name  Title  Lisa Fast   Employe (  Date (month/day/sear)	mature of Employer or Authorized Representative Print Name  Title  LISA FUHC  Employer (  Date (month/day/year)	721 800	7-1 8-010	1 1:1 +:1010	1,17,100	
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative Print Name  Title  LISA FOSH!  Employe (  Date (month/day/year)	mature of Employer or Authorized Representative Print Name  Title  LISA FUHC  Employer (  Date (month/day/year)	7 7 6-010	7 - 1 8-010	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.12.14	
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative Print Name  Title  LISA FUHC  Employe (  Date (month/day/year)	mature of Employer or Authorized Representative Print Name  Title  LISA FUHC  Employer  Employer  Employer  Date (month/day/year)	6-010	7 - 1 8-010		1.17.14	
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative Print Name  Title  LISA FUH!  Employe (  incessed Organization Name and Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)	nature of Employer or Authorized Representative Print Name  Title  LISA FUHC  Employer  incessed Organization Name and Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)	721 8-010	721 8-010	1 1 1 1 1 1 1 1 1 1 1 1 1	1,17,140	
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative  Print Name  Title  Employe (  LISA FORK (  Employe (  Date (month/day/pear)	nature of Employer or Authorized Representative Print Name  Title  LISA FOHC  Employer  Employer  Employer  Date (month/day/year)			1.74.9010	1.7.4010	1.77.9010
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative  Print Name  Title  Employe (  Lisa Fark (  Employe (  Date (month/day/year)	nature of Employer or Authorized Representative Print Name  Title  LISA FORM  Employer  Employer  Employer  Date (month/day/year)			1.74.900	1.7.4010	1.77.9010
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative  Print Name  Lisa Fast (  Employe (  Date (month/day/year)	Title  And Address (Street Name and Number, City, State, Zip Code)  Title  Employe (  Date (month/day/year)	CHOR 3. Undering and Keverification (10 he completed and signed his employer)	CHOIL 3. Underling and Keverification (10 he completed and signed his employer)	ction 3. Updating and Reverification (To be completed and signed by application)	ction 3. Updating and Reverification (To be completed and signed by applying)	1.77.9010
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative  Print Name  LISA FORM  Employe (  Date (month/day/year)	mature of Employer or Authorized Representative Print Name  Title  LISA FORM  Employer  Employer  Employer  Date (month/day/year)	ction 3. Updating and Reverification (To be completed and signed by employer.)	ction 3. Updating and Keverification (To be completed and signed by employer)	ction 3. Updating and Reverification (To be completed and signed by employer)	ction 3. Updating and Reverification (To be completed and signed by employer)	1.77.9010
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative  Print Name  Title  Employe (  Date (month/day/year)	mature of Employer or Authorized Representative Print Name  Title  LISA FORM  Employer (  Date (month/day/year)	ction 3. Updating and Reverification (To be completed and signed by employer.)	cuon 3. Updating and Keverification (To be completed and signed by employer.)	ection 3. Updating and Reverification (To be completed and signed by employer.)	ction 3. Updating and Reverification (To be completed and signed by employer.)	1.77.9010
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative  Print Name  Lisa Fast (  Employe (  Date (month/day/year)	mature of Employer or Authorized Representative Print Name  Title  LISA FORM  Employer (  Date (month/day/year)	ction 3. Updating and Reverification (To be completed and signed by employer.)	ction 3. Updating and Reverification (To be completed and signed by employer.)	ction 3. Updating and Reverification (To be completed and signed by employer.)	ction 3. Updating and Reverification (To be completed and signed by employer.)	1.77.9010
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative  Print Name  LISA FORM  Employer  Date (month/day/fear)  LISA FORM  Increased Organization Name and Address (Street Name and Number, City, State, Zip Code)  Date (month/day/fear)  LISA FORM  Date (month/day/fear)  LISA FORM  Date (month/day/fear)	siness of Employer or Authorized Representative  Print Name  LISA FORK  Employer  Employer  Date (month/day/fear)  LISA FORK  Employer  Date (month/day/fear)  LISA FORK  Employer  Date (month/day/fear)  LISA FORK  Employer  Date (month/day/fear)			ction 3. Updating and Reverification (To be completed and signed by employer.)	ction 3. Updating and Reverification (To be completed and signed by employer.)	ction 3. Updating and Reverification (To be completed and signed by employer.)
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative  Print Name  Title  Employe (  Employe (  Date (month/day/year)  1.27.2010  Ction 3. Updating and Reverification (To be completed and signed by employer.)	grature of Employer or Authorized Representative  Print Name  LISA FUHE  Employe (  Date (month/day/lear)  LISA FUHE  For love (  Date (month/day/lear)  LISA FUHE  Employer.)			ction 3. Updating and Reverification (To be completed and signed by employer.)	ction 3. Updating and Reverification (To be completed and signed by employer.)	ection 3. Updating and Reverification (To be completed and signed by employer.)
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative  Print Name  LISA FORM  Employer  Employer  Date (month/day/year)  LISA FORM  Date (month/day/year)  LISA FORM  Date (month/day/year)	sinessed Organization Name and Address (Street Name and Number, City, State, Zip Code)  Title  Employee ( Date (month/day/fear)  1.27.2010  Action 3. Updating and Reverification (To be completed and signed by employer.)			ction 3. Updating and Reverification (To be completed and signed by employer.)	ction 3. Updating and Reverification (To be completed and signed by employer.)	ection 3. Updating and Reverification (To be completed and signed by employer.)
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative  Print Name  Title  Employe (  Date (month/day/year)	mature of Employer or Authorized Representative Print Name  Title  LISA FORM  Employer (  Date (month/day/year)	CHOR 3. LINGSTING STILL MEVANITIES TION (10 he completed and single by annual transfer in the complete by the	Mon 1. Lindening and Meverification (10 he completed and size of because 1	ction 3. Underling and Reverification (To be completed and signed by	ction 3. Underline and Reverification (To be completed and signed by	1.77.9010
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative  Print Name  LISA FORM  Employe (  Date (month/day/year)	mature of Employer or Authorized Representative Print Name  Title  LISA FORM  Employer  Employer  Employer  Date (month/day/year)			1.74.9010	1.77.9010	1.77.9010
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative Print Name  Title  LISA FOSH!  Employe (  Date (month/day/year)	nature of Employer or Authorized Representative Print Name  Title  Lisa Fast   Employe (  Employe (  Date (month/day/year)			1.7.4.7010	1.27.2010	
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative Print Name  Title  LISA FOSH!  Employe (  Date (month/day/year)	nature of Employer or Authorized Representative Print Name  Title  Lisa Fast (  Employe (  Employe (  Date (month/day/year)	7 2-1 2-010	7 - 1 8-010	الماء أن	1.12.14	
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative Print Name  Title  Lisa Fast   Employe (  Date (month/day/sear)	mature of Employer or Authorized Representative Print Name  Title  LISA FUHC  Employer (  Date (month/day/year)	1 2 8-010	1 7 ~ 1 2-010	1 1 1 1 1 1 1 1		
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative Print Name  Title  Lisa Fast   Employe (  Date (month/day/sear)	grature of Employer or Authorized Representative Print Name  Title  LISA FUHC  Employer (  Date (month/day/year)		1 7-1 8-010			
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative Print Name  Title  Lisa Fast   Employe (  Date (month/day/sear)	grature of Employer or Authorized Representative Print Name  Title  LISA FUHC  Employer (  Date (month/day/year)					
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative   Print Name   Title      Title   Formation of Employee Degree   Print Name   Print	mature of Employer or Authorized Representative Print Name  Title  Lisa Faster  Economics				The composition of the contract of the contrac	
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative Print Name Title	mature of Employer or Authorized Representative Print Name Title			Date (month/dev/bear)		170,000
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative Print Name Title	mature of Employer or Authorized Representative Print Name Title			siness of Organization Name and Address (Street Name and Number, City, State, Zip Code)  Date (month/dav/bear)	RIDESSOF   Wornington Name and Address (Need Name and Number City State 72- 0-1-)	the two transfers to the two transfers to the two transfers to the two transfers to the tra
ployment agencies may omit the date the employee began employment.)  nature of Employer or Authorized Representative Print Name Title	mature of Employer or Authorized Representative Print Name Title			siness of Organization Name and Address (Street Name and Number, City, State, Zip Code)  Date (month/daw/bear)	RIDESSOF I From Dame and Address (Street Name and Number City State 72-0-2-)	TWO IN THE TWO INVESTIGATION OF THE TWO INVEST

