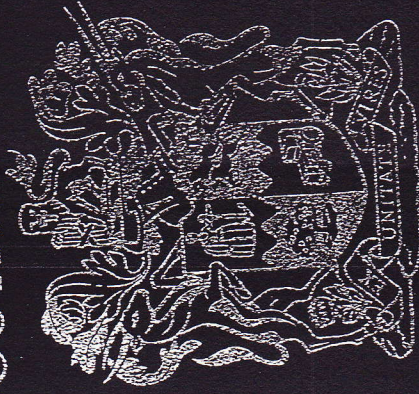


REPUBLIC OF
SOUTH AFRICA



REPUBLIQUE
D'AFRIQUE DU SUD

TEMPORARY PASSPORT
PASSEPORT TEMPORAIRE



*In the Name of the President
The President of the Republic of
South Africa requests all whom it
may concern to allow the bearer of
this passport to pass freely without
let or hindrance and to afford the
bearer all necessary assistance and
protection.*

*Au Nom du Président
Le Président de la République
d'Afrique du Sud, prie tous ceux
que les présentes peuvent concerner
de laisser passer librement et sans
entrave le titulaire du présent
passport et de lui accorder toute
aide et secours en cas de besoin.*

BI-1657

DESCRIPTION OF BEARER — SIGNALEMENT DU TITULAIRE

Surname
Nom **BEKKER**

Given names
Prénoms **STEFAN JAKUES**

Nationality
Nationalité **SOUTH AFRICAN**

Date of birth **1988.10.07** Place of birth **PRETORIA**
Date de naissance **R.S.A.**

Sex Sexe M	Identity No. No. d'Identité	8	8	1	0	0	7	5	2	5	1	0	8	6
----------------------	--------------------------------	----------	----------	----------	----------	----------	----------	----------	----------	----------	----------	----------	----------	----------

Date of issue **23 Jul. 2009** Date of expiry **22 Jul. 2010**
Date de délivrance Date d'expiration

Issued at **SA CONS. GENL. - LOS ANGELES**
Délivré à

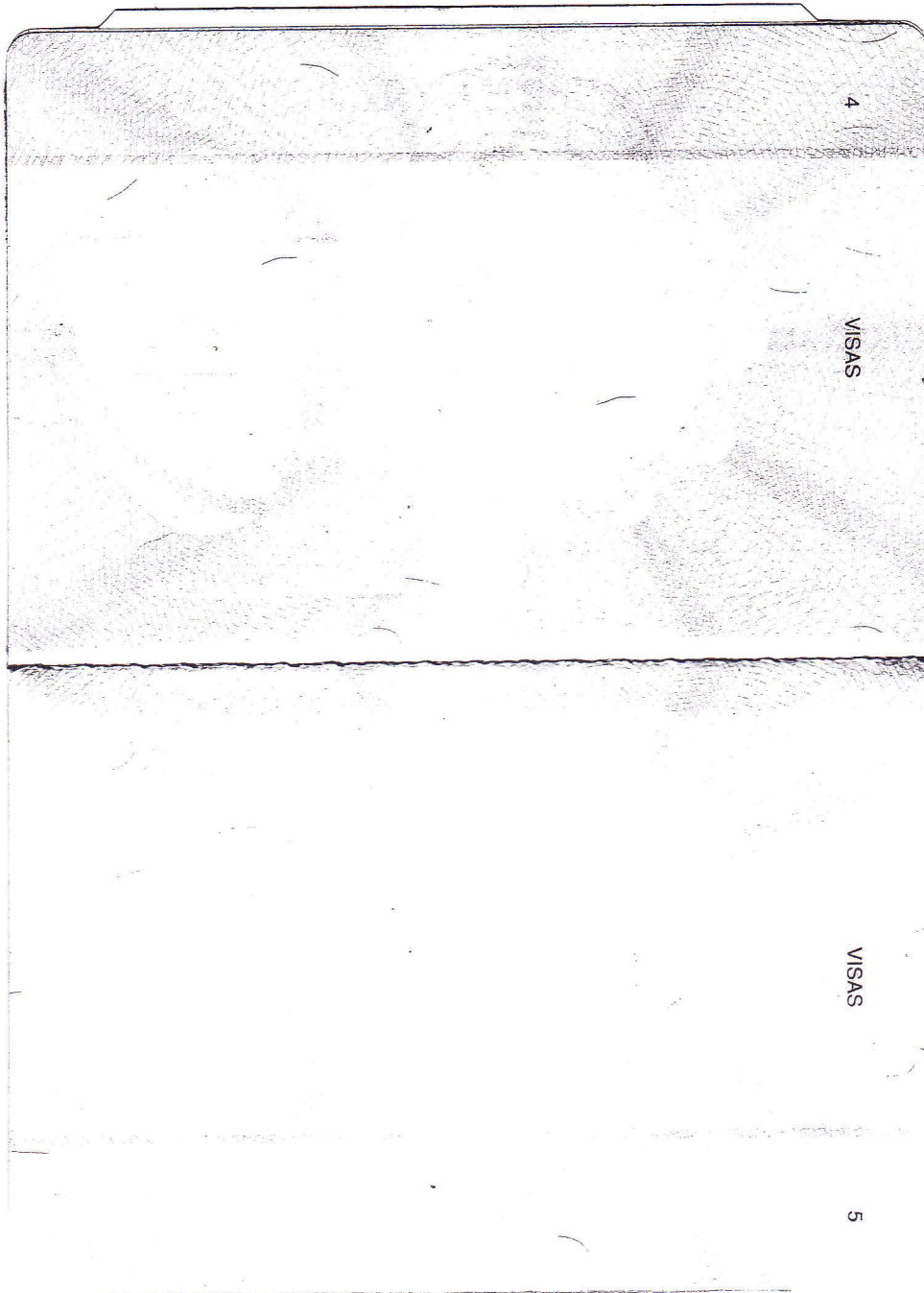
Photograph of bearer
Photographie du titulaire

