

Department of Homeland Security

FOR OFFICIAL USE ONLY

THE ATTACHED MATERIALS CONTAIN DEPARTMENT OF HOMELAND SECURITY INFORMATION THAT IS "FOR OFFICIAL USE ONLY," OR OTHER TYPES OF SENSITIVE BUT UNCLASSIFIED INFORMATION REQUIRING PROTECTION AGAINST UNAUTHORIZED DISCLOSURE. THE ATTACHED MATERIALS WILL BE HANDLED AND SAFEGUARDED IN ACCORDANCE WITH DHS MANAGEMENT DIRECTIVES GOVERNING PROTECTION AND DISSEMINATION OF SUCH INFORMATION.

AT A MINIMUM, THE ATTACHED MATERIALS WILL BE DISSEMINATED ONLY ON A "NEED-TO-KNOW" BASIS AND WHEN UNATTENDED, WILL BE STORED IN A LOCKED CONTAINER OR AREA OFFERING SUFFICIENT PROTECTION AGAINST THEFT, COMPROMISE, INADVERTENT ACCESS AND UNAUTHORIZED DISCLOSURE.



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

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

START HERE - Type or Print (Use black ink)

For USCIS Use Only

Part 1. Information About You

Family Name (Last Name)	Given Name (First Name)	Middle Name
MALIK	TASHFEEN	
Address - Street Number and Name		Apt. No.
3830 TOMLINSON AVENUE		
C/O (in care of)		
City	State	ZIP Code
RIVERSIDE	CALIFORNIA	92503
Date of Birth (mm/dd/yyyy)	Country of Birth	
07/13/1986	PAKISTAN	
Country of Citizenship/Nationality	U.S. Social Security No. (if any)	A-Number (if any)
PAKISTAN		(b) (6)
Date of Last Arrival (mm/dd/yyyy)	I-94 Number	
07/27/2014	(b) (6)	
Current USCIS Status	Expires on (mm/dd/yyyy)	
NON-IMMIGRANT FIANCÉ, VISITOR	10/24/2014	

Returned	Receipt
Resubmitted	
Reloc Sent	
Reloc Rec'd	
Applicant Interviewed	

Part 2. Application Type (Check one)

- I am applying for an adjustment to permanent resident status because:
- a. An immigrant petition giving me an immediately available immigrant visa number that has been approved. (Attach a copy of the approval notice, or a relative, special immigrant juvenile, or special immigrant military visa petition filed with this application that will give you an immediately available visa number, if approved.)
 - b. My spouse or parent applied for adjustment of status or was granted lawful permanent residence in an immigrant visa category that allows derivative status for spouses and children.
 - c. I entered as a K-1 fiancé(e) of a U.S. citizen whom I married within 90 days of entry, or I am the K-2 child of such a fiancé(e). (Attach a copy of the fiancé(e) petition approval notice and the marriage certificate.)
 - d. I was granted asylum or derivative asylum status as the spouse or child of a person granted asylum and am eligible for adjustment.
 - e. I am a native or citizen of Cuba admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the United States for at least 1 year.
 - f. I am the husband, wife, or minor unmarried child of a Cuban described above in (e), and I am residing with that person, and was admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the United States for at least 1 year.
 - g. I have continuously resided in the United States since before January 1, 1972.
 - h. Other basis of eligibility. Explain (for example, I was admitted as a refugee, my status has not been terminated, and I have been physically present in the United States for 1 year after admission). If additional space is needed, see Page 3 of the instructions.

on of Law

Sec. 209(a), INA
 Sec. 209(b), INA
 Sec. 13, Act of 9/11/57
 Sec. 245, INA
 Sec. 249, INA
 Sec. 1 Act of 11/2/66
 Sec. 2 Act of 11/2/66
 Other

Country Chargeable

Eligibility Under Sec. 245

Approved Visa Petition
 Dependent of Principal Alien
 Special Immigrant
 Other

Preference

Action Block

(b) (6) (b) (6)
(b) (6) (b) (6)
JUL 23 2015
(b) (6) (b) (6)

I am already a permanent resident and am applying to have the date I was granted permanent residence adjusted to the date I originally arrived in the United States as a nonimmigrant or parolee, or as of May 2, 1964, whichever date is later, and: (Check one)

- i. I am a native or citizen of Cuba and meet the description in (e) above.
- j. I am the husband, wife, or minor unmarried child of a Cuban and meet the description in (f) above.

To be Completed by

Attorney or Representative, if any

Fill in box if Form G-28 is attached to represent the applicant.

VOLAG No

ATTY State License No.

Part 3. Processing Information

A. City/Town/Village of Birth: DERA GHAZI KHAN, PAKISTAN Current Occupation: None Housewife

Your Mother's First Name: (b) (6) Your Father's First Name: (b) (6)

Give your name exactly as it appears on your Form I-94, Arrival-Departure Record: TASHFEEN MALIK

Place of Last Entry Into the United States (City/State): CHICAGO In what status did you last enter? (Visitor, student, exchange visitor, crewman, temporary worker, without inspection, etc.): VISITOR, K-1

Were you inspected by a U.S. Immigration Officer? Yes No

Nonimmigrant Visa Number: (b) (6) Consulate Where Visa Was Issued: US EMBASSY, ISLAMABAD, PAKISTAN

Date Visa Issued (mm/dd/yyyy): 05/23/2014 Gender: Male Female Marital Status: Married Single Divorced Widowed

Have you ever applied for permanent resident status in the U.S.? Yes (If "Yes" give date and place of filing and final disposition.) No

B. List your present spouse and all of your children (include adult sons and daughters). (If you have none, write "None." If additional space is needed, see Page 3 of the instructions.)

Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
FAROOK	SYED	R	06/14/1987
Country of Birth	Relationship	A-Number (if any)	Applying with you?
USA	HUSBAND		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
None	(b) (6)		
Country of Birth	Relationship	A-Number (if any)	Applying with you?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
None	(b) (6)		
Country of Birth	Relationship	A-Number (if any)	Applying with you?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
None	(b) (6)		
Country of Birth	Relationship	A-Number (if any)	Applying with you?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
None	(b) (6)		
Country of Birth	Relationship	A-Number (if any)	Applying with you?
			Yes <input type="checkbox"/> No <input type="checkbox"/>

Part 3. Processing Information (Continued)

C. List your present and past membership in or affiliation with every organization, association, fund, foundation, party, club, society, or similar group in the United States or in other places since your 16th birthday. Include **any military service** in this part. If none, write "None." Include the name of each organization, location, nature, and dates of membership. If additional space is needed, attach a separate sheet of paper. Continuation pages must be submitted according to the guidelines provided on **Page 3** of the instructions under **General Instructions**.

Name of Organization	Location and Nature	Date of Membership From	Date of Membership To
None	None	None	None

Answer the following questions. (If your answer is "Yes" to any question, explain on a separate piece of paper. Continuation pages must be submitted according to the guidelines provided on **Page 3** of the instructions under **General Instructions**. Information about documentation that must be include with your application is also provide in this section.) Answering "Yes" does not necessarily mean that you are not entitled to adjust status or register for permanent residence.

1. Have you **EVER** in or outside the United States:
 - a. Knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested? Yes No
 - b. Been arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations? Yes No
 - c. Been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency, or similar action? Yes No
 - d. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? Yes No
2. Have you received public assistance in the United States from any source, including the U.S. Government or any State, county, city, or municipality (other than emergency medical treatment), or are you likely to receive public assistance in the future? Yes No
3. Have you **EVER**:
 - a. Within the past 10 years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future? Yes No
 - b. Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? Yes No
 - c. Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? Yes No
 - d. Illicitly trafficked in any controlled substance, or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance? Yes No
4. Have you **EVER** engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to any person or organization that has ever engaged or conspired to engage in sabotage, kidnapping, political assassination, hijacking, or any other form of terrorist activity? Yes No

Part 3. Processing Information (Continued)

5. Do you intend to engage in the United States in:
- a. Espionage? Yes No
 - b. Any activity a purpose of which is opposition to, or the control or overthrow of, the Government of the United States, by force, violence, or other unlawful means? Yes No
 - c. Any activity to violate or evade any law prohibiting the export from the United States of goods, technology, or sensitive information? Yes No
6. Have you **EVER** been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party? Yes No
7. Did you, during the period from March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist, or otherwise participate in the persecution of any person because of race, religion, national origin, or political opinion? Yes No
8. Have you **EVER** been deported from the United States, or removed from the United States at government expense, excluded within the past year, or are you now in exclusion, deportation, removal, or rescission proceedings? Yes No
9. Are you under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act (INA) for use of fraudulent documents or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the United States, or any immigration benefit? Yes No
10. Have you **EVER** left the United States to avoid being drafted into the U.S. Armed Forces? Yes No
11. Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and have not yet complied with that requirement or obtained a waiver? Yes No
12. Are you now withholding custody of a U.S. citizen child outside the United States from a person granted custody of the child? Yes No
13. Do you plan to practice polygamy in the United States? Yes No
14. Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:
- a. Acts involving torture or genocide? Yes No
 - b. Killing any person? Yes No
 - c. Intentionally and severely injuring any person? Yes No
 - d. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened? Yes No
 - e. Limiting or denying any person's ability to exercise religious beliefs? Yes No
15. Have you **EVER**:
- a. Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization? Yes No
 - b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? Yes No
16. Have you **EVER** been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? Yes No

Part 3. Processing Information (Continued)

17. Have you EVER assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person? Yes No
18. Have you EVER received any type of military, paramilitary, or weapons training? Yes No

Part 4. Accommodations for Individuals With Disabilities and/or Impairments (See Page 7 of the instructions before completing this section.)

Are you requesting an accommodation because of your disability(ies) and/or impairment(s)? Yes No

If you answered "Yes," check any applicable box:

- a. I am deaf or hard of hearing and request the following accommodation(s) (if requesting a sign-language interpreter, indicate which language (e.g., American Sign Language)):

- b. I am blind or sight-impaired and request the following accommodation(s):

- c. I have another type of disability and/or impairment (describe the nature of your disability(ies) and/or impairment(s) and accommodation(s) you are requesting):

Part 5. Signature (Read the information on penalties on Page 8 of the instructions before completing this section. You must file this application while in the United States.)

Your Registration With U.S. Citizenship and Immigration Services

"I understand and acknowledge that, under section 262 of the Immigration and Nationality Act (INA), as an alien who has been or will be in the United States for more than 30 days, I am required to register with U.S. Citizenship and Immigration Services (USCIS). I understand and acknowledge that, under section 265 of the INA, I am required to provide USCIS with my current address and written notice of any change of address within 10 days of the change. I understand and acknowledge that USCIS will use the most recent address that I provide to USCIS, on any form containing these acknowledgements, for all purposes, including the service of a Notice to Appear should it be necessary for USCIS to initiate removal proceedings against me. I understand and acknowledge that if I change my address without providing written notice to USCIS, I will be held responsible for any communications sent to me at the most recent address that I provided to USCIS. I further understand and acknowledge that, if removal proceedings are initiated against me and I fail to attend any hearing, including an initial hearing based on service of the Notice to Appear at the most recent address that I provided to USCIS or as otherwise provided by law, I may be ordered removed in my absence, arrested, and removed from the United States."

Selective Service Registration

The following applies to you if you are a male at least 18 years of age, but not yet 26 years of age, who is required to register with the Selective Service System: "I understand that my filing Form I-485 with U.S. Citizenship and Immigration Services (USCIS) authorizes USCIS to provide certain registration information to the Selective Service System in accordance with the Military Selective Service Act. Upon USCIS acceptance of my application, I authorize USCIS to transmit to the Selective Service System my name, current address, Social Security Number, date of birth, and the date I filed the application for the purpose of recording my Selective Service registration as of the filing date. If, however, USCIS does not accept my application, I further understand that, if so required, I am responsible for registering with the Selective Service by other means, provided I have not yet reached 26 years of age."

Part 5. Signature (Continued)

Applicant's Statement (Check one)

- I can read and understand English, and I have read and understand each and every question and instruction on this form, as well as my answer to each question.
- Each and every question and instruction on this form, as well as my answer to each question, has been read to me in the _____ language, a language in which I am fluent, by the person named in **Interpreter's Statement and Signature**. I understand each and every question and instruction on this form, as well as my answer to each question.

I certify, under penalty of perjury under the laws of the United States of America, that the information provided with this application is all true and correct. I certify also that I have not withheld any information that would affect the outcome of this application.

I authorize the release of any information from my records that U.S. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit I am seeking.

Signature (Applicant)	Print Your Full Name	Date (mm/dd/yyyy)	Daytime Phone Number (include area code)
<u>Tashfeen</u>	<u>TASHFEEN MALIK</u>	<u>09/20/2014</u>	<u>(b) (6)</u>

NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for the requested benefit, and this application may be denied.

Interpreter's Statement and Signature

I certify that I am fluent in English and the below-mentioned language.

Language Used (language in which applicant is fluent)

I further certify that I have read each and every question and instruction on this form, as well as the answer to each question, to this applicant in the above-mentioned language, and the applicant has understood each and every instruction and question on the form, as well as the answer to each question.

Signature (Interpreter)	Print Your Full Name	Date (mm/dd/yyyy)	Phone Number (include area code)
_____	_____	_____	_____

Part 6. Signature of Person Preparing Form, If Other Than Above

I declare that I prepared this application at the request of the above applicant, and it is based on all information of which I have knowledge.

Signature	Print Your Full Name	Date (mm/dd/yyyy)	Phone Number (include area code)
_____	_____	_____	_____

Firm Name and Address

E-Mail Address (if any)



e-Notification of Application/Petition Acceptance

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

USCIS
Form G-1145
OMB No. 1615-0109
Expires 09/30/2014

What Is the Purpose of This Form?

Use this form to request an electronic notification (e-Notification) when U.S. Citizenship and Immigration Services accepts your immigration application. This service is available for applications filed at a USCIS Lockbox facility.

General Information

Complete the information below and clip this form to the first page of your application package. You will receive one e-mail and/or text message for each form you are filing.

We will send the e-Notification within 24 hours after we accept your application. Domestic customers will receive an e-mail and/or text message; overseas customers will only receive an e-mail. Undeliverable e-Notifications cannot be resent.

The e-mail or text message will display your receipt number and tell you how to get updated case status information. It will not include any personal information. The e-Notification does not grant any type of status or benefit; rather it is provided as a convenience to customers.

USCIS will also mail you a receipt notice (I-797C), which you will receive within 10 days after your application has been accepted; use this notice as proof of your pending application or petition.

USCIS Privacy Act Statement

AUTHORITIES: The information requested on this form, and the associated evidence, is collected under the Immigration and Nationality Act, section 101, et seq.

PURPOSE: The primary purpose for providing the requested information on this form is to determine if you have established eligibility for the immigration benefit for which you are filing. The information you provide will be used to grant or deny the benefit sought.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information, and any requested evidence, may delay a final decision or result in denial of your form.

ROUTINE USES: The information you provide on this form may be shared with other Federal, State, local, and foreign government agencies and authorized organizations following approved routine uses described in the associated published system of records notices [DHS-USCIS-007 - Benefits Information System and DHS-USCIS-001 - Alien File, Index, and National File Tracking System of Records, which can be found at www.dhs.gov/privacy]. The information may also be made available, as appropriate, for law enforcement purposes or in the interest of national security.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 3 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue, NW, Washington, DC 20529-2140. OMB No. 1615-0109. **Do not mail your completed Form G-1145 to this address.**

Complete this form and clip it on top of the first page of your immigration form(s).

Applicant/Petitioner Full Last Name MALIK	Applicant/Petitioner Full First Name TASHFEEN	Applicant/Petitioner Full Middle Name --
E-mail Address (b) (6)		Mobile Phone Number (Text Message) (b) (6)

G-325A, Biographic Information

Family Name MALIK	First Name TASHFEEN	Middle Name -	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Date of Birth (mm/dd/yyyy) 07/13/1986	Citizenship/Nationality PAKISTAN	File Number A
All Other Names Used (include names by previous marriages) NONE			City and Country of Birth DERA GHAZI KHAN, PAKISTAN		U.S. Social Security No. (if any) None	
Family Name	First Name	Date of Birth (mm/dd/yyyy)	City, and Country of Birth (if known)	City and Country of Residence		
Father (b) (6)	(b) (6)	(b) (6)	(b) (6)	(b) (6)		
Mother (Maiden Name)	(b) (6)	(b) (6)	(b) (6)	(b) (6)		
Current Husband or Wife (If none, so state) Family Name (For wife, give maiden name) FAROOK	First Name SYED RIZWAN	Date of Birth (mm/dd/yyyy) 06/14/1987	City and Country of Birth ILLINOIS, USA	Date of Marriage 08/16/2014	Place of Marriage RIVERSIDE, CA	
Former Husbands or Wives (If none, so state) Family Name (For wife, give maiden name) NONE	First Name	Date of Birth (mm/dd/yyyy)	Date and Place of Marriage		Date and Place of Termination of Marriage	

Applicant's residence last five years. List present address first.

Street Name and Number	City	Province or State	Country	From		To	
				Month	Year	Month	Year
3830 TOMLINSON AVENUE	RIVERSIDE	CALIFORNIA	USA	JULY	2014	Present Time	
Building No. 5153, AL-MATHAR STREET	AL-RIYADH	SHARFIAH	SAUDI ARABIA	JULY	2014	JULY	2014
AWAD HOUSE, 110-B BABAR COLONY MDA	MULTAN	PUNJAB	PAKISTAN	OCT	2013	JULY	2014
BUILDING No. 5153, AL-MATHAR	AL-RIYADH	SHARFIAH	SAUDI ARABIA	JUNE	2013	OCT	2013
AWAD HOUSE, 110-B BABAR COLONY MDA	MULTAN	PUNJAB	PAKISTAN	NOV	2009	JUNE	2013

Applicant's last address outside the United States of more than 1 year.

Street Name and Number	City	Province or State	Country	From		To	
				Month	Year	Month	Year
AWAD HOUSE 110-B BABAR COLONY MDA	MULTAN	PUNJAB	PAKISTAN	NOV	2009	JUNE	2013

Applicant's employment last five years. (If none, so state.) List present employment first.

Full Name and Address of Employer	Occupation (Specify)	From		To	
		Month	Year	Month	Year
NONE					Present Time

Last occupation abroad if not shown above. (Include all information requested above.)

NONE					
-------------	--	--	--	--	--

This form is submitted in connection with an application for: <input type="checkbox"/> Naturalization <input type="checkbox"/> Other (Specify): <input checked="" type="checkbox"/> Status as Permanent Resident	Signature of Applicant Tashfeen	Date 09/20/2014
--	---	---------------------------

If your native alphabet is in other than Roman letters, write your name in your native alphabet below:

--

Penalties: Severe penalties are provided by law for knowingly and willfully falsifying or concealing a material fact.

Applicant: Print your name and Alien Registration Number in the box outlined by heavy border below.

Complete This Box (Family Name) MALIK	(Given Name) TASHFEEN	(Middle Name) -	(Alien Registration Number) A (b) (6)
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**TRUE TRANSLATION OF
BIRTH CERTIFICATE
FROM URDU TO ENGLISH**

XXXXXXXXXX
M04735835

**GOVERNMENT OF PUNJAB PAKISTAN
BIRTH CERTIFICATE**

CRMS No. B321036-13-1234

Form No. M04735835

Name of Applicant: _____ (b) (6) _____
Identity Card No. of Applicant _____ (b) (6) _____ Relation: Daughter

Child's Name	Father's Name / NIC No.	Mother's Name / NIC No.	Gender	Religion	District and Date of Birth
Tashfeen Malik	(b) (6)	(b) (6) (b) (6)	Female	Islam	Dera Ghazi Khan 13-7-1986

Grand Father's Name: _____ (b) (6) _____

Grand Father's CNIC No. _____

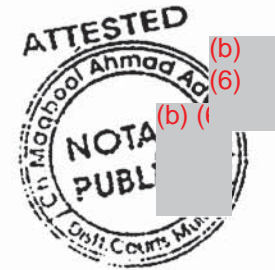
Date of Registration: 16-9-2013 Normal Registration Late Registration

Address: Mohallah Old Post office, Vehova, City Vehova, Tehsil Taunsa, District Dera Ghazi Khan.

Issue Date: 16-9-2013

Signature: Sd/- English
Secretary Union Council
Vehova (036) District Dera Ghazi Khan

The Translation of this "FORM" from Urdu to English
has been Examined carefully & found correct. Hence
this Certificate to be True.



10141001059700 1901410 1904422 19 1511583 092014 02:02 092014 005-8058897



حکومت پنجاب پاکستان

THE GOVT OF PUNJAB PAKISTAN

پیدائش سرٹیفکیٹ

BIRTH CERTIFICATE

CRMS No: B321036-13-1234

FORM No: M04735835

درخواست دہندہ کا نام: نسیم اختر

رشتہ: بیٹی

(b) (6)

درخواست دہندہ کا شناختی کارڈ نمبر

بچے کا نام	والد کا نام	والدہ کا نام	جنس	مذہب	پیدائش کا ضلع / تاریخ
تاشفین ملک	گلزار احمد ملک	نسیم اختر	عورت	اسلام	ڈیرہ غازی خان
		(b) (6)			13-7-1986

APPLICANT's NAME: (b) (6)

APPLICANT's CNIC NO: 3210306101794

RELATION: Daughter

CHILD's NAME	FATHER's NAME / NIC NO	MOTHER's NAME / NIC NO	GENDER	RELIGION	DISTRICT AND DATE OF BIRTH
TASHFEEN MALIK	(b) (6)	(b) (6)	FEMALE	ISLAM	DERA GHAZI KHAN
		(b) (6)			13-7-1986

GRAND FATHER's NAME: (b) (6)

GRAND FATHER's CNIC NO:

دادا کا نام: غلام نبی
دادا کا شناختی کارڈ نمبر:

لیٹ اندراج:

نارمل اندراج: 16-9-2013

تاریخ اندراج:

پتہ: محلہ پرانا ڈاکخانہ وہوا، شہر وہوا، تحصیل: تونسہ، ضلع: ڈیرہ غازی خان

ADDRESS: NEIGHBOURHOOD: ,
CITY: VEHOVA, TEHSIL: TAUNSA, DISTRICT: DERA GHAZI KHAN

(b) (6)

دستخط: 16-9-2013

تاریخ اجراء:

وہوا ()

(b) (6)



U.S. Customs and Border Protection

Securing America's Borders

OMB No. 1651-0111
Expiration Date: 11/30/2014

Most Recent I-94

Admission (I-94) Record Number: (b) (6)

Most Recent Date of Entry: 2014 July 27

Class of Admission: K1

Admit Until Date: 2014 October 24

Details provided on the I-94 Information form:

Last/Surname: MALIK
 First (Given) Name: TASHFEEN
 Birth Date: 1986 July 13
 Passport Number: BF0760082
 Country of Issuance: Pakistan

[Get Travel History](#)

Effective April 29, 2013, DHS began implementing the admission process. An alien lawfully admitted or accepted into the U.S. is no longer required to be in possession of a preprinted Form I-94. A record of admission printed from the CBP website constitutes a valid record of admission. See 8 CFR 9.14(d).

It is important to note that the I-94 information is not available for all countries. Please refer to the I-94 number given with the admission required documents requested by the employer or agency.

For more information, please visit [http://www.dhs.gov/immigration-services/entry-exit/94-records](#).

20140727 10:11:58 AM 090614 02:02 00014 005-605887

UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE

MALIK TASHFEEN 13 Jul 1986



Surname MALIK
Given Name TASHFEEN
JSCIS# (b) (6) (c)
Country of Birth Pakistan
Terms and Conditions NCF-6
Date of Birth 13 JUL 1986 Sex F
Valid From: 11/23/14
Card Expires: 11/23/15
Category Code: C09 MSC1491735269
NOT VALID FOR REENTRY TO U.S.

CALIFORNIA DRIVER LICENSE

DL D6298695



EXP 06/14/2018
LN FAROOK
PN SYED RIZWAN
3830 TOMLINSON AVE
RIVERSIDE, CA 92503
DOB 06/14/1987
RSTR CORR LENS

CLASS C
END NONE

06141987

S. Rizwan

SEX M HAIR BLK EYES BRN
HGT 6'-00" WGT 160 lb ISS
DD 06/10/201354842/DDFD'18 07/05/2013

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE
RIVERSIDE, CALIFORNIA

LICENSE AND CERTIFICATE OF MARRIAGE
FOR DENOMINATIONS NOT HAVING CLERGY
MUST BE LEGIBLE - MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS
USE DARK INK ONLY

4201433007812

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1A. FIRST NAME SYED		1B. MIDDLE RIZWAN	
1C. CURRENT LAST PARDOO		1D. LAST NAME AT BIRTH (IF DIFFERENT THAN 1C) ---	
2. DATE OF BIRTH (MM/DD/YYYY) 06/14/1987	3. STATE/COUNTRY OF BIRTH XL	4. PREV. MARRIAGE(S) GROUP 00	5A. LAST MARRIAGE(S) GROUP ENDED BY: --- <input type="checkbox"/> DEATH <input type="checkbox"/> DISSOL <input type="checkbox"/> ANNULMENT <input type="checkbox"/> TERM EXPIR <input type="checkbox"/> WA
6. ADDRESS 3830 TOMLINSON AVE		7. CITY RIVERSIDE	8. STATE/COUNTRY CA
9. ZIP CODE 92503		10E. DATE ENDED (MM/DD/YYYY) ---/---/---	
10A. FULL BIRTH NAME OF FATHER/PARENT (b) (6)		10B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) (b) (6)	
11A. FULL BIRTH NAME OF MOTHER/PARENT (b) (6)		11B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) (b) (6)	
12A. FIRST NAME TASHJEEN		12B. MIDDLE ---	
12C. CURRENT LAST MALLIK		12D. LAST NAME AT BIRTH (IF DIFFERENT THAN 12C) ---	
13. DATE OF BIRTH (MM/DD/YYYY) 07/13/1986	14. STATE/COUNTRY OF BIRTH PAKIST	15. PREV. MARRIAGE(S) GROUP 00	16A. LAST MARRIAGE(S) GROUP ENDED BY: --- <input type="checkbox"/> DEATH <input type="checkbox"/> DISSOL <input type="checkbox"/> ANNULMENT <input type="checkbox"/> TERM EXPIR <input type="checkbox"/> WA
17. ADDRESS 3830 TOMLINSON AVE		18. CITY RIVERSIDE	19. STATE/COUNTRY CA
20. ZIP CODE 92503		10E. DATE ENDED (MM/DD/YYYY) ---/---/---	
21A. FULL BIRTH NAME OF FATHER/PARENT (b) (6)		21B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) (b) (6)	
22A. FULL BIRTH NAME OF MOTHER/PARENT (b) (6)		22B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) (b) (6)	
19E. THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT WE ARE UNMARRIED AND THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF. WE FURTHER DECLARE THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR TO THE ISSUANCE OF A LICENSE IS KNOWN TO US. WE ACKNOWLEDGE RECEIPT OF THE INFORMATION REQUIRED BY FAMILY CODE SECTION 308 AND HEREBY APPLY FOR A LICENSE AND CERTIFICATE OF MARRIAGE FOR DENOMINATIONS NOT HAVING CLERGY.			
23. SIGNATURE OF PERSON LISTED IN FIELDS 1A-1D <i>Syed</i>		24. SIGNATURE OF PERSON LISTED IN FIELDS 12A-12D <i>Tashjeen</i>	
1. THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE ABOVE-NAMED PARTIES HAVE PERSONALLY APPEARED BEFORE ME AND PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSONS CLAIMED. HAVE DECLARED THAT THEY MEET ALL THE REQUIREMENTS OF THE LAW, AND HAVE PAID THE FEES PRESCRIBED BY LAW. THESE REQUIREMENTS HAVING BEEN MET, I HEREBY ISSUE THE LICENSE AND CERTIFICATE OF MARRIAGE FOR DENOMINATIONS NOT HAVING CLERGY. REQUIRED CONSENTS AND AFFIDAVITS FOR THE ISSUANCE OF THIS LICENSE ARE ON FILE.			
25A. ISSUE DATE (MM/DD/YYYY) 08/04/2014	25B. EXPIRES AFTER (MM/DD/YYYY) 11/01/2014	25C. NAME OF COUNTY CLERK (b) (6)	25D. (b) (6)
26. MARRIAGE LICENSE NUMBER R-41433005291	25F. COUNTY OF ISSUE RIVERSIDE	25G. RETURN COMPLETED MARRIAGE LICENSE TO P.O. BOX 751, RIVERSIDE, CA 92502	
19E. THE ABOVE-NAMED PARTIES, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT WE WERE JOINED IN MARRIAGE IN ACCORDANCE WITH THE RULES AND CUSTOMS OF OUR RELIGIOUS SOCIETY OR DENOMINATION AND IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA.			
26A. DATE OF MARRIAGE (MM/DD/YYYY) 08/16/2014	26B. RELIGIOUS SOCIETY/DENOMINATION Muslim	26C. CITY/TOWN OF MARRIAGE Riverside	26D. COUNTY OF MARRIAGE Riverside
27. SIGNATURE OF PERSON LISTED IN FIELDS 1A-1D <i>Syed</i>		28. SIGNATURE OF PERSON LISTED IN FIELDS 12A-12D <i>Tashjeen</i>	
19E. THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT WE WERE PHYSICALLY PRESENT AT THE MARRIAGE CEREMONY OF THE ABOVE-NAMED PERSONS, THAT WE WITNESSED THE ABOVE-NAMED PERSONS COMPLETE THE MARRIAGE CEREMONY, THAT THE CEREMONY OCCURRED IN CALIFORNIA, AND THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF.			
29A. (b) (6)	29B. (b) (6)		(TYPE OR PRINT CLEARLY)
29C. (b) (6)	29D. (b) (6)		(TYPE OR PRINT CLEARLY)
29E. (b) (6)	29F. (b) (6)		(TYPE OR PRINT CLEARLY)
19E. THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT WE WERE PHYSICALLY PRESENT AT THE MARRIAGE CEREMONY OF THE ABOVE-NAMED PERSONS, THAT WE WITNESSED THE ABOVE-NAMED PERSONS COMPLETE THE MARRIAGE CEREMONY, THAT THE CEREMONY OCCURRED IN CALIFORNIA, AND THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF.			
31A. FIRST - MUST BE SAME AS 1A ---	31B. MIDDLE ---	31C. LAST ---	
NEW MIDDLE AND LAST NAME OF PERSON LISTED IN 12A-12D (IF ANY) FOR USE UPON SOLICITATION OF THE MARRIAGE (SEE REVERSE FOR INFORMATION)			
32A. FIRST - MUST BE SAME AS 12A ---	32B. MIDDLE ---	32C. LAST ---	
19E. THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT WE WERE PHYSICALLY PRESENT AT THE MARRIAGE CEREMONY OF THE ABOVE-NAMED PERSONS, THAT WE WITNESSED THE ABOVE-NAMED PERSONS COMPLETE THE MARRIAGE CEREMONY, THAT THE CEREMONY OCCURRED IN CALIFORNIA, AND THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF.			
33A. NAME OF LOCAL REGISTRAR (b) (6)	33B. BY (b) (6)	33C. DATE ACCEPTED FOR REGISTRATION AUG 20 2014	

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

VS-115 (01/14/2010)



CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA, COUNTY OF RIVERSIDE **(b) (6)**

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Assessor-County Clerk-Recorder.

DATE ISSUED

SEP 08 2014

ASSESSOR-COUNTY CLERK-RECORDER
 RIVERSIDE COUNTY, CALIFORNIA

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

VS-115 (01/14/2010)

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Cook County Hospital

Chicago, Illinois

Hospital Birth Record

This Certifies that Richard Lloyd Frank
born in Cook County Hospital of Chicago, Illinois
on the 14th day of April A.D. 1917

In Witness Whereof the said Hospital
has caused this Certificate to be signed
by its duly authorized officer and its
Corporate Seal to be hereunto affixed.

Hospital No. _____

(b) (6)

DIRECTOR



Affidavit of Support Under Section 213A of the Act

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

USCIS
Form I-864
OMB No. 1615-0075
Expires 03/31/2015

For USCIS Use Only	Affidavit of Support Submitter	Section 213A Review	Number of Support Affidavits in File
	<input type="checkbox"/> Petitioner <input type="checkbox"/> 1st Joint Sponsor <input type="checkbox"/> 2nd Joint Sponsor <input type="checkbox"/> Substitute Sponsor <input type="checkbox"/> 5% Owner	<input type="checkbox"/> MEETS requirements <input type="checkbox"/> DOES NOT MEET requirements Reviewed By: _____ Office: _____ Date: ____ / ____ / ____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 Remarks

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

Part 1. Basis For Filing Affidavit of Support

1. Syed Rizwan Farook
am the sponsor submitting this affidavit of support because
(Check only one box):

- 1.a. I am the petitioner. I filed or am filing for the immigration of my relative.
- 1.b. I filed an alien worker petition on behalf of the intending immigrant, who is related to me as my _____
- 1.c. I have an ownership interest of at least 5 percent in _____ which filed an alien worker petition on behalf of the intending immigrant, who is related to me as my _____
- 1.d. I am the only joint sponsor.
- 1.e. I am the first second of two joint sponsors.
- 1.f. The original petitioner is deceased. I am the substitute sponsor. I am the intending immigrant's _____

NOTE: If you check box 1.b., 1.c., 1.d., 1.e., or 1.f., you must include proof of your citizen, national, or lawful permanent resident status.

Part 2. Information on the Principal Immigrant

1.a. Family Name (Last Name) Malik

1.b. Given Name (First Name) Tashfeen

1.c. Middle Name _____

Mailing Address

2.a. Street Number and Name 3830 Tomlinson Ave

2.b. Apt. Ste. Flr. _____

2.c. City or Town Riverside

2.d. State CA 2.e. Zip Code 92503

2.f. Postal Code _____

2.g. Province _____

2.h. Country U.S. A.