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

		crimination.			ents h
Section 1. Employee Information and	d Verification (	To be complete	ed and signed by emp	oloyee at the time employment be	gins.)
Print Name: Last	First	P		Initial Maiden Name	
Address (Street Name and Number)			Apt. #	Date of Birth (month/day/year)	
			· •		
City	State		Zip Code	Social Security #	
I am aways that federal law	- F	I at	test, under penalty of perju	rry, that I am (check one of the following	):
I am aware that federal law provides imprisonment and/or fines for false s			A citizen of the United S	• • •	•
use of false documents in connection		1 🗂	A noncitizen national of	the United States (see instructions)	
completion of this form.	wieri ene		A lawful permanent resi		
F				ork (Alien # or Admission #)	
		-		applicable - month/day/year)	
Employee's Signature		Di-			
			ate (month/day/year)		
reparer and/or Translator Certifica enalty of perjury, that I have assisted in the com	tion (To be comple pletion of this form	eted and signed if and that to the bes	st of my knowledge the inf	person other than the employee.) I attest ormation is true and correct.	, under
Preparer's/Translator's Signature			Print Name		
Address (Street Name and Number, Cit	ty, State, Zip Code)			Date (month/day/year)	<del></del>
Cocument title: US PASSOFT	OR	List! Alit - Drw	B re/s Crease	AND List C	
suing authority: US pept. of State					<del></del>
ocument #;		tate of	California		
Expiration Date (if any):					
ocument #:					<del></del>
Expiration Date (if any):	:				
ERTIFICATION: I attest, under penalty e above-listed document(s) appear to be conth/day/year)	genuine and to r at to the best of m	elate to the emp by knowledge ti	ployee named, that th he employee is author	e employee hegan employment on	•
aployment agencies may omit the date the			.)		
gnature of Employer or Authorized Representati	ive Print	Name		Title	,
		452	tostu	±mplayer	
siness or Organization Name and Address (Street	et Name and Numbe	r, City, State, Zip	Code)	Date (month/dky/ybdr)	
ction 3. Updating and Reverification	(To be comple	ted and signed	T by employer.)	10-10-10	
New Name (if applicable)	· · · · · · · · · · · · · · · · · · ·			of Rehire (month/day/year) (if applicable	e)
	ion has expired, prov	vide the information	on below for the documen	t that establishes current employment aut	horizat
If employee's previous grant of work authorizati				· •	
Document Title:		Document#:		Expiration Date (if anul-	
	it of my knowledge.	Document #:	authorized to work in the	Expiration Date (if any):  ne United States, and if the employee pro-	resente

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE FRESHO CA 93888

DATE OF THIS NOTICE: 02-23-93 NUMBER OF THIS NOTICE: CP 575 B EMPLOYER IDENTIFICATION NUMBER: FORM: SS-4

TAX PERIOD: N/A

Attachment I

LISA A **FOSTER** SAN DIEGO

FOR ASSISTANCE PLEASE WRITE TO US AT:

INTERNAL REVENUE SERVICE FRESNO CA 93888

BE SURE TO ATTACH THE BOTTOM PART OF NOTICE

OR YOU MAY CALL US AT:

1-800-829-1040

TAX FORMS YOU MUST FILE: 942

#### NOTICE OF NEW EMPLOYER IDENTIFICATION NUMBER ASSIGNED

THANK YOU FOR YOUR FORM 55-4, APPLICATION FOR EMPLOYER IDENTIFICATION NUMBER (EIN). THE NUMBER ASSIGNED TO YOU IS SHOWN ABOVE. IT WILL BE USED TO IDENTIFY YOUR BUSINESS ACCOUNT, TAX RETURNS AND DOCUMENTS, EVEN IF YOU DON'T HAVE EMPLOYEES.

KEEP A COPY OF THE NUMBER IN YOUR PERMANENT RECORDS.
USE YOUR NAME AND THE NUMBER EXACTLY AS SHOWN ABOVE ON ALL FEDERAL TAX FORMS.
USE THE NUMBER ON ALL TAX PAYMENTS AND TAX-RELATED CORRESPONDENCE OR DOCUMENTS.

USING A VARIATION OF YOUR NAME OR NUMBER MAY RESULT IN DELAYS OR ERRORS IN POSTING PAYMENTS TO YOUR ACCOUNT. IT ALSO COULD RESULT IN THE ASSIGNMENT OF MORE THAN ONE EMPLOYER IDENTIFICATION NUMBER.

WE HAVE ESTABLISHED THE FILING REQUIREMENTS AND TAX PERIOD SHOWN ABOVE FOR YOUR ACCOUNT BASED UPON THE INFORMATION PROVIDED. IF YOU NEED HELP TO DETERMINE YOUR REQUIRED TAX YEAR, GET PUBLICATION 538, ACCOUNTING PERIODS AND METHODS, WHICH IS AVAILABLE AT MOST IRS OFFICES.

THANK YOU FOR YOUR COOPERATION.

KEEP THIS PART FOR YOUR RECORDS.

CP 575 B (REV. 8-90)

ONLY RETURN THIS PART WITH YOUR CORRESPONDENCE IF YOU HAVE ANY QUESTIONS SO WE MAY IDENTIFY YOUR ACCOUNT. PLEASE CORRECT ANY ERRORS IN YOUR NAME OR ADDRESS.