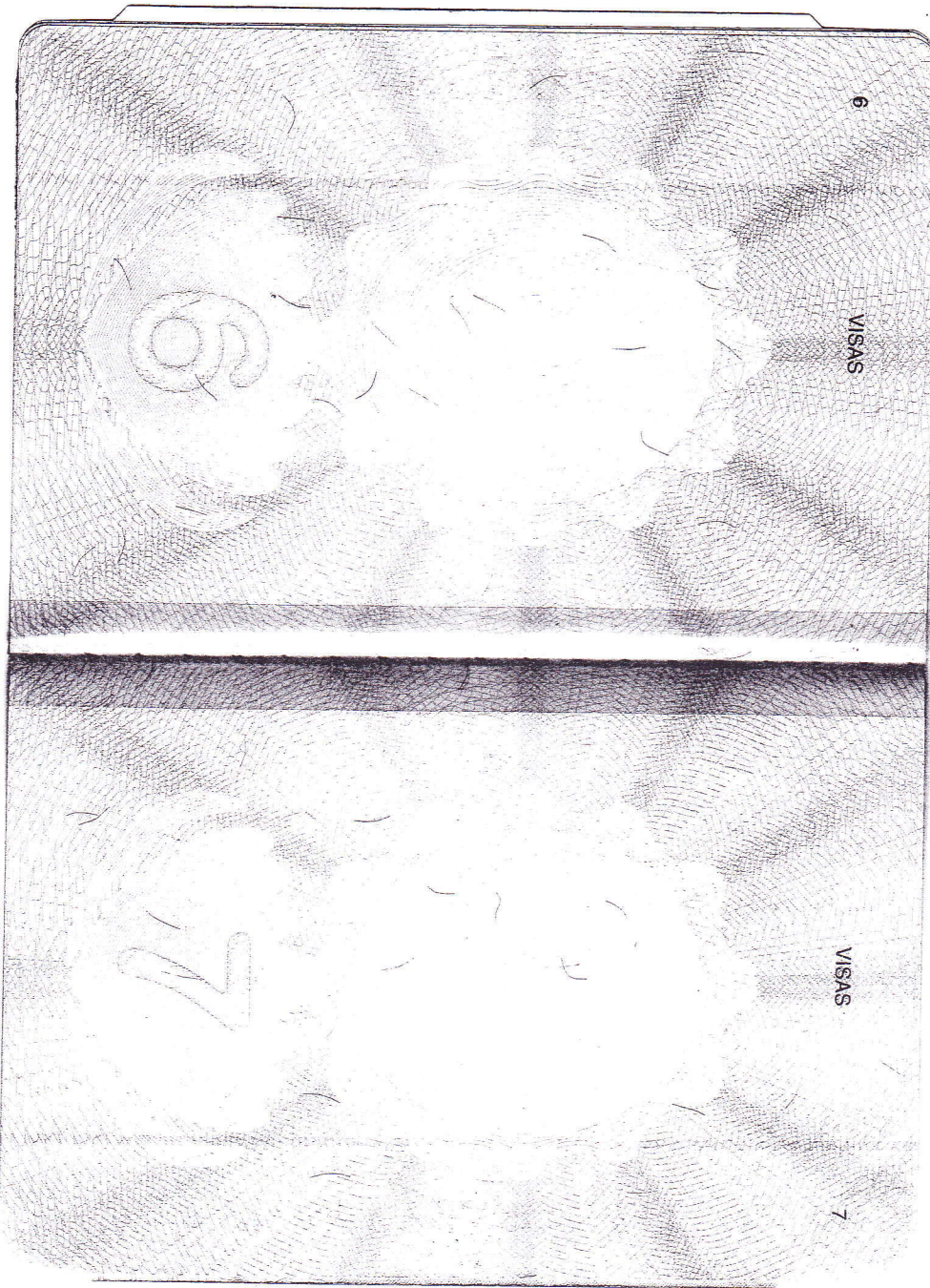


BH 0 1 7 8 6 4 6 5



Director-General
Directeur-général





101
82

ENDORSEMENT
FOREIGN TRAVEL ALLOWANCE

1. Allowance may be used *only for travel and subsistence purposes abroad.*
2. Unused amounts must be resold to your banker in South Africa.
3. All information relative to travel allowances may be obtained from any commercial bank in South Africa.
4. Contravention of 1 or 2 above is a criminal offence.

REPUBLIC OF SOUTH AFRICA REPUBLIQUE D'AFRIQUE DU SUD

CONDITIONS OF ISSUE

1. This document is to provide for temporary travel facilities whilst the holder is waiting for his or her ~~*Tourist/Child/Official~~ passport/~~Document~~ for Travel Purposes to be issued, but has to travel urgently.
2. It must be handed in for cancellation as soon as the above-mentioned passport/~~travel document~~ is received.
3. This document remains the property of the Government of the Republic of South Africa and may be confiscated if found in the possession of an unauthorized person or if tampered with or mutilated in any way. It may also be revoked under the circumstances as stated in the Regulations issued under the South African Passports and Travel Documents Act, 1994 (Act 4 of 1994) in which event it must be forthwith surrendered.

* Delete whichever is not applicable.

U.S. Department of Homeland Security
1177 Fulton Mall
Fresno, CA 93720



U.S. Citizenship
and Immigration
Services

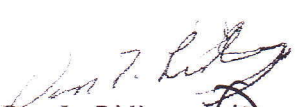
Stefan Jaques Bekker
21831 Brook Drive
Tehachapi, California 93561

MAY - 4 2010
A200 521 236
MSC09 288 18954

~~NOTICE OF DECISION~~

Your Application to Register Permanent residence or Adjust Status (Form I-485), pursuant to section 245 of the Immigration and Nationality Act (INA), is denied for the reasons stated in the attached decision.

The decision resulting in the denial of Form I-485 leaves you without lawful immigration status and you are now present in the United States in violation of the law. Also, as of the date of this notice, any employment authorization granted based on the pendency of your application is hereby cancelled.


Don L. Riding
Field Office Director

iso/fre/jjs

126 / 03

**United States Department of Homeland Security
Citizenship and Immigration Service
1177 Fulton Mall
Fresno, California 93721-1913**

Kevin Earl Jelsvik
P. O. Box 1706
Tehachapi, California 93581

MAY - 4 2010
A200 321 236
MSC09 288 18958

NOTICE OF DENIAL

On July 15, 2009, you filed Form I-130, Petitions for an Alien Relative, on behalf of Stefan Jaques Bekker, seeking to accord classification as an immediate relative of a United States citizen under section 201(b) of the Immigration and Nationality Act, as amended ("the Act").

APPLICABLE LAW

Section 201(b) of the Immigration and Nationality Act states impertinent part:

Immediate relatives, - For purpose of this subsection the term "immediate relatives" means the children, spouses, and parents of a citizen of the United States,

In considering this petition, the Service is guided by Title 8, Code of Federal Regulations ("8 CFR"), Section 204.2(d) (1), included in pertinent part as:

(1) Eligibility. A United States citizen may file a petition on behalf of an unmarried child under twenty-one years of age for immediate relative classification under section 201(b) of the Act.

Furthermore, section 204.2(d) (2) states in pertinent part:

(iv) Primary evidence for a stepchild. If a petition is submitted by a stepparent on behalf of a stepchild or stepson or stepdaughter, the petition must be supported by the stepchild's or stepson's or stepdaughter's birth certificate, issued by civil authorities and showing the name of the beneficiary's parent to whom the petitioner is married, a marriage certificate issued by civil authorities which shows that the petitioner and the child's natural parent were married before the stepchild or stepson or stepdaughter reached the age of eighteen; and evidence of the termination of any prior marriages of the petitioner and the natural parent of the stepchild or stepson or stepdaughter.

104

127

JELSVIK, KEVIN EARL**A200 321 236**

Furthermore, 8 CFR section 103.2(b) (8) states in pertinent part that

- (8) Request for evidence. ... Except as otherwise provided in this chapter, in other instances where there is no evidence of ineligibility, and initial evidence or eligibility information is missing or the Service finds that the evidence submitted either does not fully establish eligibility for the requested benefit or raises underlying questions regarding eligibility, the Service shall request the missing initial evidence, and may request additional evidence, including blood tests. In such cases, the applicant or petitioner shall be given 12 weeks to respond to a request for evidence. Additional time may not be granted. Within this period the applicant or petitioner may:
- (i) Submit all the requested initial or additional evidence;
 - (ii) Submit some or none of the requested additional evidence and ask for a decision based on the record; or
 - (iii) Withdraw the application or petition.

FACTS AND ANALYSIS

On July 15, 2009, you filed Form I-130, Petition for Alien Relative; however, you failed to submit documentation to substantiate a relationship between you and the beneficiary in order to classify him as an immediate relative.

On February 3, 2010, upon completion of the interview Form I-72 was issued and you were instructed to submit the original certified marriage certificate between Kevin Earl Jelsvik and Christa Catharina Bekker.

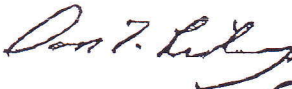
On March 11, 2010, a Notice of Intent to Deny was mailed to you and in the Notice you were requested to submit further evidence in support of your petition.

On April 13, 2010, your step-son submitted a statement regarding the relationship between you and him.

Pursuant to 8 CFR 103.2(b) (8), you were given thirty (30) days to submit the requested evidence. You have failed to submit the requested documents.