Other Information

3. Country of Citizenship Pakistan

4. Date of Birth (mm/dd/yyyy) ▶ 07/13/1986

5. Alien Registration Number (A-Number)
▶ A- (b) (6)

Reviewed/Qualified
By NRC
(b) (6)



Part 3. Information on the Immigrant(s) You Are Sponsoring

1. I am sponsoring the principal immigrant named in Part 2.

Yes No (Applicable only in cases with two joint sponsors)

2. I am sponsoring the following family members immigrating at the same time or within 6 months of the principal immigrant named in Part 2. Do not include any relative listed on a separate visa petition.

Family Member 1

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

2.d. Relationship to Sponsored Immigrant

2.e. Date of Birth (mm/dd/yyyy) ▶

2.f. Alien Registration Number (A-Number) ▶ A-

Family Member 2

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

3.d. Relationship to Sponsored Immigrant

3.e. Date of Birth (mm/dd/yyyy) ▶

3.f. Alien Registration Number (A-Number) ▶ A-

Family Member 3

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

4.d. Relationship to Sponsored Immigrant

4.e. Date of Birth (mm/dd/yyyy) ▶

4.f. Alien Registration Number (A-Number) ▶ A-

Family Member 4

5.a. Family Name (Last Name)

5.b. Given Name (First Name)

5.c. Middle Name

5.d. Relationship to Sponsored Immigrant

5.e. Date of Birth (mm/dd/yyyy) ▶

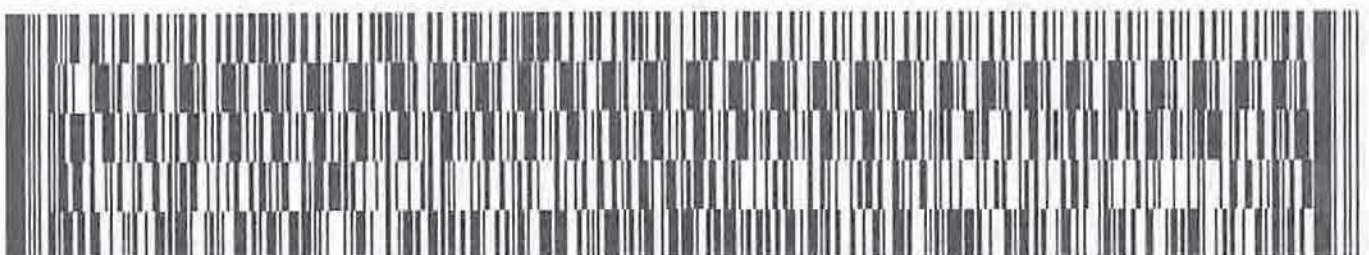
5.f. Alien Registration Number (A-Number) ▶ A-

Family Member 5

6.a. Family Name (Last Name)

6.b. Given Name (First Name)

6.c. Middle Name



For USCIS Use Only	
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Part 3. Information on the Immigrant(s) You Are Sponsoring *(continued)*

Family Member 5 *(Continued)*

6.d. Relationship to Sponsored Immigrant

6.e. Date of Birth (mm/dd/yyyy) ▶

6.f. Alien Registration Number (A-Number)
▶ A-

7. Enter the total number of immigrants you are sponsoring on this form from Items 1 through 6.

Part 4. Information on the Sponsor

Sponsor's Full Name

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

Sponsor's Mailing Address

2.a. Street Number and Name

2.b. Apt. Ste. Flr.

2.c. City or Town

2.d. State 2.e. Zip Code

2.f. Postal Code

2.g. Province

2.h. Country

Sponsor's Place of Residence

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. Zip Code

3.f. Postal Code

3.g. Province

3.h. Country

Other Information

4. Telephone Number

5. Country of Domicile

6. Date of Birth (mm/dd/yyyy) ▶



For USCIS Use Only

Part 4. Information on the Sponsor (continued)

7. City or Town of Birth
Chicago

8. State or Province of Birth
Illinois

9. Country of Birth
U.S.A

10. U.S. Social Security Number (Required)
▶ (b) (6)

Citizenship/Residency

11.a. I am a U.S. citizen.

11.b. I am a U.S. national (for joint sponsors only).

11.c. I am a lawful permanent resident.

My alien registration number is:
▶ A- []

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

12. I am currently on active duty in the U.S. armed services.
 Yes No

Part 5. Sponsor's Household Size

Your Household Size - DO NOT COUNT ANYONE TWICE

Persons you are sponsoring in this affidavit:

1. Enter the number you entered on line 7 of Part 3. [1]

Persons NOT sponsored in this affidavit:

2. Yourself. [1]

3. If you are currently married, enter "1" for your spouse. []

4. If you have dependent children, enter the number here. []

5. If you have any other dependents, enter the number here. []

6. 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. []

7. 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. []

8. Add together lines 1-7 and enter the number here. Household Size: [2]

Part 6. Sponsor's Income and Employment

I am currently:

1. Employed as a/an
Environmental Health Specialists

1.a. Name of Employer #1 (if applicable)
County of San Bernardino

1.b. Name of Employer #2 (if applicable)
[]

2. Self-employed as a/an
[]

Retired from:

3.a. Company Name
[]

3.b. Date of Retirement
(mm/dd/yyyy) ▶ []



For USCIS Use Only	Household Size	Poverty Guideline	Remarks
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> Other _____	Year: <u>20</u> Poverty Line: \$ _____	

Part 6. Sponsor's Income and Employment (continued)

4. Unemployed since (mm/dd/yyyy) ▶

5. My current individual annual income is: (See Instructions) \$ 47,977

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

Person 1

6.a. Name

6.b. Relationship

6.c. Current Income \$

Person 2

7.a. Name

7.b. Relationship

7.c. Current Income \$

Person 3

8.a. Name

8.b. Relationship

8.c. Current Income \$

Person 4

9.a. Name

9.b. Relationship

9.c. Current Income \$

10. My current Annual Household Income (Total all lines from 5, 6.c., 7.c., 8.c., and 9.c. Will be Compared to Poverty Guidelines – See Form I-864P.) \$ 47,977

11. The person(s) listed in 6.a., 7.a., 8.a., and 9.a. have completed Form I-864A. I am filing along with this form all necessary Forms I-864A completed by these persons.

12. The person(s) listed in 6.a., 7.a., 8.a., or 9.a. does not need to complete Form I-864A because he/she is the intending immigrant and has no accompanying dependents.
Name(s)

Federal income tax return information

13. 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.



For USCIS Use Only	Household Size	Poverty Guideline	Sponsor's Household Income <i>(Page 5, Line 10)</i>	Remarks
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> Other _____	Year: <u>20</u> Poverty Line: \$ _____	\$ _____ <i>The total value of all assets, line 10, must equal 5 times (3 times for spouses and children of USC's, or 1 time for orphans to be formally adopted in the U.S.) the difference between the poverty guidelines and the sponsor's household income, line 10.</i>	

Part 6. Sponsor's Income and Employment
(continued)

My total income (adjusted gross income on IRS Form 1040EZ) as reported on my Federal tax returns for the most recent 3 years was:

	Tax Year		Total Income
13.a.	<u>2013</u> (most recent)	13.a.1.	\$ <u>47,126</u>
13.b.	<u>2012</u> (2nd most recent)	13.b.1.	\$ <u>41,695</u>
13.c.	<u>2011</u> (3rd most recent)	13.c.1.	\$ <u>20160</u>

14. (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 Part 6, line 10 exceeds the Federal Poverty Guidelines for your household size, YOU ARE NOT REQUIRED to complete this Part. Skip to Part 8.

Your assets (Optional)

- Enter the balance of all savings and checking accounts.
\$ _____
- Enter the net cash value of real-estate holdings. (Net means current assessed value minus mortgage debt.)
\$ _____
- Enter the net cash value of all stocks, bonds, certificates of deposit, and any other assets not already included in lines 1 or 2.
\$ _____
- Add together lines 1-3 and enter the number here.
TOTAL: \$ _____

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

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

5.a. Name of Relative

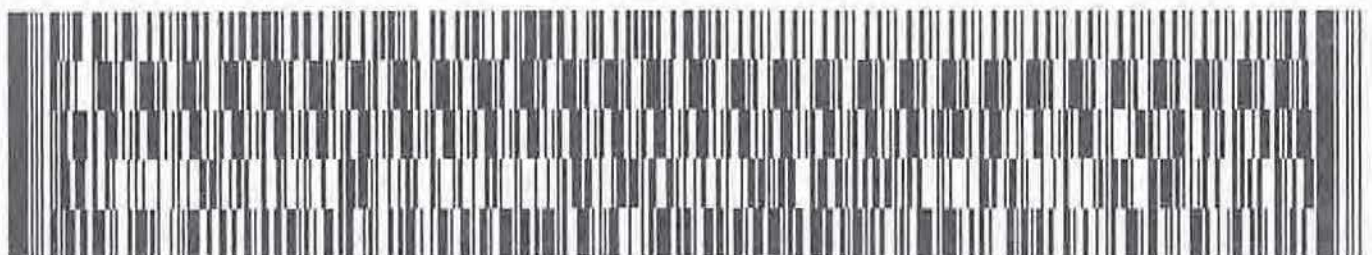
5.b. Your household member's assets from Form I-864A. (Optional)
\$ _____

Assets of the principal sponsored immigrant (Optional).
The principal sponsored immigrant is the person listed in lines 1.a. - 1.c. in Part 2.

- Enter the balance of the sponsored immigrant's savings and checking accounts.
\$ _____
- Enter the net cash value of all the sponsored immigrant's real estate holdings. (Net means investment value minus mortgage debt.)
\$ _____
- Enter the current cash value of the sponsored immigrant's stocks, bonds, certificates of deposit, and other assets not included on line 6 or 7.
\$ _____
- Add together lines 6-8 of Part 7 and enter the number here.
\$ _____

Total value of assets.

10. Add together lines 4, 5.b., and 9 of Part 7 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.

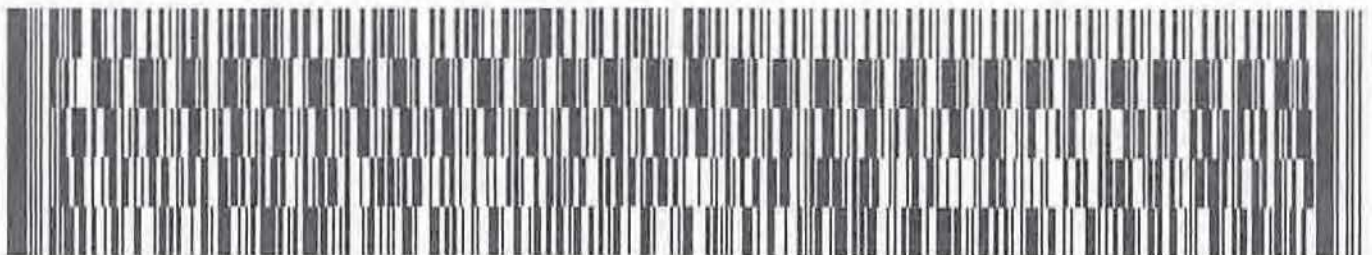
What Other Consequences Are There?

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.

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.



Part 8. Sponsor's Contract (continued)

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:

1. Becomes a U.S. citizen;
2. Has worked, or can be credited with, 40 quarters of coverage under the Social Security Act;
3. No longer has lawful permanent resident status, and has departed the United States;
4. 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
5. 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.

I, Syed Rizwan Farook
(Print Sponsor's Name)

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

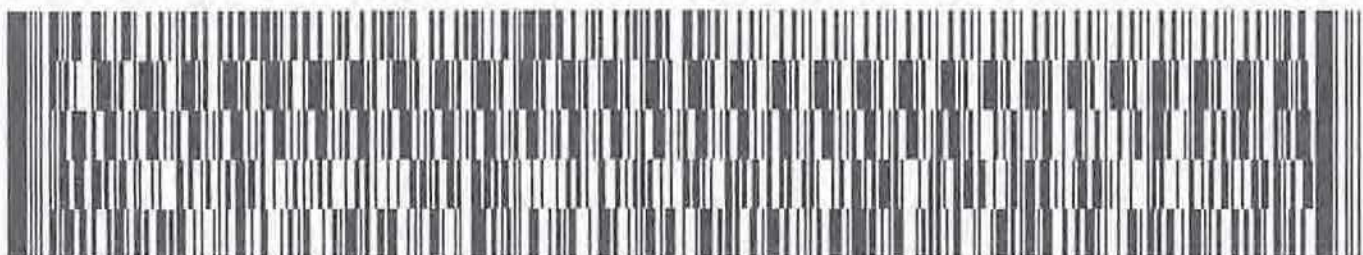
- a. I know the contents of this affidavit of support that I signed.
- b. All the factual statements in this affidavit of support are true and correct.
- c. I have read and I understand each of the obligations described in Part 8, and I agree, freely and without any mental reservation or purpose of evasion,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

I.a. Signature of Sponsor

S. Farook

I.b. Date of Signature (mm/dd/yyyy) ▶ 09/22/14



Part 9. Information on Preparer, If Prepared By Someone Other Than the Sponsor

Preparer's Full Name

Provide the following information concerning the preparer:

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

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

2. Preparer's Business or Organization Name

Preparer's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State

3.e. Zip Code

3.f. Postal Code

3.g. Province

3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Phone Number

5. Preparer's Email Address

6. Business State ID # (*if any*)

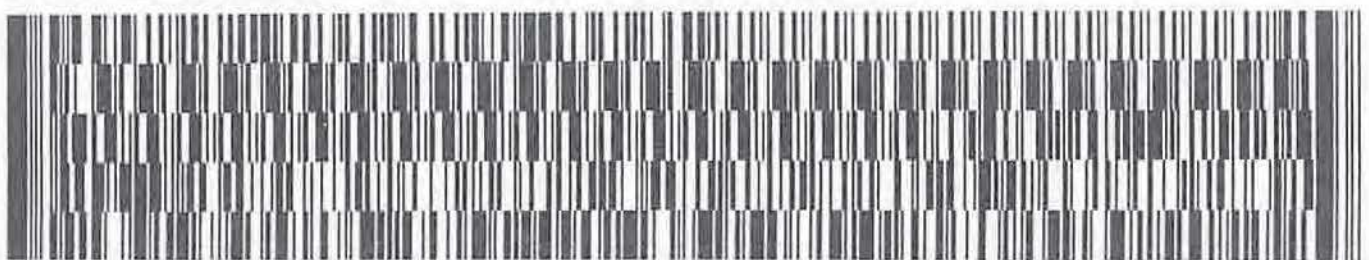
Declaration

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.

7.a. Signature of Preparer

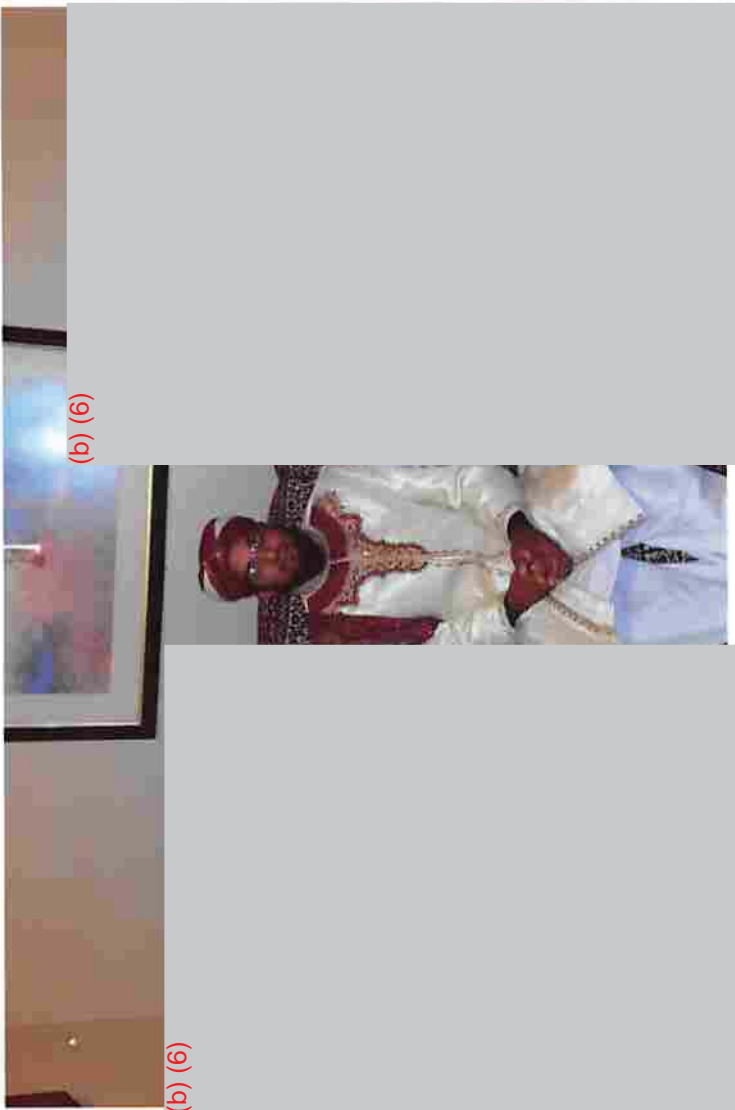
7.b. Date of Signature (*mm/dd/yyyy*) ▶

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Report of Medical Examination and Vaccination Record

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

USCIS
Form I-693
OMB No. 1615-0033
Expires 01/31/2015

▶ **START HERE** - Type or print in CAPITAL letters (Use black ink)

Part I. Information About You (To be completed by the person requesting a medical examination, not the civil surgeon)

Family Name (Last Name)		Given Name (First Name)		Full Middle Name	
MALIK		TASHFEEN		-	
Home Address: Street Number and Name				Apt. Number	Gender:
3830 TOMLINSON AVENUE					<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
City	State	Zip Code	Phone Number		
RIVERSIDE	CALIFORNIA	92503	(b) (6)		
Date of Birth (mm/dd/yyyy)	Place of Birth (City/Town/Village)	Country of Birth	A-Number (if any)		
07/13/86	DERA GHAZI KHAN	PAKISTAN	(b) (6)		

Applicant's Certification

I certify under penalty of perjury under United States law that I am the person who is identified in Part I of this Form I-693, Report of Medical Examination and Vaccination Record, and that the information in Part I of this form is true to the best of my knowledge. I understand the purpose of this medical exam, and I authorize the required tests and procedures to be completed. If it is determined that I willfully misrepresented a material fact or provided false/altered information or documents with regard to my medical exam, I understand that any immigration benefit I derived from this medical exam may be revoked, that I may be removed from the United States, and that I may be subject to civil or criminal penalties.

Signature - Do not sign or date this form until instructed to do so by the civil surgeon

x Tashfeen	Date of Signature (mm/dd/yyyy)
	9/13/14

To be completed by civil surgeon: Form of applicant ID presented (e.g., passport, driver's license)

passport	ID Number
	B707600825

Part 2. Summary of Medical Examination (To be completed by the civil surgeon)

Summary of Overall Findings: No Class A or Class B Condition Class B Conditions (see Civil Surgeon Worksheet, sections 1-4) Class A Conditions (see Civil Surgeon Worksheet, sections 1-3)

Date of First Examination (mm/dd/yyyy)	Date(s) of Follow-up Examination(s) below if required:		
09-11-2014	Date of Exam (mm/dd/yyyy)	Date of Exam (mm/dd/yyyy)	Date of Exam (mm/dd/yyyy)
	9/13/14		

Part 3. Civil Surgeon's Certification (Do not sign form or have the applicant sign in Part I until all health follow-up requirements have been met)

I certify under penalty of perjury under United States law that: I am a civil surgeon designated to examine applicants seeking certain immigration benefits in the U.S. OR a physician who qualifies under a blanket designation specified by policy or law; I have a currently valid and unrestricted license to practice medicine in the state where I am performing medical examinations unless otherwise exempted; I performed this examination of the person identified in Part I of this Form I-693, after having made every reasonable effort to verify that the person whom I examined is in fact the person identified in Part I; that I performed the examination in accordance with the Centers for Disease Control and Prevention's Technical Instructions, and all supplemental information or updates; and that all information provided by me on this form is true and correct to the best of my knowledge, and belief.

Type or Print Full Name (First, Middle, Last)

(b) (6)

Address (Street Number and Name, City, State, and Zip Code)

(b) (6)

Name of Medical Practice, Facility, or Health Department

(b) (6)

Daytime Phone Number

(b) (6)

E-Mail

(b) (6)

(Health Departments MUST place their official stamp or seal here)

(b) (6)

Signature

Date Signed (mm/dd/yyyy)

9/13/14

Family Name (Last Name)	Given Name (First Name)	Full Middle Name	A-Number (if any)
MALIK	TASHFEEN		(b) (6)

CIVIL SURGEON WORKSHEET

(To be completed by the civil surgeon, according to the Technical Instructions at <http://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/technical-instructions-civil-surgeons.html>)

I. Communicable Diseases of Public Health Significance

A. Tuberculosis (TB): An initial screening test, either a Tuberculin Skin Test (TST) or an Interferon Gamma Release Assay (IGRA) is required for all applicants 2 years of age and older; for children under 2 years of age, see *Technical Instructions*. The civil surgeon should perform **one type of initial screening test only**, followed by further evaluation, if needed (chest X-ray).

1. Tuberculin Skin Test (TST):

Not administered (TST exception applies; please explain in Remarks section below)

Date TST Applied (mm/dd/yyyy)	Date TST Read (mm/dd/yyyy)	Size of Reaction (mm)

Result: Negative (4mm or less of induration) Positive (≥ 5 mm; chest X-ray required)

2. Interferon Gamma Release Assay (IGRA) (for acceptable IGRAs consult the Technical Instructions and any updates posted on CDC's Web site):

Not administered (IGRA exception applies; please explain in Remarks section below)

Name of Test	Date Blood Sample Drawn (mm/dd/yyyy)	IU/ml:

Result: Negative (including indeterminate, or borderline/equivocal) (no chest X-ray required)
 Positive (chest X-ray required)

3. Initial Screening Test Result and Chest X-Ray Determination:

- Chest X-ray not required (medically cleared for TB for USCIS)
- Chest X-ray required due to initial screening test results
- Chest X-ray required due to TB signs or symptoms, or due to immunosuppression (e.g. HIV)
- Chest X-ray required due to TST or IGRA exception (The civil surgeon must clearly specify the TST or IGRA exception in the Remarks section below.)

4. Chest X-Ray: Required based on TST or IGRA result, or if specific TST or IGRA exceptions apply, or for an applicant with TB signs or symptoms or immunosuppression (e.g., HIV).

Date Chest X-Ray Taken (mm/dd/yyyy)	Date Chest X-Ray Read (mm/dd/yyyy)
05/16/2014	05/16/14

Result: Normal Abnormal (describe results in remarks)

TB Classification/Findings (check only if chest x-ray was performed):

- No Class A or Class B TB
- Class A Pulmonary TB Disease
- Class B1 Pulmonary TB
- Class B1 Extra Pulmonary TB
- Class B2 Pulmonary TB
- Class B, Latent TB Infection
- Class B, Other Chest Condition (non-TB)

Remarks: (If needed, include any signs or symptoms of TB, additional tests and therapy given, with start and stop dates and any changes. If tests were not administered, give reason why exception applies.)

Chest X Ray done, Normal
BCG Vaccination

Family Name (Last Name)	Given Name (First Name)	Full Middle Name	A-Number (if any)
MALIK	TASHFEEN		(b) (6)

CIVIL SURGEON WORKSHEET (Continued)

B. Syphilis

Serologic Test for Syphilis (Required for applicants 15 years and older)

Date Screening Run (mm/dd/yyyy)

09-11-2014

If Reactive, Date Confirmation Run (mm/dd/yyyy)

Screening Nonreactive

Screening Reactive, Titer 1: _____

Confirmation Nonreactive

Confirmation Reactive

Findings:

No Class A or Class B Syphilis

Syphilis, Class B (with or without residual deficit and treated in the past year)

Syphilis, Class A (untreated)

Remarks: (Include any therapy given with doses and dates)

C. Other Class A/Class B Conditions for Communicable Diseases of Public Health Significance

Findings:

No Class A/B Condition

Chancroid, Class A

Granuloma Inguinale, Class A

Gonorrhea, Class A

Lymphogranuloma Venereum, Class A

Hansen's Disease (Leprosy, any classification) untreated, Class A

Indeterminate, tuberculoid, borderline tuberculoid (paucibacillary)

Mid-borderline, borderline lepromatous, lepromatous (multibacillary)

Hansen's Disease (Leprosy, any classification) treated or partially treated, Class B

Indeterminate, tuberculoid, borderline tuberculoid (paucibacillary)

Mid-borderline, borderline lepromatous, lepromatous (multibacillary)

Remarks: (Include any therapy given and any counseling or referrals)

2. Physical or Mental Disorders With Associated Harmful Behavior

* (Include here any diagnosis of substance abuse/addiction based on DSM criteria for a substance that is not listed in Schedule I, II, III, IV, or V under Section 202 of the Controlled Substance Act with current associated harmful behavior or history of associated harmful behavior judged likely to recur. This category includes diagnosis of alcohol abuse/dependence.)

No Class A or B Physical or Mental Disorder*

Current Physical/Mental Disorder with Associated Harmful Behavior,* Class A

History of Physical/Mental Disorder with Associated Harmful Behavior Likely to Recur, Class A*

Current Physical/Mental Disorder without Associated Harmful Behavior,* Class B

History of Physical/Mental Disorder with Associated Harmful Behavior Unlikely to Recur,* Class B

Remarks: (Include diagnosis, likelihood of recurrence of the harmful behavior, therapy given, and any counseling, or referrals. Attach a separate sheet of paper (with applicant's name and A-Number) if more space is necessary)

3. Drug Abuse/Drug Addiction

** ("Drug Abuse/Drug Addiction" addresses non-medical use **only** with respect to substances listed in Schedule I, II, III, IV, or V under Section 202 of the Controlled Substances Act. Include here any diagnosis of substance abuse/dependence based on DSM criteria for a substance listed in Schedule I, II, III, IV, or V of section 202 of the Controlled Substances Act. See CDC's *Technical Instructions* for more information.)

No Class A or B Substance (Drug) Abuse/Addiction**

Substance (Drug) Abuse/Addiction, Listed in Section 202 of the Controlled Substances Act,** Class A

Substance (Drug) Abuse/Addiction in Full Remission, Listed in Section 202 of the Controlled Substances Act,** Class B

Family Name (Last Name)

MALIK

Given Name (First Name)

TASHFEEN

Full Middle Name

A-Number (if any)

(b) (6)

CIVIL SURGEON WORKSHEET (Continued)

3. Drug Abuse/Drug Addiction (Continued)

Remarks: (Include any therapy given, rehabilitation, counseling, or referrals. Attach a separate sheet of paper (with applicant's name and A-Number) if more space is necessary)

Denies.

4. Other Medical Conditions (List any other Class B conditions, e.g., hypertension, diabetes.)

Currently pregnant

5. Referral to Health Department or Other Doctor (To be completed by civil surgeon, if referral was medically required.)

Type or Print Name of Doctor or Health Department Receiving Required Referral

N/A

Address (Street Number and Name, City, State, and Zip Code)

Date of Referral (mm/dd/yyyy)

Remarks: (Include name of medical condition and reasons for referral)

6. Referral Evaluation (To be completed by the health department or other doctor performing the referral evaluation.)

The applicant identified on this form was referred to me by the civil surgeon named in Part 3 of this form. I have provided appropriate evaluation/treatment, having made every reasonable effort to verify that the person whom I evaluated/treated is the person identified in Part 1.

Type or Print Full Name of Evaluating Physician or Health Department

N/A

Signature

Address (Street Number and Name, City, State, and Zip Code)

Date Signed (mm/dd/yyyy)

Name of Medical Practice or Health Department

Daytime Phone Number

() -

Remarks: (Attach a separate sheet of paper, if needed.)

Family Name (Last Name)

Given Name (First Name)

Full Middle Name

A-Number (if any)

MALIK

TASHFEEN

(b) (6)

VACCINATION RECORD

(See Technical Instructions at <http://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/vaccination-civil-technical-instructions.html> for list of required vaccines)

Please make sure every row is marked. Reserve all comments for the Remarks section below. **Note:** For purposes of the influenza vaccine, the flu season is October 1 through March 31. **For certain applicants who only require a vaccination assessment:** You need only submit this page with Page 1 of Form I-693. See Form Instructions - FAQ section for more information.

Vaccine History Transferred From a Written Record				Vaccine Given	Completed Series	Waiver(s) to Be Requested From USCIS			
Vaccine	Date Received mm/dd/yy	Date Received mm/dd/yy	Date Received mm/dd/yy	Date Given by Civil Surgeon mm/dd/yy	Mark an X if complete; write date of lab test if immune or "VH" if varicella history	Blanket Not Medically Appropriate			
						Not Age Appropriate	Contra-indication	Insufficient Time Interval	Not Flu Season
Specify DT Vaccine: DTP DTaP						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Specify Td Vaccine: Tdap					09/11/14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Specify OPV Vaccine: IPV						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MMR (Measles Mumps-Rubella) or if monovalent or other combination of the vaccines are given, specify vaccine(s):						<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Hib						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Varicella					VH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pneumococcal						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Influenza						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rotavirus						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis A						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Meningococcal						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Give a Copy to Applicant

FOR USCIS USE ONLY

- Results: Applicant may be eligible for blanket waiver(s) as indicated above
 Applicant will request an individual waiver based on religious or moral convictions
 Vaccine history complete for each vaccine, all requirements met
 Applicant does not meet immunization requirements

Remarks: (If needed, provide any remarks: e.g., reason for contraindication)

pt is currently pregnant.
MMR is contraindicated.

Remarks (if any):



RECEIPT NUMBER WAC-14-901-17177		CASE TYPE I129F PETITION FOR FIANC(E)
RECEIPT DATE January 29, 2014	PRIORITY DATE	PETITIONER FAROOK, SYED R.
NOTICE DATE March 14, 2014	PAGE 1 of 1	BENEFICIARY (b) (6) MALIK, TASHFEEN
SYED RIZWAN FAROOK 3830 TOMLINSON AVE RIVERSIDE CA 92503		Notice Type: Approval Notice Valid from 03/14/2014 to 07/13/2014

The above petition has been approved. We have sent the original visa petition to the Department of State National Visa Center (NVC), 32 Rochester Avenue, Portsmouth, NH 03801-2909. The USCIS has completed all action; further inquiries should be directed to the NVC.

The NVC now processes all approved fiance(e) petition. The NVC processing should be complete within two to four weeks after receiving the petition from USCIS. The NVC will create a case record with your petition information. NVC will then send the petition to the U.S. Embassy or Consulate where your fiancé(e) will be interviewed for his or her visa.

You will receive notification by mail when NVC has sent your petition to the U.S. Embassy or Consulate. The notification letter will provide you with a unique number for your case and the name and address of the U.S. Embassy or Consulate where your petition has been sent.

You should allow a minimum of 30 days for Department of State processing before contacting the NVC. If you have not received any correspondence from the NVC within 30 days, you may contact the NVC by e-mail at NVCINQUIRY@state.gov. You will need to enter the USCIS receipt number from this approval notice in the subject line. In order to receive information about your petition, you will need to include the Petitioner's name and date of birth, and the Applicant's name and date of birth, in the body of the e-mail.

THIS FORM IS NOT A VISA AND MAY NOT BE USED IN PLACE OF A VISA.

When the person this petition is for enters the U.S. based on this visa, he or she will be admitted for ninety (90) days in order to marry the petitioner, and based on that marriage file for adjustment to permanent resident status on Form I-485. The form to apply for adjustment can be obtained at any local USCIS office or USCIS forms center. Please attach a copy of this notice to the adjustment application when you file it.

If the petitioner and the fiancé(e) do not marry within these 90 days, status will expire, and he or she will be in violation of the Immigration and Nationality Act if he or she does not depart. An extension cannot be granted. It is requested that the petitioner inform his or her local USCIS office if he or she determines that the marriage will not take place within the 90 day period. Please attach a copy of this notice to any correspondence about this case.

NOTICE: Although this application/petition has been approved, USCIS and the U.S. Department of Homeland Security reserve the right to verify the information submitted in this application, petition and/or supporting documentation to ensure conformity with applicable laws, rules, regulations, and other authorities. Methods used for verifying information may include, but are not limited to, the review of public information and records, contact by correspondence, the internet, telephone, and site inspections of businesses and residences. Information obtained during the course of verification will be used to determine whether revocation, rescission, and/or removal proceedings are appropriate. Applicants, petitioners, and representatives of record will be provided an opportunity to address derogatory information before any formal proceeding is initiated.

Please see the additional information on the back. You will be notified separately about any other cases you filed.

U.S. CITIZENSHIP & IMMIGRATION SVC

CALIFORNIA SERVICE CENTER

P. O. BOX 30111

LAGUNA NIGUEL CA 92607-0111

Customer Service Telephone: (800) 375-5283





Report of Medical Examination and Vaccination Record

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

USCIS
Form I-693
OMB No. 1615-0033
Expires 03/31/2017

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

Part 1. Information About You (To be completed by the person requesting a medical examination, NOT the civil surgeon)

1. Name
 Family Name (Last Name) Given Name (First Name) Middle Name

2. Home Address
 Street Number and Name Apt. Ste. Flr. Number
 City or Town State ZIP Code

3. Gender Male Female

4. Daytime Telephone Number 5. Mobile Telephone Number (if any)

6. Email Address (if any) 7. Date of Birth (mm/dd/yyyy)

8. City/Town/Village of Birth 9. Country of Birth

10. Alien Registration Number (A-Number) (if any)
 ▶ A-

Applicant's Certification

I certify, under penalty of perjury, that I am the person who is identified in Part 1. of this Form I-693, and that the information in Part 1. of this benefit request is complete, true, and correct. I understand the purpose of this medical examination, and I authorize the required tests and procedures to be completed. If it is determined that I willfully misrepresented a material fact or provided false or altered information or documents with regard to my medical examination, I understand that any immigration benefit I derived from this medical examination may be revoked, that I may be removed from the United States, and that I may be subject to civil or criminal penalties.

NOTE: Select the box for either Item Number 11. or 12.