CP 575 B

YOUR TELEPHONE NUMBER BEST TIME TO CALL DATE OF THIS NOTICE: 02-23-93 EMPLOYER IDENTIFICATION NUMBER:

FORM NUMBER: SS-4 TAX PERIOD: N/A

INTERNAL REVENUE SERVICE FRESNO CA 93888

> LISA A FOSTER SAN DIEGO

### EDD Employment Development Department State of California

# ANNUAL PAYROLL TAX RETURN FOR EMPLOYER OF HOUSEHOLD WORKERS

	APPROVED EXTENSION TO:
PLEASE TYPE ALL INFORMATION	DELINQUENT IF
YEAR ENDED DEC.31, 2004 DUE JAN.1, 2005	DELINQUENT IF NOT POSTMARKED OR RECEIVED BY JAN. 31, 2005
Illindianillini Attachment J	
Infinding Attachment J	
LISA A FOSTER	EMPLOYER ACCO
SAN DIEGO CA	DO NOT ALTER THIS A
	P1    P2    C    P    U    S
	EFFECTIVE _ = = =
DETAILED INSTRUCTIONS ARE LOCATED ON THE BACK  CHECK BOX  IF:	No Wages Paid this Year  No Longer have Household Employees (Date)  Revert to Quarterly Reporting (Date)
A. TOTAL SUBJECT WAGES PAID THIS CALENDAR YEAR	·> [27.
B. EMPLOYER'S UNEMPLOYMENT INSURANCE (UI) TAXES	WAGES UI %
(Total Employee Wages up to \$7000 per employee per calendar year)	$\begin{array}{ccc} (B1) & (B2) & (B3) & $
C. EMPLOYMENT TRAINING TAX (ETT) (Total Employee Wages up to \$7000 per employee per calendar year)	WAGES ETT %  (C1) 476.75 X (C2) 0.10 = (C3) 1
D. EMPLOYEE STATE DISABILITY INSURANCE (SDI) TAXES (Total Employee Wages up to a maximum limit of \$68,829 per	(multiplied by)
employee per calendar year)	WAGES SDI % (D2) X (D2) 1.18 = (D3) いい (multiplied by)
E. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD *(Total PIT withheld per Forms W-2)	
F. TOTAL TAXES DUE (Add Items B3, C3, D3, and E)	
G. LESS VOLUNTARY PREPAYMENT OF TAXES MADE DURING T	THE YEAR>
H. BALANCE OF TOTAL TAXES DUE	534
	check to return.



### QUARTERLY REPORT OF WAGES AND WITHHOLDINGS FOR EMPLOYERS OF HOUSEHOLD WORKERS

APPROVED EXTENSION TO: \_ Instructions for completion are available on the back of this form. PLEASE TYPE ALL INFORMATION **DELINQUENT IF** QUARTER ENDED MAR 31, 2004 DUF APR 1, 2004 NOT POSTMARKED 2004 OR RECEIVED BY APR. 30 EMPLOYER ACCOUNT NUMBER HdooblodMealleablablablablablablablab ALTER THIS AREA LISA A FOSTER OFF SAN DIEGO US. WIC **EFFECTIVE** ONE DATE A. NUMBER OF EMPLOYEES full-time and part-time who worked during or received pay subject to UI for payroll period which includes the 12th of the month. 1ST MONTH 2ND MONTH 3RD MONTH No Payroll This Quarter C. SOCIAL SECURITY NUMBER D. EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST) TOTAL SUBJECT WAGES PIT WACES PIT WITHHELD G. J078 .J0 C. SOCIAL SECURITY NUMBER D. EMPLOYEE NAME (FIRST, MIDDLE INITIA TOTAL SUBJECT WAGES PIT WAGES PIT WITHHELD W. 0861 450.00 C. SOCIAL SECURITY NUMBER D. EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST) E. TOTAL SUBJECT WAGES PIT WAGES Ċ. PIT WITHHELD C. SOCIAL SECURITY NUMBER D. EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST) E. TOTAL SUBJECT WAGES PIT WAGES PIT WITHHELD H. GRAND TOTAL SUBJECT WAGES 1. GRAND TOTAL PIT WAGES J. GRAND TOTAL PIT WITHHELD K. I declare that the information herein is true and correct to the best of my knowledge and belief. (Employer, Accountant, Preparer, etc.) Date You have received this Report of Wages and Withholdings for Employers of Household Workers, DE 3BHW, in lieu of the Quarterly Wage and Withholding Report, DE 6, because you have elected to pay taxes for your Household Workers on an

annual basis. This form will be mailed to you quarterly and an Annual Payroll Tax Return For Employer Of Household Workers, DE 3HW, will be mailed to you in the fourth quarter. This annual process is only available to employers who pay \$20,000 or less in household wages during the calendar year. If your wage estimate is understated and you do pay more than \$20,000 in wages in the calendar year, please follow the instructions on the back of this form under the

You must file this report even if you had no payroll by marking Item B, and indicating "0" in each of the three boxes in Item A, and in the Grand Total Boxes, Items H, I, and J.

MAIL TO: State of California / Employment Development Department / P.O. Box 826221 / MIC 28B / Sacramento, CA 94230-6221

### EDD Employment Development Department State of California

# ANNUAL PAYROLL TAX RETURN FOR EMPLOYER OF HOUSEHOLD WORKERS

	APP	PROVED EXTENSION TO	):
PLEASE TYPE ALL INFORMATION	DELINQUE	NT IF	YEAR
YEAR ENDED DEC.31, 2005 DUE JAN.	1, 2006 OR RECEIVE	ARKED JAN.31,	2006 2005
Ildunddadlilladia - Attachment K	•		
LIS <u>A A FOST</u> ER			
SAN DIEGO CA			YER ACCOUNT NO.
		DO NOT ALTER	
	AT P1	P2    C    P	ull sil til k
	<b>₽</b> EF	Mo. Day	Yr.
		DATE	
DETAILED INSTRUCTIONS ARE		es Paid this Year	
LOCATED ON THE BACK		er have Household Employe Quarterly Reporting (Date)	
A. TOTAL SUBJECT WAGES PAID THIS CALENDAR	/FAR		[
B. EMPLOYER'S UNEMPLOYMENT INSURANCE (UI		>	78,031.78
TAXES (Total Employee Wages up to \$7000 per employee per caler	(81)	VI % 2.60 =	304.51
	Jul. / 001/	plied by) ETT %	29 (3)
C. EMPLOYMENT TRAINING TAX (ETT) (Total Employee Wages up to \$7000 per employee per caler	100	X (C2) 0.10 =	(93)1.71
D. EMPLOYEE STATE DISABILITY INSURANCE (SDI) (Total Employee Wages up to a maximum limit of \$68,829 p employee per calendar year).	AYFC	plied by)	
7	WAGES (D) 28 1.78 1	SDI %	الم. ردد (ED)
		X 1.08 =	303.70
		!	
E. CALIFORNIA PERSONAL INCOME TAX (PIT) WITH *(Total PIT withheld per Forms W-2)	HELD	· >	
F. TOTAL TAXES DUE (Add Items B3, C3, D3, and E)		>	618.91
G. LESS VOLUNTARY PREPAYMENT OF TAXES MAD	DURING THE YEAR	·>	
H. BALANCE OF TOTAL TAXES DUE			618.96
INCLUDE EMPLOYERACCOUNT NUMBER ON YOUR CHECK.  Make check payable to EMPLOYMENT DEVELOPMENT DEPARTM	Do not staple check to return.		(61.12
I. Be sure to sign this declaration: I declare that the information	herein is true and correct to the	best of my knowledge	and belief.
SignatureTitle	Accountant, Preparer, etc.)	( )	Date
(Owne	naciousiani, rreparer, etc.)		
DE 3HW Rev. 6 (1-04) P.O. Box 826221	Sacramento, CA 94230-6271	ı	CU-PA213