Pursuant to Title 8, Code of Federal Regulation, Part 103.2(b) (13), the application shall be considered abandoned and is denied.

Sincerely,



Don L. Riding
Field Office Director
iso/fre/jjs

105

128



Receipt Number: MSC-09-288-18959		Case Type: I-765 - Application for Employment Authorization Document
Received Date: July 15, 2009	Priority Date:	Applicant: BEKKER, STEFAN J.
Notice Date: July 17, 2009	Page 1 OF 1	ASC Code: 2



STEFAN J. BEKKER
21831 BROOK DRIVE
TEHACHAPI CA 93581

10
3852

Notice Type: Receipt Notice
Amount Received \$0.00

The above application has been received. **Please notify us immediately if any of the above information is incorrect.** If you find it necessary to contact this office in writing, you must include a copy of this receipt notice with your inquiry.

BIOMETRICS-

The next step is to have your biometrics taken, if required, at a U.S. Citizenship and Immigration Services (USCIS) Application Support Center (ASC).

PLEASE NOTE-

USCIS WILL SCHEDULE YOUR BIOMETRICS APPOINTMENT. You will be receiving an appointment notice with a specific time, date and place where you will have your fingerprints and/or photos taken.

WHAT TO BRING TO Your appointment -

Please bring this letter and your photo identification to your appointment. Acceptable kinds of photo identification are:

- a passport or national photo identification issued by your country,
- a driver's license,
- a military photo identification, or
- a state-issued photo identification card.

If you do not bring this letter and photo identification, we cannot process you.

Please bring a copy of all receipt notices received from USCIS in relation to your current application for benefits

CASE STATUS -

Information about your local office processing times may be obtained by calling the NCSC at 1-800-375-5283.

This receipt notice provides notification of the date that your application/petition was received by USCIS. This receipt notice does **NOT** grant any immigration status or benefit. You may not present this receipt notice as evidence that you have been granted any immigration status or benefit. In addition, this receipt notice does not constitute evidence that your application remains pending with USCIS (i.e., that a decision to grant or deny your application/petition has not yet been made). The current status of your application/petition must be verified with USCIS.

If you have Internet access, you can visit the United States Citizenship and Immigration Services website at www.USCIS.gov where you can find valuable information about forms, filing instructions, and immigration services and benefits.

U S BUREAU OF CITIZENSHIP AND IMMIGRATION SERVICES
P.O. Box 648000
Lee's Summit, MO 64002
National Customer Service Center: 1-800-375-5283



5462793

0546279305



Receipt Number: MSC-09-288-18954		Case Type: I-485 - Application to Register Permanent Residence or Adjust Status
Received Date: July 15, 2009	Priority Date:	Applicant: A200321236 BEKKER, STEFAN J.
Notice Date: July 17, 2009	Page 1 OF 1	ASC Code: 3



STEFAN J. BEKKER
21831 BROOK DRIVE
TEHACHAPI CA 93561

10
3851

Notice Type: Receipt Notice
Amount Received \$1,010.00

The above application has been received. **Please notify us immediately if any of the above information is incorrect.** If you find it necessary to contact this office in writing, you must include a copy of this receipt notice with your inquiry.

BIOMETRICS-

The next step is to have your biometrics taken, if required, at a US Citizenship and Immigration Services (USCIS) Application Support Center (ASC).

PLEASE NOTE-

USCIS WILL SCHEDULE YOUR BIOMETRICS APPOINTMENT. You will be receiving an appointment notice with a specific time, date and place where you will have your fingerprints and/or photos taken.

WHAT TO BRING TO Your appointment -

Please bring this letter and your photo identification to your appointment. Acceptable kinds of photo identification are:

- a passport or national photo identification issued by your country,
- a driver's license,
- a military photo identification, or
- a state-issued photo identification card.

If you do not bring this letter and photo identification, we cannot process you.

Please bring a copy of all receipt notices received from USCIS in relation to your current application for benefits.

CASE STATUS -

Information about your local office processing times may be obtained by calling the NCSC at 1-800-375-5283.

If you have Internet access, you can visit the United States Citizenship and Immigration Services website at www.USCIS.gov where you can find valuable information about forms, filing instructions, and immigration services and benefits.

U S BUREAU OF CITIZENSHIP AND IMMIGRATION SERVICES
P.O. Box 648000
Lee's Summit, MO 64002
National Customer Service Center: 1-800-375-5283



5462793

0546279305



ASC Appointment Notice

CASE TYPE
I485 I765

APPLICATION NUMBER

MSC0928818954

MSC0928818959

NOTICE DATE

7/22/2009

SOCIAL SECURITY NUMBER

USCIS A#

A200321236

CODE

3

TCR

SERVICE CENTER

MSC

PAGE

1 of 1

STEFAN JAQUES BEKKER
21831 BROOK DRIVE
TEHACHAPI, CA 93561

ASC SITE CODE
BIOMETRICS QA REVIEW BY

158071 ON 8/11/09
TENPRINTS QA REVIEW BY 8/11/09



To process your application, the U. S. Citizenship & Immigration Services (USCIS) must capture your biometrics.
PLEASE APPEAR AT THE BELOW APPLICATION SUPPORT CENTER AT THE DATE AND TIME SPECIFIED.
IF YOU FAIL TO APPEAR AS SCHEDULED, YOUR APPLICATION WILL BE CONSIDERED ABANDONED.

APPLICATION SUPPORT CENTER

USCIS BAKERSFIELD
4701 PLANZ RD
SUITE A12
BAKERSFIELD, CA 93309

PLEASE READ THIS ENTIRE NOTICE CAREFULLY.

DATE AND TIME OF APPOINTMENT

08/11/2009

3:00 PM

WHEN YOU GO TO THE APPLICATION SUPPORT CENTER TO HAVE YOUR BIOMETRICS TAKEN, YOU MUST BRING:

1. **THIS APPOINTMENT NOTICE** and
2. **PHOTO IDENTIFICATION:** Applicants must bring their Permanent Resident Card/Resident Alien Card, or a passport, driver's license, national ID, military ID, or State-issued photo ID. If you appear without proper identification, your biometrics may not be taken.

CELL PHONES, CAMERAS, OR OTHER RECORDING DEVICES ARE NOT PERMITTED.

REQUEST FOR RESCHEDULING

☐ Please reschedule my appointment. Upon receipt of your request, you will be provided a new appointment notice. Make a copy of this notice for your records, then mail the original with your request to USCIS BAKERSFIELD, 4701 PLANZ RD, SUITE A12, BAKERSFIELD, CA 93309

APPLICATION NUMBER

I485 - MSC0928818954



APPLICATION NUMBER 2

I765 - MSC0928818959



If you have any questions regarding this notice, please call 1-800-375-5283.

WARNING: Due to limited seating availability in our lobby area, only persons who are necessary to assist with transportation or completing the biometrics worksheet should accompany you. If you have open wounds or bandages/casts when you appear, the USCIS may reschedule your appointment if it is determined your injuries will interfere with taking your biometrics.

108



Receipt Number: MSC-09-288-18958		Case Type: I-130 - Petition for Alien Relative
Received Date: July 15, 2009	Priority Date:	Petitioner: JELSVIK, KEVIN E.
Notice Date: July 17, 2009	Page 1 OF 1	Beneficiary: BEKKER, STEFAN

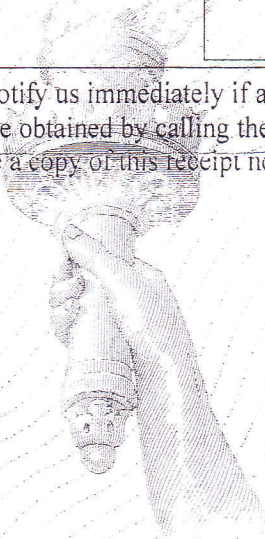


KEVIN E. JELSVIK
P O BOX 1706
TEHACHAPI CA 93581

10
3853

Notice Type: Receipt Notice
Amount Received \$355.00

The above application/petition has been received. Please notify us immediately if any of the above information is incorrect. Information about your local office processing times may be obtained by calling the NCSC at 1-800-375-5283. If you find it necessary to contact this office in writing, you must include a copy of this receipt notice with your inquiry.