11. I can read and understand English, and have read and understand every question and instruction in Part 1. of this Form I-693, as well as my answer to every question in Part 1. I have read and understand the above Applicant's Certification.
12. The interpreter named in Part 2. has read to me every question and instruction in Part 1. of this Form I-693, as well as my answer to every question in Part 1., in a language in which I am fluent. I understand every question and instruction in Part 1. of this Form I-693 as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above. The interpreter named in Part 2. also has read the above Applicant's Certification to me, in a language in which I am fluent, and I understand the Applicant's Certification as read to me by my interpreter.

Applicant's Signature

13. Signature - Do not sign or date Form I-693 until instructed to do so by the civil surgeon Date of Signature (mm/dd/yyyy)

Family Name (Last Name)	Given Name (First Name)	Middle Name	A-Number (if any)
MA LIK	TASHFEEN		A- (b) (6)

Part 1. Information About You (To be completed by the person requesting a medical examination, NOT the civil surgeon) (continued)

14. To be completed by the civil surgeon:

A. Form of applicant identification presented (for example, passport or driver's license)

passport

B. Identification Number

BF 076 0082

Part 2. Interpreter's Contact Information, Certification and Signature

Provide the following information concerning the interpreter.

Interpreter's Full Name

1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)

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

Interpreter's Mailing Address

3. Street Number and Name Apt. Stc. Flr. Number

City or Town State ZIP Code

Province Postal Code Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number 5. Interpreter's Email Address (if any)

Interpreter's Certification

I certify that:
I am fluent in English and , which is the same language provided in Part 1., Item Number 12.;

I have read to this applicant every question and instruction in Part 1. of this Form I-693, as well as the answer to every question in Part 1., in the language provided in Part 1., Item Number 12.; and

I have read the Applicant's Certification to the applicant in the same language provided in Part 1., Item Number 12.

The applicant has informed me that he or she understands every instruction and question in Part 1. of this Form I-693, as well as the answer to every question in Part 1., and the applicant verified the accuracy of every answer; and

The applicant also has informed me that he or she understands the Applicant's Certification.

Family Name (Last Name)	Given Name (First Name)	Middle Name	A-Number (if any)
MALIK	TASH FEEN		A- (b) (6)

Part 2. Interpreter's Contact Information, Certification and Signature (continued)

Interpreter's Signature

6. Interpreter's Signature Date of Signature (mm/dd/yyyy)

Part 3. Summary of Medical Examination (To be completed by the civil surgeon)

1. Summary of Overall Findings:

A. No Class A or Class B Condition

B. Class B Conditions (See Item Numbers 1. - 4. in Part 5. Civil Surgeon Worksheet of this benefit request.)

C. Class A Conditions (See Item Numbers 1. - 3. in Part 5. Civil Surgeon Worksheet of this benefit request.)

2. Date of First Examination (mm/dd/yyyy)

3. Dates of Follow-up Examinations, if required:

Date of Examination (mm/dd/yyyy) Date of Examination (mm/dd/yyyy) Date of Examination (mm/dd/yyyy)

Part 4. Civil Surgeon's Contact Information, Certification, and Signature (Do not sign Form I-693 and do not have the applicant sign in Part 1. until all health-related follow-up requirements are met.)

Civil Surgeon's Information

1. Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

2. Name of Medical Practice, Facility, or Health Department

Physical Address

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

City or Town State ZIP Code

Contact Information

4. Daytime Telephone Number

5. Email Address (if any)

Family Name (Last Name)	Given Name (First Name)	Middle Name	A-Number (if any)
MALIK	TASH FEEN		▶ A- (b) (6)

Part 4. Civil Surgeon's Contact Information, Certification, and Signature (Do not sign Form I-693 and do not have the applicant sign in Part 1. until all health-related follow-up requirements are met.) (continued)

Civil Surgeon's Certification

I certify under penalty of perjury under United States law that:

I am a civil surgeon designated to examine applicants seeking certain immigration benefits in the United States OR a physician who qualifies under a blanket designation specified by policy or law;

I have a currently valid and unrestricted license to practice medicine in the state where I am performing medical examinations, unless otherwise exempted;

I performed an examination of the person identified in Part 1. of this Form I-693, after having made every reasonable effort to verify that the person whom I examined is in fact the person identified in Part 1.;

I performed the examination in accordance with the Centers for Disease Control and Prevention's (CDC) *Technical Instructions*, as well as all supplemental information or updates; and

All the information I provided on this Form I-693 is complete, true, and correct - based on the information provided to me by the applicant.

Civil Surgeon's Signature

6. Civil Surgeon's Signature

(b) (6)

Date of Signature

(mm/dd/yyyy)

06/27/15

(Health departments and military treatment facilities MUST place their official stamp or seal here)

(b) (6)

(official stamp or seal here)

Family Name (Last Name)	Given Name (First Name)	Middle Name	A-Number (if any)
MALIK	TASHFEEN		A- (b) (6)

Part 5. Civil Surgeon Worksheet (To be completed by the civil surgeon, according to the *Technical Instructions* at www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/technical-instructions-civil-surgeons.html)

1. Communicable Disease of Public Health Significance

A. Tuberculosis (TB): An initial screening test, either a tuberculin skin test (TST) or an interferon gamma release assay (IGRA), is required for all applicants 2 years of age and older, for children under 2 years of age, see the *Technical Instructions*. The civil surgeon should perform only **one type of initial screening test**, followed by further evaluation if needed (chest X-ray).

(1) Tuberculin Skin Test:

Not administered (TST exception; please explain in Remarks section below)

Date TST Applied (mm/dd/yyyy) Date TST Read (mm/dd/yyyy) Size of Reaction (mm)

Result: Negative (4mm or less of induration) Positive (≥ 5 mm; chest X-ray required)

(2) Interferon Gama Release Assay (for acceptable IGRA's, consult the *Technical Instructions* and any updates posted on the CDC's Web site):

Not administered (IGRA exception; please explain in Remarks section below)

Select **only one** box.

QuantiFERON

T-Spot

Date Blood Sample Drawn (mm/dd/yyyy)

Date Blood Sample Drawn (mm/dd/yyyy)

Result: Negative (including indeterminate, or borderline/equivocal) (no chest X-ray required)
 Positive (chest X-ray required)

(3) Initial Screening Test Result and Chest X-Ray Determinations:

Chest X-ray not required (medically cleared for TB for USCIS)

Chest X-ray required due to initial screening test results

Chest X-ray required due to TB signs or symptoms, or due to immunosuppression (such as HIV)

Chest X-ray required due to TST or IGRA exception (Clearly specify the TST or IGRA exception in the Remarks section below.)

(4) Chest X-Ray: Required based on TST or IGRA result, or if specific TST or IGRA exceptions apply, or for an applicant with TB signs or symptoms or immunosuppression (such as HIV).

Date Chest X-Ray Taken (mm/dd/yyyy) 05/16/2014

Date Chest X-Ray Read (mm/dd/yyyy) 05/16/2014

Result: Normal Abnormal (describe results in Remarks section below.)

TB Classification/Findings (Select only if chest X-ray was performed):

No Class A or Class B TB

Class B2 Pulmonary TB

Class A Pulmonary TB Disease

Class B, Other Chest Condition (non-TB)

Class B1 Pulmonary TB

Class B, Latent TB Infection (Answer the following question.)

Class B1 Extra Pulmonary TB

Was applicant referred for treatment (not required to complete Form I-693)? Yes No

Family Name (Last Name)	Given Name (First Name)	Middle Name	A-Number (if any)
MALIK	TASHFEEN		A- (b) (6)

Part 5. Civil Surgeon Worksheet (To be completed by the civil surgeon, according to the *Technical Instructions* at www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/technical-instructions-civil-surgeons.html)

(5) **Remarks:** (Include any signs or symptoms of TB, additional tests and therapy given, with start and stop dates and any changes. If you did not perform TST or IGRA, give the reason why an exception applies.)

N/A

B. Syphilis

(1) Serologic Test for Syphilis (Required for applicants 15 years of age and older)

(a) Date Screening Run (mm/dd/yyyy) 09-11-2014

(b) Screening Nonreactive Screening Reactive, Titer 1: _____

(c) If Reactive, Date Confirmation Run (mm/dd/yyyy) _____

(d) Confirmation Nonreactive Confirmation Reactive, Titer 1: _____

(2) **Findings:**

No Class A or Class B Syphilis Syphilis, Class A (untreated) Syphilis, Class B (treated in the last year)

(3) **Remarks:** (Include any therapy given with doses and dates)

C. Other Class A/Class B Conditions for Communicable Diseases of Public Health Significance

(1) **Findings:**

- | | |
|--|---|
| (a) <input checked="" type="checkbox"/> No Class A/B Condition | (f) <input type="checkbox"/> Hansen's Disease (leprosy, any classification) untreated, Class A |
| (b) <input type="checkbox"/> Chaneroid, Class A | <input type="checkbox"/> Indeterminate, tuberculoid, borderline tuberculoid (paucibacillary) |
| (c) <input type="checkbox"/> Granuloma Inguinale, Class A | <input type="checkbox"/> Mid-borderline, borderline lepromatous, lepromatous (multibacillary) |
| (d) <input type="checkbox"/> Gonorrhea, Class A | (g) <input type="checkbox"/> Hansen's Disease (leprosy, any classification) treated or partially treated, Class B |
| (e) <input type="checkbox"/> Lymphogranuloma Venereum, Class A | <input type="checkbox"/> Indeterminate, tuberculoid, borderline tuberculoid (paucibacillary) |
| | <input type="checkbox"/> Mid-borderline, borderline lepromatous, lepromatous (multibacillary) |

(2) **Remarks:** (Include any therapy given and any counseling or referrals)

Family Name (Last Name)	Given Name (First Name)	Middle Name	A-Number (if any)
MALIK	TASHFEEN		A- (b) (6)

Part 5. Civil Surgeon Worksheet (To be completed by the civil surgeon, according to the *Technical Instructions* at www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/technical-instructions-civil-surgeons.html)

2. Physical or Mental Disorders With Associated Harmful Behavior

Include here any physical or mental disorders with current associated harmful behavior or history of associated harmful behavior judged likely to recur. This category of physical or mental disorders includes any diagnosis of substance-related disorders based on Diagnostic and Statistical Manual (DSM) criteria for a substance that is not listed in Schedule I, II, III, IV, or V of section 202 of the Controlled Substances Act (for example, diagnosis of an alcohol-related disorder).

A. Findings:

- (1) No Class A or B Physical or Mental Disorder
- (2) Current Physical/Mental Disorder with Associated Harmful Behavior, Class A
- (3) History of Physical/Mental Disorder with Associated Harmful Behavior Likely to Recur, Class A
- (4) Current Physical/Mental Disorder without Associated Harmful Behavior, Class B
- (5) History of Physical/Mental Disorder with Associated Harmful Behavior Unlikely to Recur, Class B

B. Remarks: (Include diagnosis, likelihood of recurrence of the harmful behavior, therapy given, and any counseling or referrals. If you need more space, attach a separate sheet of paper; type or print the applicant's name and A-Number (if any), at the top of each sheet; and indicate the **Page Number, Part Number, and Item Number** to which your answer refers.)

3. Drug Abuse/ Drug Addiction

"Drug Abuse/Drug Addiction" addresses non-medical use **only** with respect to substances listed in Schedule I, II, III, IV, or V of section 202 of the Controlled Substances Act. Include here any diagnosis of substance-related disorders based on DSM criteria for a substance listed in Schedule I, II, III, IV, or V of section 202 of the Controlled Substances Act. See CDC's *Technical Instructions* for more information.

A. Findings:

- (1) No Class A or B Substance (Drug) Abuse/Addiction
- (2) Substance (Drug) Abuse/Addiction, Listed in section 202 of the Controlled Substances Act, Class A
- (3) Substance (Drug) Abuse/Addiction in Full Remission, Listed in section 202 of the Controlled Substances Act, Class B

B. Remarks: (Include any therapy given, rehabilitation, counseling or referrals. If you need more space, attach a separate sheet of paper; type or print the applicant's name and A-Number (if any), at the top of each sheet; and indicate the **Page Number, Part Number, and Item Number** to which your answer refers.)

4. Other Medical Conditions (List any other Class B conditions, such as hypertension or diabetes.)

Diabetes

5. Required Referral to Health Department or Other Doctor (To be completed by civil surgeon, if referral is medically required. Do not complete if referral is not required, such as recommended referral for LTBI treatment.)

A. Type or Print Name of Doctor or Health Department Receiving Required Referral

N/A

Family Name (Last Name)	Given Name (First Name)	Middle Name	A-Number (if any)
MALIK	TASHFEEN		▶ A- (b) (6)

Part 5. Civil Surgeon Worksheet (To be completed by the civil surgeon, according to the *Technical Instructions* at www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/technical-instructions-civil-surgeons.html)
(continued)

B. Address

Street Number and Name Apt. Stc. Flr. Number

City or Town State ZIP Code

C. Date of Referral (mm/dd/yyyy)

D. Remarks: (Include name of medical condition and reasons for referral. If you need more space, attach a separate sheet of paper, type or print the applicant's name and A-Number (if any), at the top of each sheet; and indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers.)

Part 6. Referral Evaluation (To be completed by the health department or other doctor performing the referral evaluation)

The applicant identified on this Form I-693 was referred to me by the civil surgeon named in **Part 4.** of this Form I-693. I have provided appropriate evaluation/treatment, having made every reasonable effort to verify that the person whom I have evaluated/treated is the person identified in **Part 1.**

1. Type or print full name of evaluating physician or health department

Family Name (Last Name) Given Name (First Name) Middle Name

2. Address

Street Number and Name Apt. Stc. Flr. Number

City or Town State ZIP Code

3. Signature

Date Signed (mm/dd/yyyy)

4. Name of Medical Practice or Health Department

5. Daytime Telephone Number

6. Remarks: If you need more space, attach a separate sheet of paper, type or print the applicant's name and Alien Registration Number (A-Number) (if any), at the top of each sheet; and indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers.

Family Name (Last Name)	Given Name (First Name)	Middle Name	A-Number (if any)
MALIK	TASHFEEN		▶ A- (b) (6)

Part 7. Vaccination Record (See *Technical Instructions at www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/vaccination-civil-technical-instructions.html* for list of required vaccines)

Please make sure to mark every row. Reserve all comments for the Remarks section below. **NOTE:** For purposes of the influenza vaccine, the flu season is October 1 through March 31. **For applicants who only require a vaccination assessment:** Submit only this page with **Part 1., Part 2., and Part 4.** of Form I-693 (the applicant, regardless of what is required, may still need an interpreter). For more information, see Form I-693 Instructions, **Part 3. Frequently Asked Questions.**

Vaccine History Transferred From A Written Record					Vaccine Given	Complete Series	Blanket Waivers to be Requested from USCIS (Not Medically Appropriate)			
Vaccine	Date Received (mm/dd/yyyy)	Date Received (mm/dd/yyyy)	Date Received (mm/dd/yyyy)	Date Received (mm/dd/yyyy)	Date Given by Civil Surgeon (mm/dd/yyyy)	Mark an X if complete; write date of lab test if immune or "VH" if varicella history	Not Age-Appropriate	Contra-indication	Insufficient Time Interval	Not Flu Season
Specify Vaccine: DT <input type="checkbox"/> DTaP <input type="checkbox"/> DTP <input type="checkbox"/>							<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Specify Vaccine: Td <input type="checkbox"/> Tdap <input checked="" type="checkbox"/>	09/11/14						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Specify Vaccine: OPV <input type="checkbox"/> IPV <input type="checkbox"/>							<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MMR (measles, mumps-rubella) or if monovalent or other combination of the vaccines are given, specify vaccines					06/27/15		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hib							<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B							<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Varicella						VH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pneumococcal							<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Influenza							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rotavirus							<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis A							<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Meningococcal							<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

NOTE: Give a copy to the applicant.

Results:

- Applicant may be eligible for blanket waivers as indicated above
- Applicant will request an individual waiver based on religious or moral convictions
- Vaccine history complete for each vaccine, all requirements met
- Applicant does not meet immunization requirements

Remarks: (If needed, provide any comments, such as the reason for contraindication.)

FOR USCIS USE ONLY
Remarks (if any):



U. S. Department of Homeland Security

U.S. Citizenship and Immigration Services
San Bernardino Field Office
Office of Adjudications

RETURN DOCUMENTS TO: 995 Hardt Street
San Bernardino, CA 92408

NAME AND ADDRESS OF APPLICANT/PETITIONER

Tashfeen Malik
3830 Tomlinson Ave
Riverside, CA 92503

RECEIVED
JUL 10 REC'D

(b) (6)

NAME OF BENEFICIARY Tashfeen Malik		
DATE 04/28/2015	CLASS CF1	
FILE NO.206218794		
FORM NO. I-485	ISO (b) (6)	SISO

DUE 07-21-2015

Attorney Notified: NONE

SUBMIT THE ITEMS CHECKED BELOW. Note: All foreign language documents must be accompanied by a translation into English. The translator must certify that he/she is competent to translate and that the translation is accurate.

<input type="checkbox"/> 1.	Birth Certificate
<input type="checkbox"/> 2.	Legible Birth Certificate for
<input type="checkbox"/> 3.	Registered Marriage Certificate
<input type="checkbox"/> 4.	Proof of Petitioner's First Divorce.
<input type="checkbox"/> 5.	Adoption decree and/or court order re: name change of
<input type="checkbox"/> 6.	Secondary Evidence: <input type="checkbox"/> Baptismal Certificate; <input type="checkbox"/> 2 Sworn Affidavits, <input type="checkbox"/> School Records
<input type="checkbox"/> 7.	Complete Medical examination (I-693) by USCIS authorized physician, submitted in sealed envelope.
<input type="checkbox"/> 8.	High school diploma or college degree and, if foreign, equivalency evaluation by a certified evaluation service.
<input type="checkbox"/> 9.	Original Certified Complete court disposition of all your arrests. If court record does not exist, you must provide a Letter of No Record from the appropriate court. If the case was not filed in Court, please get a letter from the District Attorney's Office. If a record has been sealed or expunged, court records showing such must be submitted. If a record is no longer available, see item 10 below for instructions. ***Note: Documents must be from the Court, not the arresting agencies!***
<input type="checkbox"/> 10.	Record clearance from the California Department of Justice (CA D.O.J.)
<input type="checkbox"/> 11.	Affidavit of Support, form I-864, from Petitioner (Sponsor) and Co-Sponsor
<input type="checkbox"/> 12.	Evidence of US citizenship/legal permanent residence for Co-sponsor.
<input type="checkbox"/> 13.	Federal Income tax returns
<input type="checkbox"/> 14.	Letter of employment on company letterhead - include job title, duties & responsibilities, hours per week, wages, length of employment and likelihood of continued employment with employer. Submit recent pay stubs.
<input type="checkbox"/> 15.	Additional documents needed for employment based petitions (see attachment).
<input type="checkbox"/> 16.	Any documentation which would assist in establishing that you and your spouse have a valid relationship.
<input type="checkbox"/> 17.	Notice of Approval Letter (e.g. Form I-797, Consulate Letter, and/or National Visa Center Letter)
<input checked="" type="checkbox"/> 18.	Other: APPLICANT IS PREGNANT DUE ON 05-21-2015. NEEDS VACCINATIONS ONLY.



Petition for Alien Fiancé(e)
 Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
 Form I-129F
 OMB No. 1615-0001
 Expires 06/30/2016

For USCIS Use Only

Case ID Number
 A-Number (b) (6)
 G-28 Number

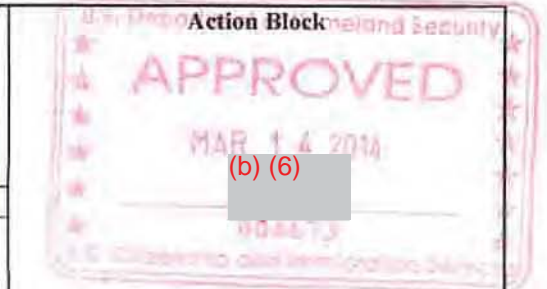
APP 129F



JSL2014585048K

Extraordinary Circumstances Waiver

Approved Reason
 Denied



The petition is approved for status under Section 101(a)(5)(k). It is valid for 4 months from the date of action. 03/14/14 - 07/13/14

General Waiver

Approved Reason
 Denied

Mandatory Waiver

Approved Reason
 Denied

AMCON:

Personal Interview Previously Forwarded
 Document Check Field Investigation

Initial Receipt	Relocated	Completed	Remarks
Resubmitted	Received	Approved	
	Sent	Returned	

IMBRA Yes (DOS disclosure to the beneficiary required) No Applies?

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

Part 1. Information About You

1.a. Family Name (Last Name) Farook
 1.b. Given Name (First Name) Syed
 1.c. Middle Name Rizwan

6. Date of Birth (mm/dd/yyyy) ▶ 06/14/1987
 7. Gender Male Female
 8. Marital Status
 Married Widowed Single Divorced

Your Mailing Address

2.a. In Care of Name
 2.b. Street Number and Name 3830 Tomlinson Ave
 2.c. Apt. Ste. Flr.
 2.d. City or Town Riverside
 2.e. State CA 2.f. Zip Code 92503
 2.g. Postal Code
 2.h. Province
 2.i. Country USA

Other Names Used

9.a. Family Name (Last Name)
 9.b. Given Name (First Name)
 9.c. Middle Name

10. U.S. Social Security Number (if any)
 ▶ (b) (6)

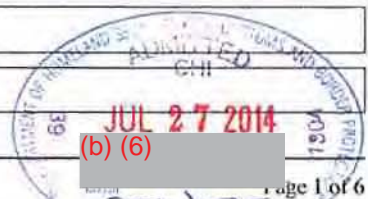
Name of Prior Spouse 1

11.a. Family Name (Last Name)
 11.b. Given Name (First Name)
 11.c. Middle Name
 11.d. Date Marriage Ended (mm/dd/yyyy) ▶

Name of Prior Spouse 2

12.a. Family Name (Last Name)
 12.b. Given Name (First Name)

3. Alien Registration Number (A-Number) ▶ A-
 4. City/Town/Village of Birth Chicago
 5. Country of Birth United States



Part 1. Information About You (continued)

12.c. Middle Name

12.d. Date Marriage Ended
(mm/dd/yyyy) ▶

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

13.a. Birth in the United States

13.b. Naturalization

13.c. Parents

13.d. Have you obtained a Certificate of Naturalization or a Certificate of Citizenship in your name?
 Yes No

If "Yes," complete the following:

13.d.1. Certificate Number

13.d.2. Place of Issuance

13.d.3. Date of Issuance
(mm/dd/yyyy) ▶

14. Have you ever filed for this or any other alien fiancé(e) or husband/wife before?
 Yes No

If you answered "Yes," provide the following for each alien (attach additional sheets as necessary)

14.a. Alien Registration Number (A-Number)
▶ A-

14.b. Family Name (Last Name)

14.c. Given Name (First Name)

14.d. Middle Name

14.e. Date of Filing (mm/dd/yyyy) ▶

14.f. City or Town

14.g. State

14.h. Result

Part 2. Information About Your Alien Fiancé(e)

1. Identify the classification sought for your beneficiary (select one):

K-1 Fiancé

K-3 Spouse

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

Alien Fiancé(e)'s Mailing Address

3.a. In Care of Name

3.b. Street Number and Name

3.c. Apt. Ste. Flr.

3.d. City or Town

3.e. State 3.f. Zip Code

3.g. Postal Code

3.h. Province

3.i. Country

Other Information About Your Alien Fiancé(e)

4. City/Town/Village of Birth

5. Country of Birth

6. Date of Birth (mm/dd/yyyy) ▶

7. Country of Citizenship

8. Gender Male Female

9. Marital Status
 Married Widowed Single Divorced

Other Names Used (Including Maiden Name)

10.a. Family Name (Last Name)

10.b. Given Name (First Name)

10.c. Middle Name

11. Alien Registration Number (A-Number)
▶ A-

Part 2. Information About Your Alien Fiancé(e) (continued)

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

▶

Name of Prior Spouse 1

13.a. Family Name (Last Name)

13.b. Given Name (First Name)

13.c. Middle Name

13.d. Date Marriage Ended (mm/dd/yyyy) ▶

Name of Prior Spouse 2

14.a. Family Name (Last Name)

14.b. Given Name (First Name)

14.c. Middle Name

14.d. Date Marriage Ended (mm/dd/yyyy) ▶

15. Has your fiancé(e) ever been in the United States? Yes No

If your fiancé(e) is currently in the United States, complete the following:

15.a. He or she last arrived as a: (visitor, student, exchange alien, crewman, stowaway, temporary worker, without inspection, etc.)

15.b. I-94 Arrival/Departure Record Number
▶

15.c. Date of Arrival (mm/dd/yyyy) ▶

15.d. Date authorized stay expired or will expire as shown on I-94 or I-95. (mm/dd/yyyy) ▶

15.e. Passport Number

15.f. Travel Document Number

15.g. Country of Issuance for Passport or Travel Document

15.h. Expiration Date for Passport or Travel Document (mm/dd/yyyy) ▶

Complete the following for all children of your alien fiancé(e) (if any).

Child 1 of Alien Fiancé(e)

16.a. Family Name (Last Name)

16.b. Given Name (First Name)

16.c. Middle Name

17. Country of Birth

18. Date of Birth (mm/dd/yyyy) ▶

19.a. Street Number and Name

19.b. Apt. Ste. Flr.

19.c. City or Town

19.d. State 19.e. Zip Code

19.f. Postal Code

19.g. Province

19.h. Country

Child 2 of Alien Fiancé(e)

20.a. Family Name (Last Name)

20.b. Given Name (First Name)

20.c. Middle Name

21. Country of Birth

22. Date of Birth (mm/dd/yyyy) ▶

23.a. Street Number and Name

23.b. Apt. Ste. Flr.

23.c. City or Town

23.d. State 23.e. Zip Code

23.f. Postal Code

23.g. Province

23.h. Country

1518707-15711 4-11770 9-112 1-18710 1-85450 47 982529 1052062 044 110104-10

Part 2. Information About Your Alien Fiancé(e) (continued)

Child 3 of Alien Fiancé(e)

24.a. Family Name (Last Name)
24.b. Given Name (First Name)
24.c. Middle Name

25. Country of Birth

26. Date of Birth (mm/dd/yyyy) ▶

27.a. Street Number and Name

27.b. Apt. Ste. Flr.

27.c. City or Town

27.d. State 27.e. Zip Code

27.f. Postal Code

27.g. Province

27.h. Country

Address in the United States where your fiancé(e) intends to live.

28.a. Street Number and Name

28.b. Apt. Ste. Flr.

28.c. City or Town

28.d. State 28.e. Zip Code

Your fiancé(e)'s address abroad.

29.a. Street Number and Name

29.b. Apt. Ste. Flr.

29.c. City or Town

29.d. Postal Code

29.e. Province

29.f. Country

30. Daytime Phone Number Extension

(b) (6)

If your fiancé(e)'s native alphabet uses other than Roman letters, write his or her name and address abroad in the native alphabet.

31.a. Family Name (Last Name)

31.b. Given Name (First Name)

31.c. Middle Name

Your fiancé(e)'s address abroad. (Native Alphabet)

32.a. Street Number and Name

32.b. Apt. Ste. Flr.

32.c. City or Town

32.d. Postal Code

32.e. Province

32.f. Country

33. Is your fiancé(e) related to you? Yes No

33.a. If you are related, state the nature and degree of relationship, e.g., third cousin or maternal uncle, etc.

34. Has your fiancé(e) met and seen you within the 2-year period immediately preceding the filing of this petition? Yes No

34.a. Describe the circumstances under which you met. If you have not personally met each other, explain how the relationship was established. If you met your fiancé(e) or spouse through an international marriage broker, please explain those circumstances in number 35.a. Explain in detail any reasons you may have for requesting that the requirement that you and your fiancé(e) must have met should not apply to you.

We met through a matrimonial website.

We got engaged on 10/03/13 in Mecca,

KSA when I went for Hajj. See statement

35. Did you meet your fiancé(e) or spouse through the services of an international marriage broker? Yes No

35.a. If you answered "Yes," provide the Internet and/or Street Address below. In addition, attach a copy of the signed, written consent form the IMB obtained from your beneficiary authorizing the release of your beneficiary's personal contact information to you. If additional space is needed, attach a separate sheet of paper.

Part 2. Information About Your Alien Fiancé(e) (continued)

Your fiancé(e) will apply for a visa abroad at the American embassy or consulate at:

36.a. City or Town

Islamabad

36.b. Country

Pakistan

NOTE: Designation of a U.S. embassy or consulate outside the country of your fiancé(e)'s last residence does not guarantee acceptance for processing by that foreign post. Acceptance is at the discretion of the designated embassy or consulate.

Part 3. Other Information

1. If you are serving overseas in the Armed Forces of the United States, please answer the following:

I presently reside or am stationed overseas and my current mailing address is:

1.a. Street Number and Name

[]

1.b. Apt. Ste. Flr.

[]

1.c. City or Town

[]

1.d. State

[]

1.e. Zip Code

[]

1.f. Postal Code

[]

1.g. Province

[]

1.h. Country

[]

2. Have you ever been convicted by a court of law (civil or criminal) or court martialled by a military tribunal for any of the following crimes:

2.a. Domestic violence, sexual assault, child abuse and neglect, dating violence, elder abuse or stalking? (Please refer to Page 3 of the instructions for the full definition of the term "domestic violence"). Yes No

2.b. Homicide, murder, manslaughter, rape, abusive sexual contact, sexual exploitation, incest, torture, trafficking, peonage, holding hostage, involuntary servitude, slave trade, kidnapping, abduction, unlawful criminal restraint, false imprisonment or an attempt to commit any of these crimes? Yes No

2.c. Three or more convictions for crimes relating to a controlled substance or alcohol not arising from a single act? Yes No

These questions must be answered even if your records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. Using a separate sheet(s) of paper, provide information relating to the conviction(s), such as crime involved, date of conviction and sentence.

3. If you have provided information about a conviction for a crime listed above and you were being battered or subjected to extreme cruelty by your spouse, parent, or adult child at the time of your conviction, check all of the following that apply to you:

3.a. I was acting in self-defense.

3.b. I violated a protection order issued for my own protection.

3.c. I committed, was arrested for, was convicted of, or plead guilty to committing a crime that did not result in serious bodily injury, and there was a connection between the crime committed and my having been battered or subjected to extreme cruelty.

If your beneficiary is your fiancé(e) and: (a) this is the third (or more) Form I-129F petition that you have filed; or (b) this is the third (or more) Form I-129F petition you have filed and your first Form I-129F petition was approved within the last 2 years, then your petition cannot be approved unless a waiver of the multiple filing restriction is granted. Attach a signed and dated letter, requesting the waiver and explaining why a waiver is appropriate under your circumstances, together with any evidence in support of the waiver request.

4. Indicate which waiver applies:

Multiple Filer, No Disqualifying Convictions (General Waiver)

Multiple Filer, Prior Criminal Conviction for Specified Offenses (Extraordinary Circumstances Waiver)

Multiple Filer, Prior Criminal Convictions Resulting from Domestic Violence (Mandatory Waiver)

Not applicable, beneficiary is my spouse

NOTE: See Page 3, question 3.b. of the filing instructions.

Part 4. Signature of Petitioner

Penalties

You may by law be imprisoned for not more than 5 years, or fined \$250,000, or both, for entering into a marriage contract for the purpose of evading any provision of the immigration laws, and you may be fined up to \$10,000 or imprisoned upon to five years, or both, for knowingly and willfully falsifying or concealing a material fact or using any false document in submitting this petition.

Your Certification

I certify that I am legally able to and intend to marry my alien fiancé(e) within 90 days of his or her arrival in the United States. I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit that I am seeking.

Moreover, I understand that this petition, including any criminal conviction information that I am required to provide with this petition, as well as any related criminal background information pertaining to me that U.S. Citizenship and Immigration Services may discover independently in adjudicating this petition will be disclosed to the beneficiary of this petition.

1.a. Signature of Petitioner

S. Furone

1.b. Date of Signature (mm/dd/yyyy) ▶

12/31/2013

2. Daytime Phone Number (b) (6)

3. Mobile Phone Number (b) (6)

4. E-mail Address (if any)

(b) (6)

Part 5. Signature of Person Preparing This Petition, If Other Than the Petitioner

NOTE: If you are an attorney or representative, you must submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with this Petition.

Form G-28 submitted with this Petition.

G-28 ID Number

Preparer's Full Name

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

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

2. Preparer's Business or Organization Name

Preparer's Contact Information

3. Preparer's Daytime Phone Number Extension

() -

4. Preparer's E-mail Address (if any)

Preparer's Mailing Address

5.a. Street Number and Name

5.b. Apt. Ste. Flr.

5.c. City or Town

5.d. State 5.e. Zip Code

5.f. Postal Code

5.g. Province

5.h. Country

Declaration

To be completed by all preparers, including attorneys and authorized representatives: I declare that I prepared this benefit request at the request of the Petitioner, that it is based on all the information of which I have knowledge, and that the information is true to the best of my knowledge.

6.a. Signature of Preparer

6.b. Date of Signature (mm/dd/yyyy) ▶



e-Notification of Application/Petition Acceptance

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

USCIS
Form G-1145
OMB No. 1615-0109
Expires 09/30/2014

What Is the Purpose of This Form?

Use this form to request an electronic notification (e-Notification) when U.S. Citizenship and Immigration Services accepts your immigration application. This service is available for applications filed at a USCIS Lockbox facility.

General Information

Complete the information below and clip this form to the first page of your application package. You will receive one e-mail and/or text message for each form you are filing.

We will send the e-Notification within 24 hours after we accept your application. Domestic customers will receive an e-mail and/or text message; overseas customers will only receive an e-mail. Undeliverable e-Notifications cannot be resent.

The e-mail or text message will display your receipt number and tell you how to get updated case status information. It will not include any personal information. The e-Notification does not grant any type of status or benefit; rather it is provided as a convenience to customers.

USCIS will also mail you a receipt notice (I-797C), which you will receive within 10 days after your application has been accepted; use this notice as proof of your pending application or petition.