### QUARTERLY REPORT OF WAGES AND WITHHOLDINGS FOR EMPLOYERS OF HOUSEHOLD WORKERS

APPROVED EXTENSION TO: Instructions for completion are available on the back of this form. PLEASE TYPE ALL INFORMATION **DELINQUENT IF** YR OTR NOT POSTMARKED QUARTER ENDED MAR. 31, 2005 DUE APR. 1, 2005 OR RECEIVED BY **EMPLOYER ACCOUNT NUMBER** Mandanillandanbhahlablabdalabda DO NOTALTER THIS AREA LISA A FOSTER DUT USE SAN DIEGO WIC ONU DATE, NUMBER OF EMPLOYEES full-time and part-time who worked during or received pay subject to UI for payroll period which includes the 12th of the month. 1ST MONTH 2ND MONTH 3RD MONTH No Payroll This Quarter C. SOCIAL SECURITY NUMBER D. EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST) E. TOTAL SUBJECT WAGES PIT\_WAGES PIT WITHHELD 416.43 643.86 C. SOCIAL SECURITY NUMBER EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST) TOTAL SUBJECT WAGES PIT WAGES PIT WITHHELD 5720,00 C. SOCIAL SECURITY NUMBER D. EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST) E. TOTAL SUBJECT WAGES PIT WAGES PIT WITHHELD C. SOCIAL SECURITY NUMBER D. EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST) E. TOTAL SUBJECT WAGES PIT WACES PIT WITHHELD H. GRAND TOTAL SUBJECT WAGES 3 1. GRAND TOTAL PIT WAGES J. GRAND TOTAL PIT WITHHELD 363.86 K. I declare that the information herein is true and correct to the best of my knowledge and belief. You have received this Report of Wages and Withholdings for Employers of Household Workers, DE 3BHW, in lieu of the Quarterly Wage and Withholding Report, DE 6, because you have elected to pay taxes for your Household Workers on an annual basis. This form will be mailed to you quarterly and an Annual Payroll Tax Return For Employer Of Household Workers, DE 3 HW, will be mailed to you in the fourth quarter. This annual process is only available to employers who pay \$20,000 or less in household wages during the calendar year. If your wage estimate is understated and you do pay more than \$20,000 in wages in the calendar year, please follow the instructions on the back of this form under the "QUESTION" topic. You must file this report even if you had no payroll by marking Item B, and indicating "0" in each of the three boxes

MAIL TO: State of California / Employment Development Department / P.O. Box 826221 / MIC 28B / Sacramento, CA 94230-6221

DE 3BHW Rev. 4 (12-03)

in Item A, and in the Grand Total Boxes, Items H, I, and J.

#### EDD Employment Development Department State of California

# ANNUAL PAYROLL TAX RETURN FOR EMPLOYERS OF HOUSEHOLD WORKERS

		APPROVED EXTENSION TO:
PLEASE TYPE OR PRINT ALL INFORMATION	N IN BLACK INK - DO N	
YEAR ENDED DEC.31, 2006 DE	JE JAN. 1, 200	DELINQUENT IF NOT POSTMARKED JAN. 31, 2007 2006
Ildumldudllluu Attachmei	nt T	_
Attachine	.11 12	
LISA A FOSTER		EMPLOYER ACCOUNT NO.
SAN DIEGO CA		DO NOT ALTER THIS AREA
		P1    P2    5    P    U    S    T    A
		Mo. Day Yr.  EFFECTIVE = = =
DETAILED INCEDIGE AND	CHECK	(BOX No Wages Paid This Year
DETAILED INSTRUCTIONS ARE LOCATED ON THE BACK		F: No Longer Have Household Employees (Date)  Revert to Quarterly Reporting (Date)
·		
A. TOTAL SUBJECT WAGES PAID THIS	CALENDAR YEAR -	J5,584.1)
B. EMPLOYER'S UNEMPLOYMENT INS	URANCE (UI)	WAGES UI %
TAXES (Total Employee Wages up to \$7,000 per em	ployee per calendar year)	$\frac{\begin{bmatrix} B1 \\ O \end{bmatrix}, JJY \cdot IJ}{\text{(multiplied by)}} \times \frac{\begin{bmatrix} B2 \\ O \end{bmatrix}}{2.40} = \frac{\begin{bmatrix} B3 \\ O \end{bmatrix}}{4} YJ \cdot 3K$
C. EMPLOYMENT TRAINING TAX (ETT)		WAGES ETT %
(Total Employee Wages up to \$7,000 per em	•	(multiplied by)
D. EMPLOYEE STATE DISABILITY INSUR (Total Employee Wages up to a maximum lin	RANCE (SDI) TAXES nit of \$79,418 per	· · · · · · ·
employee per calendar year)	•	WAGES SDI %
		$\frac{(01)}{\sqrt{3}} \sqrt{3} \sqrt{3} \times \frac{(02)}{\sqrt{3}} = \frac{(03)}{\sqrt{3}} \sqrt{3} = \frac{(03)}{\sqrt{3}} = (03)$
		(managed 2)
_		<b>-</b>
E. CALIFORNIA PERSONAL INCOME TA (Total PIT Withheld per Forms W-2)	X (PIT) WITHHELD	
F. TOTAL TAXES DUE (Add Items B3, C3	, D3, and E) _	> Y60.2+
G. LESS VOLUNTARY PREPAYMENT OF	TAXES MADE DURIN	NG THE YEAR>
H. BALANCE OF TOTAL TAXES DUE		160,27
INCLUDE EMPLOYER ACCOUNT NUMBER ON YOU Make check payable to EMPLOYMENT DEVELOP		taple check to return.
I. Be sure to sign this declaration: I declare that	t the information herein is	s true and correct to the best of my knowledge and belief.
Signature	_ Title	tant, Preparer, etc.) Date
	(Employer, Account	tant, Preparer, etc.)