If you have questions, you may call the BCIS National Customer Service Center at 1-800-375-5283. For TDD hearing impaired assistance, please call 1-800-767-1833.

If you have Internet access, you can visit the Bureau of Citizenship and Immigration Services website at www.BCIS.gov where you can find valuable information about forms, filing instructions, and immigration services and benefits.

U S BUREAU OF CITIZENSHIP AND IMMIGRATION SERVICES
P.O. Box 648000
Lee's Summit, MO 64002
National Customer Service Center: 1-800-375-5283



5462793

6279305

109

Department of Homeland Security

U.S. Citizenship and Immigration Services

M-180, Informal Record of Correspondence

TO SERVE YOU MORE EFFICIENTLY we are replying to your letter by handwritten notations. This informal method enables a more prompt response. We trust you will agree that a faster response is more important than formality. No record has been made of this correspondence and should you write again concerning the same matter, please return the attached correspondence.

November 19, 2010

Returned Application: A200 321 236

We received your application our office. We are returning it to you because we do not accept or process this type of applications or fees at this address.

Attached you will find instructions for submitting your application to the appropriate office.

DOCUMENTS RETURNED TO YOU:

Application: I-765

Thank you,
ISO: ST

U.S. Citizenship and Immigration Services
1177 Fulton Mall
Fresno, Ca 93721

M-180 (Rev. 10-15-75)Y

G-28, Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

Part 1. Notice of Appearance as Attorney or Accredited Representative

A. This appearance is in regard to immigration matters before:

☒ USCIS - List the form number(s): I-130; I-864
☐ CBP - List the specific matter in which appearance is entered:

☐ ICE - List the specific matter in which appearance is entered:

B. I hereby enter my appearance as attorney or accredited representative at the request of:

List Petitioner, Applicant, or Respondent. **NOTE:** Provide the mailing address of Petitioner, Applicant, or Respondent being represented, and not the address of the attorney or accredited representative, except when filed under VAWA.

Principal Petitioner, Applicant, or Respondent			A Number or Receipt Number, if any	<input checked="" type="checkbox"/> Petitioner <input type="checkbox"/> Applicant <input type="checkbox"/> Respondent
Name: Last Bekker	First Amanda	Middle Marie		
Address: Street Number and Street Name 21501 Circle Drive	Apt. No.	City Tehachapi	State CA	Zip Code 93561

Pursuant to the Privacy Act of 1974 and DHS policy, I hereby consent to the disclosure to the named Attorney or Accredited Representative of any record pertaining to me that appears in any system of records of USCIS, USCBP, or USICE.

Signature of Petitioner, Applicant, or Respondent

Date

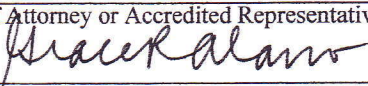
8/17/11

Part 2. Information about Attorney or Accredited Representative (Check applicable item(s) below)

- A. ☒ I am an attorney and a member in good standing of the bar of the highest court(s) of the following State(s), possession(s), territory(ies), commonwealth(s), or the District of Columbia: CA
- I am not ☒ or ☐ am subject to any order of any court or administrative agency disbaring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law (If you are subject to any order(s), explain fully on reverse side).
- B. ☐ I am an accredited representative of the following qualified non-profit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals pursuant to 8 CFR 1292.2. Provide name of organization and expiration date of accreditation:
- C. ☐ I am associated with _____
- The attorney or accredited representative of record previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative is at his or her request (If you check this item, also complete item A or B above in Part 2, whichever is appropriate).

Part 3. Name and Signature of Attorney or Accredited Representative

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

Name of Attorney or Accredited Representative Grace R. Alano	Attorney Bar Number(s), if any 209268
Signature of Attorney or Accredited Representative 	Date 8/13/11
Complete Address of Attorney or Organization of Accredited Representative (Street Number and Street Name, Suite No., City, State, Zip Code) The Law Offices of Grace R. Alano, 598 Bosworth St., Ste. 3, San Francisco, CA 94131	
Phone Number (Include area code) (415) 413-8472	Fax Number, if any (Include area code) E-Mail Address, if any grace@alanoimmigrationlaw.com

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

I-864, Affidavit of Support Under Section 213A of the Act

Part 1. Basis for filing Affidavit of Support.

1. I, Amanda Marie Bekker,
am the sponsor submitting this affidavit of support because (Check only one box):
- a. ☒ I am the petitioner. I filed or am filing for the immigration of my relative.
- b. ☐ I filed an alien worker petition on behalf of the intending immigrant, who is related to me as my _____
- c. ☐ I have an ownership interest of at least 5 percent in _____, which filed an alien worker petition on behalf of the intending immigrant, who is related to me as my _____
- d. ☐ I am the only joint sponsor.
- e. ☐ I am the ☐ first ☐ second of two joint sponsors. (Check appropriate box.)
- f. ☐ The original petitioner is deceased. I am the substitute sponsor. I am the intending immigrant's _____.

For Government Use Only

This I-864 is from:

- ☐ the Petitioner
- ☐ a Joint Sponsor # _____
- ☐ the Substitute Sponsor
- ☐ 5% Owner

This I-864:

- ☐ does not meet the requirements of section 213A.
- ☐ meets the requirements of section 213A.

Reviewer _____

Location _____

Date (mm/dd/yyyy) _____

Number of Affidavits of Support in file:

☐ 1 ☐ 2

Part 2. Information on the principal immigrant.

2. Last Name Bekker		Middle Name Jaques	
First Name Stefan			
3. Mailing Address Street Number and Name (Include Apartment Number) 21501 Circle Drive			
City Tehachapi	State/Province CA	Zip/Postal Code 93561	Country USA
4. Country of Citizenship South Africa		5. Date of Birth (mm/dd/yyyy) 10/07/1988	
6. Alien Registration Number (if any) A- 200321236		7. U.S. Social Security Number (if any) 623 79 6950	

Part 3. Information on the immigrant(s) you are sponsoring.

8. ☒ I am sponsoring the principal immigrant named in Part 2 above.
☒ Yes ☐ No (Applicable only in cases with two joint sponsors)
9. ☐ I am sponsoring the following family members immigrating at the same time or within six months of the principal immigrant named in **Part 2** above. Do not include any relative listed on a separate visa petition.

Name	Relationship to Sponsored Immigrant	Date of Birth (mm/dd/yyyy)	A-Number (if any)	U.S.Social Security Number (if any)
a. _____				
b. _____				
c. _____				
d. _____				
e. _____				

10. Enter the total number of immigrants you are sponsoring on this form from **Part 3**, Items 8 and 9.

0 **1**



Part 4. Information on the Sponsor.