USCIS Privacy Act Statement

AUTHORITIES: The information requested on this form, and the associated evidence, is collected under the Immigration and Nationality Act, section 101, et seq.

PURPOSE: The primary purpose for providing the requested information on this form is to determine if you have established eligibility for the immigration benefit for which you are filing. The information you provide will be used to grant or deny the benefit sought.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information, and any requested evidence, may delay a final decision or result in denial of your form.

ROUTINE USES: The information you provide on this form may be shared with other Federal, State, local, and foreign government agencies and authorized organizations following approved routine uses described in the associated published system of records notices [DHS-USCIS-007 - Benefits Information System and DHS-USCIS-001 - Alien File, Index, and National File Tracking System of Records, which can be found at www.dhs.gov/privacy]. The information may also be made available, as appropriate, for law enforcement purposes or in the interest of national security.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 3 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue, NW, Washington, DC 20529-2140. OMB No. 1615-0109. **Do not mail your completed Form G-1145 to this address.**

Complete this form and clip it on top of the first page of your immigration form(s).

Applicant/Petitioner Full Last Name <i>Farook</i>	Applicant/Petitioner Full First Name <i>Syed</i>	Applicant/Petitioner Full Middle Name <i>Rizwan</i>
E-mail Address <i>(b) (6)</i>		Mobile Phone Number (Text Message) <i>(b) (6)</i>

(b) (6) 22-10-6-2	Application/Petition I-129F, Petition for Alien Fiance(e)	
Receipt # WAC1490117177	Applicant/Petitioner Farook, Syed Rizwan	
Notice Date February 20, 2014	Page 1 of 2	Beneficiary Malik, Tashfeen

FAROOK, SYED RIZWAN
3830 TOMLINSON AVE
RIVERSIDE, CA 92503

Request for Evidence
APPROVED FOR FILING
MAR 05 2014
Notice also (b) (6)

RETURN THIS NOTICE ON TOP OF THE REQUESTED INFORMATION LISTED ON THE ATTACHED SHEET.

Note: You are given until **May 15, 2014** in which to submit the requested information to the address at the bottom of this notice.

Please note the required deadline for providing a response to this Request for Evidence. The deadline reflects the maximum period for responding to this RFE. However, since many immigration benefits are time sensitive, you are encouraged to respond to this request as early as possible but no later than the date provided on the request.

Pursuant to 8 C.F.R. 103.2(b)(11) failure to submit ALL evidence requested at one time may result in the denial of your application.

For more information, visit our website at **www.uscis.gov**

Or call us at **1-800-375-5283**

Telephone service for the hearing impaired: **1-800-767-1833**

CSC4673 WS22063 B SEC. I-130 C30169

(b) (6)

You will be notified separately about any other applications or petitions you filed. Save this notice. Please enclose a copy of it if you write to us about this case, or if you file another application based on this decision. Our address is:

USCIS - CALIFORNIA SERVICE CENTER
P.O. BOX 10590
LAGUNA NIGUEL, CA 92607-0590
800-375-5283



WAC1490117177

REC'D CSC74/MAR 5 10:21
C30252

REQUEST FOR EVIDENCE

*** All foreign language documents must be submitted with complete word-for-word English translations. The translator must certify that the translation is complete and accurate, and that he or she is competent to translate. Do not submit the English translation without the foreign language document.**

REQUIREMENT THAT PETITIONER AND BENEFICIARY HAVE MET IN PERSON: It must be established that the petitioner and beneficiary have met in person and/or have been in each other's physical presence at any time during the two years immediately preceding the filing of this petition.

- **Last Personal Meeting** –The petitioner submitted copies of passport pages that show the identification page and admission stamps without the English translation; therefore, the petitioner must submit the English translation of the admission/exit stamps.

(b) (6)



Translation

(b) (6)



An entry Visa to Saudi Arabia

The Kingdom of Saudi Arabia - Entry Visa

Source: Saudi Embassy in Islamabad - Pakistan

Date 10/05/13 #2104117508

Validity: 30 days

Name: Tashfeen Malik Gulzar Ahmad Malik

Religion: Islam

Purpose: Family visit

of Entries: Single

Duration: 60 days

Fees: 200 SR

Note: The document carries the official seals of KS Arabic

(b) (6)



(b) (6)



Document Enclosed

(b) (6)



Translation

(b) (6)



An entry Visa to Saudi Arabia

The Kingdom of Saudi Arabia - Entry Visa

Date 9/16/13 #5090087702

Source: Los Angeles

Validity: Pilgrimage Period (Hajj Visa)

Name: Syed Rizwan Farook

Note: The document carries the official seals of KS Arabic

(b) (6)



(b) (6)



Document Enclosed

INTENTION TO MARRY STATEMENT

From: Syed Rizwan Farook,

To: Whom It May Concern,

My fiancé and I met through an online website. After several weeks of emailing, we decided to meet each other. My fiancé's parents reside in Riyadh, Saudi Arabia and she was visiting them during the month of October. During this same month, my parents and I decided to perform the Hajj pilgrimage to Mecca, Saudi Arabia. We decided to have both of our families meet on Thursday, October 3rd, 2013 at the house of my fiancé's relative who lives not too far from the Ajyad Hotel in Mecca. My fiancé and her family drove from Riyadh to Mecca so that we could meet and it is on this day that we got engaged.

I have included a copy of my Hajj visa which will show that I was in Saudi Arabia during the month of October 2013. I have also included copies of my fiancé's passport pages which will show that she was also in Saudi Arabia during this month. My fiancé and I intend to marry within the first month of her arriving in the US.

Thank you,

Syed Rizwan Farook

S. Farook

1/20/14

201 4010503 450 2902307 076785 24 0356591 012814 20:34 012814 I129F-660151





G-325A, Biographic Information

Family Name Farook	First Name Syed	Middle Name Rizwan	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy) 06/14/1987	Citizenship/Nationality U.S.A	File Number A
All Other Names Used (include names by previous marriages)			City and Country of Birth Chicago, IL, USA		U.S. Social Security No. (if any) 337-82-5136	
Family Name	First Name	Date of Birth (mm/dd/yyyy)	City, and Country of Birth (if known)		City and Country of Residence	
Father (b) (6)	(b) (6)	(b) (6)	(b) (6)			
Mother (Maiden Name) (b) (6)						
Current Husband or Wife (If none, so state) Family Name (For wife, give maiden name)	First Name	Date of Birth (mm/dd/yyyy)	City and Country of Birth	Date of Marriage	Place of Marriage	
none						
Former Husbands or Wives (If none, so state) Family Name (For wife, give maiden name)	First Name	Date of Birth (mm/dd/yyyy)	Date and Place of Marriage		Date and Place of Termination of Marriage	
none						

Applicant's residence last five years. List present address first.

Street Name and Number	City	Province or State	Country	From		To	
				Month	Year	Month	Year
3830 Tomlinson Ave	Riverside	CA	USA	01	2001	Present Time	

Applicant's last address outside the United States of more than 1 year.

Street Name and Number	City	Province or State	Country	From		To	
				Month	Year	Month	Year
none							

Applicant's employment last five years. (If none, so state.) List present employment first.

Full Name and Address of Employer	Occupation (Specify)	From		To	
		Month	Year	Month	Year
San Bernardino County 385 N Arrowhead Av San Bernardino, CA 92415	Environmental Health Spec	01	2012	Present Time	
Kasai Consulting, 6670 Lemon Leaf Drive, Carlsbad, CA 92011	Environmental Technician	06	2011	01	2012

Last occupation abroad if not shown above. (Include all information requested above.)

This form is submitted in connection with an application for:		Signature of Applicant	Date
<input type="checkbox"/> Naturalization	<input checked="" type="checkbox"/> Other (Specify): K-1 Visa	S. Farook	12/29/13
<input type="checkbox"/> Status as Permanent Resident			

If your native alphabet is in other than Roman letters, write your name in your native alphabet below:

Penalties: Severe penalties are provided by law for knowingly and willfully falsifying or concealing a material fact.

Applicant: Print your name and Alien Registration Number in the box outlined by heavy border below.

Complete This Box (Family Name)	(Given Name)	(Middle Name)	(Alien Registration Number)
Farook	Syed	Rizwan	A

G-325A, Biographic Information

Family Name Malik	First Name Tashfeen	Middle Name	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Date of Birth (mm/dd/yyyy) 07/13/1986	Citizenship/Nationality Pakistan	File Number A
All Other Names Used (include names by previous marriages)			City and Country of Birth Dera Ghazi Khan, Pakistan		U.S. Social Security No. (if any)	
Family Name	First Name	Date of Birth (mm/dd/yyyy)	City, and Country of Birth (if known)	City and Country of Residence		
Father (b) (6)	(b) (6)	(b) (6)	(b) (6)			
Mother (Maiden Name)						
Current Husband or Wife (If none, so state) Family Name (For wife, give maiden name)	First Name	Date of Birth (mm/dd/yyyy)	City and Country of Birth	Date of Marriage	Place of Marriage	
None						
Former Husbands or Wives (If none, so state) Family Name (For wife, give maiden name)	First Name	Date of Birth (mm/dd/yyyy)	Date and Place of Marriage		Date and Place of Termination of Marriage	
None						

Applicant's residence last five years. List present address first.

Street Name and Number	City	Province or State	Country	From		To	
				Month	Year	Month	Year
Awad House, 110-B, Babar colony MDA CHOWK.	Multan	Punjab	Pakistan	October	2013	Present Time	
Building No. 5153, Al-Mathey Street Awad U House, 110-B, Babar colony, MDA Chowk.	Al-Riyadh	District Sharfiah	Saudi Arabia	June	2013	October	2013
	Multan	Punjab	Pakistan	November	2009	June	2013

Applicant's last address outside the United States of more than 1 year.

Street Name and Number	City	Province or State	Country	From		To	
				Month	Year	Month	Year
Awad House, 110-B, Babar Colony, MDA Chowk	Multan	Punjab	Pakistan	November	2009	June	2013

Applicant's employment last five years. (If none, so state.) List present employment first.

Full Name and Address of Employer	Occupation (Specify)	From		To	
		Month	Year	Month	Year
None				Present Time	

Last occupation abroad if not shown above. (Include all information requested above.)

This form is submitted in connection with an application for:		Signature of Applicant Tashfeen Malik	Date 12/29/13
<input type="checkbox"/> Naturalization	<input checked="" type="checkbox"/> Other (Specify): K-1 Visa		
<input type="checkbox"/> Status as Permanent Resident			

If your native alphabet is in other than Roman letters, write your name in your native alphabet below:

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Applicant: Print your name and Alien Registration Number in the box outlined by heavy border below.

Complete This Box (Family Name)	(Given Name)	(Middle Name)	(Alien Registration Number)
Malik	Tashfeen		A

2014-0012512-4950 29022007 076785 24 0356591 042854 012544 01291-660454

(b) (6)	Application/Petition I-129F, Petition for Alien Fiance(e)	
Receipt # WAC1490117177	Applicant/Petitioner Farook, Syed Rizwan	
Notice Date February 20, 2014	Page 1 of 2	Beneficiary Malik, Tashfeen

FAROOK, SYED RIZWAN
3830 TOMLINSON AVE
RIVERSIDE, CA 92503

Request for Evidence

Notice also sent to:

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CSC4673 WS22063 B SEC. I-130 C30169

COPY

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P.O. BOX 10590
LAGUNA NIGUEL, CA 92607-0590
800-375-5283


WAC1490117177

REQUEST FOR EVIDENCE

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- **Last Personal Meeting** –The petitioner submitted copies of passport pages that show the identification page and admission stamps without the English translation; therefore, the petitioner must submit the English translation of the admission/exit stamps.



U.S. Embassy
ISLAMABAD

Customer: TASHFEEN MALIK
Date: 5/21/2014 8:46:07 AM
Register: CONSULAR REGISTER
Transaction: 15000743

Qty	Svc	Ctry	Visa	Price
1	21D			\$240.00
	K CAT	MRV		Rs24,000.00

Balance	Rs24,000.00
Amount Paid	Rs24,000.00
Change	Rs0.00

STATE DEPARTMENT COPY
ALL TRANSACTIONS ARE
FINAL - NO REFUNDS

4317





U.S. DEPARTMENT of STATE
CONSULAR ELECTRONIC APPLICATION CENTER



Online Nonimmigrant Visa Application (DS-160)

Confirmation

This confirms the submission of the Nonimmigrant visa application for:



Name Provided: MALIK, TASHFEEN
 Date Of Birth: 13 JUL 1986
 Place of Birth: DERA GHAZI KHAN, PAKISTAN
 Gender: Female
 Country/Region of Origin (Nationality) : PAKISTAN
 Passport Number: BF0760082
 Purpose of Travel: FIANCÉ(E) OF A U.S. CITIZEN (K1)
 Completed On: 08 APR 2014
 Confirmation No: AA003ZWK4A

Location Selected:

ISL
U.S. Embassy Islamabad
Diplomatic Enclave, Ramna 5
Islamabad, Pakistan

Version 01.02.01

THIS IS NOT A VISA

Note: Electronically submitting your DS-160 online application is the **FIRST STEP** in the visa application process. The next step is to review the internet page of the [embassy or consulate](#) where you plan to apply for your visa. Most visa applicants will need to schedule a visa interview, though some applicants may qualify for visa renewal. The [embassy or consulate](#) information may include specific local instructions about scheduling interviews, submitting your visa application, and other frequently asked questions.

YOU MUST BRING the confirmation page and the following document(s) with you at all steps during the application process:

Passport; Evidence of approved I-129F

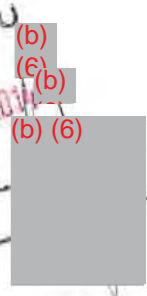
You may also provide any additional documents you feel will support your case.



REVIEWED BY
DHS / VSU

27 MAY 2014

Sign _____
 Decision _____



حکومت پنجاب پاکستان

THE GOVT OF PUNJAB PAKISTAN

پیدائش سرٹیفکیٹ

BIRTH CERTIFICATE

CRMS No: B321036-13-1234

FORM No: M04735835

درخواست دہندہ کا نام: نسیم اختر
درخواست دہندہ کا شناختی کارڈ نمبر: (b) (6)

رشتہ: بیٹی

بچے کا نام	والد کا نام	والد کا نام	والد کا نام	والد کا نام	پیدائش کا صلیح / تاریخ
تاشفین ملک	گلزار احمد ملک	نسیم اختر	عورت	اسلام	ڈیرہ غازی خان
					13-7-1986

APPLICANT's NAME: (b) (6)
APPLICANT's CNIC: (b) (6)
RELATION: Daughter

CHILD's NAME	FATHER's NAME / NIC NO	MOTHER's NAME / NIC NO	GENDER	RELIGION	DISTRICT AND DATE OF BIRTH
TASHFEEN MALIK	(b) (6)	(b) (6)	FEMALE	ISLAM	DERA GHAZI KHAN
					13-7-1986

GRAND FATHER's NAME: (b) (6)
GRAND FATHER's CNIC NO: (b) (6)

دادا کا نام: غلام نبی
دادا کا شناختی کارڈ نمبر: (b) (6)

تاریخ اندراج: 16-9-2013
لیٹ اندراج: (b) (6)

ADDRESS : NEIGHBOURHOOD :
CITY: VHOVA, TEHSIL: TAUNSA, DISTRICT: DERA GHAZI KHAN

پتہ: محلہ پرانا ڈاکخانہ، جوہا، شہر جوہا، تحصیل: تونسہ، ضلع: ڈیرہ غازی خان

تاریخ اجراء: 16-9-2013

سیکریٹری یونین کونسل
جوہا (036) ضلع: ڈیرہ غازی خان

**TRUE TRANSLATION OF
BIRTH CERTIFICATE
FROM URDU TO ENGLISH**

XXXXXXXXXX
M04735835

**GOVERNMENT OF PUNJAB PAKISTAN
BIRTH CERTIFICATE**

CRMS No.B321036-13-1234

Form No.M04735835

Name of Applicant: _____ (b) (6) _____

Identity Card No. of Applicant _____ Relation: Daughter

Child's Name	Father's Name / NIC No.	Mother's Name / NIC No.	Gender	Religion	District and Date of Birth
Tashfeen Malik	(b) (6)	(b) (6)	Female	Islam	Dera Ghazi Khan 13-7-1986

Grand Father's Name: _____ (b) (6) _____

Grand Father's CNIC No. _____

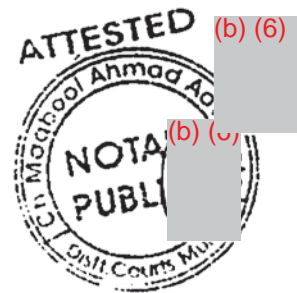
Date of Registration: 16-9-2013 Normal Registration Late Registration

Address: Mohallah Old Post office, Vehova, City Vehova, Tehsil Taunsa, District Dera Ghazi Khan.

Issue Date: 16-9-2013

Signature: Sd/- English
Secretary Union Council
Vehova (036) District Dera Ghazi Khan

The Translation of this "FORM" from Urdu to English
has been Examined carefully & found correct. Hence
this Certificate to be True.





Tashfeen



U.S. Department of State
MEDICAL EXAMINATION FOR
IMMIGRANT OR REFUGEE APPLICANT
For use with TB Technical Instructions 2007 and the DS-3030

OMB No. 1405-0113
EXPIRATION DATE: 08/31/2014
ESTIMATED BURDEN: 10 minutes
See Page 2 - Back of Form

Name (Last, First, MI) Malik Tashfeen
Birth Date (mm-dd-yyyy) 7-13-1986 Sex: [] Male [X] Female
Birthplace (City/Country) Dera Ghazi Khan / Pakistan
Present Country of Residence PAKISTAN Prior Country Pakistan
U.S. Consul (City/Country) ISLAMABAD / PAKISTAN
Passport Number BF 0760082 Alien (Case) Number ISL 2014585043

Date of Medical Exam (Date of TB physical exam or date of lab report of final TB culture results, if cultures performed) (mm-dd-yyyy) 05-16-2014
Date Exam Expires (3 months if Class A TB, or Class B1 TB, otherwise 6 months) (mm-dd-yyyy) 11-16-2014
Date (mm-dd-yyyy) of Prior Exam, if any Exam Place (City/Country) ISLAMABAD / PAKISTAN
Panel Physician (b) (6) Radiology Services (b) (6)
Screening Site (b) (6) Lab (Name of syphilis/TB) (b) (6) /

(1) Classification (Check all boxes that apply):
[X] No apparent defect, disease, or disability (See Worksheets DS-3025, DS-3026, and DS-3030)
[] Class A Conditions (From Past Medical History and Physical Examination Worksheets)
[] TB, active, infectious (Class A, from Chest X-Ray Worksheet)
[] Hansen's disease, untreated multibacillary
[] Syphilis, untreated
[] Addiction or abuse of specific* substance
[] Chancroid, untreated
[] Any physical or mental disorder (including other substance-related disorder) with harmful behavior or history of such behavior likely to recur
[] Gonorrhea, untreated
[] *amphetamines, cannabis, cocaine, hallucinogens, opioids, phencyclidines, sedative-hypnotics, and anxiolytics
[] Granuloma inguinale, untreated
[] Lymphogranuloma venereum, untreated

[] Class B Conditions (From Past Medical History and Physical Examination Worksheets)
[] Syphilis (without residual defect), treated within the last year
[] Hansen's disease, treated multibacillary
[] Current pregnancy, number of weeks pregnant Treatment: [] Partial [] Completed
[] Any physical or mental disorder (excluding addiction or abuse of specific* substance but including other substance-related disorder) without harmful behavior or history of such behavior unlikely to recur
[] Hansen's disease, paucibacillary
[] Treatment: [] None [] Partial [] Completed
[] Sustained, full remission of addiction or abuse of specific* substances
*amphetamines, cannabis, cocaine, hallucinogens, opioids, phencyclidines, sedative-hypnotics, and anxiolytics

[] Class B1 TB, Pulmonary
[] No Treatment
[] Completed treatment (Check all that apply and attach all laboratory and DOT documents)
[] By panel physician [] By non-panel physician
[] Initial smear positive [] Initial culture positive
[] Pre-treatment culture and DST results performed/available [] Pre-treatment culture and/or DST results not performed/available

[] Class B1 TB, Extrapulmonary Anatomical Site of Disease
[] No Treatment
[] Current treatment
[] Completed treatment

[] Class B2 TB, LTBI Evaluation
[] Test for TB infection positive: [] TST mm; [] IGRA positive Result [] TST or IGRA Conversion
[] No LTBI treatment
[] Current LTBI treatment (Indicate medications in Part 4 of DS-2054 form)
[] Completed LTBI treatment (Indicate medications in Part 4 of DS-2054 form)

Class B Tuberculosis - Continued

Class B3 TB, Contact Evaluation

TST _____ mm IGRA Negative IGRA Positive IGRA Result _____

- No preventive treatment
- Current preventive treatment (Indicate medications in Part 4 of DS-2054 form)
- Completed preventive treatment (Indicate medications in Part 4 of DS-2054 form)

Source Case: Name _____
 Alien Number _____
 Relationship to Contact _____
 Date Contact Ended (mm-dd-yyyy) _____

Type of Source Case TB (Mark only one and **ATTACH DST RESULTS**)

- Pansusceptible TB
- MDR TB (resistant to at least INH and rifampin)
- Drug-resistant TB other than MDR TB
- Culture negative
- Culture results not available

Class B Other (specify or give details on checked conditions from worksheets)

(2) Laboratory Findings (check all boxes that apply):

Syphilis: Not done

	Test Name	Date(s) Run (mm-dd-yyyy)	Negative	Positive	Titer 1	Notes
Screening	V.D.R.L.	05/16/2014	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Confirmatory			<input type="checkbox"/>	<input type="checkbox"/>		

Treated If treated, therapy: Date(s) treatment given (mm-dd-yyyy) (3 doses for penicillin)

Yes Benzathine penicillin, 2.4 MU IM

No Other (therapy, dose): _____

Test for Cell-Mediated Immunity to TB (Required for all applicants 2 through 14 years of age; perform one type only)

TST
 Date Applied (mm-dd-yyyy) _____ Result(mm) _____

IGRA
 Name of IGRA Test _____ Date Drawn (mm-dd-yyyy) _____
 Nil Value (IU/ml or number of cells) _____ TB Response (TB- nil IU/ml or number of cells*) _____
 IGRA Interpretation: Positive Negative Indeterminate, Borderline, or Equivocal

* For T-Spot, TB Response number of cells = Higher of Panel A or Panel B minus nil value

(3) Immunizations(See Vaccination Form, check all boxes that apply) **Not required for refugee applicants.**

- Vaccine history complete Vaccine history incomplete, requesting waiver (indicate type below)
- Incomplete vaccine history, no waiver requested Blanket waiver Individual waiver

I certify that I understand the purpose of the medical examination and I authorize the required tests to be completed.

Tashfeen

(b) (6)

5/16/2014

Applicant Signature

Panel Physician Signature

Date (mm-dd-yyyy)

(4) Tuberculosis Treatment Regimen

(Fill out if applicant has taken in the past, or is now taking TB medication. If drug doses or dates not known or not available, mark "unknown")

Check if therapy currently prescribed (if current, don't mark "End Date")

Medication	Dose/Interval (e.g. mg/day)	Start Date (mm-dd-yyyy)	End Date (mm-dd-yyyy)
<input type="checkbox"/> Isoniazid (INH)	_____	_____	_____
<input type="checkbox"/> Rifampin	_____	_____	_____
<input type="checkbox"/> Pyrazinamide	_____	_____	_____
<input type="checkbox"/> Ethambutol	_____	_____	_____
<input type="checkbox"/> Streptomycin	_____	_____	_____
<input type="checkbox"/> Other, specify	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant's Weight (kg) _____ Date (mm-dd-yyyy) _____

Remarks

PAPERWORK REDUCTION ACT AND CONFIDENTIALITY STATEMENTS

PAPERWORK REDUCTION ACT STATEMENT:

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection, You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: A/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202

CONFIDENTIALITY STATEMENT:

AUTHORITIES The information asked for on this form is requested pursuant to Section 212(a), 221(d) and as required by Section 222 of the Immigration and Nationality Act. Section 222(f) provides that the records of the Department of States and of diplomatic and consular offices of the United States pertaining to the issuance and refusal of visas or permit to enter the United States shall be considered confidential and shall be used only for the formulation, amendment, administration, or enforcement of the immigration, nationality, and other laws of the United States. Certified copies of such records may be made available to a court provided the court certifies that the information contained in such records is needed in a case pending before the court.

PURPOSE The U.S. Department of State uses the facts you provide on this form primarily to determine your classification and eligibility for a U.S. Immigrant visa. Individuals who fail to submit this form or who do not provide all the requested information may be denied a U.S. Immigrant visa. Although furnishing this information is voluntary, failure to provide this information may delay or prevent the processing of your case.

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U.S. Department of State
MEDICAL HISTORY AND PHYSICAL EXAMINATION WORKSHEET

For use with DS-2053 or DS-2054

OMB No. 1405-0113
EXPIRATION DATE: 08/31/2014
ESTIMATED BURDEN: 35 minutes
(See Page 2 - Back of Form)

Name (Last, First, MI) Malik Tashfeen		Exam Date (mm-dd-yyyy) 05-16-2014																																			
Birth Date (mm-dd-yyyy) 7-13-1986	Passport Number BF 0760082	Alien (Case) Number ISL 2014585043																																			
1. Past Medical History (indicate conditions requiring medication or other treatment after resettlement and give details in Remarks) NOTE: The following history has been reported, has not been verified by a physician, and should not be deemed medically definitive.																																					
<table border="0" style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> General <input checked="" type="checkbox"/> <input type="checkbox"/> Illness or injury requiring hospitalization (including psychiatric) Cardiology <input checked="" type="checkbox"/> <input type="checkbox"/> Heart disease <input checked="" type="checkbox"/> <input type="checkbox"/> Hypertension (high blood pressure) <input checked="" type="checkbox"/> <input type="checkbox"/> Cardiac arrhythmia Pulmonology <input checked="" type="checkbox"/> <input type="checkbox"/> History of tobacco use Current use <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <input type="checkbox"/> Asthma <input checked="" type="checkbox"/> <input type="checkbox"/> Chronic obstructive pulmonary disease (emphysema) <input checked="" type="checkbox"/> <input type="checkbox"/> History of tuberculosis (TB) disease Treated <input type="checkbox"/> Yes <input type="checkbox"/> No 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3. Additional Testing Needed Prior to Approving Medical Clearance

No Yes

Physical examination or laboratory results contradict medical history

Referral prior to departure If yes, provide results

 Referral prior to departure If yes, provide results

4. Follow-up Needed After Arrival

No Yes, within 1 week Yes, within 1 month Yes, within 6 months
 For continuing medication, list type, dose, and frequency (Exception: For TB medications, use Part 4 of DS-2053 or DS-2054 form)

For continuing other treatment, specify

5. Remarks (Describe any abnormal history, abnormal findings, and resulting interventions)

High myopia both eyes.
Eyesight corrected with lenses.

PAPERWORK REDUCTION ACT AND CONFIDENTIALITY STATEMENTS

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CHEST X-RAY AND CLASSIFICATION WORKSHEET

For use with TB TI 2007 and the DS-2054

Complete Sections 1 through 5, As Applicable

Name (Last, First, MI) Maik Tashfeen		Age 27 Year(s), 10 month(s), 3 day(s)
Birth Date (mm-dd-yyyy) 7-13-1986	Passport Number BF 0760082	Alien (Case) Number ISL 2014585043

1. Chest X-Ray Indication (Mark all that apply)

<input checked="" type="checkbox"/> Age > 15 years <input type="checkbox"/> Signs or symptoms of tuberculosis <input type="checkbox"/> HIV infection	Test for TB infection: <input type="checkbox"/> TST > 10 mm <input type="checkbox"/> IGRA Positive <input type="checkbox"/> Contact: TST > 5 mm
--	---

2. Chest X-Ray Findings Date Chest X-Ray Taken(mm-dd-yyyy) 05-16-2014

Normal Findings

Abnormal Findings (Indicate category and finding, checking all that apply in the table below.)

<input type="checkbox"/> Can Suggest Tuberculosis(Need Smears and Cultures)	<input type="checkbox"/> Other X-Ray Findings
<input type="checkbox"/> Infiltrate or consolidation <input type="checkbox"/> Any cavitary lesion <input type="checkbox"/> Nodule or mass with poorly defined margins (such as tuberculoma) <input type="checkbox"/> Pleural effusion* <input type="checkbox"/> Hilar/mediastinal adenopathy with or without atelectasis <input type="checkbox"/> Other (such as miliary findings) * If unclear whether pleural fluid or thickening, perform lateral or decubitus chest radiograph, or targeted ultrasound.	<input type="checkbox"/> Discrete linear opacity (fibrotic scar) <input type="checkbox"/> Discrete nodule(s) without calcification <input type="checkbox"/> Discrete linear opacity (fibrotic scar) with volume loss or retraction <input type="checkbox"/> Other (such as bronchiectasis)
<input type="checkbox"/> Follow-up needed (Mark as Class B Other) <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Cardiac <input type="checkbox"/> Pulmonary, non-TB (e.g., emphysema) <input type="checkbox"/> Other <input type="checkbox"/> No follow-up needed for pleural thickening, diaphragmatic tenting, calcified pulmonary nodule(s), calcified lymph node(s), calcified lymph node(s) with calcified pulmonary nodule(s), or minor musculoskeletal findings.	

Remarks

(b) (6)

(b) (6)

Date Interpreted (mm-dd-yyyy) 05-16-2014

3. Sputum Smears and Cultures

No, not indicated - Applicant has no signs or symptoms of TB, no known HIV infection, and:

X-ray Normal or 'Other X-Ray Findings' checked above and test for TB infection negative (if performed): this is No Class

X-ray Normal or 'Other X-Ray Findings' checked above and test for TB infection positive (if performed): this is Class B2 TB, LTBI Evaluation

Yes, are indicated - Applicant has (Mark all that apply):

Signs or symptoms of TB

Chest X-ray suggests TB

HIV infection

Sputum Smear Results

Date Specimen Obtained (mm-dd-yyyy)	Positive	Negative
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Sputum Culture Results

Date Specimen Obtained (mm-dd-yyyy)	Positive	Negative	NTM*	Contaminated
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Positive Smear or Culture Result, or Clinical Judgment: this is a Class A TB

Negative Smear and Culture Results and:

Chest X-Ray suggests TB: Class B1 TB, Pulmonary

HIV infection with normal X-ray and no signs and symptoms of TB: No Class for TB

4. Classifications (Mark all that apply and also provide complete information on the DS-2054)

- | | |
|---|--|
| <input checked="" type="checkbox"/> No Class | <input type="checkbox"/> Class B2 TB, LTBI Evaluation |
| <input type="checkbox"/> Class A TB | <input type="checkbox"/> Class B3 TB, Contact Evaluation |
| <input type="checkbox"/> Class B1 TB, Pulmonary | <input type="checkbox"/> Class B Other |
| <input type="checkbox"/> Class B1, TB, Extrapulmonary | |

5. Remarks

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Form I-134, Affidavit of Support

(Answer all items. Type or print in black ink.)

I, Syed Rizwan Farooq, residing at 3830 Tomlinson Avenue
(Name) (Street Number and Name)
Riverside CA 92503 United States of America
(City) (State) (Zip Code if in U.S.) (Country)

certify under penalty of perjury under U.S. law, that:

1. I was born on 06/14/1987 in Chicago Illinois United States of America
(Date (mm/dd/yyyy)) (City) (State) (Country)

If you are not a U.S. citizen based on your birth in the United States, or a non-citizen U.S. national based on your birth in American Samoa (including Swains Island), answer the following as appropriate:

- a. If a U.S. citizen through naturalization, give Certificate of Naturalization number _____
- b. If a U.S. citizen through parent(s) or marriage, give Certificate of Citizenship number _____
- c. If U.S. citizenship was derived by some other method, attach a statement of explanation. _____
- d. If a Lawful Permanent Resident of the United States, give A-Number. _____
- e. If a lawfully admitted nonimmigrant, give Form I-94, Arrival-Departure Record, number _____

2. I am 26 years of age and have resided in the United States since 03/01/1995
(Date (mm/dd/yyyy))

3. This affidavit is executed on behalf of the following person:

Name (Family Name)	(First Name)	(Middle Name)	Gender	Age
Majeer	Tashfeen		F	27
Citizen of (Country)		Marital Status	Relationship to Sponsor	
Pakistan		Single	Fiance	
Presently resides at (Street Number and Name)		(City)	(State)	(Country)
Award House, 110-B, Bazar Wala		Multan	Punjab	Pakistan
Name of spouse and children accompanying or following to join person:				
Spouse	Gender	Age	Child	Gender Age
Child	Gender	Age	Child	Gender Age
Child	Gender	Age	Child	Gender Age

- 4. This affidavit is made by me for the purpose of assuring the U.S. Government that the person(s) named in item (3) will not become a public charge in the United States.
- 5. I am willing and able to receive, maintain, and support the person(s) named in item 3. I am ready and willing to deposit a bond, if necessary, to guarantee that such person(s) will not become a public charge during his or her stay in the United States, or to guarantee that the above named person(s) will maintain his or her nonimmigrant status, if admitted temporarily, and will depart prior to the expiration of his or her authorized stay in the United States.
- 6. I understand that:
 - a. Form I-134 is an "undertaking" under section 213 of the Immigration and Nationality Act, and I may be sued if the person(s) named in item 3 becomes a public charge after admission to the United States;
 - b. Form I-134 may be made available to any Federal, State, or local agency that may receive an application from the person(s) named in item 3 for Food Stamps, Supplemental Security Income, or Temporary Assistance to Needy Families; and
 - c. If the person(s) named in item 3 does apply for Food Stamps, Supplemental Security Income, or Temporary Assistance for Needy Families, my own income and assets may be considered in deciding the person's application. How long my income and assets may be attributed to the person(s) named in item 3 is determined under the statutes and rules governing each specific program.

