

REPUBLIC OF
SOUTH AFRICA



REPUBLIQUE
D'AFRIQUE DU SUD

TEMPORARY PASSPORT
PASSEPORT TEMPORAIRE

76



*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 ses 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 Lieu 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
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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

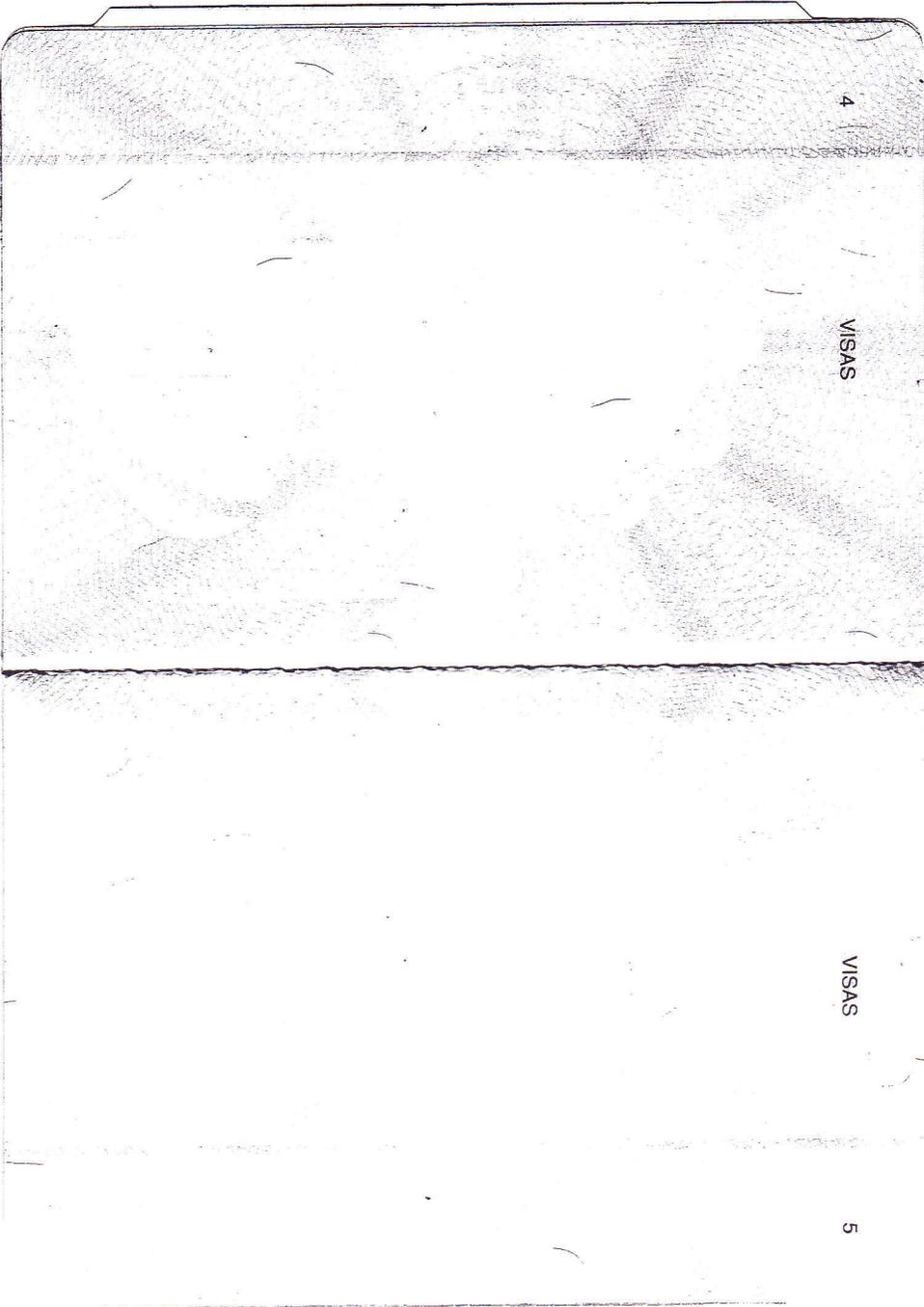


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STEFAN
BEKKER



Director-General
Directeur-général



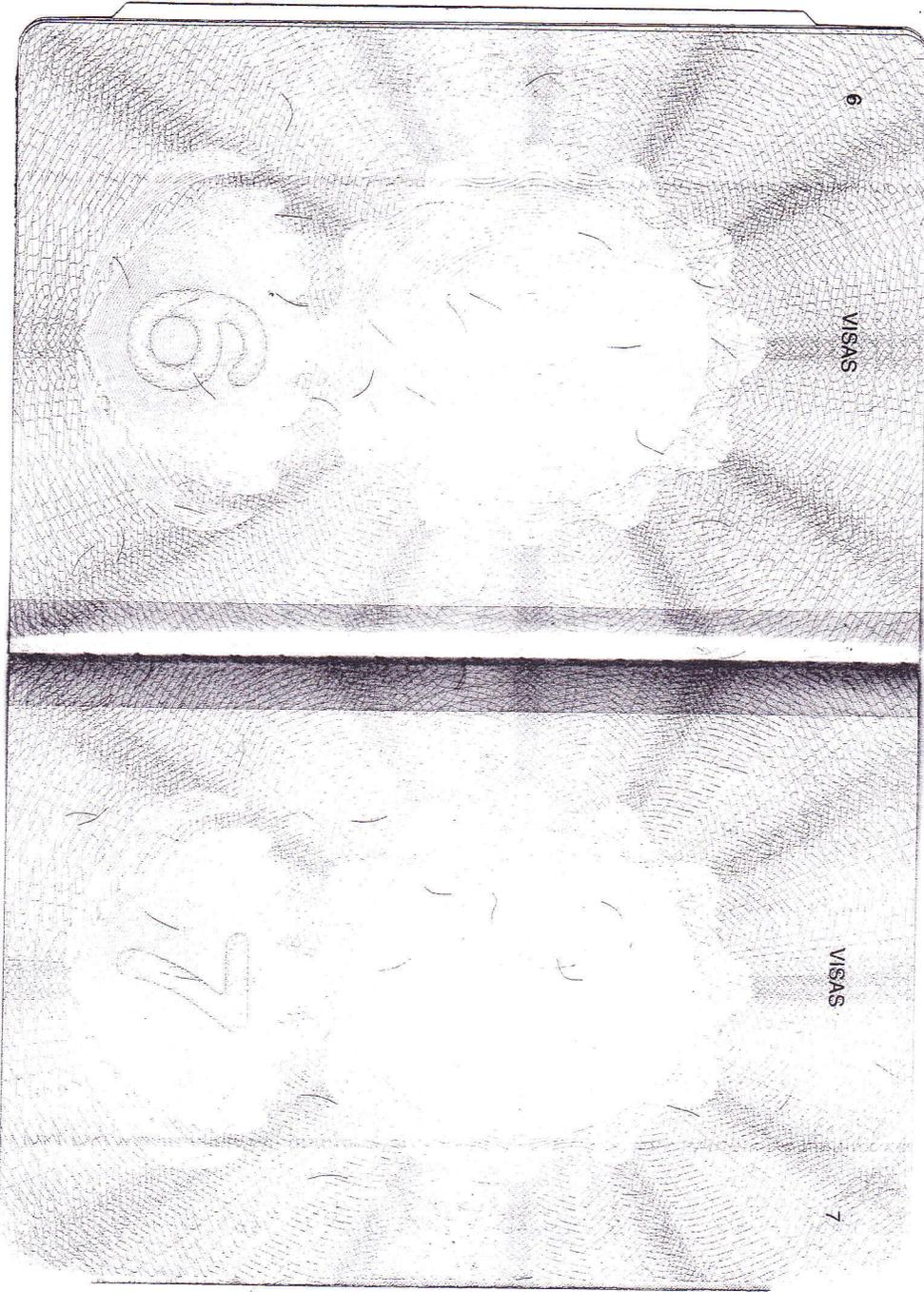
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VISAS

VISAS

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81



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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.



CANCELLED WITHOUT PREJUDICE

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.

CANCELLED WITHOUT PREJUDICE

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



U.S. Citizenship
and Immigration
Services

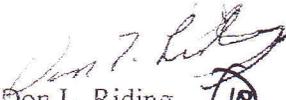
Stefan Jaques Bekker
21831 Brook Drive
Tehachapi, California 93561

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.

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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.

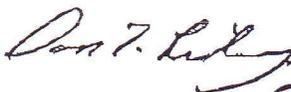
On March 11, 2010, a Notice of Intent to Deny was mailed to you and in the Notice you were requested to submit further evidence in support of your petition.