# QUARTERLY REPORT OF WAGES AND WITHHOLDINGS FOR EMPLOYERS OF HOUSEHOLD WORKERS

APPROVED EXTENSION TO:

Instructions for completion are available on the back of this form. PLEASE TYPE ALL INFORMATION **DELINQUENT IF QTR** NOT POSTMARKED QUARTER ENDED MAR. 31, 2006 DUE APR. 1, 2006 OR RECEIVED BY MAY **EMPLOYER ACCOUNT NUMBER** Thladdadlitaallaalldaadliabilabilabila LISA A FOSTER SAN DIEGO **EFFECTIVE** A. NUMBER OF EMPLOYEES full-time and part-time who worked during or received pay subject to UI for payroll period which includes the 12th of the month. 1ST MONTH 2ND MONTH 3RD MONTH No Payroll This Quarter C. SOCIAL SECURITY NUMBER D. EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST) TOTAL SUBJECT WAGES PIT WAGES G. PIT WITHHELD 926.00 5926.W C. SOCIAL SECURITY NUMBER EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST) E. TOTAL SUBJECT WAGES PIT WAGES PIT WITHHELD 52W.W  $\Omega$ . Which C. SOCIAL SECURITY NUMBER D. EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST) E. TOTAL SUBJECT WAGES PIT WAGES PIT WITHHELD C. SOCIAL SECURITY NUMBER D. EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST) E. TOTAL SUBJECT WAGES PIT WAGES PIT WITHHELD H. GRAND TOTAL SUBJECT WAGES 👹 1. GRAND TOTAL PIT WAGES J. GRAND TOTAL PIT WITHHELD .00 (JL, W K. I declare that the information berein is true and correct to the best of my knowledge and belief. Signature

You have received this Report of Wages and Withholdings for Employers of Household Workers, DE 3BHW, in lieu of the Quarterly Wage and Withholding Report, DE 6, because you have elected to pay taxes for your Household Workers on an annual basis. This form will be mailed to you quarterly and an Annual Payroll Tax Return For Employer Of Household Workers, DE 3HW, will be mailed to you in the fourth quarter. This annual process is only available to employers who pay \$20,000 or less in household wages during the calendar year. If your wage estimate is understated and you do pay more than \$20,000 in wages in the calendar year, please follow the instructions on the back of this form under the "QUESTION" topic.

You must file this report even if you had no payroll by marking Item B, and indicating "0" in each of the three boxes in Item A, and in the Grand Total Boxes, Items H, I, and J.

MAIL TO: State of California / Employment Development Department / P.O. Box 826221 / MIC 28B / Sacramento, CA 94230-6221

#### EDD Employment Development Department State of California

### EMPLOYER OF HOUSEHOLD WORKER(S) ANNUAL PAYROLL TAX RETURN

DEFASE TYPE OF PRINT ALL INJECTIONATION IN THACK INTO DO N	APPROVED EXTENSION TO:
PLEASE TYPE OR PRINT ALL INFORMATION IN BLACK INK - DO N YEAR ENDED	DELINQUENT IF
<ul><li>Attachment M</li></ul>	_
LISA A FOSTER	EMPLOYER ACC
SAN DIEGO CA	P1    P2    C    P    U    S  P1    P2    C    P    U    S  EFFECTIVE = # # #
DETAILED INSTRUCTIONS ARE LOCATED ON THE BACK	K BOX No Wages Paid This Year  No Longer Have Household Employees (Date) Revert to Quarterly Reporting (Date)
A. TOTAL SUBJECT WAGES PAID THIS CALENDAR YEAR	> §3(
B. EMPLOYER'S UNEMPLOYMENT INSURANCE (UI) TAXES (Total Employee Wages up to \$7,000 per employee per calendar year)	WAGES UI %  (BY) X (B2) 2.00 = (B3) (B3)
C. EMPLOYMENT TRAINING TAX (ETT) (Total Employee Wages up to \$7,000 per employee per calendar year)	
D. EMPLOYEE STATE DISABILITY INSURANCE (SDI) TAXES	(multiplied by)
Refer to publication Tax Rates, Wage Limits, and Value of Meals and Locging (DE 3395) or our Web site at www.edd.ca.gov/taxrep/de3395.pdf	WAGES SDI %  PHENDER X (D2) 0.60 = (D3) }  J6, 717, J0 (multiplied by)
E. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD (Total PIT Withheld per Forms W-2)	
F. TOTAL TAXES DUE (Add Items B3, C3, D3, and E)	> (M
	IG THE YEAR
G. LESS VOLUNTARY PREPAYMENT OF TAXES MADE DURIN	
G. LESS VOLUNTARY PREPAYMENT OF TAXES MADE DURIN  H. BALANCE OF TOTAL TAXES DUE	



# QUARTERLY REPORT OF WAGES AND WITHHOLDINGS FOR EMPLOYERS OF HOUSEHOLD WORKERS

APPROVED EXTENSION TO:

Instructions for completion are available on the back of this form. PLEASE TYPE OR PRINT ALL INFORMATION IN BLACK INK - DO NOT ALTER PREPRINTED INFORMATION **DELINQUENT IF QTR** NOT POSTMARKED QUARTER ENDED MAR 31 2007 DUE APR 1 2007 OR RECEIVED BY APR. 30. **EMPLOYER ACCOUNT NUMBER** lishaddadllaaddaaddhaaddaddaddaddaddadda LISA A FOSTER ULPI SAN DIEGO LSI WIC **EFFECTIVE** DATE A. NUMBER OF EMPLOYEES full-time and part-time who worked during or received pay subject to Ul for payroll period which includes the 12th of the month. IST MONTH 2ND MONTH **3RD MONTH** No Payroll This Quarter C. SOCIAL SECURITY NUMBER (FIRST, MIDDLE INITIAL, LAST) D. EMPLOYEE NAME TOTAL SUBJECT WAGES PIT WAGES PIT WITHHELD 12.770 10 5720.00 C. SOCIAL SECURITY NUMBER EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST) TOTAL SUBJECT WAGE PIT WAGES G. PIT WITHHELD 31445.00 11445.00 C. SOCIAL SECURITY NUMBER D. EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST) E. TOTAL SUBJECT WAGES PIT WAGES PIT WITHHELD C. SOCIAL SECURITY NUMBER D. EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST) E. TOTAL SUBJECT WAGES PIT WAGES PIT WITHHELD I. GRAND TOTAL SUBJECT WAGES 11. CRAND TOTAL PIT WAGES J. GRAND TOTAL PIT WITHHELD 47165.00 165.00 K. I declare that the information herein is true and correct to the best of my knowledge and belief. Signature You have received this Quarterly Report of Wages and Withholdings for Employers of Household Workers (DE 3BHW) in lieu of the Quarterly Wage and Withholding Report (DE 6) because you have elected to pay taxes for your household workers on an annual basis. This form will be mailed to you quarterly, and an Annual Payroll Tax Return for Employers of Household Workers (DE 3HW) will be mailed to you in the fourth quarter. This annual process is only available to employers who may \$20,000 or less in household wages during the calendar year. If your wage estimate is understated and you do pay more than \$20,000 in wages in the calendar year, please follow the instructions on the back of this form under the "QUESTIONS" topic. You must file this report even if you had no payroll by marking Item B, and indicating "0" in each of the three boxes in Item A, and in the Grand Total Boxes, Items H, I, and J.