7. I am employed as or engaged in the business of Environmental Health Specialist with County of San Bernardino
 (Type of Business) (Name of Concern)
 at 385 N Arrowhead Avenue San Bernardino CA 92415
 (Street Number and Name) (City) (State) (Zip Code)

I derive an annual income of: (If self-employed, I have attached a copy of my last income tax return or report of commercial rating concern which I certify to be true and correct to the best of my knowledge and belief. See instructions for nature of evidence of net worth to be submitted.)
\$47977

I have on deposit in savings banks in the United States:
\$3000

I have other personal property, the reasonable value of which is:
\$

I have stocks and bonds with the following market value, as indicated on the attached list, which I certify to be true and correct to the best of my knowledge and belief.
\$

I have life insurance in the sum of:
\$

With a cash surrender value of:
\$

I own real estate valued at:
\$

With mortgage(s) or other encumbrance(s) thereon amounting to: \$

Which is located at: _____
 (Street Number and Name) (City) (State) (Zip Code)

8. The following persons are dependent upon me for support: (Check the box in the appropriate column to indicate whether the person named is wholly or partially dependent upon you for support.)

Name of Person	Wholly Dependent	Partially Dependent	Age	Relationship to Me
<u>None</u>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

9. I have previously submitted affidavit(s) of support for the following person(s). If none, state "None".

Name of Person	Date submitted
<u>None</u>	

10. I have submitted a visa petition(s) to U.S. Citizenship and Immigration Services on behalf of the following person(s). If none, state "None".

Name of Person	Relationship	Date submitted
<u>None</u>		

11. I intend do not intend to make specific contributions to the support of the person(s) named in item 3.

(If you check "intend," indicate the exact nature and duration of the contributions. For example, if you intend to furnish room and board, state for how long and, if money, state the amount in U.S. dollars and whether it is to be given in a lump sum, weekly or monthly, and for how long.)
I intend to support Tashfeen Malik fully by providing a place to stay along with any other necessities for as long as she resides in U.S.A. Tashfeen Malik is my fiancee and we intend to marry within the first month of her arriving in the U.S.A. after which she will be my dependent.

Oath or Affirmation of Sponsor

I acknowledge that I have read "Sponsor and Alien Liability" on Page 2 of the instructions for this form, and am aware of my responsibilities as a sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended. S. Farooq

I certify under penalty of perjury under United States law that I know the contents of this affidavit signed by me and that the statements are true and correct.

Signature of Sponsor S. Farooq Date 4/22/14

COPY INTEROFFICE MEMO

1853



County of San Bernardino

DATE March 25, 2014

PHONE X74692

(b) (6) FROM (b) (6)

TO (b) (6)

SUBJECT REQUEST TO PROMOTE SYED FAROOK

Syed Farook, Emp. ID#E6222 has fulfilled his Underfill Agreement. I am requesting that the necessary paperwork to promote him to Environmental Health Specialist II, effective February 8, 2014 be processed. Attached you will find a copy of the Underfill Agreement, current R.E.H.S. Certification Card # and the Trainee Promotion form.

If you should have any questions or need additional information, please call me at (b) (6)

(b) (6)

Attachments

Cc: Syed Farook



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

TRAINEE PROMOTION

Must print in Black or Blue ink ONLY

Employee ID	Rcd No.	Last Name, First Name
E8222		Farook, Syed

Current Job Code Title

Job Code	Job Code Title	Department
5147	Environmental Health Specialist I	Public Health

Employee has successfully completed trainee requirements and is now eligible for promotion to:

Job Code	Job Code Title	Effective Date
5148	Environmental Health Specialist II	2/8/14

Appointing Authority or Designee	Signature	Telephone	Date
(b) (6)	[Redacted]	(b) (6)	3-25-14

Office Use Only

Reviewed By (Employee ID)	Date	Keyed By (Employee ID)	Date

DISTRIBUTION: Original -EMACS-HR (0030)



State of California
Department of Public Health
Registered Environmental
Health Specialist



Issued pursuant to California Health and Safety Code, Section 106600-106735

Biennial Renewal - Expires December 31, 2015
REGISTRATION NUMBER: 8239

MR SYED RIZWAN FAROOK

Signature: _____

S. Farook



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

UNDERFILL AGREEMENT

Please check the appropriate box(es): Trainee Budgetary

Must print in Black or Blue ink ONLY

Employee ID E8222	Last Name, First Name Farook, Syed R.	Purpose <input checked="" type="checkbox"/> New Hire <input type="checkbox"/> Promotion <input type="checkbox"/> Position No. Change	
Position No. 05538	Department Public Health	Contact Name/Phone Number (b) (6)	
Budgeted Job Title Environmental Health Specialist II		Job Code 05148	Grade/Step 54 / 1
Underfill Job Title Environmental Health Specialist I		Job Code 05147	Grade/Step 52 / 1

TRAINEE UNDERFILL (Complete section if applicable)

You will be assigned duties that provide training and experience to qualify you for the higher level Job Title of Environmental Health Specialist II

During your training period, you will receive more direct supervision and will have probationary status. No promotion shall be approved until you have successfully completed the probationary period, a training program, or met the minimum qualifications of the higher level position.

You will be eligible for promotion to the level of Environmental Health Specialist II upon qualifying for the position by meeting all of the following designated items:

- 1. Additional experience, specifically: At least two years as an Environmental Health Specialist I
- 2. Additional education, specifically: _____
- 3. Possession of certificate or license, specifically: Current Registered Environmental Health Specialist Certification
- 4. Work Performance Evaluation with "Overall Evaluation" of at least "Meets Job Standards"
- 5. Successful completion of an appropriate examination.
- 6. Other, specifically: _____

You will be working under trainee status and must qualify at the higher level by the prescribed date (or completed service hours): 01/28/14 or be terminated or returned to your former Job Title in which you have regular status. Promotion to the higher level initiates a new probationary period.

This Trainee Underfill Agreement provides the mechanism for promotion to the designated higher level Job Title. Placement on that eligible list through application and competition will not result in promotional consideration in this position number prior to meeting the requirements of this agreement.

BUDGETARY UNDERFILL (Complete section if applicable)

You will be working at the level of the Underfill job title: _____

Your assignment will remain at the Underfill level and you will not be compensated nor assigned the duties of the higher class (budgeted job title).

This budgetary underfill is temporary and will be terminated no later than twelve (12) months following approval date by the method designated below

- This employee will be moved to a position in the underfill job title.
- This position will be reclassified to the underfill job title, subject to Employment Division review.

UNDERSTAND AND AGREE TO WORK UNDER THE TERMS AND CONDITIONS DESCRIBED ABOVE.

Employee Signature <u>S Farook</u>	Date <u>1/31/2012</u>
Supervisor Signature (b) (6)	Date <u>1/30/2012</u>
Appointing Authority Signature (b) (6)	Date <u>1-30-12</u>
(b) (6)	Date <u>1/31/12</u>
(b) (6)	Date <u>01/09/12</u>

Handwritten: 4-2-15-2012

Handwritten: 2011-07-287

REVISED: Service hours were inadvertently left out when employee originally signed. Employee and Div. Chief has since initialed after date entered.



I-485 Adjudication Processing Worksheet

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

USCIS
Form G-1270

APP I485

MSC1491735268

A-Number: (b) (6)

Receipt Number:

Interview

Appeared for interview Yes No

No Show on:

Date

Initials

Current Date

Interview Date: 04-28-15

Interviewed by: (b) (6)

Schedule Request Granted?

Yes

No

A-file present at time of initial interview

Yes No

T-File

T-file Consolidated

Digitized File

Other File Present

EDMS Reviewed by:

Initials

Security Checks

TECS/SQ11 Check Current (within 180 days)

Yes

No

Is IBIS Resolution memo in file?

Yes

No

N/A

FBI Name Check

No Record

Waived

Positive Record:

Letterhead Memo (LHM) in file?

FD-258 Control #:

MA0749 N

Non-Ident

Waived

Process Date:

11/3/14

Ident (Check all that apply):

Current Rap Sheet

Certified Arrest + Court Disposition

Unclassifiable (check all that apply):

Sworn Statement

Police Clearance

Case Continued

Related-File

Fingerprints

Referred to:

Request for Evidence

Second Interview (QA)

Supervisor

Pending Policy Guidance

Other (Explain in "Notes" Sections)

FDNS (Complete Fraud Referral Sheet)

FBI Name Check

ICE

Visa Regressed (Complete Pre-Adjudication Worksheet)

Counsel

Supervisory Review

Reason for Review (check all that may apply):

Potentially disqualifying criminal history

T-File Adjudication

CARRP Adjudication

Deny

Officer Recommendation

Approve

Deny

Supervisory Review/Concurrence

Printed First Name:

Printed Last Name:

Title:

Signature:

Date:

Adjudication Outcome

TECS/SQ11 "Just in Time" Check Yes No

Visa availability
 Visa available at time of filing? Yes No N/A
 Visa available at time of approval Yes No N/A
 Visa allocation printout in file? Yes No N/A

Systems updated including ALL Pending Applications/Petitions ICMS Claims 3 CITRIX

Approved Denied Administratively Closed Withdrawn

23 III 2015

(b) (6)

Notes

K1 Visa
 Married within 90 days
 DOM- 8-16-14

Couple met thru online-website
 Petitioner visited applicant's parents, Saudi Arabia, in Oct. 2013
 Couple engaged in Oct. 2013

Pregnant applicant requested 3 mos after delivery of baby, (b) (6) Applicant requested the due date for vaccinations on 08-21-15. Applicant states that if the doctor says the vaccination can be done earlier, applicant will do it. RFE is due on 07-21-15

Based on interview, marriage appears bona fide.

(b) (6)

(b) (6)

Department of Homeland Security

FOR OFFICIAL USE ONLY

THE ATTACHED MATERIALS CONTAIN DEPARTMENT OF HOMELAND SECURITY INFORMATION THAT IS "FOR OFFICIAL USE ONLY," OR OTHER TYPES OF SENSITIVE BUT UNCLASSIFIED INFORMATION REQUIRING PROTECTION AGAINST UNAUTHORIZED DISCLOSURE. THE ATTACHED MATERIALS WILL BE HANDLED AND SAFEGUARDED IN ACCORDANCE WITH DHS MANAGEMENT DIRECTIVES GOVERNING PROTECTION AND DISSEMINATION OF SUCH INFORMATION.

AT A MINIMUM, THE ATTACHED MATERIALS WILL BE DISSEMINATED ONLY ON A "NEED-TO-KNOW" BASIS AND WHEN UNATTENDED, WILL BE STORED IN A LOCKED CONTAINER OR AREA OFFERING SUFFICIENT PROTECTION AGAINST THEFT, COMPROMISE, INADVERTENT ACCESS AND UNAUTHORIZED DISCLOSURE.

Your first name and initial Syed R	Last name Farook	OMB No. 1545-0074 Your social security number (b) (6)
If a joint return, spouse's first name and initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 3830 Tomlinson Ave	Apt. no.	▲ Make sure the SSN(s) above and on line 6c are correct. Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Riverside CA 92503		
Foreign country name	Foreign province/state/county	Foreign postal code

Filing status Check only one box.

1 <input checked="" type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)
--	---

Exemptions

6a **Yourself.** If someone can claim you as a dependent, do not check box 6a.

b **Spouse**

(1) First name		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
Last name				
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than six dependents, see instructions.

Boxes checked on 6a and 6b: **1**
 No. of children on 6c who:
 • lived with you: _____
 • did not live with you due to divorce or separation (see instructions): _____
 Dependents on 6c not entered above: _____
 Add numbers on lines above ▶ 1

d Total number of exemptions claimed.

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2.	7	47,977.
8a	Taxable interest. Attach Schedule B if required.	8a	
b	Tax-exempt interest. Do not include on line 8a.	8b	
9a	Ordinary dividends. Attach Schedule B if required.	9a	
b	Qualified dividends (see instructions).	9b	
10	Capital gain distributions (see instructions).	10	
11a	IRA distributions.	11a	
11b	Taxable amount (see instructions).	11b	
12a	Pensions and annuities.	12a	
12b	Taxable amount (see instructions).	12b	
13	Unemployment compensation and Alaska Permanent Fund dividends.	13	
14a	Social security benefits.	14a	
14b	Taxable amount (see instructions).	14b	
15	Add lines 7 through 14b (far right column). This is your total income. ▶	15	47,977.

Adjusted gross income

16	Educator expenses (see instructions).	16	
17	IRA deduction (see instructions).	17	
18	Student loan interest deduction (see instructions).	18	851.
19	Tuition and fees. Attach Form 8917.	19	
20	Add lines 16 through 19. These are your total adjustments.	20	851.
21	Subtract line 20 from line 15. This is your adjusted gross income. ▶	21	47,126.

Tax, credits, and payments	22	Enter the amount from line 21 (adjusted gross income).	22	47,126.
	23a	Check <input type="checkbox"/> You were born before January 2, 1949, <input type="checkbox"/> Blind <input type="checkbox"/> Spouse was born before January 2, 1949, <input type="checkbox"/> Blind } Total boxes checked <input type="checkbox"/> 23a		
	b	If you are married filing separately and your spouse itemizes deductions, check here <input type="checkbox"/> 23b		
Standard Deduction for— • People who check any box on line 23a or 23b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,100 Married filing jointly or Qualifying widow(er), \$12,200 Head of household, \$8,950	24	Enter your standard deduction .	24	6,100.
	25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.	25	41,026.
	26	Exemptions. Multiply \$3,900 by the number on line 6d.	26	3,900.
	27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-.		
		This is your taxable income .	27	37,126.
	28	Tax, including any alternative minimum tax (see instructions).	28	5,210.
	29	Credit for child and dependent care expenses. Attach Form 2441.	29	
	30	Credit for the elderly or the disabled. Attach Schedule R.	30	
	31	Education credits from Form 8863, line 19.	31	
	32	Retirement savings contributions credit. Attach Form 8880.	32	
33	Child tax credit. Attach Schedule 8812, if required.	33		
34	Add lines 29 through 33. These are your total credits .	34		
35	Subtract line 34 from line 28. If line 34 is more than line 28, enter -0-. This is your total tax .	35	5,210.	
36	Federal income tax withheld from Forms W-2 and 1099.	36	5,451.	

If you have a qualifying child, attach Schedule EIC.

37	2013 estimated tax payments and amount applied from 2012 return.	37	
38a	Earned income credit (EIC).	38a	
b	Nontaxable combat pay election.	38b	
39	Additional child tax credit. Attach Schedule 8812.	39	
40	American opportunity credit from Form 8863, line 8.	40	
41	Add lines 36, 37, 38a, 39, and 40. These are your total payments .	41	5,451.

Refund

Direct deposit? See instructions and fill in 43b, 43c, and 43d or Form 8888.

42	If line 41 is more than line 35, subtract line 35 from line 41. This is the amount you overpaid .	42	241.
43a	Amount of line 42 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> 43a		241.
b	Routing number <input type="text" value="122000496"/> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="text" value="(b) (6)"/>		
44	Amount of line 42 you want applied to your 2014 estimated tax .	44	

Amount you owe

45	Amount you owe. Subtract line 41 from line 35. For details on how to pay, see instructions.	45	
46	Estimated tax penalty (see instructions).	46	

Third party designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete the following. No

Designee's name Phone no. Personal identification number (PIN)

Sign here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list 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
<input type="text"/>	<input type="text"/>	Environmental Health Spec	(b) (6)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>

Paid preparer use only

Print/type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name <input type="text" value="Self-Prepared"/>				Firm's EIN <input type="text"/>
Firm's address <input type="text"/>				Phone no. <input type="text"/>

Tax History Report

2013

▶ Keep for your records

Name(s) Shown on Return

Syed R Farook

	Five Year Tax History:				
	2009	2010	2011	2012	2013
Filing status					Single
Total income					47,977.
Adjustments to income					851.
Adjusted gross income					47,126.
Tax expense					1,815.
Interest expense					
Contributions					300.
Miscellaneous deductions					0.
Other itemized deductions					
Total itemized/standard deduction ...					6,100.
Exemption amount					3,900.
Taxable income					37,126.
Tax					5,210.
Alternative minimum tax					
Total credits					
Other taxes					
Payments					5,451.
Form 2210 penalty					
Amount owed					
Applied to next year's estimated tax					
Refund					241.
Effective tax rate %					11.06
**Tax bracket %					25.0

**Tax bracket % is based on Taxable income.

Charitable Organization Worksheet

2013

▶ Keep for your records

Name(s) Shown on Return Syed R Farook	Social Security Number (b) (6)
--	-----------------------------------

Charity Name . . . Islamic Center of Riverside

Address _____

City _____ State _____ ZIP code . . . _____

Combined Amounts Worksheet				
Note: Amounts entered in worksheets below will be summarized in this worksheet.				
Ref. No.	Date	Donation Description	Donation Type	Donation Amount
1	Various		Money	300.00
			Total:	300.00
Prior Year Total:				

ItsDeductible Item Donations Worksheet								
Note: Amounts in this worksheet can only be entered using the interview process.								
Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value

* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

Syed R Farook

(b) (6)

Other Item Donations Worksheet				
Note: Double-click to enter additional information if needed.				
Ref. No.	Donated Date	Donation Description	Donation Cost	Donation Allowed
	Acquired Date	Donation Type How Acquired	How Valued Donation Value	

Detail of Money Donations Worksheet							
Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring			2013 Amount
				Once	Recur		
1	Various	300.00	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Recur	300.00
				<input type="checkbox"/>	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	<input type="checkbox"/>	Recur	

Detail of Mileage and Transportation Costs Worksheet						
Ref. No.	Donation Date	Description of Trip			Miles Driven Value of Miles	Total Donation Value
		Miles Per Trip	Trips Per Yr	Once or Recurring		
Other Costs	Description of Other Costs	Once	Recur			
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		

Syed R Farook

(b) (6)

Detail of Stock Donations Worksheet						
Ref. No.	Date of Donation	Stock Symbol, # shares	Value on Donation Date	Date Acquired	Stock Original Cost	Donation Value

Charitable Organization Questions

- 1 Was the **entire interest** given for all property donated to this charity? Yes No
- 2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? Yes No
- 3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? Yes No
- 4 What Type of charitable organization was it? Check one:
 (a) 50% charity (b) Other than 50% charity

Part I – Personal Information

Information in Part I is completely calculated from entries on Personal Information Worksheets.

Taxpayer:

First name Syed
 Middle initial R Suffix
 Last name Farook
 Social security no. (b) (6)
 Occupation Environmental Health Spec
 Date of birth 06/14/1987 (mm/dd/yyyy)
 Age as of 1-1-2014 26
 Daytime phone (b) (6) Ext _____
 Legally blind
 Date of death _____

Spouse:

First name _____
 Middle initial _____ Suffix _____
 Last name _____
 Social security no. _____
 Occupation _____
 Date of birth _____ (mm/dd/yyyy)
 Age as of 1-1-2014 _____
 Daytime phone _____ Ext _____
 Legally blind
 Date of death _____

Dependent of Someone Else:

Can taxpayer be claimed as dependent of another person (such as parent)? . . . Yes No
 If yes, was taxpayer claimed as dependent on that person's return? Yes No

Dependent of Someone Else:

Can spouse be claimed as dependent of another person (such as parent)? . . . Yes No
 If yes, was spouse claimed as dependent on that person's return? Yes No

Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? . . Yes No

Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? . . Yes No

Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . Yes No

Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . Yes No

Part II – Address and Federal Filing Status (enter information in this section)

Address 3830 Tomlinson Ave Apt no. _____
 City Riverside State CA ZIP code 92503
 Foreign province/county _____ Foreign postal code _____
 Foreign code _____ Foreign country _____

APO/FPO/DPO address, check if appropriate APO FPO DPO

Home phone _____
 Check to print phone number on Form 1040 . . . Home Taxpayer daytime Spouse daytime

Federal filing status:

- 1 Single
- 2 Married filing jointly
- 3 Married filing separately
 Check this box if you **did not** live with your spouse at any time during the year
 Check this box if you are eligible to claim your spouse's exemption (see Help)
- 4 Head of household
 If the 'qualifying person' is your child but **not** your dependent:
 Child's First name _____ MI _____ Last Name _____ Suff _____
 Child's social security number _____
- 5 Qualifying widow(er)
 Check the appropriate box for the year your spouse died 2011
 2012

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)			Qualified child/dep care exps incurred and paid 2013	E I C	Lived with taxpyr in U.S.	Educ Tuitn and Fees	* D e p
			Age	C o d e	Not qual for child tax cr					
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	

* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? ... Yes No
Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2013? ... Yes No
If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to get a federally funded benefit, such as Medicaid, and the Social Security card contains the legend Not Valid for Employment, check this box (see Help) ...
Check if you are filing head of household and your spouse is a nonresident alien and you lived with your spouse during the last six months of 2013 ...
Was EIC disallowed or reduced in a previous year and are you required to file Form 8862 this year? ... Yes No
Check if you were notified by the IRS that EIC cannot be claimed in 2013 or if you are ineligible to claim the EIC in 2013 for any other reason ...

Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)

Do you want to elect direct deposit of any federal tax refund? ... X Yes No
Do you want to elect direct debit of federal balance due (Electronic filing only)? ... Yes No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) ... Union Bank
Check the appropriate box ... Checking X Savings
Routing number ... 122000496 Account number ... (b) (6)

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to withdraw from the account above ...
Balance-due amount from this return ...

Part VI – Additional Information for Your Federal Return

Standard Deduction/Itemized Deductions:

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction ...
Check this box if you are married filing separately and your spouse itemized deductions ...
Check this box to take the standard deduction even if less than itemized deductions ...

Main Form Selection:

Check this box to calculate Form 1040 even if you qualify to use Form 1040A or 1040EZ. ...

Real Estate Professionals:

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) ... Yes No

Credit for Qualified Retirement Savings Contributions (Form 8880):

Is the taxpayer a full-time student? ... Yes No
Is the spouse a full-time student? ... Yes No

Foreign Tax Credit (Form 1116):

Check this box to file Form 1116 even if you're not required to file Form 1116 ...
Resident country ... USA

Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:

Excludable income of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands ...
Excludable income from Puerto Rico ...

Dual Status Alien Return:

Check this box if you are a dual-status alien ...

Third Party Designee:

Caution: Review transferred information for accuracy.
Do you want to allow another person to discuss this return with the IRS? ... Yes No
If Yes, complete the following:

Third party designee name ...
Third party designee phone number ...
Personal Identification number (enter any 5 numbers) ...
If you are entitled to a filing extension or other disaster relief provision as declared by the IRS, enter the appropriate information (see Help) ...

Part VI – Additional Information for Your Federal Return - Continued

Personal Representative for deceased taxpayers:

Name of personal representative required for E-filed returns when Form 1310 is not filed or it is not the surviving spouse ▶ _____

Part VII – State Filing Information

Identity Protection PIN:

If the IRS sent the taxpayer an Identity Protection PIN, enter it here ▶ _____

If the IRS sent the spouse an Identity Protection PIN, enter it here ▶ _____

Taxpayer:

Enter the taxpayer's state of residence as of December 31, 2013 ▶ CA

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year ▶

Taxpayer is a resident of the state above for only part of year ▶

Date the taxpayer established residence in state above ▶ _____

In which state (or foreign country) did the taxpayer reside before this change? ▶ _____

Spouse:

Enter the spouse's state of residence as of December 31, 2013 ▶ _____

Check the appropriate box:

Spouse is a resident of the state above for the entire year ▶

Spouse is a resident of the state above for only part of year ▶

Date the spouse established residence in state above ▶ _____

In which state (or foreign country) did the spouse reside before this change? ▶ _____

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint

Check this box if you are in a Registered Domestic Partnership or a civil union ▶

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS ▶

Check if this is the joint return created to file joint state tax return (see Help) ▶

Check this box if you are in a same-sex marriage ▶

If you checked the box on the line above, also check the appropriate box below:

Check if this is your federal return to be filed. ▶

Check if this is your individual return for filing state return only (see Help) ▶

Personal Information Worksheet
For the Taxpayer

2013

► Keep for your records

QuickZoom to another copy of Personal Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Taxpayer's Personal Information

First name . . . Syed Middle initial . R Last name . . . Farook
Suffix

Social security no. (b) (6) Member of U.S. Armed Forces in 2013? . . Yes No

Date of birth 06/14/1987 (mm/dd/yyyy) age as of 1-1-2014 26

Occupation Environmental Health Spec Daytime phone (b) (6) Ext _____

Marital status Single

If widowed, check the appropriate box for the year your spouse died:
After 2013 ► 2013 ► 2012 ► 2011 ► Before 2011 ►

Are you retired on total and permanent disability? (for Schedule R, see Help) ► Yes No

Check if this person is legally blind ►

If deceased, enter the date of death ► (mm/dd/yyyy) _____

Were you under the age of 16 as of 1-1-2014 and this is the first year you
are filing a tax return? ► Yes No

Do you want \$3 to go to Presidential Election Campaign Fund? ► Yes No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

1 Can someone (such as your parent) claim you as a dependent? ► Yes No

2 If you answered 'Yes' to question 1, are you actually claimed as a dependent
on that person's tax return? ► Yes No

Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.

3 Were you a full-time student during any part of five months during 2013? ► Yes No

4 Did your earned income exceed one-half of your support? ► Yes No

5 Was at least one of your parents alive on December 31, 2013? ► Yes No

Part III – Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2013 CA

Check the appropriate box:

This person is a resident of the state above for the entire year

This person is a resident of the state above for only part of year

Date this person established residence in state above ► _____

In which state (or foreign country) did this person reside before this change? ► _____

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2013 _____

► Keep for your records

Name(s) Shown on Return
Syed R Farook

Social Security Number
(b) (6)

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	47,977.		47,977.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.			
2	Total federal tax withheld	5,451.		5,451.
3 & 7	Total social security wages/tips			
4	Total social security tax withheld			
5	Total Medicare wages and tips	52,778.		52,778.
6	Total Medicare tax withheld	765.		765.
8	Total allocated tips			
9	Not used			
10	Total dependent care benefits			
11	Total distributions from nonqualified plans			
12 a	Total from Box 12	2,905.		2,905.
b	Elective deferrals to qualified plans			
c	Roth contributions to 401(k) & 403(b) plans			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan			
g	Income 409A nonqual deferred comp plan			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	Total other items from box 12	2,905.		2,905.
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
16	Total state wages and tips	47,977.		47,977.
17	Total state tax withheld	1,685.		1,685.
19	Total local tax withheld			

► Keep for your records

Name
Syed R Farook

Social Security Number
(b) (6)

Spouse's W-2
 Do not transfer this W-2 to next year

Military: Complete Part VI on Page 2 below

a Employee's social security No. (b) (6)
b Employer's ID number
c Employer's name, address, and ZIP code
County of San Bernardino

Street 222 W Hospitality Lane
City San Bernardino
State CA ZIP Code 92415-0018
Foreign Country _____

1 Wages, tips, other compensation
47,976.51
3 Social security wages

5 Medicare wages and tips
52,777.57
7 Social security tips

9 _____

11 Nonqualified plans

12 Enter box 12 below

2 Federal income tax withheld
5,450.50
4 Social security tax withheld

6 Medicare tax withheld
765.27
8 Allocated tips

10 Dependent care benefits

Distributions from sect. 457 and nonqualified plans (Important, see Help)

d Control number . _____

Transfer employee information from the Federal Information Worksheet

e Employee's name
First Syed M.I. R
Last Farook Suff. _____
f Employee's address and ZIP code
Street 3830 Tomlinson Ave
City Riverside
State CA ZIP Code 92503
Foreign Country _____

13 Statutory employee
 Retirement plan
 Third-party sick pay

14 Enter box 14 below after entering boxes 18, 19, and 20.
NOTE: Enter box 15 before entering box 14.

Box 12 Code	Box 12 Amount
C	68.53
DD	2,836.24

If Box 12 code is:
A: Enter amount attributable to RRTA Tier 2 tax _____
M: Enter amount attributable to RRTA Tier 2 tax _____
P: Double click to link to Form 3903, line 4. _____
R: Enter MSA contribution for Taxpayer _____
Spouse _____
W: Enter HSA contribution for Taxpayer _____
Spouse _____
G: Employer is not a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
CA	800-9596-1	47,976.51	1,685.09

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

Name(s) Shown on Return Syed R Farook	Social Security Number (b) (6)
--	-----------------------------------

Estimated Tax Payments for 2013 (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/15/13		04/15/13			04/15/13		
2	06/17/13		06/17/13			06/17/13		
3	09/16/13		09/16/13			09/16/13		
4	01/15/14		01/15/14			01/15/14		
5								
Tot Estimated Payments . . .								

	Federal	State	ID	Local	ID
Tax Payments Other Than Withholding (If multiple states, see Tax Help)					
6 Overpayments applied to 2013					
7 Credited by estates and trusts					
8 Totals Lines 1 through 7					
9 2013 extensions					

Taxes Withheld From:	Federal	State	Local
10 Forms W-2	5,451.	1,685.	
11 Forms W-2G			
12 Forms 1099-R			
13 Forms 1099-MISC and 1099-G			
14 Schedules K-1			
15 Forms 1099-INT, DIV and OID			
16 Social Security and Railroad Benefits			
17 Form 1099-B			
18 a Other withholding			
b Other withholding			
c Other withholding			
d Positive Adjustment			
e Negative Adjustment			
f Additional Medicare Tax			
19 Total Withholding Lines 10 through 18f	5,451.	1,685.	
20 Total Tax Payments for 2013	5,451.	1,685.	

Prior Year Taxes Paid In 2013 (If multiple states or localities, see Tax Help)	State	ID	Local	ID
21 Tax paid with 2012 extensions				
22 2012 estimated tax paid after 12/31/2012				
23 Balance due paid with 2012 return				
24 Other (amended returns, installment payments, etc) . .				

Earned Income Worksheet

2013

► Keep for your records

Name(s) Shown on Return Syed R Farook	Social Security Number (b) (6)
--	-----------------------------------

Part I – Earned Income Credit Wks Computation	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income			
b Optional Method and Church Employee income			
c Add lines 1a and 1b			
d One-half of self-employment tax			
e Subtract line 1d from line 1c			
2 If not required to file Schedule SE:			
a Net farm profit or (loss)			
b Net nonfarm profit or (loss)			
c Add lines 2a and 2b			
3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ			
4 Add lines 1e, 2c and 3. To EIC Wks, line 5			

Part II – Form 2441 and Standard Deduction Worksheet Computations			
5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	47,977.		47,977.
7 Taxable employer-provided adoption benefits			
8 Add lines 5 through 7. To Form 2441, lines 19 and 20	47,977.		47,977.
9 a Taxable dependent care benefits			
b Nontaxable combat pay			
10 Add lines 8, 9a and 9b. To Form 2441, lines 4 and 5	47,977.		47,977.
11 Scholarship or fellowship income not on W-2			
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 8, 9a and 11 through 13. To Standard Deduction Worksheet	47,977.		47,977.

Part III – IRA Deduction Worksheet Computation			
15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	47,977.		47,977.
17 Net self-employment loss			
18 Alimony received			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, ln 2.	47,977.		47,977.

Part IV – Schedule 8812 and Child Tax Credit Line 11 Worksheet Computations			
23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	47,977.		47,977.
25 Nontaxable combat pay			
26 Foreign earned income exclusion			
27 Combine lines 23 through 26. To Schedule 8812, line 4a & Line 11 Wks, line 2.	47,977.		47,977.

Name(s) Shown on Return
Syed R Farook

Social Security Number
(b) (6)

Part I Information from Form(s) 1098-E, Student Loan Interest Statement

(a) Lender's name	(b) Borrower (Taxpayer, Spouse)	(c) Borrower's social security number	(d) Prior Year Student Loan Interest	(e) Student loan interest (Box 1)
MOHELA	Taxpayer	(b) (6)		851.
Total student loan interest				851.

Part II Computation of Student Loan Interest Deduction

1	Enter the total interest you paid in 2013 on qualified student loans (see Form 1040 instructions).	1	851.
2	Enter the smaller of line 1 or \$2,500	2	851.
3	Modified AGI Note: If line 3 is \$75,000 or more if single, head of household, or qualifying widow(er) or \$155,000 or more if married filing jointly, stop here . You cannot take the deduction.	3	47,977.
4	Enter: \$60,000 if single, head of household, or qualifying widow(er); \$125,000 if married filing jointly	4	60,000.
5	Subtract line 4 from line 3. If zero or less, enter -0- here and on line 7, skip line 6, and go on to line 8	5	0.
6	Divide line 5 by \$15,000 or \$30,000 if married filing jointly. Enter the result as a decimal (rounded to at least three places)	6	
7	Multiply line 2 by line 6	7	0.
8	Student loan interest deduction. Subtract line 7 from line 2. Enter the result here and on Form 1040, line 33. Do not include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.)	8	851.

* **Modified AGI** is the amount from Form 1040, line 22, increased by any excludable income from Puerto Rico, or of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands, and foreign earned income/housing exclusion, and decreased by amounts on Form 1040, lines 23 through 32 and any write-in amount next to line 36, not including the Foreign housing deduction on line A of the Other Adjustments to Income Smart Worksheet.

Federal Carryover Worksheet

2013

▶ Keep for your records

Name(s) Shown on Return Syed R Farook	Social Security Number (b) (6)
--	-----------------------------------

2012 State and Local Income Tax Information (See Tax Help)

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
Totals . . .						