11. Name	Last Name Bekker		For Government Use Only
	First Name Amanda	Middle Name Marie	
12. Mailing Address	Street Number and Name <i>(Include Apartment Number)</i> 21501 Circle Drive		
	City Tehachapi	State or Province CA	
	Country USA	Zip/Postal Code 93561	
	Street Number and Name <i>(Include Apartment Number)</i> Same As Above		
13. Place of Residence <i>(if different from mailing address)</i>	City	State or Province	
	Country	Zip/Postal Code	
14. Telephone Number <i>(Include Area Code or Country and City Codes)</i> (661) 972-1215			
15. Country of Domicile USA			
16. Date of Birth <i>(mm/dd/yyyy)</i> 10/05/1984			
17. Place of Birth <i>(City)</i> Hanford	State or Province California	Country USA	
18. U.S. Social Security Number <i>(Required)</i> 545 91 3240			
19. Citizenship/Residency <input checked="" type="checkbox"/> I am a U.S. citizen. <input type="checkbox"/> I am a U.S. national (for joint sponsors only). <input type="checkbox"/> I am a lawful permanent resident. My alien registration number is A-_____ If you checked box (b), (c), (d), (e) or (f) in line 1 on Page 1, you must include proof of your citizen, national, or permanent resident status.			
20. Military Service <i>(To be completed by petitioner sponsors only.)</i> I am currently on active duty in the U.S. armed services. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Part 5. Sponsor's household size.

21. Your Household Size - DO NOT COUNT ANYONE TWICE

Persons you are sponsoring in this affidavit:

a. Enter the number you entered on line 10.

0 1

Persons NOT sponsored in this affidavit:

b. Yourself.

1

c. If you are currently married, enter "1" for your spouse.

0

d. If you have dependent children, enter the number here.

0 0

e. If you have any other dependents, enter the number here.

0 0

f. If you have sponsored any other persons on an I-864 or I-864 EZ who are now lawful permanent residents, enter the number here.

0 0

g. **OPTIONAL:** If you have siblings, parents, or adult children with the same principal residence who are combining their income with yours by submitting Form I-864A, enter the number here.

0 0

h. Add together lines and enter the number here. **Household Size:**

0 2

**For Government
Use Only**

Part 6. Sponsor's income and employment.

22. I am currently:

a. ☒ Employed as a/an Member Service Officer

Name of Employer #1 (if applicable) Safe 1 Credit Union

Name of Employer #2 (if applicable) N/A

b. ☐ Self-employed as a/an _____

c. ☐ Retired from _____ since _____
(Company Name) (Date)

d. ☐ Unemployed since _____
(Date)

23. My current individual annual income is:

\$ 29,100.00

(See Step-by-Step Instructions)

**For Government
Use Only**

\$ 29,100.00

Household Size =

Poverty line for year

is:

§

\$ 29,100.00

d. ☐ The persons listed above have completed Form I-864A. I am filing along with this form all necessary Forms I-864A completed by these persons.

e. ☒ The person listed above, Stefan Bekker does not need to
(Name)
complete Form I-864A because he/she is the intending immigrant and has no
accompanying dependents.

☒ I have filed a Federal tax return for each of the three most recent tax years. I have attached the required photocopy or transcript of my Federal tax return for only the most recent tax year.

My total income (adjusted gross income on IRS Form 1040EZ) as reported on my Federal tax returns for the most recent three years was:

☒ (Optional) I have attached photocopies or transcripts of my Federal tax returns for my second and third most recent tax years.

Part 7. Use of assets to supplement income. (Optional)

If your income, or the total income for you and your household, from line 24c exceeds the Federal Poverty Guidelines for your household size, YOU ARE NOT REQUIRED to complete this Part. Skip to Part 8.

**For Government Use
Only**

Household Size = _____

Poverty line for year _____ is:

\$ _____

26. Your assets (Optional)

- a. Enter the balance of all savings and checking accounts. \$ _____
- b. Enter the net cash value of real-estate holdings. (Net means current assessed value minus mortgage debt.) \$ _____
- c. Enter the net cash value of all stocks, bonds, certificates of deposit, and any other assets not already included in lines 26 (a) or (b). \$ _____
- d. Add together lines 26 a, b and c and enter the number here. **TOTAL:** \$ _____

27. Your household member's assets from Form I-864A. (Optional)

Assets from Form I-864A, line 12d for

\$ _____

(Name of Relative)

28. Assets of the principal sponsored immigrant. (Optional)

The principal sponsored immigrant is the person listed in line 2.

- a. Enter the balance of the sponsored immigrant's savings and checking accounts. \$ _____
- b. Enter the net cash value of all the sponsored immigrant's real estate holdings. (Net means investment value minus mortgage debt.) \$ _____
- c. Enter the current cash value of the sponsored immigrant's stocks, bonds, certificates of deposit, and other assets not included on line a or b. \$ _____
- d. Add together lines 28a, b, and c, and enter the number here. \$ _____

The total value of all assets, line 29, must equal 5 times (3 times for spouses and children of USCs, or 1 time for orphans to be formally adopted in the U.S.) the difference between the poverty guidelines and the sponsor's household income, line 24c.

29. Total value of assets.

Add together lines 26d, 27 and 28d and enter the number here.

TOTAL: \$ _____

Part 8. Sponsor's Contract.

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

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

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

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

What If I choose Not to Sign a Form I-864?

You cannot be made to sign a Form I-864 if you do not want to do so. But if you do not sign the Form I-864, the intending immigrant may not be able to become a permanent resident in the United States.

What Does Signing the Form I-864 Require Me to do?

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

- Provide the intending immigrant any support necessary to maintain him or her at an income that is at least 125 percent of the Federal Poverty Guidelines for his or her household size (100 percent if you are the petitioning sponsor and are on active duty in the U.S. Armed Forces and the person is your husband, wife, unmarried child under 21 years old.)
- Notify USCIS of any change in your address, within 30 days of the change, by filing Form I-865.

What Other Consequences Are There?

If an intending immigrant becomes a permanent resident in the United States based on a Form I-864 that you have signed, then until your obligations under the Form I-864 terminate, your income and assets may be considered ("deemed") to be available to that person, in determining whether he or she is eligible for certain Federal means-tested public benefits and also for State or local means-tested public benefits, if the State or local government's rules provide for consideration ("deeming") of your income and assets as available to the person.

This provision does **not** apply to public benefits specified in section 403(c) of the Welfare Reform Act such as, but not limited to, emergency Medicaid, short-term, non-cash emergency relief; services provided under the National School Lunch and Child Nutrition Acts; immunizations and testing and treatment for communicable diseases; and means-tested programs under the Elementary and Secondary Education Act.

Contract continued on following page.

What If I Do Not Fulfill My Obligations?

If you do not provide sufficient support to the person who becomes a permanent resident based on the Form I-864 that you signed, that person may sue you for this support.

If a Federal, State or local agency, or a private agency provides any covered means-tested public benefit to the person who becomes a permanent resident based on the Form I-864 that you signed, the agency may ask you to reimburse them for the amount of the benefits they provided. If you do not make the reimbursement, the agency may sue you for the amount that the agency believes you owe.

If you are sued, and the court enters a judgment against you, the person or agency that sued you may use any legally permitted procedures for enforcing or collecting the judgment. You may also be required to pay the costs of collection, including attorney fees.

If you do not file a properly completed Form I-865 within 30 days of any change of address, USCIS may impose a civil fine for your failing to do so.

When Will These Obligations End?

Your obligations under a Form I-864 will end if the person who becomes a permanent resident based on a Form I-864 that you signed:

- Becomes a U.S. citizen;
- Has worked, or can be credited with, 40 quarters of coverage under the Social Security Act;
- No longer has lawful permanent resident status, and has departed the United States;
- Becomes subject to removal, but applies for and obtains in removal proceedings a new grant of adjustment of status, based on a new affidavit of support, if one is required; or
- Dies.

Note that divorce **does not** terminate your obligations under this Form I-864.

Your obligations under a Form I-864 also end if you die. Therefore, if you die, your Estate will not be required to take responsibility for the person's support after your death. Your Estate may, however, be responsible for any support that you owed before you died.