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

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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 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.

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





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

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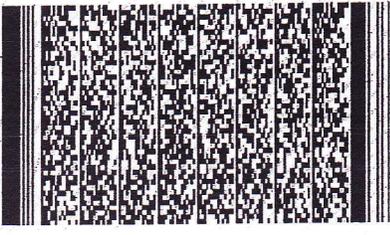


ASC Appointment Notice	APPLICATION NUMBER MSC0928818954	MSC0928818959	NOTICE DATE 7/22/2009
	SOCIAL SECURITY NUMBER	USCIS A# A200321236	CODE 3
	TCR	SERVICE CENTER MSC	PAGE 1 of 1

STEFAN JAQUES BEKKER
21831 BROOK DRIVE
TEHACHAPI, CA 93561

ASC SITE CODE
BIOMETRICS QA REVIEW BY
ON
TENPRINTS QA REVIEW BY

15807/1
8/11/09
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:

- THIS APPOINTMENT NOTICE** and
- 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.

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U.S. CITIZENSHIP AND IMMIGRATION SERVICES
BAKERSFIELD



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



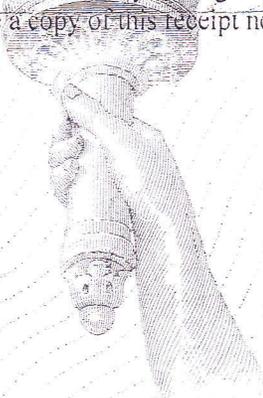
KEVIN E. JELSVIK
P O BOX 1706
TEHACHAPI CA 93581

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



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	First	Middle		
Bekker	Amanda	Marie		
Address: Street Number and Street Name Apt. No.		City	State	Zip Code
21501 Circle Drive		Tehachapi	CA	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

Maria Bekker

8/17/11

Part 2. Information about Attorney or Accredited Representative (Check applicable items(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		Attorney Bar Number(s), if any
Grace R. Alano		209268
Signature of Attorney or Accredited Representative		Date
<i>Grace Alano</i>		8/3/11
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)	Fax Number, if any (Include area code)	E-Mail Address, if any
(415) 413-8472		grace@alanoimmigrationlaw.com

**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**

First Name **Stefan** Middle Name **Jaques**

3. Mailing Address Street Number and Name (Include Apartment Number)
21501 Circle Drive

City Tehachapi	State/Province CA	Zip/Postal Code 93561	Country USA
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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**



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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	
13. Place of Residence <i>(if different from mailing address)</i>	Street Number and Name <i>(Include Apartment Number)</i> Same As Above		
	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)

24. My current annual household income:

a. List your income from line 23 of this form. \$ 29,100.00

b. Income you are using from any other person who was counted in your household size, including, in certain conditions, the intending immigrant. (See step-by-step instructions.) Please indicate name, relationship and income.

Name	Relationship	Current Income
<u>Stefan Bekker</u>	<u>Husband</u>	\$ <u>0.00</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

c. Total Household Income: \$ 29,100.00
 (Total all lines from 24a and 24b. Will be Compared to Poverty Guidelines -- See Form I-864P.)

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 complete Form I-864A because he/she is the intending immigrant and has no accompanying dependents.
(Name)

For Government Use Only

Household Size = _____

Poverty line for year _____ is: \$ _____

25. Federal income tax return information.

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:

Tax Year	Total Income
<u>2010</u> (most recent)	\$ <u>27,804.05</u>
<u>2009</u> (2nd most recent)	\$ <u>27,800.00</u>
<u>2008</u> (3rd most recent)	\$ <u>25,515.78</u>

(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)

For Government Use Only

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.