Other Tax and Income Information			2012	2013
1	Filing status	1		1 Single
2	Number of exemptions for blind or over 65 (0 - 4).	2		
3	Itemized deductions	3		2,115.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5		47,126.
6	Tax liability for Form 2210 or Form 2210-F	6		5,210.
7	Alternative minimum tax	7		
8	Federal overpayment applied to next year estimated tax.	8		

QuickZoom to the IRA Information Worksheet for IRA information ▶

Excess Contributions			2012	2013
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a		
	b Spouse's excess Archer MSA contributions as of 12/31	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31.	10 a		
	b Spouse's excess Coverdell ESA contributions as of 12/31.	b		
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a		
	b Spouse's excess HSA contributions as of 12/31	b		

Loss and Expense Carryovers			2012	2013
Note: Enter all entries as a positive amount				
12 a	Short-term capital loss.	12 a		
	b AMT Short-term capital loss	b		
13 a	Long-term capital loss	13 a		
	b AMT Long-term capital loss	b		
14 a	Net operating loss available to carry forward	14 a		
	b AMT Net operating loss available to carry forward	b		
15 a	Investment interest expense disallowed	15 a		
	b AMT Investment interest expense disallowed	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2013.			
	b 2012.	b		
	c 2011.	c		
	d 2010.	d		
	e 2009.	e		
	f 2008.	f		

Name (s)
Syed R Farook

Total income	47,977.
Adjustments to income	851.
Adjusted gross income	47,126.
Itemized/standard deduction	6,100.
Exemption amount	3,900.
Taxable income	37,126.
Tentative tax	5,210.
Additional taxes	
Alternative minimum tax	
Total credits	
Other taxes	
Total tax	5,210.
Total payments	5,451.
Estimated tax penalty	
Amount Overpaid	241.
Refund	241.
Amount Applied to Estimate	
Balance due	0.

Which Form 1040 to file?

You must use Form 1040A or Form 1040 because you claimed a student loan interest deduction.

Compare to U. S. Averages

2013

▶ Keep for your records

Name(s) Shown on Return Syed R Farook	Social Security No. (b) (6) XXXXXXXXXX
---	---

Your 2013 adjusted gross income (AGI) 47,126.
 National adjusted gross income range used below from 30,000. to 49,999.

Note: National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages	47,977.	37,223.
Taxable interest		1,243.
Tax-exempt interest		6,215.
Dividends		3,016.
Business net income		14,396.
Business net loss		6,804.
Net capital gain		5,552.
Net capital loss		2,300.
Taxable IRA		9,936.
Taxable pensions and annuities		18,020.
Rent and royalty net income		7,620.
Rent and royalty net loss		9,112.
Partnership and S corporation net income		13,801.
Partnership and S corporation net loss		11,894.
Taxable social security benefits		7,272.
<hr/>		
Medical and dental expenses deduction		7,179.
Taxes paid deduction	1,815.	4,124.
Interest paid deduction		7,689.
Charitable contributions deduction	300.	2,365.
Total itemized deductions	2,115.	15,946.
<hr/>		
Child care credit		611.
Education tax credits		1,067.
Child tax credit		1,053.
Retirement savings contributions credit		190.
Earned income credit		1,374.
<hr/>		
Other Information	Actual Per Return	National Average
Adjusted gross income	47,126.	40,398.
Taxable income	37,126.	22,584.
Income tax	5,210.	2,919.
Alternative minimum tax		2,947.
Total tax liability	5,210.	3,071.

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Syed R Farook

Primary SSN: (b) (6)

Federal Return Submitted: April 19, 2014 07:25 AM PDT

Federal Return Acceptance Date: _____

Your return was electronically transmitted on 04/19/2014

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 15, 2014. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 15, 2014, your Intuit electronic postmark will indicate April 15, 2014, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 15, 2014, and a corrected return is submitted and accepted before April 20, 2014. If your return is submitted after April 20, 2014, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2014. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2014, and the corrected return is submitted and accepted by October 20, 2014.

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

Smart Worksheets from your 2013 Federal Tax Return

SMART WORKSHEET FOR: Form 1040A: Individual Tax Return

Tax Smart Worksheet	
A Tax	5,210.
Check if from:	
1 Tax table	<input checked="" type="checkbox"/>
2 Qualified Dividends and Capital Gain Tax Worksheet	<input type="checkbox"/>
3 Form 8615	<input type="checkbox"/>
B Recapture tax from Form 8863	
C Alternative minimum tax	
D Tax. Add lines A through C. Enter the result here and on line 28	5,210.

TAXABLE YEAR **2013** **California Online e-file Return Authorization** for Individuals FORM **8453-OL**

Your first name and initial SYED R		Last name FAROOK	Your SSN or ITIN (b) (6)
If filing jointly, spouse's/RDP's first name		Last name	Spouse's/RDP's SSN or ITIN
Address (number and street or P.O. Box) 3830 TOMLINSON AVE	Apt. no.	PMB/Private mailbox	Daytime telephone number (b) (6)
City RIVERSIDE	State CA	ZIP Code 92503	
Foreign country name	Foreign province/state/county	Foreign postal code	

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income. (Form 540, line 17; Form 540 2EZ, line 16; Long Form 540NR, line 32; or Short Form 540NR, line 32)	1	47,126.
2 Refund or no amount due. (Form 540, line 115; Form 540 2EZ, line 28; Long Form 540NR, line 125; or Short Form 540NR, line 125)	2	125.
3 Amount you owe. (Form 540, line 111; Form 540 2EZ, line 27; Long Form 540NR, line 121; or Short Form 540NR, line 121)	3	

Part II Settle Your Account Electronically for Taxable Year 2013 (Due 04/15/2014)

4 Direct deposit of refund
 5 Electronic funds withdrawal 5a Amount _____ 5b Withdrawal date (mm/dd/yyyy) _____

Part III Make Estimated Tax Payments for Taxable Year 2014 These are not installment payments for the current amount you owe.

	First Payment Due 4/15/14	Second Payment Due 6/16/14	Third Payment Due 9/15/14	Fourth Payment Due 1/15/15
6 Amount				
7 Withdrawal date				

Part IV Banking Information (Have you verified your banking information?)

8 Amount of refund to be directly deposited to account below 125. 12 The remaining amount of my refund for direct deposit _____
 9 Routing number 122000496 13 Routing number _____
 10 Account number (b) (6) 14 Account number _____
 11 Type of account: Checking Savings 15 Type of account: Checking Savings

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to the Franchise Tax Board (FTB), either directly or through e-file software, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above, agrees with the information and amounts shown on the corresponding lines of my 2013 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements to be transmitted to the FTB directly or through the e-file software. If the processing of my return or refund is delayed, I authorize the FTB to disclose to me, either directly or through the e-file software, the reason(s) for the delay or the date when the refund was sent.

Sign Here

Your signature Date

Spouse's/RDP's signature. If filing jointly, both must sign. Date

It is unlawful to forge a spouse's/RDP's signature.

California Resident Income Tax Return 2013

540 C1 Side 1

APE

DO NOT ATTACH FEDERAL RETURN

(b) (6)

SYED

FARO
R FAROOK

13

3830 TOMLINSON AVE
RIVERSIDE

CA 92503

06-14-1987

- 1 Single
- 2 Married/RDP filing jointly. See inst.
- 3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here
- 4 Head of household (with qualifying person). See instructions.
- 5 Qualifying widow(er) with dependent child. Enter year spouse/RDP died

If your California filing status is different from your federal filing status, check the box here

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst.

► For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. **Whole dollars only**

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2, in the box. If you checked the box on line 6, see instructions .. 7 X \$106 = \$

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 8 X \$106 = \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 ● 9 X \$106 = ● \$

10 **Dependents: Do not include yourself or your spouse/RDP.**

First name	Last name	Dependent's relationship to you
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions..... ● 10 X \$326 = ● \$

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32..... ● 11 \$

Your name: SYED R FAROOK

Your SSN or ITIN: (b) (6)

- 12 State wages from your Form(s) W-2, box 16 ● 12 47977.00
- 13 Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4 ● 13 47126.00
- 14 California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B ... ● 14
- 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 47126.00
- 16 California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C ● 16
- 17 California adjusted gross income. Combine line 15 and line 16 ● 17 47126.00
- 18 Enter the larger of:
 - Your California itemized deductions from Schedule CA (540), line 44; OR
 - Your California standard deduction shown below for your filing status:
 - Single or Married/RDP filing separately\$3,906
 - Married/RDP filing jointly, Head of household, or Qualifying widow(er)\$7,812
 - If the box on line 6 is checked, STOP. See instructions ● 18 3906.00
- 19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0- ● 19 43220.00

- 31 Tax. Check the box if from:
 - Tax Table
 - Tax Rate Schedule
 - FTB 3800
 - FTB 3803..... ● 31 1666.00
- 32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$172,615, see instructions..... ● 32 106.00
- 33 Subtract line 32 from line 31. If less than zero, enter -0- ● 33 1560.00
- 34 Tax. See instructions. Check the box if from:
 - Schedule G-1
 - FTB 5870A..... ● 34
- 35 Add line 33 and line 34. ● 35 1560.00

- 40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions ● 40
- 41 New jobs credit, amount generated. See instructions ● 41
- 42 New jobs credit, amount claimed. See instructions ● 42
- 43 Enter credit name [] code ● [] and amount ... ● 43
- 44 Enter credit name [] code ● [] and amount ... ● 44
- 45 To claim more than two credits, see instructions. Attach Schedule P (540)..... ● 45
- 46 Nonrefundable renter's credit. See instructions ● 46
- 47 Add line 40 and line 42 through line 46. These are your total credits..... ● 47
- 48 Subtract line 47 from line 35. If less than zero, enter -0- ● 48 1560.00

Your name: SYED R FAROOK

Your SSN or ITIN: (b) (6)

61	Alternative minimum tax. Attach Schedule P (540)	61		.00
62	Mental Health Services Tax. See instructions.	62		.00
63	Other taxes and credit recapture. See instructions.	63		.00
64	Add line 48, line 61, line 62, and line 63. This is your total tax.	64	1560	.00

71	California income tax withheld. See instructions.	71	1685	.00
72	2013 CA estimated tax and other payments. See instructions.	72		.00
73	Real estate and other withholding. See instructions.	73		.00
74	Excess SDI (or VPD) withheld. See instructions.	74		.00
75	Add line 71, line 72, line 73, and line 74. These are your total payments. See instructions.	75	1685	.00

91	Overpaid tax. If line 75 is more than line 64, subtract line 64 from line 75.	91	125	.00
92	Amount of line 91 you want applied to your 2014 estimated tax	92	0	.00
93	Overpaid tax available this year. Subtract line 92 from line 91	93	125	.00
94	Tax due. If line 75 is less than line 64, subtract line 75 from line 64.	94		.00

Your name: SYED R FAROOK

Your SSN or ITIN: (b) (6)

95 Use Tax. This is not a total line. See instructions 95 .00

Contributions

	Code	Amount
California Seniors Special Fund. See instructions.	400	.00
Alzheimer's Disease/Related Disorders Fund	401	.00
California Fund for Senior Citizens	402	.00
Rare and Endangered Species Preservation Program.	403	.00
State Children's Trust Fund for the Prevention of Child Abuse	404	.00
California Breast Cancer Research Fund.	405	.00
California Firefighters' Memorial Fund	406	.00
Emergency Food for Families Fund.	407	.00
California Peace Officer Memorial Foundation Fund	408	.00
California Sea Otter Fund	410	.00
Municipal Shelter Spay-Neuter Fund	412	.00
California Cancer Research Fund	413	.00
Child Victims of Human Trafficking Fund	419	.00
California YMCA Youth and Government Fund	420	.00
California Youth Leadership Fund.	421	.00
School Supplies for Homeless Children Fund.	422	.00
State Parks Protection Fund/Parks Pass Purchase.	423	.00
Protect Our Coast and Oceans Fund.	424	.00
Keep Arts in Schools Fund	425	.00
American Red Cross, California Chapters Fund	426	.00
110 Add code 400 through code 426. This is your total contribution	110	.00

Your name: SYED R FAROOK

Your SSN or ITIN: (b) (6)

111 AMOUNT YOU OWE. Add line 94, line 95, and line 110. See instructions. Do not send cash.

Mail to: FRANCHISE TAX BOARD
PO BOX 942867

SACRAMENTO CA 94267-0001 111

Pay online - Go to ftb.ca.gov for more information.

00

112 Interest, late return penalties, and late payment penalties 112

00

113 Underpayment of estimated tax. Check the box: FTB 5805 attached FTB 5805F attached. 113

00

114 Total amount due. See instructions. Enclose, but do not staple, any payment 114

00

115 REFUND OR NO AMOUNT DUE. Subtract line 95 and line 110 from line 93. See instructions.

Mail to: FRANCHISE TAX BOARD
PO BOX 942840

SACRAMENTO CA 94240-0001 115

1 2 5 00

Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip. See instructions.

Have you verified the routing and account numbers? Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Type Checking Savings

Routing number: 1 2 2 0 0 0 4 9 6

Account number: (b) (6)

116 Direct deposit amount: 1 2 5 00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Type Checking Savings

Routing number: []

Account number: []

117 Direct deposit amount: [] 00

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature: X

Date: []

Spouse's/RDP's signature (if a joint tax return, both must sign): X

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? (See instructions.)

Your email address (optional). Enter only one email address: []

Daytime phone number (optional): (b) (6)

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge): []

Firm's name (or yours, if self-employed): SELF PREPARED

PTIN: []

Firm's address: []

FEIN: []

Do you want to allow another person to discuss this tax return with us? See instructions. Yes No

Print Third Party Designee's Name: []

Telephone Number: []

Part I – Personal Information

<p>Taxpayer: First Name <u>Syed</u> Middle Initial <u>R</u> Suffix _____ Last Name <u>Farook</u> Social Security No. <u>(b) (6)</u> Date of Birth <u>06/14/1987</u> (mm/dd/yyyy) or age as of 1-1-2014 <u>26</u> Date of Death _____ (mm/dd/yyyy) Legally blind <input type="checkbox"/> Daytime Phone <u>(b) (6)</u> Ext _____ Home phone _____ Your email address to print on Form 540, 540 2EZ or 540NR (optional) _____ Check to print phone number on Form 540. . . <input checked="" type="checkbox"/> Taxpayer daytime <input type="checkbox"/> Spouse/RDP day <input type="checkbox"/> Home</p>	<p>Spouse/RDP: First Name _____ Middle Initial _____ Suffix _____ Last Name _____ Social Security No. _____ Date of Birth _____ (mm/dd/yyyy) or age as of 1-1-2014 _____ Date of Death _____ (mm/dd/yyyy) Legally blind <input type="checkbox"/> Daytime Phone _____ Ext _____</p>
--	--

c/o Address _____
 Street Address . . 3830 Tomlinson Ave
 Unit Description . . _____ Unit Number _____ Private Mailbox (PMB) . _____
 City Riverside State CA ZIP Code 92503
 Foreign province/county _____ Foreign postal code _____
 Foreign country . . _____

Military Filers:
 APO FPO
 Military indicator . . ▶ Taxpayer _____ Spouse/RDP _____

Part II – Main Form

Form 540: Resident Income Tax Return (Long form) ▶
 Form 540 2EZ: Resident Income Tax Return ▶
 Form 540NR: Nonresident or Part-Year Resident Income Tax Return ▶
 Enter your state of residence as of December 31, 2013 CA
 Resident entire year
 Resident part of year
 Date you established residence in state above _____
 In which state (or foreign country) did you reside before this change? _____
 QuickZoom to enter Part-Year and Nonresident income allocations on Schedule CA(NR) . . ▶ _____

Part III – Filing Status

Single
 Married/RDP filing joint return
 Married/RDP filing separate return
 You did not live with spouse at any time during the year
 Yes No
 If filing electronically, is spouse a CA Nonresident?
 If filing electronically, is spouse Active Duty Military?
 Head of household (with qualifying person) **Stop.** See instructions.
 If the 'qualifying person' is your child but not your dependent:
 Child's name _____
 Child's social security number _____
 Qualifying widow(er)
 Year spouse/RDP died . . . 2011 2012
 Check the box if your California filing status is different from your federal filing status.

Part IV – Dependent Information

First Name	I	Last Name	Social Security Number	Relationship

Part V – Standard Deduction/Itemized Deductions

- Calculate California itemized deductions even if itemized deductions are less than the standard deduction
- You are married filing separately and your spouse itemized deductions
- Take the standard deduction even if less than itemized deductions

Part VI – Other Information

Prior Name:

If you filed your 2012 return under a different last name, enter the last name **only** from the 2012 return ▶ Taxpayer . _____ Spouse/RDP _____

Dependent of Someone Else:

Taxpayer Spouse
 Can someone (such as a parent) claim you and/or your spouse/RDP as a dependent?

Interest and Penalties:

Returns filed late: Enter interest, late return and late payment penalties _____

Farmers and Fishermen:

- At least two-thirds of your 2012 or 2013 gross income is from farming or fishing
- Return will be filed and tax due will be paid by March 3, 2014

Mandatory Electronic Payments

- You are required to make California tax payments electronically
- A waiver is or will be in effect for the current year
- Force print all payment vouchers even if required to pay electronically

Schedule W-2:

You do not want to complete Schedule W-2

Executor/Guardian Information:

First Name MI Last Name Suf.
Executor/Guardian _____
Executor type (if filing electronically) : _____

Third Party Designee:

Yes No
 Do you want to allow another person to discuss your return with the Franchise Tax Board?
If yes, enter the person's name Telephone
First . _____ Middle init . _____ Last Name _____ Suffix _____

Disasters:

Claiming a disaster loss (see FTB Publication 1034)
QuickZoom to enter disaster explanation ▶ _____

Outside of the USA:

You were living or travelling outside the United States on April 15, 2014

Special Condition Text (prints at the top of Form 540, 540 2EZ or 540NR)

Part VII – Direct Deposit Information or Direct Debit Information

Yes No
 Do you want to elect direct deposit of state tax refund?
 Do you want direct debit of state tax payment (Electronic Filing Only)?

Bank Information:

Enter the following information if you want to directly deposit any state tax refund or direct debit of state tax payment:
Name of Financial Institution (optional) Union Bank
Account type Checking . Savings .
Routing number 122000496
Account number (b) (6)

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to debit the account above _____
State balance-due amount from this return _____

International ACH Transactions

Yes No

Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part VIII - California Contributions

Table with 21 rows listing California contributions such as California Seniors Special Fund, Alzheimer's Disease and Related Disorders Fund, etc.

Part IX - Extension Status

Yes No

Have you filed Form 3519 - "Payment Voucher for Automatic Extension for Individuals" or extended the federal tax return?

If Yes, enter the extended due date

QuickZoom to Form 3519: Payment voucher for automatic extension

Automatic extension information for military filers (Electronic Filing Only):

Table with 2 columns: Taxpayer, Spouse. Rows include Beginning Military Date, Ending Military Date, Combat zone/QHDA Operation or Area Served.

Part X - Amended Return

Are you filing a California amended return?

Enter the tax year you are amending

Previous California payment made

Previous California refund received

QuickZoom here to Form 540X

QuickZoom to Form 540

QuickZoom to Form 540 2EZ

QuickZoom to Form 540NR

Tax Payments Worksheet

2013

► Keep for your records

Name Syed R Farook	Social Security Number (b) (6) XXXXXXXXXX
-----------------------	--

Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	
8	Total tax payments	8	

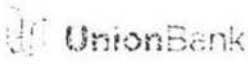
Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	1,685.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
13	Other state tax withholding	13	
14	Total income tax withheld	14	1,685.
15	Date return will be filed and balance paid	15	

Smart Worksheets from your 2013 California Tax Return

SMART WORKSHEET FOR: Form 540: California Resident Income Tax Return

Form 540 California Income Tax Withheld Smart Worksheet	
A	California income tax withheld from the Tax Payments Worksheet <u>1,685.</u>
B	Real estate and other withholding from Form(s) 592-B and 593 entered on the federal Tax Payments Worksheet and included on line A _____ Note: Make sure that the amount on line B is reported on the federal Tax Payments Worksheet or you will not get the state income tax deduction on your federal Schedule A.
C	California income tax withheld for line 71. Subtract line B from line A <u>1,685.</u>



STATEMENT OF ACCOUNTS

Page 1 of 1
Statement Number: (b) (6)
01/25/14 - 02/21/14

UNION BANK
DIRECT BANKING CENTER 0245
PO BOX 513840
LOS ANGELES CA 90051-3840

Telephone Banking
For 24-hour Automated Direct Service
800-238-4486
800-826-7345(TDD)
Representatives are available
Monday through Saturday

To open additional accounts,
or apply for loans, call your
banking office at 714-985-2105

You may also access your account online
at unionbank.com

Thank you for banking with us
since 2012

SYED RIZWAN FAROOK
3830 TOMLINSON AVE
RIVERSIDE CA 92503-3113

- Tax season is a great time to be thinking about a contribution to your traditional or Roth IRA. You can make a 2013 IRA contribution until the April 15, 2014 tax filing deadline. If you've retired, or changed jobs, Union Bank can also help you transfer your employer sponsored retirement plan with a Rollover IRA. Just visit your local branch or call us at 800-304-3854 option 1.

Union Bank Essentials Checking Summary

Account Number: (b) (6)

Days in statement period: 28

Balance on 1/25	\$	2,443.37
Additions		200.00
Subtractions		-325.00
	Payments	-25.00
	ATM withdrawals	-300.00
Balance on 2/21	\$	2,318.37
Statement Average Ledger Balance		2,405.87

We waived your service charge this statement period.

Additions

Date	Description/Location	Reference	Amount
2/5	SANBERNARDINO CO EMACS-P03 PPD *****-002	53086038	\$ 100.00
2/19	SANBERNARDINO CO EMACS-P04 PPD *****-002	51418179	100.00
Total			\$ 200.00

Payments online and electronic banking

Date	Description/Location	Reference	Amount
1/27	ATS SERV TRANSFER XXXXXX3319	65451910	\$ 25.00

ATM withdrawals

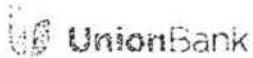
Date	Description/Location	Reference	Amount
2/14	UNION BANK RIVERSIDE DOWNT RIVERSIDE70454823 CA		\$ 300.00

Purchases ATM card and Debit card™ purchases

<i>Date</i>	<i>Description/Location</i>	<i>Reference</i>	<i>Amount</i>
3/14	SUBWAY 466 W 5TH STREE SAN BERNARDIN CA	70723629	6.50
3/14	COLDSTONE 9867 MAGNOLIA A RIVERSIDE CA	70721885	10.87
3/17	IN-N-OUT B 108 E. EASTON S RIALTO CA	70736771	5.78
3/17	ELIAS PITA 1490 UNIVERSITY RIVERSIDE CA	70737231	13.07
3/18	LITTLE CAE 19069 VAN BUREN RIVERSIDE CA	70766748	5.40
3/18	UPS (800) 1391 Spruce St RIVERSIDE CA	70768480	34.00
3/19	BOBA-LOCA 19009 VAN BUREN RIVERSIDE CA	70769762	3.95
Total			\$ 142.10

ATM withdrawals

<i>Date</i>	<i>Description/Location</i>	<i>Reference</i>	<i>Amount</i>
3/7	UNION BANK RIVERSIDE DOWNT RIVERSIDE CA	70650359	\$ 400.00



STATEMENT OF ACCOUNTS

Page 1 of 1
Statement Number: (b) (6)
01/25/14 - 02/21/14

UNION BANK
DIRECT BANKING CENTER 0245
PO BOX 513840
LOS ANGELES CA 90051-3840

Telephone Banking
For 24-hour Automated Direct Service
800-238-4486
800-826-7345(TDD)
Representatives are available
Monday through Saturday

To open additional accounts,
or apply for loans, call your
banking office at 714-985-2105

You may also access your account online
at unionbank.com

Thank you for banking with us
since 2012

SYED RIZWAN FAROOK
3830 TOMLINSON AVE
RIVERSIDE CA 92503-3113

- Tax season is a great time to be thinking about a contribution to your traditional or Roth IRA. You can make a 2013 IRA contribution until the April 15, 2014 tax filing deadline. If you've retired, or changed jobs, Union Bank can also help you transfer your employer sponsored retirement plan with a Rollover IRA. Just visit your local branch or call us at 800-304-3854 option 1.

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Subtractions		-325.00
Payments	-25.00	
ATM withdrawals	-300.00	
Balance on 2/21	\$	2,318.37
Statement Average Ledger Balance		2,405.87

We waived your service charge this statement period.

Additions

Date	Description/Location	Reference	Amount
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2/19	SANBERNARDINO CO EMACS-P04 PPD *****-002	51418179	100.00
Total			\$ 200.00

Payments *online and electronic banking*

Date	Description/Location	Reference	Amount
1/27	ATS SERV TRANSFER XXXXXX3319	65451910	\$ 25.00

ATM withdrawals

Date	Description/Location	Reference	Amount
2/14	UNION BANK RIVERSIDE DOWNT RIVERSIDE70454823 CA		\$ 300.00

Form **W-2 Wage and Tax Statement 2013**

c Employer's name, address, and ZIP code
COUNTY OF SAN BERNARDINO
222 W HOSPITALITY LANE
SAN BERNARDINO CA 92415-0018

e Employee's name, address, and ZIP code
SYED R FAROOK
3830 TOMLINSON AVE
RIVERSIDE CA 92503-3113

7 Social security tips	1 Wages, tips, other compensation 47976.51	2 Federal income tax withheld 5450.50
8 Allocated tips	3 Social security wages	4 Social security tax withheld
9	5 Medicare wages and tips 52777.57	6 Medicare tax withheld 765.27
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 68.53
13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay	14 Other	12b DD 2836.24
b Employer identification number (EIN) 95-6002748		12c
a Employee's social security number (b) (6)		12d

15 State CA	Employer's state ID number 800-9596-1	16 State wages, tips, etc. 47976.51	17 State income tax 1685.09	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
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Copy B-To Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service, OMB No. 1545-0008 Dept. of the Treasury - IRS Visit the IRS website at www.irs.gov/efile.

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Form **W-2 Wage and Tax Statement 2013**

c Employer's name, address, and ZIP code
COUNTY OF SAN BERNARDINO
222 W HOSPITALITY LANE
SAN BERNARDINO CA 92415-0018

e Employee's name, address, and ZIP code
SYED R FAROOK
3830 TOMLINSON AVE
RIVERSIDE CA 92503-3113

7 Social security tips	1 Wages, tips, other compensation 47976.51	2 Federal income tax withheld 5450.50
8 Allocated tips	3 Social security wages	4 Social security tax withheld
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a Employee's social security number (b) (6)		12d

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Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.) OMB No. 1545-0008 Dept. of the Treasury - IRS Visit the IRS website at www.irs.gov/efile.

Form **W-2 Wage and Tax Statement 2013**

c Employer's name, address, and ZIP code
COUNTY OF SAN BERNARDINO
222 W HOSPITALITY LANE
SAN BERNARDINO CA 92415-0018

e Employee's name, address, and ZIP code
SYED R FAROOK
3830 TOMLINSON AVE
RIVERSIDE CA 92503-3113

7 Social security tips	1 Wages, tips, other compensation 47976.51	2 Federal income tax withheld 5450.50
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b Employer identification number (EIN) 95-6002748		12c
a Employee's social security number (b) (6)		12d

15 State CA	Employer's state ID number 800-9596-1	16 State wages, tips, etc. 47976.51	17 State income tax 1685.09	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
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Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008 Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement 2013**

c Employer's name, address, and ZIP code
COUNTY OF SAN BERNARDINO
222 W HOSPITALITY LANE
SAN BERNARDINO CA 92415-0018

e Employee's name, address, and ZIP code
SYED R FAROOK
3830 TOMLINSON AVE
RIVERSIDE CA 92503-3113

7 Social security tips	1 Wages, tips, other compensation 47976.51	2 Federal income tax withheld 5450.50
8 Allocated tips	3 Social security wages	4 Social security tax withheld
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10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 68.53
13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay	14 Other	12b DD 2836.24
b Employer identification number (EIN) 95-6002748		12c
a Employee's social security number (b) (6)		12d

15 State CA	Employer's state ID number 800-9596-1	16 State wages, tips, etc. 47976.51	17 State income tax 1685.09	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
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Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008 Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement 2012**

c Employer's name, address, and ZIP code COUNTY OF SAN BERNARDINO 222 W HOSPITALITY LANE SAN BERNARDINO CA 92415-0018		7 Social security tips 41695.31	1 Wages, tips, other compensation 41695.31	2 Federal income tax withheld 4755.73
e Employee's name, address, and ZIP code SYED R FAROOK 3830 TOMLINSON AVE RIVERSIDE CA 92503-3113		8 Allocated tips 9	3 Social security wages 45787.09	4 Social security tax withheld 663.91
15 State CA 800-9596-1		16 State wages, tips, etc. 41695.31	17 State income tax 1496.11	18 Local wages, tips, etc. 19 Local income tax 20 Locality name

Copy B-To Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service. **Dept. of the Treasury - IRS**
 OMB No. 1545-0008 Visit the IRS website at www.irs.gov/efile

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Form **W-2 Wage and Tax Statement 2012**

c Employer's name, address, and ZIP code COUNTY OF SAN BERNARDINO 222 W HOSPITALITY LANE SAN BERNARDINO CA 92415-0018		7 Social security tips 41695.31	1 Wages, tips, other compensation 41695.31	2 Federal income tax withheld 4755.73
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Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.) OMB No. 1545-0008 **Dept. of the Treasury - IRS**
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Form **W-2 Wage and Tax Statement 2012**

c Employer's name, address, and ZIP code COUNTY OF SAN BERNARDINO 222 W HOSPITALITY LANE SAN BERNARDINO CA 92415-0018		7 Social security tips 41695.31	1 Wages, tips, other compensation 41695.31	2 Federal income tax withheld 4755.73
e Employee's name, address, and ZIP code SYED R FAROOK 3830 TOMLINSON AVE RIVERSIDE CA 92503-3113		8 Allocated tips 9	3 Social security wages 45787.09	4 Social security tax withheld 663.91
15 State CA 800-9596-1		16 State wages, tips, etc. 41695.31	17 State income tax 1496.11	18 Local wages, tips, etc. 19 Local income tax 20 Locality name

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008 **Dept. of the Treasury - IRS**

Form **W-2 Wage and Tax Statement 2012**

c Employer's name, address, and ZIP code COUNTY OF SAN BERNARDINO 222 W HOSPITALITY LANE SAN BERNARDINO CA 92415-0018		7 Social security tips 41695.31	1 Wages, tips, other compensation 41695.31	2 Federal income tax withheld 4755.73
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15 State CA 800-9596-1		16 State wages, tips, etc. 41695.31	17 State income tax 1496.11	18 Local wages, tips, etc. 19 Local income tax 20 Locality name

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008 **Dept. of the Treasury - IRS**



County of San Bernardino
222 W. Hospitality Lane
San Bernardino, CA 92415-0030
(909) 386-8907



Pay Period: PP 1408
Pay Bog Dt: 03/22/14
Pay End Dt: 04/04/14
Chk/Adv Dt: 04/16/14
Chk/Adv#: 8136279
Employee ID: E8222

Pay Statement for:		Job Data				Tax Data					
Syed R Farook		# Dept 0 93510-EHSFoodPro	Job Title EnHlthSpll	Pay Rate \$26.86 Hourly	Earnable Comp 2,148.60	State CA	Status S/M-2 inc	Allow 0	Add allow 0	Add% 0	Add\$
Hours and Earnings						Taxes					
Start Dt	End Dt	Description	Rate	Hours	Earnings	Description	Current	YTD			
03/29/14	04/04/14	Overtime - FLSA - .5 Portion	26.860	5.00	67.15	CA Withholding	99.31	603.45			
03/29/14	04/04/14	Regular Time	26.860	45.00	1,208.70	Fed MED/EE	33.69	238.18			
03/22/14	03/28/14	Paid Holiday	26.860	3.50	94.01	Fed Withholding	351.25	2,285.70			
03/22/14	03/28/14	Regular Time	26.860	36.50	980.39						
03/15/14	03/21/14	Cashout Comp Time (Not EC)	25.560	0.14	3.58						
					Total	2,353.83			Total	484.25	3,127.33
Before-Tax Deductions			After-Tax Deductions			Employer Paid Benefits					
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD			
CIGNA DPPO Before Tax	3.75	30.00	Assoc Dues - SBPEA County	9.25	74.00	CIGNA DPPO Before Tax	20.75	166.00			
Kaiser - Before Tax	27.59	220.72	Survivors' Benefits	1.34	10.72	FMLA	1.41	11.28			
Retirement Refundable General	194.68	1,491.50				Kaiser - Before Tax	230.25	1,842.00			
Supplemental Life BT	5.00	40.00				Life Insurance-County Paid	1.00	8.00			
						Retirement-Employer General	559.98	4,290.07			
						Short Term Disability	22.36	171.32			
						Supplemental Life BT**	6.23	49.84			
						Survivors' Benefits	1.34	10.72			
						Vision Coverage General	2.66	21.28			
						Work Comp All Other	153.24	720.88			
Total			Total			** TAXABLE					
Total 231.02 1,782.22			Total 10.59 84.72			Total 999.22 7,291.39					
Totals		Gross	Fed Taxable Gross	Taxes	Deductions	Net Pay					
Current		2,353.83	2,129.04	484.25	241.61	1,627.97					
YTD		16,667.43	14,935.05	3,127.33	1,866.94	11,673.16					
Leave Plans						Net Pay Distribution					
Description	Prior	Earned	Taken	Adjust	Current	Account type	Acct number	Amount			
Comp Time	0.14		0.14		0.00	Checking	300	\$200.00			
Holiday	30.50		3.50		27.00	Checking	036	\$1,427.97			
Sick	94.95	3.39			98.34						
Vacation	39.02	3.07			42.09						
								Total	\$1,627.97		



County of San Bernardino
222 W. Hospitality Lane
San Bernardino, CA 92415-0030
(909) 386-8907



Pay Period: PP 1407 Employee ID: E8222
Pay Beg Dt: 03/08/14
Pay End Dt: 03/21/14
Chk/Adv Dt: 04/02/14
Chk/Adv#: 8116570

Pay Statement for:	Job Data				Tax Data					
Syed R Farook	# Dept	Job Title	Pay Rate	Earnable Comp	State	Status	Allow	Add allow	Add%	Add%
	0 93510-EHSFoodPro	EnvHlthSpl	\$25.56 Hourly	2,044.80	CA	S/M-2 inc	0			
					Fed	Singlo	0			

Hours and Earnings						Taxes			
Start Dt	End Dt	Description	Rate	Hours	Earnings	Description	Current	YTD	
03/15/14	03/21/14	Regular Time	25.560	40.00	1,022.40	CA Withholding	72.02	504.14	
03/08/14	03/14/14	Paid Sick Leave	25.560	18.00	460.08	Fed MED/EE	29.21	204.49	
03/08/14	03/14/14	Regular Time	25.560	22.00	562.32	Fed Withholding	276.35	1,934.45	
Total									