30. I, Amanda Marie Lovenguth Bekker

(Print Sponsor's Name)

certify under penalty of perjury under the laws of the United States that:

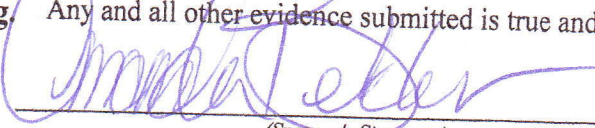
- a. I know the contents of this affidavit of support that I signed.
- b. All the factual statements in this affidavit of support are true and correct.
- c. I have read and I understand each of the obligations described in Part 8, and I agree, freely and without any mental reservation or purpose of evasion, to accept each of those obligations in order to make it possible for the immigrants indicated in Part 3 to become permanent residents of the United States;
- d. I agree to submit to the personal jurisdiction of any Federal or State court that has subject matter jurisdiction of a lawsuit against me to enforce my obligations under this Form I-864;
- e. Each of the Federal income tax returns submitted in support of this affidavit are true copies, or are unaltered tax transcripts, of the tax returns I filed with the U.S. Internal Revenue Service; and

Sign on following page.

140 118

- f. I authorize the Social Security Administration to release information about me in its records to the Department of State and U.S. Citizenship and Immigration Services.
- g. Any and all other evidence submitted is true and correct.

31.



(Sponsor's Signature)

8/30/2011

(Date-- mm/dd/yyyy)

Part 9. Information on Preparer, if prepared by someone other than the sponsor.

I certify under penalty of perjury under the laws of the United States that I prepared this affidavit of support at the sponsor's request and that this affidavit of support is based on all information of which I have knowledge.

Signature:



Date:

11/3/2011

(mm/dd/yyyy)

Printed Name:

Grace R. Alano

Firm Name:

The Law Offices of Grace R. Alano

Address:

598 Bosworth St. Suite 3, San Francisco, CA 94131

Telephone Number:

(415) 413-8472

E-Mail Address :

grace@alanoimmigrationlaw.com

Business State ID # (if any)

CERTIFICATION OF VITAL RECORD

COUNTY OF KINGS

HANFORD, CALIFORNIA

104 -

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

1600-1745

STATE BIRTH CERTIFICATE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF CHILD—FIRST	1B. MIDDLE	1C. LAST	
AMANDA	MARIE	LOVENGUTH	
2. SEX	3A. THIS BIRTH SINGLE, TWIN, 1ST, 2ND, ETC.	4A. DATE OF BIRTH—MONTH, DAY, YEAR	4B. HOUR—(24 HOUR CLOCK TIME)
FEMALE	SINGLE	OCTOBER 5, 1984	0743
5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY	5B. STREET ADDRESS (STREET, NUMBER, OR LOCATION)		
HANFORD COMMUNITY HOSPITAL	450 GREENFIELD AVENUE		
5C. CITY OR TOWN	5D. COUNTY		
HANFORD	KINGS		
6A. NAME OF FATHER—FIRST	6B. MIDDLE	6C. LAST	7. STATE OF BIRTH
DESMOND	LINTON	LOVENGUTH	CA
8. AGE OF FATHER	26		
9A. NAME OF MOTHER—FIRST	9B. MIDDLE	9C. LAST (BIRTH NAME)	10. STATE OF BIRTH
SHERRY	BABETTE	CATTUZZO	CA
11. AGE OF MOTHER	21		
12A. I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE	12B. PARENT OR OTHER INFORMANT—SIGNATURE	12C. RELATIONSHIP TO CHILD	12D. DATE SIGNED
	Sherry Lovenguth	MOTHER	10-5-84
13A. PHYSICIAN OR OTHER ATTENDANT—SIGNATURE—DEGREE OR TITLE	13B. LICENSE NUMBER	13C. DATE SIGNED	
Therese Emery M.D.	G036115	10-5-84	
14. I CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED	15. DEATH—ENTER DATE OF DEATH		
	T.S. ENLOE JR. M.D. HANFORD, CALIFORNIA		
16. LOCAL REGISTRAR—SIGNATURE	17. DATE ACCEPTED FOR REGISTRATION		
SHELDON R. MINKIN, D.O., by <i>Sh</i> Deputy	OCT 31 1984		

Proof of Petitioner's U.S. Citizenship

13274

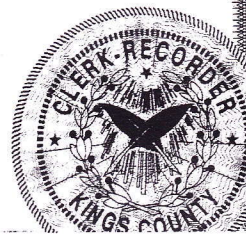
CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF KINGS

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE KINGS COUNTY CLERK-RECORDER.

DATE ISSUED MAY 15 2001

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

George J. Misner
GEORGE J. MISNER
COUNTY ASSESSOR-CLERK-RECORDER



d Control no. 47	1 Wages, tips, other comp. 27804.05	2 Federal income tax withheld 3044.29
OMB No. 1545-0008	3 Social security wages 27804.05	4 Social security tax withheld 1723.85
	5 Medicare wages and tips 27804.05	6 Medicare tax withheld 403.21

c Employer's name, address, and ZIP code

Safe 1 Credit Union
1400 MILL ROCK WAY
BAKERSFIELD, CA 93311

7 Social security tips 0.00	8 Allocated tips 0.00	9 Advance EIC payment 0.00
10 Dependent care benefits	11 Nonqualified plans	12a 12c 12d 4.08
12b	12c	12d

b Employer identification number (EIN)
951812302

a Employee's social security number
545-91-3240

13 Stat. empl. Retirement plan Third-party sick pay 14 Other

e Employee's name, address, and ZIP code

Amanda Lovenguth
22751 Lake Dr.
Tehachapi, CA 93561

2010 38-2099803 Form	15 State CA	Employer's state ID number 107-3230-3	16 State wages, tips, etc. 27804.05
W-2 Wage and Tax Statement Copy 2--To Be Filed With Employee's State, City, or Local Income Tax Return.	17 State income tax 683.91	18 Local wages, tips, etc. 27799.97	
	19 Local income tax 305.90	20 Locality name CA SDI	

Department of the Treasury -- Internal Revenue Service

d Control no. 47	1 Wages, tips, other comp. 27804.05	2 Federal income tax withheld 3044.29
OMB No. 1545-0008	3 Social security wages 27804.05	4 Social security tax withheld 1723.85
	5 Medicare wages and tips 27804.05	6 Medicare tax withheld 403.21

c Employer's name, address, and ZIP code

Safe 1 Credit Union
1400 MILL ROCK WAY
BAKERSFIELD, CA 93311

7 Social security tips 0.00	8 Allocated tips 0.00	9 Advance EIC payment 0.00
10 Dependent care benefits	11 Nonqualified plans	12a 12c 12d 4.08
12b	12c	12d

b Employer identification number (EIN)
951812302

a Employee's social security number
545-91-3240

13 Stat. empl. Retirement plan Third-party sick pay 14 Other

e Employee's name, address, and ZIP code

Amanda Lovenguth
22751 Lake Dr.
Tehachapi, CA 93561

2010 38-2099803 Form	15 State CA	Employer's state ID number 107-3230-3	16 State wages, tips, etc. 27804.05
W-2 Wage and Tax Statement Copy 2--To Be Filed With Employee's State, City, or Local Income Tax Return.	17 State income tax 683.91	18 Local wages, tips, etc. 27799.97	
	19 Local income tax 305.90	20 Locality name CA SDI	

Department of the Treasury -- Internal Revenue Service

0 W24UPP NTF 2574393

10US_W24UPPS-CB22 Copyright 2010 Greatland/Neico

E7073 01/... 2011 3:13:39 PM

Petitioner's 2010 Tax Return

124

Income Tax Return for Single and
Joint Filers With No Dependents (99) 2010

OMB No. 1545-0074

Name,
Address,
and SSN
See separate
instructions.P
R
I
N
T

C
L
E
A
R
L
Y

Your first name and initial

AMANDA

Last name

LOVENGUTH

If a joint return, spouse's first name and initial

Last name

Home address (number and street). If you have a P.O. box, see instructions.