MAIL TO: State of California / Employment Development Department / P.O. Box 826221 / MIC 28B / Sacramento, CA '94230-6221

# EMPLOYER OF HOUSEHOLD WORKER(S) ANNUAL PAYROLL TAX RETURN

DO NOT ALTER THIS AR    DO NOT ALTER THIS AR	DI FACE TUDE OR DOUGE AND A SECOND			APPROVE	EXTENSION TO:	
Attachment N    Attachment N	PLEASE TYPE OR PRINT ALL INFOR	MATION IN BLACK IN	NK - DO NOT AL	TER PREPRINTED II. DELINOUENT IE	NFORMATION	YEAR
DETAILED INSTRUCTIONS ARE LOCATED ON THE BACK  CHECK BOX  IF:  No Longer Have Household Employees (Dake)  Revert to Quarterly Reporting (Date)  A. TOTAL SUBJECT WAGES PAID THIS CALENDAR YEAR  B. EMPLOYER'S UNEMPLOYMENT INSURANCE (UI)  TAXES (Total Employee Wages up to \$7,000 per employee per calendar year)  C. EMPLOYMENT TRAINING TAX (ETT) (Total Employee Wages up to \$7,000 per employee per calendar year)  D. EMPLOYEE STATE DISABILITY INSURANCE (SDI) TAXES  Lefer to publication Tax Rates, Wage Limits, and Value  of Meals and Lodging (DE 3395) or our Web site at ttp://www.edd.ca.gov/pdf_pub_ctr/de3395.pdf  C. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD  CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD	YEAR ENDED DEC.31, 20	08 DUE JAN.	1, 2009	NOT POSTMARKED OR RECEIVED BY	FEB.2, 2009	200
DETAILED INSTRUCTIONS ARE LOCATED ON THE BACK  CHECK BOX  IF:  No Longer Have Household Employees (Dake)  Revert to Quarterly Reporting (Date)  A. TOTAL SUBJECT WAGES PAID THIS CALENDAR YEAR  B. EMPLOYER'S UNEMPLOYMENT INSURANCE (UI)  TAXES (Total Employee Wages up to \$7,000 per employee per calendar year)  C. EMPLOYMENT TRAINING TAX (ETT) (Total Employee Wages up to \$7,000 per employee per calendar year)  D. EMPLOYEE STATE DISABILITY INSURANCE (SDI) TAXES  Lefer to publication Tax Rates, Wage Limits, and Value  of Meals and Lodging (DE 3395) or our Web site at ttp://www.edd.ca.gov/pdf_pub_ctr/de3395.pdf  C. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD  CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD						
DETAILED INSTRUCTIONS ARE LOCATED ON THE BACK  CHECK BOX  IF:  No Longer Have Household Employees (Dake)  Revert to Quarterly Reporting (Date)  A. TOTAL SUBJECT WAGES PAID THIS CALENDAR YEAR  B. EMPLOYER'S UNEMPLOYMENT INSURANCE (UI)  TAXES (Total Employee Wages up to \$7,000 per employee per calendar year)  C. EMPLOYMENT TRAINING TAX (ETT) (Total Employee Wages up to \$7,000 per employee per calendar year)  D. EMPLOYEE STATE DISABILITY INSURANCE (SDI) TAXES  Lefer to publication Tax Rates, Wage Limits, and Value  of Meals and Lodging (DE 3395) or our Web site at ttp://www.edd.ca.gov/pdf_pub_ctr/de3395.pdf  C. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD  CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD  LOCAL TAYER DUE (Add here DR) CR OR A 100 MITHHELD	- A 44 1.	4 N.T.				
DETAILED INSTRUCTIONS ARE LOCATED ON THE BACK  CHECK BOX  No Wages Paid This Year  No Longer Have Household Employees (Date)  Revert to Quarterly Reporting (Date)  A. TOTAL SUBJECT WAGES PAID THIS CALENDAR YEAR  B. EMPLOYER'S UNEMPLOYMENT INSURANCE (UI)  TAXES (Total Employee Wages up to \$7,000 per employee per calendar year)  C. EMPLOYMENT TRAINING TAX (ETT) (Total Employee Wages up to \$7,000 per employee per calendar year)  D. EMPLOYEE STATE DISABILITY INSURANCE (SDI) TAXES  Lefer to publication Tax Rates, Wage Limits, and Value of Meals and Lodging (DE 3395) or our Web site at the company of the company of the site at the company of the site at the company of the site at the company o	Attachi	ment N		<del></del>		
DETAILED INSTRUCTIONS ARE LOCATED ON THE BACK  CHECK BOX September 1 September 1 September 2 September 2 September 2 September 2 September 2 September 3 September	LISA A FOSTER				EMPLOYER AC	CCOUNT NO
DETAILED INSTRUCTIONS ARE LOCATED ON THE BACK    F:	SAN DIEGO CA			l log		
DETAILED INSTRUCTIONS ARE LOCATED ON THE BACK    CHECK BOX   No Wages Paid This Year   No Longer Have Household Employees (Daile)   No Wages Paid This Year   No Longer Have Household Employees (Daile)   Revert to Quarterly Reporting (Date)				100000000000000000000000000000000000000		*************
DETAILED INSTRUCTIONS ARE LOCATED ON THE BACK    CHECK BOX   No Wages Paid This Year   No Longer Have Household Employees (Daile)   No Wages Paid This Year   No Longer Have Household Employees (Daile)   Revert to Quarterly Reporting (Date)				<b>D</b> (1) 12 1		5           A
IF: No Longer Have Household Employees (Date)  Revert to Quarterly Reporting (Date)  A. TOTAL SUBJECT WAGES PAID THIS CALENDAR YEAR  B. EMPLOYER'S UNEMPLOYMENT INSURANCE (UI)  TAXES (Total Employee Wages up to \$7,000 per employee per calendar year)  C. EMPLOYMENT TRAINING TAX (ETT) (Total Employee Wages up to \$7,000 per employee per calendar year)  D. EMPLOYEE STATE DISABILITY INSURANCE (SDI) TAXES  Lefer to publication Tax Rates, Wage Limits, and Value of Meals and Lodging (DE 3395) or our Web site at tttp://www.edd.ca.gov/pdf_pub_ctr/de3395.pdf  CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD  (Total TAYES DUS (Add three DR) CT DAY (PIT) WITHHELD				E EFFECTIVE		