Total 2,044.80 Total 377.58 2,643.08

Before-Tax Deductions			After-Tax Deductions			Employer Paid Benefits		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
CIGNA DPPO Before Tax	3.75	26.25	Assoc Dues - SBPEA County	9.25	64.75	CIGNA DPPO Before Tax	20.75	145.25
Kaiser - Before Tax	27.59	193.13	Survivors' Benefits	1.34	9.38	FMLA	1.41	9.87
Retirement Refundable General	185.26	1,296.82				Kaiser - Before Tax	230.25	1,611.75
Supplemental Life BT	5.00	35.00				Life Insurance-County Paid	1.00	7.00
						Retirement-Employer General	532.87	3,730.09
						Short Term Disability	21.28	148.96
						Supplemental Life BT**	6.23	43.61
						Survivors' Benefits	1.34	9.38
						Vision Coverage General	2.66	18.62
						Work Comp All Other	133.32	567.64
Total			Total			** TAXABLE		

Totals	Gross	Fed Taxable Gross	Taxes	Deductions	Net Pay
Current	2,044.80	1,829.43	377.58	232.19	1,435.03
YTD	14,313.60	12,806.01	2,643.08	1,625.33	10,045.19

Leave Plans					Net Pay Distribution			
Description	Prior	Earned	Taken	Adjust	Current	Account type	Acct number	Amount
Comp Time	0.14				0.14	Checking	300	\$100.00
Holiday	30.50				30.50	Checking	036	\$1,335.03
Sick	109.56	3.39	18.00		94.95			
Vacation	35.95	3.07			39.02			
Total								\$1,435.03



County of San Bernardino
222 W. Hospitality Lane
San Bernardino, CA 92415-0030
(909) 386-8907



Pay Period: PP 1405 Employee ID: E8222
Pay Beg Dt: 02/08/14
Pay End Dt: 02/21/14
Chk/Adv Dt: 03/05/14
Chk/Adv#: 8077335

Pay Statement for:		Job Data				Tax Data								
Syed R Farook		# Dept	Job Title	Pay Rate	Earnings Com	State	Status	Allow	Add Allow	Add%	Add%			
		0	93510-EHSFoodPro	EnvHlthSpl	\$25.56 Hourly	2,044.80	CA	S/M-2 inc	0					
						Fed	Single	0						
Hours and Earnings						Taxes								
Start Dt	End Dt	Description	Rate	Hours	Earnings	Description	Current	YTD						
02/15/14	02/21/14	Fixed/Floating Holiday Accrual		8.00	0.00	CA Withholding	72.02	360.10						
02/15/14	02/21/14	Regular Time	25.560	40.00	1,022.40	Fed MED/EE	29.22	146.07						
02/08/14	02/14/14	Regular Time	25.560	40.00	1,022.40	Fed Withholding	276.35	1,381.75						
Total						2,044.80			Total	377.59	1,887.92			
Before-Tax Deductions			After-Tax Deductions			Employer Paid Benefits								
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD						
CIGNA DPPO Before Tax	3.75	18.75	Assoc Dues - SBPEA County	9.25	46.25	CIGNA DPPO Before Tax	20.75	103.75						
Kaiser - Before Tax	27.59	137.95	Survivors' Benefits	1.34	6.70	FMLA	1.41	7.05						
Retirement Refundable General	185.26	926.30				Kaiser - Before Tax	230.25	1,151.25						
Supplemental Life BT	5.00	25.00				Life Insurance-County Paid	1.00	5.00						
						Retirement-Employer General	532.87	2,664.35						
						Short Term Disability	21.28	106.40						
						Supplemental Life BT**	6.23	31.15						
						Survivors' Benefits	1.34	6.70						
						Vision Coverage General	2.66	13.30						
						Work Comp All Other	133.32	301.00						
Total			Total			** TAXABLE								
221.60			1,108.00			10.59			52.95			951.11		
Totals			Fed Taxable Gross			Taxes			Deductions			Net Pay		
Current			1,829.43			377.59			232.19			1,435.02		
YTD			10,224.00			9,147.15			1,887.92			1,160.95		
Leave Plans						Net Pay Distribution								
Description	Prior	Earned	Taken	Adjust	Current	Account type	Acct number	Amount						
Comp Time	0.14				0.14	Checking	300	\$100.00						
Holiday	22.50			8.00	30.50	Checking	036	\$1,335.02						
Sick	102.77	3.39			106.16									
Vacation	29.79	3.07			32.86									
Total								\$1,435.02						



County of San Bernardino
 222 W. Hospitality Lane
 San Bernardino, CA 92415-0030
 (909) 386-8907



Pay Period: PP 1403 Employee ID: E8222
 Pay Beg Dt: 01/11/14
 Pay End Dt: 01/24/14
 Chk/Adv Dt: 02/05/14
 Chk/Adv#: 8038092

Pay Statement for:		Job Data				Tax Data					
Syed R Farook		# Dept	Job Title	Pay Rate	Earnable Com	State	Status	Allow	Add Allow	Add%	Add%
		0 93510-EHSFoodPro	EnvHlthSpl	\$25.56 Hourly	2,044.80	CA	S/A-2 Inc	0			
						Fed	Singlo	0			
Hours and Earnings						Taxes					
Start Dt	End Dt	Description	Rate	Hours	Earnings	Description	Current	YTD			
01/18/14	01/24/14	Fixed/Floating Holiday Accrual		8.00	0.00	CA Withholding	72.02	216.06			
01/18/14	01/24/14	Paid Vacation Leave	25.560	1.00	25.56	Fed MED/EE	29.21	87.64			
01/18/14	01/24/14	Regular Time	25.560	39.00	996.84	Fed Withholding	276.35	829.05			
01/11/14	01/17/14	Regular Time	25.560	40.00	1,022.40						
Total					2,044.80	Total		377.58	1,132.75		
Before-Tax Deductions			After-Tax Deductions			Employer Paid Benefits					
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD			
CIGNA DPPO Before Tax	3.75	11.25	Assoc Dues - SBPEA County	9.25	27.75	CIGNA DPPO Before Tax	20.75	62.25			
Kaiser - Before Tax	27.59	82.77	Survivors' Benefits	1.34	4.02	FMLA	1.41	4.23			
Retirement Refundable General	185.26	555.78				Kaiser - Before Tax	230.25	690.75			
Supplemental Life BT	5.00	15.00				Life Insurance-County Paid	1.00	3.00			
						Retirement-Employer General	532.87	1,598.61			
						Short Term Disability	21.28	63.84			
						Supplemental Life BT**	6.23	18.69			
						Survivors' Benefits	1.34	4.02			
						Vision Coverage General	2.66	7.98			
						Work Comp All Other	41.92	125.76			
Total			Total			Total			859.71	2,579.13	
Totals			Totals			Totals			Totals		
	Gross		Fed Taxable Gross		Taxes	Deductions		Net Pay			
Current	2,044.80		1,829.43		377.58	232.19		1,435.03			
YTD	6,134.40		5,488.29		1,132.75	696.57		4,305.08			
Leave Plans						Net Pay Distribution					
Description	Prior	Earned	Taken	Adjust	Current	Account type	Acct number	Amount			
Comp Time	0.14				0.14	Checking	300	\$100.00			
Holiday	14.50			8.00	22.50	Checking	036	\$1,335.03			
Sick	104.99	3.39			108.38						
Vacation	24.64	3.07	1.00		26.71						
Total								\$1,435.03			



County of San Bernardino
222 W. Hospitality Lane
San Bernardino, CA 92415-0030
(909) 386-8907



Pay Period: PP 1404 Employee ID: E8222
Pay Beg Dt: 01/25/14
Pay End Dt: 02/07/14
Chk/Adv Dt: 02/19/14
Chk/Adv#: 8057768

Pay Statement for:		Job Data				Tax Data					
Syed R Farook		# Dept 0 93510-EHSFoodPro	Job Title EnvHthSpl	Pay Rate \$25.56 Hourly	Earnable Com 2,044.80	State CA	Status S/M-2 inc	Allow 0	Add Allow 0	Add% 0	Adds
Hours and Earnings						Taxes					
Start Dt	End Dt	Description	Rate	Hours	Earnings	Description	Current	YTD			
02/01/14	02/07/14	Regular Time	25.560	40.00	1,022.40	CA Withholding	72.02	288.08			
01/25/14	01/31/14	Paid Sick Leave	25.560	9.00	230.04	Fed MED/EE	29.21	116.85			
01/25/14	01/31/14	Regular Time	25.560	31.00	792.36	Fed Withholding	276.35	1,105.40			
					Total	2,044.80	Total		377.58	1,510.33	
Before-Tax Deductions			After-Tax Deductions			Employer Paid Benefits					
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD			
CIGNA DPPO Before Tax	3.75	15.00	Assoc Dues - SBPEA County	9.25	37.00	CIGNA DPPO Before Tax	20.75	83.00			
Kaiser - Before Tax	27.59	110.36	Survivors' Benefits	1.34	5.36	FMLA	1.41	5.64			
Retirement Refundable General	185.26	741.04				Kaiser - Before Tax	230.25	921.00			
Supplemental Life BT	5.00	20.00				Life Insurance-County Paid	1.00	4.00			
						Retirement-Employer General	532.87	2,131.48			
						Short Term Disability	21.28	85.12			
						Supplemental Life BT**	6.23	24.92			
						Survivors' Benefits	1.34	5.36			
						Vision Coverage General	2.66	10.64			
						Work Comp All Other	41.92	167.68			
Total			Total			** TAXABLE		Total		859.71 3,438.84	
Totals		Gross		Fed Taxable Gross		Taxes		Deductions		Net Pay	
Current		2,044.80		1,829.43		377.58		232.19		1,435.03	
YTD		8,179.20		7,317.72		1,510.33		928.76		5,740.11	
Leave Plans						Net Pay Distribution					
Description	Prior	Earned	Taken	Adjust	Current	Account type	Acct number	Amount			
Comp Time	0.14				0.14	Checking	300	\$100.00			
Holiday	22.50				22.50	Checking	036	\$1,335.03			
Sick	108.38	3.39	9.00		102.77						
Vacation	26.71	3.07			29.78						
								Total	\$1,435.03		



County of San Bernardino
 222 W. Hospitality Lane
 San Bernardino, CA 92415-0030
 (909) 386-8907



Pay Period: PP 1406 Employee ID: E8222
 Pay Beg Dt: 02/22/14
 Pay End Dt: 03/07/14
 Chk/Adv Dt: 03/19/14
 Chk/Adv#: 8096940

Pay Statement for:	Job Data				Tax Data						
Syed R Farook	E 0	93510-EHSFoodPro	Job Title EnvHlthSpl	Pay Rate \$25.56 Hourly	Earnable Comp 2,044.80	State CA	Status SM-2 Inc	Allow 0	Adtl Allow 0	Add% 0	Addtl 0

Hours and Earnings						Taxes				
Start Dt	End Dt	Description	Rate	Hours	Earnings	Description	Current	YTD		
03/01/14	03/07/14	Regular Time	25.560	40.00	1,022.40	CA Withholding	72.02	432.12		
02/22/14	02/28/14	Regular Time	25.560	40.00	1,022.40	Fed MED/EE	29.21	175.28		
						Fed Withholding	276.35	1,658.10		

Total					2,044.80	Total					377.58	2,265.50
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Before-Tax Deductions			After-Tax Deductions			Employer Paid Benefits			
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD	
CIGNA DPPO Before Tax	3.75	22.50	Assoc Dues - SBPEA County	9.25	55.50	CIGNA DPPO Before Tax	20.75	124.50	
Kaiser - Before Tax	27.59	165.54	Survivors' Benefits	1.34	8.04	FMLA	1.41	8.46	
Retirement Refundable General	185.26	1,111.56				Kaiser - Before Tax	230.25	1,381.50	
Supplemental Life BT	5.00	30.00				Life Insurance-County Paid	1.00	6.00	
						Retirement-Employer General	532.87	3,197.22	
						Short Term Disability	21.28	127.68	
						Supplemental Life BT**	6.23	37.38	
						Survivors' Benefits	1.34	8.04	
						Vision Coverage General	2.66	15.96	
						Work Comp All Other	133.32	434.32	
Total	221.60	1,329.60	Total	10.59	63.54	** TAXABLE	Total	951.11	5,341.06

Totals	Gross	Fed Taxable Gross	Taxes	Deductions	Net Pay
Current	2,044.80	1,829.43	377.58	232.19	1,435.03
YTD	12,268.80	10,976.58	2,265.50	1,393.14	8,610.16

Leave Plans					Net Pay Distribution			
Description	Prior	Earned	Taken	Adjust	Current	Account type	Acct number	Amount
Comp Time	0.14				0.14	Checking	300	\$100.00
Holiday	30.50				30.50	Checking	036	\$1,335.03
Sick	106.17	3.39			109.56			
Vacation	32.87	3.07			35.94			
Total								\$1,435.03



County of San Bernardino
 222 W. Hospitality Lane
 San Bernardino, CA 92415-0030
 (909) 386-8907



Pay Period: PP 1402
 Pay Beg Dt: 12/28/13
 Pay End Dt: 01/10/14
 Chk/Adv Dt: 01/22/14
 Chk/Adv#: 8018572
 Employee ID: E8222

Pay Statement for:		Job Data				Tax Data					
Syed R Farook		# Dept	Job Title	Pay Rate	Earnable Comp	State	Status	Allow	Add allow	Add%	Add%
		0 93510-EHSFoodPro	EnvHlthSpl	\$25.56 Hourly	2,044.80	CA	S/A-2 Inc	0			
						Fed	Singl	0			
Hours and Earnings						Taxes					
Start Dt	End Dt	Description	Rate	Hours	Earnings	Description	Current	YTD			
01/04/14	01/10/14	Fixed/Floating Holiday Accrual		8.00	0.00	CA Withholding	72.02	144.04			
01/04/14	01/10/14	Regular Time	25.560	40.00	1,022.40	Fed MED/EE	29.22	58.43			
12/28/13	01/03/14	Fixed/Floating Holiday Accrual		16.00	0.00	Fed Withholding	276.35	552.70			
12/28/13	01/03/14	Paid Holiday	25.560	20.00	511.20						
12/28/13	01/03/14	Regular Time	25.560	20.00	511.20						
					Total	2,044.80	Total		377.59	755.17	
Before-Tax Deductions			After-Tax Deductions			Employer Paid Benefits					
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD			
CIGNA DPPO Before Tax	3.75	7.50	Assoc Dues - SBPEA County	9.25	18.50	CIGNA DPPO Before Tax	20.75	41.50			
Kaiser - Before Tax	27.59	55.18	Survivors' Benefits	1.34	2.68	FMLA	1.41	2.82			
Retirement Refundable General	185.26	370.52				Kaiser - Before Tax	230.25	460.50			
Supplemental Life BT	5.00	10.00				Life Insurance-County Paid	1.00	2.00			
						Retirement-Employer General	532.87	1,065.74			
						Short Term Disability	21.28	42.56			
						Supplemental Life BT**	6.23	12.46			
						Survivors' Benefits	1.34	2.68			
						Vision Coverage General	2.66	5.32			
						Work Comp All Other	41.92	83.84			
Total			Total			** TAXABLE		Total	859.71	1,719.42	
Totals		Gross	Fed Taxable Gross		Taxes	Deductions		Net Pay			
Current		2,044.80	1,829.43		377.59	232.19		1,435.02			
YTD		4,089.60	3,658.86		755.17	464.38		2,870.05			
Leave Plans						Net Pay Distribution					
Description	Prior	Earned	Taken	Adjust	Current	Account type	Acct number	Amount			
Comp Time	0.14				0.14	Checking	300	\$100.00			
Holiday	10.50		20.00	24.00	14.50	Checking	036	\$1,335.02			
Sick	101.60	3.39			104.99						
Vacation	21.56	3.07			24.63						
								Total	\$1,435.02		



County of San Bernardino
 222 W. Hospitality Lane
 San Bernardino, CA 92415-0030
 (909) 386-8907



Pay Period: PP 1401 Employee ID: E8222
 Pay Beg Dt: 12/14/13
 Pay End Dt: 12/27/13
 Chk/Adv Dt: 01/08/14
 Chk/Adv#: 7999038

Pay Statement for:	Job Data				Tax Data					
Syed R Farook	E Dept 0 93510-EHSFoodPro	Job Title EnvHlthSpl	Pay Rate \$25.56 Hourly	Earnable Comp 2,044.80	State CA	Status S/M-2 Inc	Allow 0	Add allow 0	Add% 0	Addit

Hours and Earnings						Taxes			
Start Dt	End Dt	Description	Rate	Hours	Earnings	Description	Current	YTD	
12/21/13	12/27/13	Fixed/Floating Holiday Accrual		16.00	0.00	CA Withholding	72.02	72.02	
12/21/13	12/27/13	Paid Holiday	25.560	20.00	511.20	Fed MED/EE	29.21	29.21	
12/21/13	12/27/13	Regular Time	25.560	20.00	511.20	Fed Withholding	276.35	276.35	
12/14/13	12/20/13	Regular Time	25.560	40.00	1,022.40				
Total					2,044.80				

Before-Tax Deductions			After-Tax Deductions			Employer Paid Benefits		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
CIGNA DPPO Before Tax	3.75	3.75	Assoc Dues - SBPEA County	9.25	9.25	CIGNA DPPO Before Tax	20.75	20.75
Kaiser - Before Tax	27.59	27.59	Survivors' Benefits	1.34	1.34	FMLA	1.41	1.41
Retirement Refundable General	185.26	185.26				Kaiser - Before Tax	230.25	230.25
Supplemental Life BT	5.00	5.00				Life Insurance-County Paid	1.00	1.00
						Retirement-Employer General	532.87	532.87
						Short Term Disability	21.28	21.28
						Supplemental Life BT**	6.23	6.23
						Survivors' Benefits	1.34	1.34
						Vision Coverage General	2.66	2.66
						Work Comp All Other	41.92	41.92
Total			Total			Total		
			10.59			859.71		

Totals	Gross	Fed Taxable Gross	Taxes	Deductions	Net Pay
Current	2,044.80	1,829.43	377.58	232.19	1,435.03
YTD	2,044.80	1,829.43	377.58	232.19	1,435.03

Leave Plans						Net Pay Distribution		
Description	Prior	Earned	Taken	Adjust	Current	Account type	Acct number	Amount
Comp Time	0.14				0.14	Checking	300	\$100.00
Holiday	14.50		20.00	16.00	10.50	Checking	036	\$1,335.03
Sick	98.21	3.39			101.60			
Vacation	18.48	3.07			21.55			
Total						\$1,435.03		



County of San Bernardino
222 W. Hospitality Lane
San Bernardino, CA 92415-0030
(909) 386-8907



Pay Period: PP 1328 Employee ID: E8222
Pay Beg Dt: 11/30/13
Pay End Dt: 12/13/13
Chk/Adv Dt: 12/24/13
Chk/Adv#: 7979706

Pay Statement for:		Job Data				Tax Data					
Syod R Farook		# Dept	Job Title	Pay Rate	Earnable Comp	State	Status	Allow	Add Allow	Add%	Add%
		0 93510-EHSFoodPro	EnvHthSpl	\$25.56 Hourly	2,044.80	CA	S/M-2 Inc	0			
						Fed	Single	0			
Hours and Earnings						Taxes					
Start Dt	End Dt	Description	Rate	Hours	Earnings	Description	Current	YTD			
12/07/13	12/13/13	Regular Time	25.560	40.00	1,022.40	CA Withholding	73.51	1,685.09			
11/30/13	12/06/13	Regular Time	25.560	40.00	1,022.40	Fed MED/EE	29.21	765.27			
						Fed Withholding	279.62	5,450.50			
					Total	2,044.80	Total	382.34	Total	7,900.86	
Before-Tax Deductions			After-Tax Deductions			Employer Paid Benefits					
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
CIGNA DPPO Before Tax	3.75	385.80	Assoc Dues - SBPEA County	9.25	240.50	CIGNA DPPO Before Tax	20.75	228.25	FMLA	1.41	36.66
Kaiser - Before Tax	27.59	303.49	Survivors' Benefits	1.34	26.86	Kaiser - Before Tax	230.25	2,532.75	Life Insurance-County Paid	1.00	26.00
Retirement Refundable General	185.26	4,801.06				Retirement-Employer General	532.87	13,149.83	Short Term Disability	21.28	545.60
Supplemental Life BT	5.00	55.00				Supplemental Life BT**	6.23	68.53	Survivors' Benefits	1.34	26.86
						Vision Coverage General	2.66	63.76	Work Comp All Other	41.92	1,077.86
Total	221.60	5,545.35	Total	10.59	267.36	** TAXABLE	Total	859.71	Total	17,756.10	
Totals		Gross	Fed Taxable Gross	Taxes	Deductions	Net Pay					
Current		2,044.80	1,829.43	382.34	232.19	1,430.27					
YTD		54,125.10	47,976.51	7,900.86	5,812.71	40,411.53					
Leave Plans						Net Pay Distribution					
Description	Prior	Earned	Taken	Adjval	Current	Account type	Acct number	Amount			
Comp Time	0.14				0.14	Checking	300	\$100.00			
Holiday	14.50				14.50	Checking	036	\$1,330.27			
Sick	94.81	3.39			98.20						
Vacation	15.41	3.07			18.48						
							Total	\$1,430.27			



County of San Bernardino
 222 W. Hospitality Lane
 San Bernardino, CA 92415-0030
 (909) 386-8907



Pay Period: PP 1325 Employee ID: E8222
 Pay Beg Dt: 11/16/13
 Pay End Dt: 11/29/13
 Chk/Adv Dt: 12/11/13
 Chk/Adv#: 7960220

Pay Statement for:		Job Data				Tax Data					
Syed R Farook		# Dept	Job Title	Pay Rate	Earnable Comp	State	Status	Allow	Add Allow	Add%	Add%
		0 93510-EHSFoodPro	EnvHlthSpl	\$25.56 Hourly	2,044.80	CA	S/A-2 inc	0			
						Fed	Singl	0			
Hours and Earnings						Taxes					
Start Dt	End Dt	Description	Rate	Hours	Earnings	Description	Current	YTD			
11/23/13	11/29/13	Fixed/Floating Holiday Accrual		16.00	0.00	CA Withholding	73.51	1,611.58			
11/23/13	11/29/13	Paid Holiday	25.560	20.00	511.20	Fed MED/EE	29.21	736.06			
11/23/13	11/29/13	Regular Time	25.560	20.00	511.20	Fed Withholding	279.62	5,170.88			
11/16/13	11/22/13	Regular Time	25.560	40.00	1,022.40						
					Total	2,044.80	Total	382.34	7,518.52		
Before-Tax Deductions			After-Tax Deductions			Employer Paid Benefits					
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD			
CIGNA DPPO Before Tax	3.75	382.05	Assoc Dues - SBPEA County	9.25	231.25	CIGNA DPPO Before Tax	20.75	207.50			
Kaiser - Before Tax	27.59	275.90	Survivors' Benefits	1.34	25.52	FMLA	1.41	35.25			
Retirement Refundable General	185.26	4,615.80				Kaiser - Before Tax	230.25	2,302.50			
Supplemental Life BT	5.00	50.00				Life Insurance-County Paid	1.00	25.00			
						Retirement-Employer General	532.87	12,616.96			
						Short Term Disability	21.28	524.32			
						Supplemental Life BT**	6.23	62.30			
						Survivors' Benefits	1.34	25.52			
						Vision Coverage General	2.66	61.10			
						Work Comp All Other	41.92	1,035.94			
Total			Total			** TAXABLE					
221.60 5,323.75			10.59 256.77			Total 859.71 16,898.39					
Totals		Gross	Fed Taxable Gross	Taxes	Deductions	Net Pay					
Current		2,044.80	1,829.43	382.34	232.19	1,430.27					
YTD		52,080.30	46,147.08	7,518.52	5,580.52	38,981.26					
Leave Plans						Net Pay Distribution					
Description	Prior	Earned	Taken	Adjust	Current	Account type	Acct number	Amount			
Comp Time	0.14				0.14	Checking	300	\$100.00			
Holiday	18.50		20.00	16.00	14.50	Checking	036	\$1,330.27			
Sick	91.42	3.39			94.81						
Vacation	12.33	3.07			15.40						
								Total	\$1,430.27		

For billing and service inquiries call 1-800-684-8123,
24 hrs a day, 7 days a week

Date bill prepared: Jun 27 '15

Customer account 2-37-726-1839

Service account 3-043-6727-79
53 N CENTER ST
REDLANDS, CA 92373

Rotating outage Group N001

Your account summary

Balance forward	\$0.00
Your new charges	\$74.47
Total amount you owe by Jul 16 '15	\$74.47

Compare the electricity you are using

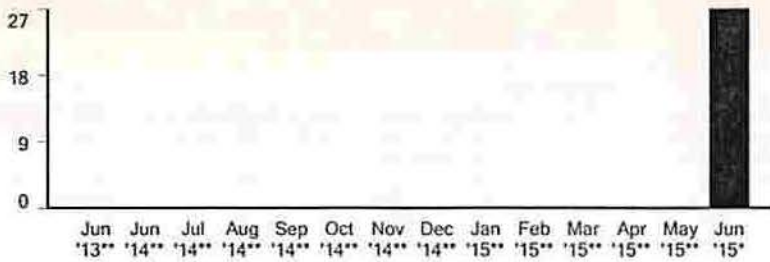
For meter 222012-292893 from Jun 12 '15 to Jun 26 '15
Total electricity you used this month in kWh

373

Your next billing cycle will end on or about Jul 28 '15.

Your daily average electricity usage (kWh)

2 Years ago: N/A Last year: N/A This year: 26.64



* Irregular billing period
** No data available

Please return the payment stub below with your payment and make your check payable to Southern California Edison.
If you want to pay in person, call 1-800-747-8908 for locations, or you can pay online at www.sce.com.

(14-574) Tear here

Tear here



Customer account 2-37-726-1839
Please write this number on your check. Make your
check payable to Southern California Edison.

Amount due by Jul 16 '15 **\$74.47**

Amount enclosed \$

STMT 06272015 P3 C03 T0071 013440 01 AV 0.3880 C015



FAROOK, SYED
53 N CENTER ST
REDLANDS, CA 92373-8101

P.O. BOX 600
ROSEMEAD, CA 91771-0001

37 726 1839 00000072 000000000000007447000007447

Contact information

Customer service numbers

General Services (U.S. & Canada)	1-800-655-4555
Account Balance & Extensions	1-800-950-2356
Emergency Services & Outages	1-800-611-1911
California Alternate Rates for Energy (CARE)	1-800-447-6620
Electric Industry Restructuring	1-800-799-4723
Energy Theft Hotline	1-800-227-3901
Hearing & Speech Impaired (TTY)	1-800-352-8580

Multicultural services (Available Monday - Friday 8 a.m. - 5 p.m.)

Cambodian / ភ្នំ	1-800-843-1309
Chinese / 中文	1-800-843-8343
Korean / 한국어	1-800-628-3061
Vietnamese / Tiếng Việt	1-800-327-3031
Spanish / Español	1-800-441-2233

(7 días a la semana 8 a.m. - 8 p.m.)

Correspondence: Southern California Edison (SCE)
P. O. Box 6400, Rancho Cucamonga, CA 91729-6400

Important information

Rotating outages

A rotating outage is a controlled electric outage that lasts approximately one hour for a group of circuits, which is used during electric system emergency conditions to avoid widespread or uncontrolled blackouts. Each SCE customer is assigned a rotating outage group, shown on the upper part of the SCE bill. If your rotating outage group begins with the letters A, M, R, S, or X, you are subject to rotating outages. If it begins with N or Exempt, you are not. Your rotating outage group may change at any time. For more information, and to see which rotating outage groups are likely to be called in the event of a system emergency, visit www.sce.com or call 1-800-655-4555.

Options for paying your bill

On-line	www.sce.com or Electronic Fund Transfer		
Mail-In	Check or Money order		
In Person	Authorized payment locations	1-800-747-8908	
Phone	QuickCheck	1-800-950-2356	
	Credit Card-Visa/MasterCard*	1-800-254-4123	
	Debit Card-ACCEL/NYCE/Pulse/Star*	1-800-254-4123	

*The Credit/Debit card payment options are not available for payment of commercial services or security deposits for commercial services.

You may call us for electronic payment options, to make payment arrangements, or for information on agencies to assist you in bill payment. If service has been disconnected, on the day of the service reconnection, be sure all appliances and other electric devices are turned off. For additional home safety tips, visit www.sce.com/safety or you may call SCE Customer Service at 1-800-655-4555.

Past due bills

Your bill was prepared on June 27, 2015. Your bill is due when you receive it and becomes past due 19 days after the date the bill was prepared. You will have 15 days at your new address to pay a bill from a prior address before your service will be terminated. SCE does not terminate residential service for non-payment of bills for other classes of service. Termination of electric service requires a Service Connection charge. If you are a residential customer, and claim an inability to pay and payment arrangements have not been extended to you by SCE pursuant to SCE's filed tariffs, you may contact the California Public Utilities Commission (CPUC).

Rules and rates

SCE's rules and rates are available in full at www.sce.com or upon request.

Late Payment Charge (LPC)

A late payment charge of 0.8% will be applied to the total unpaid balance on your account if full payment is not received by the due date on this bill (except for CARE and state agency accounts).

Disputed bills

If you think your bill is incorrect, call us and speak with a customer service representative, or if necessary, with a manager. If you feel unsatisfied with the result of such discussion(s), contact the CPUC, Consumer Affairs Branch by mail at: 505 Van Ness, Room 2003, San Francisco, CA 94102; or at: www.cpuc.ca.gov, 1-800-649-7570, TTY: 1-800-229-6846. Include a copy of your bill, why you believe SCE did not follow its rules and rates, and a check or money order made out to the CPUC for the disputed amount. You must pay the disputed amount, or send it to the CPUC, before the past-due date to avoid disconnection. The CPUC accepts payment only for matters relating directly to bill accuracy. While the CPUC is investigating your complaint, you must pay any new SCE bills that become due.

Electronic Fund Transfers (EFT)

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment. You will not receive your check back from your financial institution, but the transaction will appear on your financial institution statement. If you do not wish to authorize an electronic fund transfer, please call the 800 number on the front of your bill.

Definitions

- **DWR Bond Charge:** Bonds issued by the Department of Water Resources (DWR) to cover the cost of buying power for customers during the energy crisis are being repaid through this charge.
- **SCE Generation:** These charges recover energy procurement and generation costs for that portion of your energy provided by SCE. Beginning April 11, 2010, pursuant to CPUC Decision 10-03-022, Direct Access (DA) is again open to all non-residential customers, subject to annual limits during a four year phase-in period, and absolute limits following the phase-in. All residential customers currently returning to Bundled Service may not elect to return to DA service.
- **CA Climate Credit:** Credit from state effort to fight climate change. Applied monthly to eligible businesses and semi-annually to residents.

To change your contact information or enroll in SCE's payment option, complete the form below and return it in the enclosed envelope.

Change of mailing address: 2-37-726-1839

STREET#	STREET NAME	APARTMENT #
CITY	STATE	ZIP CODE
TELEPHONE #	E-MAIL ADDRESS	

Direct Payment (Automatic Debit) Enrollment: 2-37-726-1839

I hereby authorize SCE and my financial institution to automatically deduct my monthly payment from the checking account as shown on my enclosed check, ten calendar days after my bill is mailed.

Signature _____ Date _____

To change your checking account information or to be removed from the Direct Payment program please call SCE at 1-800-655-4555.

Energy Assistance Fund (EAF): I want to help people pay their energy bill through EAF. For info visit www.sce.com/eaf or call (800) 205-8596.

Round-up my bill to next whole dollar amount for EAF

Every Month One Month only

Add this amount for EAF \$ _____

Every Month One Month only

Select one box only and sign below for EAF: _____

Details of your new charges

Your rate: DOMESTIC

Billing period: Jun 12 '15 to Jun 26 '15 (14 days)

Delivery charges

Basic charge	14 days x \$0.02400	\$0.34
Energy-Summer		
Tier 1 (within baseline)	217 kWh x \$0.05346	\$11.60
Tier 2 (up to 30%)	65 kWh x \$0.09786	\$6.36
Tier 3 (31% to 100%)	91 kWh x \$0.14095	\$12.83
DWR bond charge	373 kWh x \$0.00526	\$1.96
Service Connection charge		\$6.00

Generation charges

DWR		
DWR energy credit	373 kWh x -\$0.00172	-\$0.64
SCE		
Energy-Summer		
Tier 1 (within baseline)	217 kWh x \$0.09183	\$19.93
Tier 2 (up to 30%)	65 kWh x \$0.09183	\$5.97
Tier 3 (31% to 100%)	91 kWh x \$0.10998	\$10.01

Subtotal of your new charges		\$74.36
State tax	373 kWh x \$0.00029	\$0.11
Your new charges		\$74.47

Your Delivery charges include:

- \$4.58 transmission charges
- \$27.23 distribution charges
- \$0.10 nuclear decommissioning charges
- -\$7.32 conservation incentive adjustment
- \$2.76 public purpose programs charge
- \$3.68 new system generation charge

Your Generation charges include:

- -\$0.73 competition transition charge

Your overall energy charges include:

- \$0.62 franchise fees

Additional information:

- Service voltage: 240 volts
- Your summer baseline allowance: 217.0 kWh

Average cost per kilowatt hour

Tier 1	Tier 2	Tier 3	Tier 4
\$0.15	\$0.19	\$0.26	\$0.31
217 kWh	65 kWh	91 kWh	

Understanding Your Bill...

Your usage for this billing period falls in the third tier. Energy usage is based upon a tiered structure. For most customers, the price you pay per kilowatt hour increases as you use more energy. The average cost per kilowatt hour (kWh) figures in the chart to the left are based on averages. Actual prices may vary. For more information visit www.sce.com/tier.