Household Size = _____

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:** \$ _____

Poverty line for year _____ is:

_____ is:

\$ _____

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:

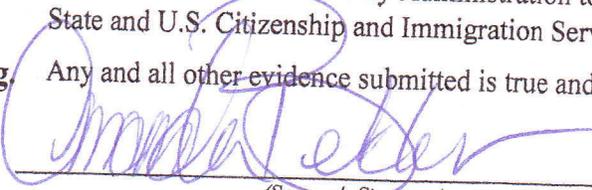
- a. I know the contents of this affidavit of support that I signed.
- b. All the factual statements in this affidavit of support are true and correct.
- c. I have read and I understand each of the obligations described in Part 8, and I agree, freely and without any mental reservation or purpose of evasion, 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: Grace Alano

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) _____

STATE OF CALIFORNIA
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		MARLE LOVENGUTH	
2. SEX	3A. THIS BIRTH, SINGLE, TWIN, 1ST, 2ND, ETC.	3B. IF MULTIPLE, THIS CHILD	4A. DATE OF BIRTH—MONTH, DAY, YEAR
FEMALE	SINGLE		OCTOBER 5, 1984
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		
1. CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE	12A. PARENT OR OTHER INFORMANT—SIGNATURE	12B. RELATIONSHIP TO CHILD	12C. DATE SIGNED
	<i>Sherry Lovenguth</i>	MOTHER	10-5-84
1. CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED	13A. PHYSICIAN OR OTHER ATTENDANT—SIGNATURE—DEGREE OR TITLE	13B. LICENSE NUMBER	13C. DATE SIGNED
	<i>Phyllis Emery MD</i>	G036115	10-5-84
14.	13D. TYPED NAME AND ADDRESS		
	T. S. ENLOE JR M.D. HANFORD, CALIFORNIA		
15. DEATH—ENTER DATE OF DEATH	16. LOCAL REGISTRAR—SIGNATURE	17. DATE ACCEPTED FOR REGISTRATION	
	SHELDON R. MINKIN, D.O.; by <i>ll</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		

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Petitioner's 2010 Tax Return

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

Name, Address, and SSN
See separate instructions.

P R I N T	Your first name and initial AMANDA	Last name LOVENGUTH
	If a joint return, spouse's first name and initial	Last name
C L E A R L Y	Home address (number and street). If you have a P.O. box, see instructions. 22751 LAKE DRIVE	
	City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. Tehachapi CA 93561	
	Apt. no.	

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 Spouse

Income 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

Enclose, but do not attach, any payment.

You may be entitled to a larger deduction if you file Form 1040A or 1040. See Before You Begin on page 4.

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. <input type="checkbox"/> You <input type="checkbox"/> Spouse If 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

Payments, Credits, and Tax

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	
9b	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

Refund

Have it directly deposited! See page 18 and fill in 12b, 12c, and 12d or Form 8888.

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 <input type="checkbox"/>	12a	1,091
-----	--	-----	-------

▶ b Routing number **322271627** ▶ c Type: Checking Savings

▶ d Account number **3120747809**

Amount You Owe

13	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 Here

Joint return? See page 6.
Keep a copy for your records.

Under penalties of perjury, I 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 <i>Consuelo M Williams</i>	Date 01-30-2011	Your occupation	Daytime phone number 661-972-1215
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid Preparer Use Only

Preparer's signature CONSUELO M WILLIAMS	Date 01-30-2011	Check <input checked="" type="checkbox"/> if self-employed	PTIN 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	

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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 (\$2,903 if married filing jointly)?
[X] 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) ... a.
b. Nontaxable combat pay included on line 1a (see instructions) ... 1a.
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?
[X] 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 benefit in November 2008, December 2008, or January 2009 (see instructions).
[X] 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.

145 123

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 III 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 as my signature on my tax year 2010 electronically filed income tax return.
ERO firm name 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 _____ as my signature on my tax year 2010 electronically filed income tax return.
ERO firm name 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

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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

Table with 2 columns: Field Name and Value. Fields include Social Security Number (545-91-3240), Employer ID Number (95-1812302), State & Employer's State ID Number (CA 10732303), Employer Name (SAFE 1 CREDIT), State Wages, Tips, etc. (27,804), CA State Income Tax (684), Social Security Wages (27,804), and SDI/VPDI (Local Income Tax) (306).

2nd W-2

Table with 2 columns: Field Name and Value. Fields include Social Security Number, Employer ID Number, State & Employer's State ID Number, Employer Name, State Wages, Tips, etc., CA State Income Tax, Social Security Wages, and SDI/VPDI (Local Income Tax).

3rd W-2

Table with 2 columns: Field Name and Value. Fields include Social Security Number, Employer ID Number, State & Employer's State ID Number, Employer Name, State Wages, Tips, etc., CA State Income Tax, Social Security Wages, and SDI/VPDI (Local Income Tax).