A. TOTAL SUBJECT WAGES PAID THIS CALENDAR YEAR  B. EMPLOYER'S UNEMPLOYMENT INSURANCE (UI)  TAXES (Total Employee Wages up to \$7,000 per employee per calendar year)  C. EMPLOYMENT TRAINING TAX (ETT) (Total Employee Wages up to \$7,000 per employee per calendar year)  D. EMPLOYEE STATE DISABILITY INSURANCE (SDI) TAXES  Sefer to publication Tax Rates, Wage Limits, and Value of Meals and Lodging (DE 3395) or our Web site at ttp://www.edd.ca.gov/pdf_pub_ctr/de3395.pdf  CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD  (TOTAL TAYES DUE (Add three DB) CT. DOT NOT TOTAL TAYES DUE (Add three DB) CT. DOT NOT TOTAL TAYES DUE (Add three DB) CT. DOT NOT TOTAL TAYES DUE (Add three DB) CT. DOT NOT TOTAL TAYES DUE (Add three DB) CT. DOT NOT TOTAL TAYES DUE (Add three DB) CT. DOT NOT TOTAL TAYES DUE (Add three DB) CT. DOT NOT TOTAL TAYES DUE (Add three DB) CT. DOT NOT TOTAL TAYES DUE (Add three DB) CT. DOT NOT TOTAL TAYES DUE (Add three DB) CT. DOT NOT TOTAL TAYES DUE (Add three DB) CT. DOT NOT TOTAL TAYES DUE (Add three DB) CT. DOT NOT TOTAL TAYES DUE (Add three DB) CT. DOT NOT TOTAL TAYES DUE (Add three DB) CT. DOT NOT TOTAL TAYES DUE (Add three DB) CT. DOT NOT TOTAL TAYES DUE (Add three DB) CT. DOT NOT TOTAL TAYES DUE (Add three DB) CT. DOT NOT TOTAL TAYES DUE (Add three DB) CT. DOT NOT TOTAL TAYES DUE (Add three DB) CT. DOT NOT TOTAL TAYES DUE (Add three DB) CT. DOT NOT TOTAL TAYES DUE (Add three DB) CT. DOT NOT TOTAL TAYES DUE (Add three DB) CT. DOT NOT TOTAL TAYES DUE (Add three DB) CT. DOT NOT TOTAL TAYES DUE (Add three DB) CT. DOT NOT TOTAL TAYES DUE (Add three DB) CT. DOT NOT TOTAL TAYES DUE (Add three DB) CT. DOT NOT TOTAL TAYES DUE (Add three DB) CT. DOT NOT TOTAL TAYES DUE (Add three DB) CT. DOT NOT TOTAL TAYES DUE (Add three DB) CT. DOT TOTAL TAYES DUE (ADD TAYES DUE (	DETAILED INSTRUCTIONS A	RF	CHECK BOX	☐ No Wages Paid 1	This Year	
B. EMPLOYER'S UNEMPLOYMENT INSURANCE (UI)  TAXES (Total Employee Wages up to \$7,000 per employee per calendar year)  C. EMPLOYMENT TRAINING TAX (ETT) (Total Employee Wages up to \$7,000 per employee per calendar year)  D. EMPLOYEE STATE DISABILITY INSURANCE (SDI) TAXES  Sefer to publication Tax Rates, Wage Limits, and Value of Meals and Lodging (DE 3395) or our Web site at the://www.edd.ca.gov/pdf_pub_ctr/de3395.pdf  CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD  CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD  TOTAL TAYES DUE (Addition Description of the person of the per	LOCATED ON THE BACK		IF:			le)
(Total Employee Wages up to \$7,000 per employee per calendar year)  C. EMPLOYMENT TRAINING TAX (ETT) (Total Employee Wages up to \$7,000 per employee per calendar year)  D. EMPLOYEE STATE DISABILITY INSURANCE (SDI) TAXES  Refer to publication Tax Rates, Wage Limits, and Value of Meals and Lodging (DE 3395) or our Web site at ttp://www.edd.ca.gov/pdf_pub_ctr/de3395.pdf  CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD (Total PIT Withheld per Forms W-2)  TOTAL TAYES DUE (Add three DB Cr. De company)  (Total Pit Withheld per Forms W-2)  (Rate) (Multiplied by)  (Ca) (Ca) (Ca) (Ca) (Ca) (Ca) (Ca) (C	A. TOTAL SUBJECT WAGES PAIL	THIS CALENDAR	YEAR		> 1	Jo run ad
(Total Employee Wages up to \$7,000 per employee per calendar year)  C. EMPLOYMENT TRAINING TAX (ETT) (Total Employee Wages up to \$7,000 per employee per calendar year)  D. EMPLOYEE STATE DISABILITY INSURANCE (SDI) TAXES  Refer to publication Tax Rates, Wage Limits, and Value of Meals and Lodging (DE 3395) or our Web site at ttp://www.edd.ca.gov/pdf_pub_ctr/de3395.pdf  CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD (Total PIT Withheld per Forms W-2)  TOTAL TAYES DUE (Add three DB Cr. De company)  (Total Pit Withheld per Forms W-2)  (Rate) (Multiplied by)  (Ca) (Ca) (Ca) (Ca) (Ca) (Ca) (Ca) (C	B. EMPLOYER'S UNEMPLOYMEN	NT INSURANCE (UI)		WAGES		7040.11
C. EMPLOYMENT TRAINING TAX (ETT) (Total Employee Wages up to \$7,000 per employee per calendar year)  D. EMPLOYEE STATE DISABILITY INSURANCE (SDI) TAXES  Refer to publication Tax Rates, Wage Limits, and Value of Meals and Lodging (DE 3395) or our Web site at ttp://www.edd.ca.gov/pdf_pub_ctr/de3395.pdf  CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD (Total PIT Withheld per Forms W-2)  TOTAL TAYES DUE (Add three DB CT DE Action of the property of	IAXES		/R1\	182.24 X	(82)	197.73
Cefer to publication Tax Rates, Wage Limits, and Value of Meals and Lodging (DE 3395) or our Web site at ottp://www.edd.ca.gov/pdf_pub_ctr/de3395.pdf  CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD (Total PIT Withheld per Forms W-2)  TOTAL TAYES DUE (Add three DB CT DE California (SDI) TAXES  (multiplied by)  WAGES SDI % (D2) 0.80  (multiplied by)	C. EMPLOYMENT TRAINING TAX (Total Employee Wages up to \$7,000	X (ETT) ) per employee per caler	1011	WAGES	(C3)	13.18
**Meals and Lodging (DE 3395) or our Web site at http://www.edd.ca.gov/pdf_pub_ctr/de3395.pdf  **CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD	D. EMPLOYEE STATE DISABILITY	INSURANCE (SDI) T	AXES	(multiplied by)		
TOTAL TAYES DUE (Addust Do Co Do	Of Meals and Lodging (DE 3395) or our W.	ah eita at		X (D2)	(D2)	
TOTAL TAXES DUE (Add Items B3, C3, D3, and E)	E. CALIFORNIA PERSONAL INCC (Total PIT Withheld per Forms W-2)	OME TAX (PIT) WITH	HELD		>	
	F. TOTAL TAXES DUE (Add Items	B3, C3, D3, and E)			>	
LESS VOLUNTARY PREPAYMENT OF TAXES MADE DURING THE YEAR>	G. LESS VOLUNTARY PREPAYMEN	NT OF TAXES MADE	DURING THE	YEAR	>	
BALANCE OF TOTAL TAXES DUE 371.	H. BALANCE OF TOTAL TAXES DI	JE			. 7	2 12
CLUDE EMPLOYER ACCOUNT NUMBER ON YOUR CHECK. Do not staple check to return.  ake check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT	NCLUDE EMPLOYER ACCOUNT NUMBER	ON YOUR CHECK. Do	not stanle check			71,40
Be sure to sign this declaration: I declare that the information herein is true and correct to the best of my knowledge and belief.				correct to the best of	my knowledge and he	lief
nature Phone () Date						