22751 LAKE DRIVE

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see instructions.

Tehachapi

CA 93561

Your social security number

545-91-3240

Spouse's social security number

Make sure the SSN(s)
above are correct.Checking a box below will not
change your tax or refund.Presidential
Election
Campaign
(see page 9)Check here if you, or your spouse if a joint return, want \$3 to go to this fund ☐ You ☐ SpouseIncome
Attach
Form(s) W-2
here.

1 Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2.

Attach your Form(s) W-2.

1

27,804

2 Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.

2

3 Unemployment compensation and Alaska Permanent Fund dividends (see page 11).

3

4 Add lines 1, 2, and 3. This is your **adjusted gross income**.

4

27,804

5 If someone can claim you (or your spouse if a joint return) as a dependent, check
the applicable box(es) below and enter the amount from the worksheet on page 2.☐ You☐ SpouseIf no one can claim you (or your spouse if a joint return), enter \$9,350 if **single**;
\$18,700 if **married filing jointly**. See page 2 for explanation.

9,350

6 Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-.

This is your **taxable income**.

6

18,454

7 Federal income tax withheld from Form(s) W-2 and 1099.

7

3,044

8 Making work pay credit (see worksheet on page 2).

8

400

9a Earned income credit (EIC) (see page 13).

9a

b Nontaxable combat pay election.

9b

10 Add lines 7, 8, and 9a. These are your **total payments and credits**.

10

3,444

11 Tax. Use the amount on line 6 above to find your tax in the tax table on pages 27
through 35 of the instructions. Then, enter the tax from the table on this line.

11

2,353

12a If line 10 is larger than line 11, subtract line 11 from line 10. This is your **refund**.If Form 8888 is attached, check here ☐

12a

1,091

b Routing number 3 2 2 2 7 1 6 2 7 c Type: ☒ Checking ☐ Savings

d Account number 3 1 2 0 4 7 8 0 9

Payments,
Credits,
and Tax

Refund

Have it directly
deposited! See
page 18 and fill in
12b, 12c,
and 12d or
Form 8888.Amount
You Owe13 If line 11 is larger than line 10, subtract line 10 from line 11. This is
the **amount you owe**. For details on how to pay, see page 19.

13

Third Party
Designee

Do you want to allow another person to discuss this return with the IRS (see page 20)?

☐ Yes. Complete the following. ☒ No

Designee's name

Phone no.

Personal identification
number (PIN)Sign
HereUnder penalties of perjury, declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and
accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based
on all information of which the preparer has any knowledge.

Your signature

Date

Your occupation

Daytime phone number

13240

01-30-2011

661-972-1215

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

Paid
Preparer
Use Only

Preparer's signature

Date

Check ☒ if
self-employed

PTIN

CONSUELO M WILLIAMS

01-30-2011

P00165395

Print/Type preparer's name CONSUELO M WILLIAMS

Firm's name WILLIAMS TAX SERVICE

Firm's EN 26-1689754

Firm's address 22118 OLD TOWN ROAD
Tehachapi, CA 93561

Phone no. 661-822-6517

Your name as shown on return

Your social security number

AMANDA LOVENGUTH

545-91-3240

**Worksheet for
Line 5 -
Dependents
Who Checked
One or Both
Boxes**

Use this worksheet to figure the amount to enter on line 5 if someone can claim you (or your spouse if married filing jointly) as a dependent, even if that person chooses not to do so. To find out if someone can claim you as a dependent, see Pub. 501.

A. Amount, if any, from line 1 on page 1 + 300.00 Enter total ► A. _____

B. Minimum standard deduction B. 950.00

C. Enter the **larger** of line A or line B here C. _____

D. Maximum standard deduction. If **single**, enter \$5,700; if **married filing jointly**, enter \$11,400 D. _____

E. Enter the **smaller** of line C or line D here. This is your standard deduction E. _____

F. Exemption amount.

- If single, enter -0-.
- If married filing jointly and -
 - both you and your spouse can be claimed as dependents, enter -0-.
 - only one of you can be claimed as a dependent, enter \$3,650.

G. Add lines E and F. Enter the total here and on line 5 on page 1 G. _____

(keep a copy for
your records)

If you did not check any boxes on line 5, enter on line 5 the amount shown below that applies to you.

- Single, enter \$9,350. This is the total of your standard deduction (\$5,700) and your exemption (\$3,650).
- Married filing jointly, enter \$18,700. This is the total of your standard deduction (\$11,400), your exemption (\$3,650), and your spouse's exemption (\$3,650).

**Worksheet
for Line 8 -
Making Work
Pay Credit**

Before you begin: ● Check if you can be claimed as a dependent on someone else's return, you **do not** qualify for this credit.
● Check if married filing jointly, include your spouse's amounts with yours when completing this worksheet.

- 1a. Important. See the instructions on page 12 if (a) you received a taxable scholarship or fellowship grant not reported on a Form W-2, (b) your wages include pay for work performed while an inmate in a penal institution, or (c) you received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan.

Do you (and your spouse if filing jointly) have 2010 wages of more than \$6,451 (\$12,903 if married filing jointly)?

☒ Yes. Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.

☐ No. Enter your earned income (see instructions) 1a. _____

- b. Nontaxable combat pay included on line 1a (see instructions) 1b. _____

2. Multiply line 1a by 6.2% (.062) 2. _____

3. Enter \$400 (\$800 if married filing jointly) 3. _____

4. Enter the **smaller** of line 2 or line 3 (unless you checked "Yes" on line 1a) 4. 400

5. Enter amount from Form 1040EZ, line 4 (on page 1) 5. 27,804

6. Enter \$75,000 (\$150,000 if married filing jointly) 6. 75,000

7. Is the amount on line 5 more than the amount on line 6?

☒ No. Skip line 8. Enter the amount from line 4 on line 9 below.

☐ Yes. Subtract line 6 from line 5 7. _____

8. Multiply line 7 by 2% (.02) 8. _____

9. Subtract line 8 from line 4. If zero or less, enter -0- 9. 400

10. Did you (or your spouse, if filing jointly) receive an economic recovery payment in 2010? You may have received this payment in 2010 if you did not receive an economic recovery payment in 2009 but you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits in November 2008, December 2008, or January 2009 (see instructions).

☒ No. Enter -0- on line 10 and go to line 11.

☐ Yes. Enter the total of the payments you (and your spouse, if filing jointly) received in 2010. Do not enter more than \$250 (\$500 if married filing jointly). 10. _____

11. Making work pay credit. Subtract line 10 from line 9. If zero or less, enter -0-. Enter the result here and on Form 1040EZ, line 8 11. 400

Use this
worksheet to
figure the amount
to enter on line 8
if you **cannot** be
claimed as a
dependent on
another person's
return.

(keep a copy for
your records)

**Mailing
Return**

Mail your return by April 18, 2011. Mail it to the address shown on the last page of the instructions.

IRS e-file Signature Authorization

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. This is not a tax return.

▶ Keep this form for your records. See instructions.