4th W-2

Table with 2 columns: Field Name and Value. Fields include Social Security Number, Employer ID Number, State & Employer's State ID Number, Employer Name, State Wages, Tips, etc., CA State Income Tax, Social Security Wages, and SDI/VPDI (Local Income Tax).

Spouse/RDP W-2 information.

1st W-2

Table with 2 columns: Field Name and Value. Fields include Social Security Number, Employer ID Number, State & Employer's State ID Number, Employer Name, State Wages, Tips, etc., CA State Income Tax, Social Security Wages, and SDI/VPDI (Local Income Tax).

2nd W-2

Table with 2 columns: Field Name and Value. Fields include Social Security Number, Employer ID Number, State & Employer's State ID Number, Employer Name, State Wages, Tips, etc., CA State Income Tax, Social Security Wages, and SDI/VPDI (Local Income Tax).

3rd W-2

Table with 2 columns: Field Name and Value. Fields include Social Security Number, Employer ID Number, State & Employer's State ID Number, Employer Name, State Wages, Tips, etc., CA State Income Tax, Social Security Wages, and SDI/VPDI (Local Income Tax).

4th W-2

Table with 2 columns: Field Name and Value. Fields include Social Security Number, Employer ID Number, State & Employer's State ID Number, Employer Name, State Wages, Tips, etc., CA State Income Tax, Social Security Wages, and SDI/VPDI (Local Income Tax).

- 1. 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
2. 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) \$
3. 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

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Amanda Bekker

Sate 1 Credit Union

Bakersfield, CA 93303

Company E7073	Period Begin 8/16/2011	Division
Number 1123	Period End 8/31/2011	Branch 3
Social Security #	Check Date 8/31/2011	Department
Hire Date 6/20/2005	Check Number 503569	Team

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Earnings

Deductions

Description	Location / Job	Rate	Hours	Current	Year To Date	Description	Current	Year To Date
Overtime					20:98	Fed (S/0) (1164.00)	143:77	2373:48
Salary		0:00	0:00	1212:50	19285:00	OASDI (1212.50)	50:93	810:86
MEMOS						Medicare (1212.50)	17:58	279:92
Pension Match			0:00	97:00	388:00	CA (SM/0) (1164.00)	25:74	433:28
						CA SDI (1212.50)	14:55	231:68
						401k	48:50	194:00
Total Earnings						Total Deductions	301:07	4323:22
NET PAY			911.43	Total Direct Deposits		0:00	911:43	14982:76

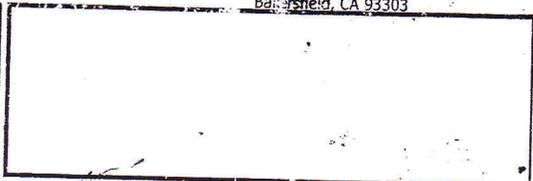
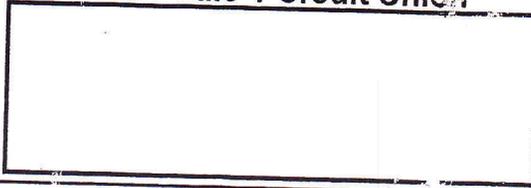
Petitioner's Paystubs

Amanda Bekker

Safe 1 Credit Union

Post Box 2203
Bakersfield, CA 93303

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



Earnings

Earnings						Deductions			
Description	Location / Job	Rate	Hours	Current	Year To Date	Description	Current	Year To Date	
Overtime									
Salary		0:00	0:00	1212:50	20:98	Fed (S/O) (1164.00)	143:77	2085:94	
MEMOR					6860:00	CA SDI (1212.50)	50:87	709:00	
Pension Match			0:00	97:00	194:00	Medicare (1212.50)	17:58	244:76	
						CA (S/O) (1164.00)	25:74	381:80	
						CA SDI (1212.50)	14:55	202:58	
						401k	48:50	97:00	
Total Earnings			0:00	1212:50	16880:98	Total Deductions	301:01	3721:08	
NET PAY		911.49				Check Amount	911:49	13159:90	
						Total Direct Deposits			

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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,

A handwritten signature in cursive script that reads "Deborah Baker".

Deborah Baker
Branch Manager

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STEFAN JAUQUES BEKKER

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DEPARTMENT OF CITIZENSHIP
AND
IMMIGRATION SERVICES

PERSONAL
AND
CONFIDENTIAL