## EMPLOYER OF HOUSEHOLD WORKER(S) QUARTERLY REPORT OF WAGES AND WITHHOLDINGS

OUADTED SHOED WAR 7	4	NOT PO	QUENT IF DSTMARKED	
QUARTER ENDED MAR _ 3	1, 2008 DUE APR.	1, 2008 OR REC	EIVED BY APR.30	2008
			EMPI	LOYER ACCOUN
			DO NOTAL	TER THIS !
LISA A FOSTER		DI.	PID CD TD	7 s 🗆 w
SAN DIEGO CA		16	Mo. D	ay Yr.
		<b>GN</b>	EEECCTN/E	= =
			A. NUMBER OF EMPLOYEES worked during or received	full-time and pa
		•	payroll period which inclu	udes the 12th of i
B. No Payroll This	Quarter		1ST MONTH 2ND	MONTH 3R
C. SOCIAL SECURITY NUMBER	D. EMPLOYEE NAME (FIRST	, MIDDLE INITIAL, LASTI		
	E. TOTAL SUBJECT WAGES	F. PIT WAGES	G. PIT W	пнего
C. SOCIAL SECURITY NUMBER	D. EMPLOYEE NAME (FIRST	MIDDLE INITIAL, LAST)	)	
	E. TOTAL SUBJECT WAGES			
•	1532	F. PIT WAGES	G. PIT W	THHELD
C. SOCIAL SECURITY NUMBER	D. EMPLOYEE NAME (FIRST,	, MIDDLE INITIAL, LAST)		
	E. TOTAL SUBJECT WAGES	F. PIT WAGES	. G. PIT WI	ПННЕГО
C. SOCIAL SECURITY NUMBER	D. EMPLOYEE NAME (FIRST,	MIDDLE INITIAL, LAST)		·
· · · · · · · · · · · · · · · · · · ·	E. TOTAL SUBJECT WAGES		- No. Co. Part Will	60 TO 150 TO
	t. TOTAL SUBJECT WAGES	F. PIT WAGES	G. PITWI	ITHHELD
	***************************************			
	H. GRAND TOTAL SUBJECT WAS	MOCOR	PROSECT TO SECURITY OF THE PROSECT TO SECURITY O	TAL PIT WITHH
	\$7252.00	47224.0	, 📓	

You have received this Employer of Household Worker(s) Quarterly Report of Wages and Withholdings (DE 3BHW) in lieu of the Quarterly Wage and Withholding Report (DE 6) because you have elected to pay taxes for your household workers on an annual basis. This form will be mailed to you quarterly, and an Employer of Household Worker(s) Annual Payroll Tax Return (DE 3HW) will be mailed to you in the fourth quarter. This annual process is only available to employers who pay \$20,000 or less in household wages during the calendar year. If your wage estimate is understated and you do pay more than \$20,000 in wages in the calendar year, please follow the instructions on the back of this form under the "QUESTIONS" topic.

You must file this report even if you had no payroll by marking Item B, and indicating "0" in each of the three boxes in Item A, and in the Grand Total Boxes, Items H, I, and J. If you no longer have household worker(s) and would like to inactivate your employer account number, please complete a Change of Employer Account Information (DE 24), available on our Web site at <a href="http://www.edd.ca.gov/taxrep/de24.pdf">http://www.edd.ca.gov/taxrep/de24.pdf</a> or call our Taxpayer Assistance Center at 1-888-745-3886. See the back of this form for further instructions.

A Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality name	
Employee's social security number  Employee's first name and initial La  Employee's address and ZIP code  State Employer's state ID number	st name	9 A	ther	8 Allocated tips  10 Dependent care benefits  12a See Instructions for box 12  12b  12c  12d  12d  12d	
c Employer's name, address, and ZIP code			ocial security wages  B J - 1 . 1	4 Social security tax withheld 5 Medicare tax withheld	
Employer identification number (EIN)	Void []	OMB No. 1545-0008	/ages, tips, other compensation	2 Federal income tax withheld	

- Attachment O

a Employee's social security number	er i			
void	OMB No. 1	545-0008	7	
b Employer identification number (EIN)		1 Wages, tips, other compensation	2 Federal Income tax withheld	
c Employer's name, address, and ZIP code	÷	3 Social security wages	4 Social security tax withheld	
San Diego, (A	,	5 Medicare wages and tips	6 Medicare tax withheld	
		7 Social security tips 8 Allocated tips		
d Control number		9 Advance EIC payment	10 Dependent care benefits	
e Employee's first name and Initial Last name	Suff.	11 Nonqualified plans	12a See Instructions for box 12	
		13 Statufory Retirement Third-party sick pay	12b	
		14 Other	12c	
			12d	
f Employee's address and ZIP code		) . ·		
15 State Employer's state ID number 16 State wages, tips, etc.	17 State incom	ne tax 18 Local wages, tips, etc. 1	9 Local income tax 20 Locality name	
III A Wade and Tay			<del></del>	

Form W-2 Wage and T

Copy D-For Employer.

5008

Department of the Treasury-Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see the back of Copy D.

#8

Void a Employee's social security number	OMB No. 1545-0008	·		4.5
b Employer identification number (EIN)		ges, tips, other compensation	2 Federal income tax withheld	
e Emplo		in security wages	4 Social security tax withheld	
Lisa Foster		dicare wages and tips	6 Medicare tax withheld	
SAM Diego, (A		siar security tips	8 Allocated tips	
d Control number	9 Adv	ance EIC payment	10 Dependent care	benefits
e Employee's first name and initial Last name	Suff. 11 Non	nqualified plans	12a See instructions	for box 12
	13 Statuton employe	y Retirement Third-party se plan sick pay	12b	
		er er	12c	
			12d	Barrier Company
15 State Employer's state ID number 16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
(A- 152-573-4-		7.7.9.7.2.2		Graigo

Form W-2 Wage and Tax Statement Copy D—For Employer.

2008

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction
Act Notice, see the back of Copy D.

#### **Bersin Attachments**

Attachment A: Senate Finance Committee Questionnaire, Financial Data, Question 10

Attachment B: Schedule H and Form 2441 from 2005 Form 1040 (Employees #5 and #1)

Attachment C: Schedule H and Form 2441 from 2006 Form 1040 (Employees #6 and #1)

Attachment D: Schedule H from 2007 Form 1040

Attachment E: Schedule H from 2008 Form 1040

Attachment F: Responses to Round 1 of written questions dated November 13, 2010, Question 11, with 2006 and 2007 Forms 1040X, Question 15, with Forms I-9, and Question 16 (Employees #1, #2, and #3)

Attachment G: Responses to Round 2 of written questions dated February 11, 2010, with declaration from employee #3 (Employees #1, #2, and #3)

Attachment H: third submission, not in response to written questions, dated March 4, 2010, with Forms I-9 (Employees #1, #2, and #3)

Attachment I: Notice of New Employer Identification Number Assigned, from State of California to Lisa Foster

Attachment J: Annual Payroll Tax Return for 2004 and Quarterley Report of Wages and Withholdings for first quarter of 2004, State of California (Employees #4 and #1)

Attachment K: Annual Payroll Tax Return for 2005 and Quarterley Report of Wages and Withholdings for first quarter of 2005, State of California (Employees #5 and #1)

Attachment L: Annual Payroll Tax Return for 2006 and Quarterley Report of Wages and Withholdings for first quarter of 2006, State of California (Employees #6 and #1)

Attachment M: Annual Payroll Tax Return for 2007 and Quarterley Report of Wages and Withholdings for first quarter of 2007, State of California (Employees #1 and #7)

Attachment N: Annual Payroll Tax Return for 2008 and Quarterley Report of Wages and Withholdings for first quarter of 2008, State of California (Employees #2 and #7)

Attachment O: Wage and Tax Statements (Employees #6, #7, and #8)