2010

Declaration Control Number (DCN)

00-770252-000101

Taxpayer's name

AMANDA LOVENGUTH

Social security number

545-91-3240

Spouse's name

Spouse's social security number

Part I Tax Return Information - Tax Year Ending December 31, 2010 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	27,804
2	Total tax (Form 1040, line 60; Form 1040A, line 37; Form 1040EZ, line 11)	2	2,353
3	Federal income tax withheld (Form 1040, line 61; Form 1040A, line 38; Form 1040EZ, line 7)	3	3,044
4	Refund (Form 1040, line 74a; Form 1040A, line 46a; Form 1040EZ, line 12a; Form 1040-SS, Part I, line 12a)	4	1,091
5	Amount you owe (Form 1040, line 76; Form 1040A, line 48; Form 1040EZ, line 13)	5	

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

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2010, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

RTN=322271627

Acct=3120747809

☒ I authorize WILLIAMS TAX SERVICE to enter or generate my PIN 13240

ERO firm name

as my signature on my tax year 2010 electronically filed income tax return.

Enter five numbers, but
do not enter all zeros

☐ I will enter my PIN as my signature on my tax year 2010 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶

Date ▶

Spouse's PIN: check one box only

☐ I authorize to enter or generate my PIN

ERO firm name

as my signature on my tax year 2010 electronically filed income tax return.

Enter five numbers, but
do not enter all zeros

☐ I will enter my PIN as my signature on my tax year 2010 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶

Date ▶

Practitioner PIN Method Returns Only - continue below**Part III Certification and Authentication - Practitioner PIN Method Only**

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

770252-42733

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2010 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ CONSUELO M WILLIAMS

Date ▶ 01-30-2011

ERO Must Retain This Form - See Instructions**Do Not Submit This Form to the IRS Unless Requested To Do So**

2010

Wage and Tax Statement

W-2

Important: Attach this form to the back of your Forms 540/540A, 540 2EZ, or Form 540NR (Long or Short).

Name(s) as shown on return

AMANDA LOVENGUTH

SSN or ITIN

545-91-3240

Caution: If this form is filled out do not send your Form(s) W-2 to the Franchise Tax Board. If your Form(s) W-2 are from multiple states, attach copies showing California tax withheld to this schedule. Also attach Form(s) 592-B, 593, and 1099. If this schedule is blank, attach your Form(s) W-2 to the lower front of your tax return.

Taxpayer W-2 information. (Transfer amounts from your Form(s) W-2 to the appropriate boxes below.) Complete a box for each Form W-2 you receive.

1st W-2

Social Security Number (box a)	545-91-3240
Employer ID Number (EIN) (box b)	95-1812302
State & Employer's State ID Number (box 15)	CA 10732303
Employer Name (box c)	SAFE 1 CREDIT
State Wages, Tips, etc. (box 16)	27,804
CA State Income Tax (box 17)	684
Social Security Wages (box 3)	27,804
SDI/VPDI (Local Income Tax) (box 14 or 19)	306

2nd W-2

Social Security Number (box a)	
Employer ID Number (EIN) (box b)	
State & Employer's State ID Number (box 15)	
Employer Name (box c)	
State Wages, Tips, etc. (box 16)	
CA State Income Tax (box 17)	
Social Security Wages (box 3)	
SDI/VPDI (Local Income Tax) (box 14 or 19)	

3rd W-2

Social Security Number (box a)	
Employer ID Number (EIN) (box b)	
State & Employer's State ID Number (box 15)	
Employer Name (box c)	
State Wages, Tips, etc. (box 16)	
CA State Income Tax (box 17)	
Social Security Wages (box 3)	
SDI/VPDI (Local Income Tax) (box 14 or 19)	

4th W-2

Social Security Number (box a)	
Employer ID Number (EIN) (box b)	
State & Employer's State ID Number (box 15)	
Employer Name (box c)	
State Wages, Tips, etc. (box 16)	
CA State Income Tax (box 17)	
Social Security Wages (box 3)	
SDI/VPDI (Local Income Tax) (box 14 or 19)	

Spouse/RDP W-2 information.

1st W-2

Social Security Number (box a)	
Employer ID Number (EIN) (box b)	
State & Employer's State ID Number (box 15)	
Employer Name (box c)	
State Wages, Tips, etc. (box 16)	
CA State Income Tax (box 17)	
Social Security Wages (box 3)	
SDI/VPDI (Local Income Tax) (box 14 or 19)	

2nd W-2

Social Security Number (box a)	
Employer ID Number (EIN) (box b)	
State & Employer's State ID Number (box 15)	
Employer Name (box c)	
State Wages, Tips, etc. (box 16)	
CA State Income Tax (box 17)	
Social Security Wages (box 3)	
SDI/VPDI (Local Income Tax) (box 14 or 19)	

3rd W-2

Social Security Number (box a)	
Employer ID Number (EIN) (box b)	
State & Employer's State ID Number (box 15)	
Employer Name (box c)	
State Wages, Tips, etc. (box 16)	
CA State Income Tax (box 17)	
Social Security Wages (box 3)	
SDI/VPDI (Local Income Tax) (box 14 or 19)	

4th W-2

Social Security Number (box a)	
Employer ID Number (EIN) (box b)	
State & Employer's State ID Number (box 15)	
Employer Name (box c)	
State Wages, Tips, etc. (box 16)	
CA State Income Tax (box 17)	
Social Security Wages (box 3)	
SDI/VPDI (Local Income Tax) (box 14 or 19)	

- Total state wages from the Form(s) W-2 for taxpayer (Add box 16 from all Form(s) W-2 for taxpayer)
For nonresidents or part-year residents, enter your total California wages from all your Form(s) W-2 for taxpayer
(Add box 16 from all Form(s) W-2 for taxpayer) \$ 27,804
- Total state wages from the Form(s) W-2 for spouse/RDP (Add box 16 from all Form(s) W-2 for spouse/RDP)
For nonresidents or part-year residents, enter the total California wages from all Form(s) W-2 for spouse/RDP
(Add box 16 from all Form(s) W-2 for spouse/RDP) \$
- Total California Wages from all Form(s) W-2 (Add line 1 and line 2, and enter here and on Form 540 2EZ, line 9; Form 540 or Form 540NR (Long or Short), line 12. If completing Form 540X, report any W-2 income on line 1a, column B, that was not reported on your original tax return.) \$ 27,804

Company	Period Begin	Division
E7073	7/16/2011	
Number	Period End	Branch
1123	7/31/2011	3
Social Security #	Check Date	Department
	7/29/2011	
Hire Date	Check Number	Team
6/20/2005	503398	

Post Box 2203
Bakersfield, CA 93303

Description	Location / Job	Rate	Hours	Current	Year To Date	Description	Current	Year To Date
Overtime						Fed (S/O) (1164.00)	143:77	2085:94
Salary		0:00	0:00	1212:50	16860:00	CASDI (1212.50)	50:87	709:00
MEMOS						Medicare (1212.50)	17:58	244:76
Pension Match			0:00	97:00	194:00	CA (SM/O) (1164.00)	25:74	381:80
						CA SDI (1212.50)	14:55	202:58
						401k	48:50	97:00

127



Deborah Baker
Branch Manager

20141 Valley Blvd.
Tehachapi, CA 93561
(661) 822-8000 • (661) 822-9610 Fax

August 23, 2011

To Whom It May Concern:

This letter is the intent to confirm the employment of Amanda Bekker. Mrs. Amanda Bekker's hire date with Safe 1 Credit Union is June 20, 2005.

Amanda Bekker is a full time employee and currently holds the position of Member Service Officer with Safe 1 Credit Union.

If there is any question concerning Amanda Bekker's status with Safe 1 Credit Union please do not hesitate to contact our human resource department.

Regards,

Deborah Baker
Branch Manager

128

STEFAN JAKES BEKKER

129

DEPARTMENT OF CITIZENSHIP
AND
IMMIGRATION SERVICES

PERSONAL
AND
CONFIDENTIAL