Things you should know

WELCOME TO SOUTHERN CALIFORNIA EDISON

In the box at the top right hand corner of this billing statement you will find your CUSTOMER ACCOUNT NUMBER. When paying your bill, please write this number on your check or money order. Please note that you also have a separate SERVICE ACCOUNT NUMBER. This number identifies the specific location being served. In addition, please take a minute to read the back of this bill for more important information about your billing and service.

We value you as a customer and appreciate the opportunity to serve you.

You may notice a change in your billing statement...

Effective June 1, 2015, your rates changed. Your change may vary based on usage. For details about these changes, please visit www.sce.com/bill_change

Please visit us at www.sce.com

Utility Bill Scams Continue to Target Southern California Edison Customers

Southern California Edison (SCE) is advising you to be aware of utility impostors claiming to be with SCE and demanding immediate payment to avoid disconnection of service for allegedly past due electricity bills. The caller demands that the customer purchase a prepaid cash card for a specific amount of money, call the impostor back, and give that person the card number.

Customers suspecting a fraudulent call should ask for the caller's name, department and business phone number. Customers should terminate the call and report the incident immediately to local police and SCE at 1-800-655-4555.

SCE customers should also note that:

- SCE will never call and demand immediate payment with the threat of service disconnection
- An SCE employee will never ask for money in person
- Never reveal personal information, including your credit card, ATM or calling card number (or PIN number) or SCE account

number to anyone

- If someone calls and requests you leave your residence at a specific time for a utility-related cause, call the police. This could be a burglary attempt set up by the caller.
- Be suspicious of anyone who arrives at your house without an appointment asking to check an appliance, wiring or suggesting that there may be some other electrical problem inside your residence. In most cases, but not all, appointments are scheduled with our customers. There are times when our equipment may need to be checked and an appointment is not scheduled for these types of visits. SCE employees always have their SCE ID badge displayed on their person for customers to see and you can always contact our customer service department at 1-800-655-4555 to confirm that nature of the visit.

For more ways customers can stay safe, please visit www.sce.com/safety and read the safety tips section.

Let's Talk Rebates & Incentives

If your old refrigerator is gobbling up more energy these days, it could be telling you that it's ready for retirement. But your refrigerator may not be your only appliance trying to tell you something. Take a look around your home and pay attention to older appliances that might be asking for a replacement. You can take advantage of rebates when you upgrade to new, energy-efficient models.

We have several rebate and incentive programs that will give you greater control over your energy costs and also help to take the "heat" out of your summer bill.

Retire Your Inefficient Refrigerator

So let's talk rebates and incentives for using less energy. Get up to **\$125 in rebates and incentives** and **save up to \$105 per year on your energy bill*** when you replace your old refrigerator and upgrade to a new one. With a certified ENERGY STAR® Most Efficient model, you'll earn a \$75 rebate. Plus, you don't even have to lift a finger to get \$50 for recycling that old, working energy guzzler. We'll come pick it up and dispose of it, free of charge.

Go beyond the kitchen to earn rebates by upgrading other appliances around the house and in your backyard—like that inefficient pool pump. It can really add up and make your home much more energy efficient this summer and all year long. Now that's something worth talking about!

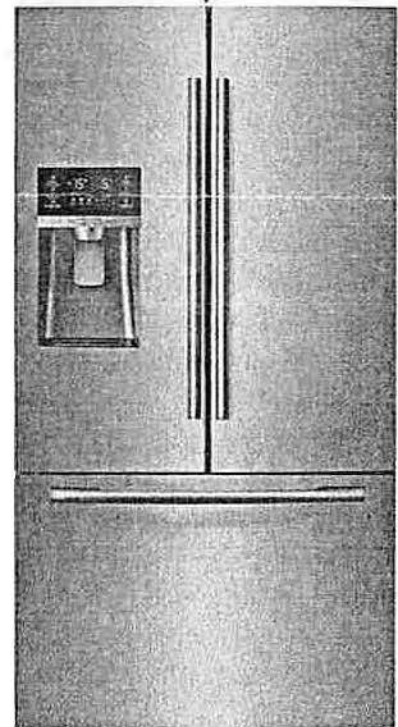
Learn more about all of our available rebates and incentives at on.sce.com/rebates2015.

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*Actual savings may vary. Estimate based on current rates and current usage.

My old fridge is such an energy guzzler.

Try me instead. I'm a certified ENERGY STAR® Most Efficient model!



Visit www.sce.com/notices to check for monthly bill inserts which may include notice of actions and other important information.

Moving?

If you'll be moving soon within our service territory, we can help make your move a little easier!

Now, you can easily submit your request to turn on, turn off, or transfer your service to a new address at sce.com. Schedule your move on a desktop, laptop, tablet or smartphone—whichever device you prefer, any time of the day. You can start your service request and finish it whenever you're ready. And, you can check the status of your service request online, anytime, to stay informed.

To get started, it may be useful to have your Driver's License and Social Security Number available to help us process your request faster. In some instances, this information can be used to determine if we can waive the deposit fee based on your credit eligibility.

Start your move today at on.sce.com/move.

Be Aware of Overhead Power Lines

Do not approach or touch overhead power lines or any person or object in contact with the lines.

For more information, visit on.sce.com/staysafe.

Congratulations to the 2015 Edison Scholars!

Edison International congratulates the following 30 Edison Scholars from across its subsidiary Southern California Edison's service territory who have been selected as 2015 Edison Scholars:



Aylin Arreola, Norwalk, Santa Fe High School
Chandler Brown, Hesperia, Silverado High School
Kaitlin Brown, Hawthorne, City Honors High School
Brandon Carone, Alhambra, Arcadia High School
Athena Chen, Diamond Bar, Diamond Bar High School
Michaela Edwards, Avalon, Avalon School
Darren Fagundes, Tulare, Central Valley Christian School
Mason Gamble, Porterville, Monache High School
Edward Guzman, Los Angeles, Francisco Bravo Medical Magnet High School
Jose Hernandez-Alvarado, Porterville, Porterville High School
Jorge Hurtado, Fillmore, Fillmore High School
Reilly Jensen, Murrieta, High Tech High School
Laura Koemmpel, Springville, Porterville High School
Sophia Lee, Riverside, La Sierra High School
Michelle Lyu, Chino Hills, Diamond Bar High School
Kimberly Mejia, Altadena, John Muir High School

Ryan Nyberg, Aliso Viejo, Aliso Niguel High School
Alvaro Quintero, Los Angeles, Ánimo Pat Brown Charter High School
David Rasmussen, Hemet, Christian Heritage School
Isai Rea, Los Angeles, King Drew Magnet High School of Medicine and Science
Manuel Rodriguez, Victorville, Silverado High School
Josue Sanchez, Fontana, Fontana High School
Ruben Santana, Carson, Carson Senior High School
Yo Seol, Harbor City, California Academy of Mathematics and Science
Irene Tang, South Pasadena, South Pasadena High School
Maria Torres Ramos, Terra Bella, Porterville High School
Jennifer Villacis, Ontario, Pomona Catholic High School
Francisco Villegas, South Gate, South Gate High School
Ji Whan Yoon, Cypress, Oxford Academy
Ted Zhu, Diamond Bar, Walnut High School



P.O. Box 6903
 Redlands, CA 92375-0903
 909-798-7516

ACCOUNT NO.

30-1838.322

Customer and Service Address:

SYED FAROOK
 53 N CENTER ST
 REDLANDS CA 92373

Reading Period Covers: June 17, 2015 To: June 17, 2015

Meter No.	Meter Size	Prior Read	Current Read	HCF Units
70871721	5/8"	398	398	0

Consumption History in Hundred Cubic Feet (HCF)

0.....
 0.....
 0.....
 0.....

BILLING DETAILS

Previous Balance and Credits:

6/17/15 Previous Balance 0.00

Charges Since Last Billing:

6/18/15 Establish New Account 15.00
 Total Current Charges \$15.00
TOTAL AMOUNT DUE: \$15.00

PERIOD	DAYS	DAILY AVERAGE WATER USAGE
Current	0	0 Gallons
Last Bill		
Year Ago		

The City of Redlands encourages SNAP (Supplemental Nutrition Assistance Program) users to shop the Saturday Morning Farmers Market using your EBT card. The Farmers Market is located in the municipal parking lot on Redlands Blvd. between Fifth and Sixth Streets. Hours are from 8 am to 11 am, every Saturday rain or shine, excluding holidays.

EBT acceptance is coming soon to the Thursday Night Farmers Market - making it even easier for you to make your local, farm fresh, and healthy food purchases.

Please detach and return this bottom portion with your payment.



P.O. Box 6903
 Redlands, CA 92375-0903
 909-798-7516

Account No: 30-1838.322 Service At: 53 N CENTER ST

A 10% late charge will apply if your payment is received after this due date:

JULY 13, 2015

Total Amount Due:

\$15.00

SYED FAROOK
 53 N CENTER ST
 REDLANDS CA 92373

030183832200000015006

Service Directory

Customer Service/Billing: 909-798-7516
Water Quality: 909-798-7516
Sewer Service: 909-798-7516
Solid Waste and Recycling Service: 909-798-7529
Street Cleaning Service: 909-798-7655
Household Hazardous Waste Disposal: 909-798-7601
Water Conservation: 909-798-7527
E-Mail: mudeustomerservice@cityofredlands.org
Website: www.redlandsutilities.org

FOR WATER OR SEWER EMERGENCIES AFTER WORKING HOURS, ON WEEKENDS OR HOLIDAYS, PLEASE CALL THE REDLANDS POLICE DEPARTMENT AT: 909-798-7681

If you wish to pay the bill in person, please bring your payment to the City of Redlands-Civic Center/Revenue Division 35 Cajon Street, Suite 15-B Redlands, CA 92373

To open, close or make changes to your municipal services bill in person, please visit the City of Redlands-Civic Center/Customer Service Division 35 Cajon Street, Suite 15-A Redlands, CA 92373

CIVIC CENTER HOURS

Monday through Thursday 7:30 am to 5:30 pm
Closed every other Friday

This municipal services bill is due and payable to the City of Redlands on the date the bill is mailed to the customer. This bill will become delinquent and a 10% late charge assessed if payment is not received within 25 days of the billing date. The 10% late charge is calculated on the balance of each service component, separately, to arrive at the total charge. A night drop box is available in front of the Revenue Division, Suite 15-B, for after-hours payment convenience.

Water service may be subject to turn-off by the City of Redlands if payment is not received for any of the billed municipal services as soon as 72 hours after the bill becomes delinquent. You will receive one final notice from the City of Redlands. If the water service is turned off for non-payment, a fee will be charged. ALL charges must be paid in full before the water service will be turned back on and additionally, you may be required to post a pre-payment to re-establish your account.

Failure to receive a municipal services bill does not relieve the customer of liability. Any amount due shall be deemed a debt to the City of Redlands, and any person, firm or corporation failing, neglecting or refusing to pay said indebtedness shall be liable in a civil action brought by the City of Redlands in any court of competent jurisdiction for the amount thereof. The customer of record will be held liable for all utility services provided until the City of Redlands, Customer Service Division, is properly notified to discontinue service.

Upon request of the customer, the City of Redlands will turn off and turn on water service without charge for repairs or emergency purposes. Please DO NOT attempt to perform the service yourself as you will be liable for any damages incurred.

PAYMENT OPTIONS

Check - Make check payable to City of Redlands and mail to P.O. Box 6903, Redlands CA 92375-0903. PLEASE DO NOT MAIL CASH.

Speedpay® Program - Pay your bill 24/7 on-line or by telephone using a credit, debit, or ATM card or by drafting from a designated bank account. Simply call 866-269-2896 or log on to www.redlandscustomerservice.org. (Convenience fee charged by Western Union®)

1-2-3 Done! Automated Debit Program- Available at no charge. Download an enrollment form today at www.redlandscustomerservice.org

Check by Phone Service - Pay your bill during business hours by telephone. Contact our customer service group for assistance at 909-798-7516 (Convenience fee charged).

REQUEST FOR CHANGE OF MAILING ADDRESS

New Mailing Address: _____ Home Phone: _____
Cellular Phone: _____
Business Phone: _____



If you are interested in receiving periodic e-mail messages from us regarding various City of Redlands program offerings and upcoming events, please provide us with your e-mail address:

E-Mail Address (Optional): _____

Tax Summary
► Keep for your records

2013

Name (s)
Syed R Farook

Total income	47,977.
Adjustments to income	851.
Adjusted gross income	47,126.
Itemized/standard deduction	6,100.
Exemption amount	3,900.
Taxable income	37,126.
Tentative tax	5,210.
Additional taxes	
Alternative minimum tax	
Total credits	
Other taxes	
Total tax	5,210.
Total payments	5,451.
Estimated tax penalty	
Amount Overpaid	241.
Refund	241.
Amount Applied to Estimate	
Balance due	0.

Which Form 1040 to file?

You must use Form 1040A or Form 1040 because you claimed a student loan interest deduction.

104140010000 1001410 1964020 19 1011000 000014 001002 000014 000-0000007

Your first name and initial Syed R	Last name Farook	OMB No. 1545-0074 Your social security number (b) (6)
If a joint return, spouse's first name and initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 3830 Tomlinson Ave		Apt. no.	▲ Make sure the SSN(s) above and on line 6c are correct. Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Riverside CA 92503			
Foreign country name	Foreign province/state/county	Foreign postal code	

Filing status Check only one box.

<p>1 <input checked="" type="checkbox"/> Single</p> <p>2 <input type="checkbox"/> Married filing jointly (even if only one had income)</p> <p>3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶</p>	<p>4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶</p> <p>5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)</p>
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Exemptions

6a **Yourself.** If someone can claim you as a dependent, do not check box 6a.

b **Spouse**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed. Boxes checked on 6a and 6b No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above Add numbers on lines above ▶ **1**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2.	7	47,977.
8a Taxable interest. Attach Schedule B if required.	8a	
b Tax-exempt interest. Do not include on line 8a.	8b	
9a Ordinary dividends. Attach Schedule B if required.	9a	
b Qualified dividends (see instructions).	9b	
10 Capital gain distributions (see instructions).	10	
11a IRA distributions.	11a	
11b Taxable amount (see instructions).	11b	
12a Pensions and annuities.	12a	
12b Taxable amount (see instructions).	12b	
13 Unemployment compensation and Alaska Permanent Fund dividends.	13	
14a Social security benefits.	14a	
14b Taxable amount (see instructions).	14b	
15 Add lines 7 through 14b (far right column). This is your total income. ▶	15	47,977.

Adjusted gross income

16 Educator expenses (see instructions).	16	
17 IRA deduction (see instructions).	17	
18 Student loan interest deduction (see instructions).	18	851.
19 Tuition and fees. Attach Form 8917.	19	
20 Add lines 16 through 19. These are your total adjustments.	20	851.
21 Subtract line 20 from line 15. This is your adjusted gross income. ▶	21	47,126.

Tax, credits, and payments	22	Enter the amount from line 21 (adjusted gross income).	22	47,126.
	23a	Check <input type="checkbox"/> You were born before January 2, 1949, <input type="checkbox"/> Blind } Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1949, <input type="checkbox"/> Blind } checked ▶ 23a <input type="checkbox"/>		
	b	If you are married filing separately and your spouse itemizes deductions, check here ▶ 23b <input type="checkbox"/>		
Standard Deduction for—	24	Enter your standard deduction .	24	6,100.
• People who check any box on line 23a or 23b or who can be claimed as a dependent, see instructions.	25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.	25	41,026.
• All others:	26	Exemptions. Multiply \$3,900 by the number on line 6d.	26	3,900.
Single or Married filing separately, \$6,100	27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-.		
Married filing jointly or Qualifying widow(er), \$12,200		This is your taxable income .	27	37,126.
Head of household, \$8,950	28	Tax, including any alternative minimum tax (see instructions).	28	5,210.
	29	Credit for child and dependent care expenses. Attach Form 2441.	29	
	30	Credit for the elderly or the disabled. Attach Schedule R.	30	
	31	Education credits from Form 8863, line 19.	31	
	32	Retirement savings contributions credit. Attach Form 8880.	32	
	33	Child tax credit. Attach Schedule 8812, if required.	33	
	34	Add lines 29 through 33. These are your total credits .	34	
	35	Subtract line 34 from line 28. If line 34 is more than line 28, enter -0-. This is your total tax .	35	5,210.
	36	Federal income tax withheld from Forms W-2 and 1099.	36	5,451.
	37	2013 estimated tax payments and amount applied from 2012 return.	37	
	38a	Earned income credit (EIC).	38a	
	b	Nontaxable combat pay election.	38b	
	39	Additional child tax credit. Attach Schedule 8812.	39	
	40	American opportunity credit from Form 8863, line 8.	40	
	41	Add lines 36, 37, 38a, 39, and 40. These are your total payments .	41	5,451.
	42	If line 41 is more than line 35, subtract line 35 from line 41. This is the amount you overpaid .	42	241.
	43a	Amount of line 42 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/> 43a		241.
	b	Routing number <input type="text" value="122000496"/> ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <input type="text" value="0020503300"/>		
	44	Amount of line 42 you want applied to your 2014 estimated tax .	44	
	45	Amount you owe. Subtract line 41 from line 35. For details on how to pay, see instructions.	45	
	46	Estimated tax penalty (see instructions).	46	

Refund

Direct deposit? See instructions and fill in 43b, 43c, and 43d or Form 8888.

Amount you owe

Third party designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete the following. No

Designee's name ▶ _____ Phone no. ▶ _____ Personal identification number (PIN) ▶

Sign here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list 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
<i>[Signature]</i>		Environmental Health Spec	(951) 201-9825
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

Paid preparer use only

Print/type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶ Self-Prepared				
Firm's address ▶			Firm's EIN ▶	Phone no.



County of San Bernardino
222 W. Hospitality Lane
San Bernardino, CA 92415-0030
(909) 386-8907



Pay Period: PP 1418 Employee ID: E8222
Pay Beg Dt: 08/09/14
Pay End Dt: 08/22/14
Chk/Adv Dt: 09/03/14
Chk/Adv#: 8342968

Pay Statement for:	Job Data				Tax Data						
#	Dept	Job Title	Pay Rate	Earnable Comp	State	Status	Allow	Addl allow	Add%	Add%	
Syed R Farook	0	93510-EHSFoodPro	EnHthSpll	\$27.50 Hourly	2,200.00	CA	S/M-2 Inc	0			
					Fed	Single	0				

Hours and Earnings						Taxes			
Start Dt	End Dt	Description	Rate	Hours	Earnings	Description	Current	YTD	
08/16/14	08/22/14	Regular Time	27.500	40.00	1,100.00	CA Withholding	98.77	1,200.27	
08/09/14	08/15/14	Overtime - FLSA - .5 Portion	27.500	4.25	58.44	Fed MED/EE	33.68	561.97	
08/09/14	08/15/14	Regular Time	27.500	44.25	1,216.88	Fed Withholding	349.93	4,423.57	
Total					2,375.32	Total		482.38	6,185.81

Before-Tax Deductions			After-Tax Deductions			Employer Paid Benefits		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
CIGNA DPPO Before Tax	15.04	112.66	Assoc Dues - SBPEA County	9.25	166.50	CIGNA DPPO Before Tax	9.46	328.34
Kaiser Premium Holiday BT	0.00	-27.59	Survivors' Benefits	1.85	26.16	FMLA	1.41	25.38
Kaiser - Before Tax	38.79	530.22				Kaiser - Before Tax	230.25	4,144.50
Retirement Refundable General	199.32	3,471.21				Life Insurance-County Paid	0.90	17.70
Supplemental Life BT	4.63	88.89				Retirement-Employer General	610.28	10,129.77
						Short Term Disability	22.90	395.46
						Supplemental Life BT**	6.23	112.14
						Survivors' Benefits	1.85	26.16
						Vision Coverage General	2.66	47.88
						Work Comp All Other	74.11	1,899.74
Total			Total			Total		
			11.10			960.05		

Totals	Gross	Fed Taxable Gross	Taxes	Deductions	Net Pay
Current	2,375.32	2,123.77	482.38	268.88	1,624.06
YTD	39,702.61	35,285.44	6,185.81	4,368.05	29,148.75

Leave Plans					Net Pay Distribution			
Description	Prior	Earned	Taken	Adjust	Current	Account type	Acct number	Amount
Holiday	0.25				0.25	Checking	300	\$400.00
Sick	86.87	3.39			90.26	Checking	036	\$1,224.06
Vacation	6.79	3.07			9.86			
Total								\$1,624.06



County of San Bernardino
 222 W. Hospitality Lane
 San Bernardino, CA 92415-0030
 (909) 386-8907



Pay Period: PP 1417 Employee ID: E8222
 Pay Beg Dt: 07/26/14
 Pay End Dt: 08/08/14
 Chk/Adv Dt: 08/20/14
 Chk/Adv#: 8323223

Pay Statement for:	Job Data				Tax Data					
# Dept	Job Title	Pay Rate	Earnable Comp	State	Status	Allow	Addl. allow	Add%	Add%	
Syed R Farook	0 93510-EHSFoodPro	EnHlthSpl	\$26.86 Hourly	2,148.80	CA	S/M-2 inc	0			
					Fed	Single	0			

Hours and Earnings						Taxes		
Start Dt	End Dt	Description	Rate	Hours	Earnings	Description	Current	YTD
08/02/14	08/08/14	Paid Vacation Leave	26.860	4.00	107.44	CA Withholding	78.40	1,101.50
08/02/14	08/08/14	Regular Time	26.860	36.00	966.96	Fed MED/EE	30.40	528.29
07/26/14	08/01/14	Paid Sick Leave	26.860	9.00	241.74	Fed Withholding	294.46	4,073.64
07/26/14	08/01/14	Paid Vacation Leave	26.860	13.00	349.18			
07/26/14	08/01/14	Regular Time	26.860	18.00	483.48			

Total 2,148.80 Total 403.26 5,703.43

Before-Tax Deductions			After-Tax Deductions			Employer Paid Benefits			
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD	
CIGNA DPPO Before Tax	15.04	97.62	Assoc Dues - SBPEA County	9.25	157.25	CIGNA DPPO Before Tax	9.46	318.88	
Kaiser Premium Holiday BT	0.00	-27.59	Survivors' Benefits	1.85	24.31	FMLA	1.41	23.97	
Kaiser - Before Tax	38.79	491.43				Kaiser - Before Tax	230.25	3,914.25	
Retirement Refundable General	194.68	3,271.89				Life Insurance-County Paid	0.90	16.80	
Supplemental Life BT	4.63	84.26				Retirement-Employer General	596.08	9,519.49	
						Short Term Disability	22.36	372.56	
						Supplemental Life BT**	6.23	105.91	
						Survivors' Benefits	1.85	24.31	
						Vision Coverage General	2.66	45.22	
						Work Comp All Other	67.04	1,825.63	
Total	253.14	3,917.61	Total	11.10	181.56	** TAXABLE	Total	938.24	16,167.02

Totals	Gross	Fed Taxable Gross	Taxes	Deductions	Net Pay
Current	2,148.80	1,901.89	403.26	264.24	1,481.30
YTD	37,327.29	33,161.67	5,703.43	4,099.17	27,524.69

Leave Plans						Net Pay Distribution		
Description	Prior	Earned	Taken	Adjust	Current	Account type	Acct number	Amount
Holiday	0.25				0.25	Checking	300	\$400.00
Sick	92.48	3.39	9.00		86.87	Checking	036	\$1,081.30
Vacation	20.72	3.07	17.00		6.79			
Total								\$1,481.30



County of San Bernardino
222 W. Hospitality Lane
San Bernardino, CA 92415-0030
(909) 386-8907



Pay Period: PP 1416 Employee ID: E8222
Pay Beg Dt: 07/12/14
Pay End Dt: 07/25/14
Chk/Adv Dt: 08/06/14
Chk/Adv#: 8303800

Pay Statement for:	Job Data				Tax Data						
#	Dept	Job Title	Pay Rate	Earnable Comp	State	Status	Allow	Add Allow	Add%	Add%	
Syed R Farook	0	93510-EHSFoodPro	EnHlthSpl	\$26.86 Hourly	2,148.80	CA	S/M-2 Inc	0			
						Fed	Single	0			

Hours and Earnings						Taxes		
Start Dt	End Dt	Description	Rate	Hours	Earnings	Description	Current	YTD
07/19/14	07/25/14	Paid Vacation Leave	26.860	36.00	966.96	CA Withholding	78.40	1,023.10
07/19/14	07/25/14	Regular Time	26.860	4.00	107.44	Fed MED/EE	30.40	497.89
07/12/14	07/18/14	Paid Holiday	26.860	17.00	456.62	Fed Withholding	294.46	3,779.18
07/12/14	07/18/14	Paid Vacation Leave	26.860	10.00	268.60			
07/12/14	07/18/14	Regular Time	26.860	13.00	349.18			

Total				2,148.80	Total				403.26	5,300.17
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Before-Tax Deductions			After-Tax Deductions			Employer Paid Benefits		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
CIGNA DPPO Before Tax	15.04	82.58	Assoc Dues - SBPEA County	9.25	148.00	CIGNA DPPO Before Tax	9.46	309.42
Kaiser Premium Holiday BT	0.00	-27.59	Survivors' Benefits	1.85	22.46	FMLA	1.41	22.56
Kaiser - Before Tax	38.79	452.64				Kaiser - Before Tax	230.25	3,884.00
Retirement Refundable General	194.68	3,077.21				Life Insurance-County Paid	0.90	15.90
Supplemental Life BT	4.63	79.63				Retirement-Employer General	596.08	8,923.41
						Short Term Disability	22.36	350.20
						Supplemental Life BT**	6.23	99.68
						Survivors' Benefits	1.85	22.46
						Vision Coverage General	2.66	42.56
						Work Comp All Other	67.04	1,758.59
Total	253.14	3,684.47	Total	11.10	170.46	** TAXABLE Total	938.24	15,228.78

Totals	Gross	Fed Taxable Gross	Taxes	Deductions	Net Pay
Current	2,148.80	1,901.89	403.26	264.24	1,481.30
YTD	35,178.49	31,259.78	5,300.17	3,834.93	26,043.39

Leave Plans					Net Pay Distribution			
Description	Prior	Earned	Taken	Adjust	Current	Account type	Acct number	Amount
Holiday	17.25		17.00		0.25	Checking	300	\$400.00
Sick	89.09	3.39			92.48	Checking	036	\$1,081.30
Vacation	63.64	3.07	46.00		20.71			
Total								\$1,481.30



County of San Bernardino
222 W. Hospitality Lane
San Bernardino, CA 92415-0030
(909) 386-8907



Pay Period: PP 1415 Employee ID: E8222
Pay Beg Dt: 06/28/14
Pay End Dt: 07/11/14
Chk/Adv Dt: 07/23/14
Chk/Adv#: 8281789

Pay Statement for:	Job Data					Tax Data					
#	Dept	Job Title	Pay Rate	Earnable Comp	State	Status	Allow	Add allow	Add%	Add%	
Syed R Farook	0	93510-EHSFoodPro	EnHlthSpl	\$26.86 Hourly	2,148.80	CA	S/M-2 inc	0			
						Fed	Single	0			

Hours and Earnings						Taxes			
Start Dt	End Dt	Description	Rate	Hours	Earnings	Description	Current	YTD	
07/05/14	07/11/14	Regular Time	26.860	40.00	1,074.40	CA Withholding	79.35	944.70	
06/28/14	07/04/14	Fixed/Floating Holiday Accrual		8.00	0.00	Fed MED/EE	30.56	467.49	
06/28/14	07/04/14	Paid Holiday	26.860	9.00	241.74	Fed Withholding	297.17	3,484.72	
06/28/14	07/04/14	Regular Time	26.860	31.00	832.66				
Total					2,148.80		Total	407.08	4,896.91

Before-Tax Deductions			After-Tax Deductions			Employer Paid Benefits				
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD		
CIGNA DPPO Before Tax	15.04	67.54	Assoc Dues - SBPEA County	9.25	138.75	CIGNA DPPO Before Tax	9.46	299.96		
Kaiser Premium Holiday BT	0.00	-27.59	Survivors' Benefits	1.85	20.61	FMLA	1.41	21.15		
Kaiser - Before Tax	27.59	413.85				Kaiser - Before Tax	230.25	3,453.75		
Retirement Refundable General	194.68	2,882.53				Life Insurance-County Paid	1.00	15.00		
Supplemental Life BT	5.00	75.00				Retirement-Employer General	596.08	8,327.33		
						Short Term Disability	22.36	327.84		
						Supplemental Life BT**	6.23	93.45		
						Survivors' Benefits	1.85	20.61		
						Vision Coverage General	2.66	39.90		
						Work Comp All Other	67.04	1,691.55		
Total			242.31	3,411.33		Total			938.34	14,290.54

Totals	Gross	Fed Taxable Gross	Taxes	Deductions	Net Pay
Current	2,148.80	1,912.72	407.08	253.41	1,488.31
YTD	33,029.69	29,357.89	4,896.91	3,570.69	24,562.09

Leave Plans						Net Pay Distribution		
Description	Prior	Earned	Taken	Adjust	Current	Account type	Acct number	Amount
Holiday	18.25		9.00	8.00	17.25	Checking	300	\$400.00
Sick	85.69	3.39			89.08	Checking	036	\$1,088.31
Vacation	60.56	3.07			63.63			
Total								\$1,488.31



County of San Bernardino
222 W. Hospitality Lane
San Bernardino, CA 92415-0030
(909) 386-8907



Pay Period: PP 1414 Employee ID: E8222
Pay Beg Dt: 06/14/14
Pay End Dt: 06/27/14
Chk/Adv Dt: 07/09/14
Chk/Adv#: 8254257

Pay Statement for:	Job Data				Tax Data					
#	Dept	Job Title	Pay Rate	Earnable Comp	State	Status	Allow	Addl allow	Add%	Add%
Syed R Farook	0	93510-EHSFoodPro	EnHlthSpil \$26.86 Hourly	2,148.80	CA	S/M-2 inc Single	0	0		

Hours and Earnings						Taxes				
Start Dt	End Dt	Description	Rate	Hours	Earnings	Description	Current	YTD		
06/21/14	06/27/14	Paid Holiday	26.860	0.75	20.15	CA Withholding	80.34	865.35		
06/21/14	06/27/14	Paid Sick Leave	26.860	4.00	107.44	Fed MED/EE	30.72	436.93		
06/21/14	06/27/14	Regular Time	26.860	35.25	946.82	Fed Withholding	300.00	3,187.55		
06/14/14	06/20/14	Paid Sick Leave	26.860	4.00	107.44					
06/14/14	06/20/14	Regular Time	26.860	36.00	966.96					

Total 2,148.81 **Total** 411.06 **4,489.83**

Before-Tax Deductions			After-Tax Deductions			Employer Paid Benefits		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
CIGNA DPPO Before Tax	3.75	52.50	Assoc Dues - SBPEA County	9.25	129.50	CIGNA DPPO Before Tax	20.75	290.50
Kaiser Premium Holiday BT	0.00	-27.59	Survivors' Benefits	1.34	18.76	FMLA	1.41	19.74
Kaiser - Before Tax	27.59	386.26				Kaiser - Before Tax	230.25	3,223.50
Retirement Refundable General	194.68	2,687.85				Life Insurance-County Paid	1.00	14.00
Supplemental Life BT	5.00	70.00				Retirement-Employer General	559.98	7,731.25
						Short Term Disability	22.36	305.48
						Supplemental Life BT**	6.23	87.22
						Survivors' Benefits	1.34	18.76
						Vision Coverage General	2.66	37.24
						Work Comp All Other	140.10	1,624.51

Totals **Gross** 2,148.81 **Fed Taxable Gross** 1,924.02 **Taxes** 411.06 **Deductions** 241.61 **Net Pay** 1,496.14
YTD 30,880.89 27,445.17 4,489.83 3,317.28 23,073.78

Leave Plans						Net Pay Distribution		
Description	Prior	Earned	Taken	Adjust	Current	Account type	Acct number	Amount
Holiday	19.00		0.75		18.25	Checking	300	\$400.00
Sick	90.30	3.39	8.00		85.69	Checking	036	\$1,096.14
Vacation	57.48	3.07			60.55			

Total \$1,496.14

Form **W-2 Wage and Tax Statement** 2013

c Employer's name, address, and ZIP code
 COUNTY OF SAN BERNARDINO
 222 W HOSPITALITY LANE
 SAN BERNARDINO CA 92415-0018

e Employee's name, address, and ZIP code

SYED R FAROOK
 3830 TOMLINSON AVE
 RIVERSIDE CA 92503-3113

15 State CA	Employer's state ID number 800-9596-1	16 State wages, tips, etc. 47976.51	17 State income tax 1685.09	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
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Copy B-To Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service. OMB No. 1545-0008 Dept. of the Treasury - IRS Visit the IRS website at www.irs.gov/efile.

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Form **W-2 Wage and Tax Statement** 2013

c Employer's name, address, and ZIP code
 COUNTY OF SAN BERNARDINO
 222 W HOSPITALITY LANE
 SAN BERNARDINO CA 92415-0018

e Employee's name, address, and ZIP code

SYED R FAROOK
 3830 TOMLINSON AVE
 RIVERSIDE CA 92503-3113

15 State CA	Employer's state ID number 800-9596-1	16 State wages, tips, etc. 47976.51	17 State income tax 1685.09	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
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Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.) OMB No. 1545-0008 Dept. of the Treasury - IRS Visit the IRS website at www.irs.gov/efile.

Form **W-2 Wage and Tax Statement** 2013

c Employer's name, address, and ZIP code
 COUNTY OF SAN BERNARDINO
 222 W HOSPITALITY LANE
 SAN BERNARDINO CA 92415-0018

e Employee's name, address, and ZIP code

SYED R FAROOK
 3830 TOMLINSON AVE
 RIVERSIDE CA 92503-3113

15 State CA	Employer's state ID number 800-9596-1	16 State wages, tips, etc. 47976.51	17 State income tax 1685.09	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
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Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008 Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement** 2013

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 COUNTY OF SAN BERNARDINO
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Menu



Search:



- My Favorites
- Self Service
 - eTime Reporting
 - Personal Information
 - Payroll and Compensation
 - Benefits
 - Benefits Summary
 - Benefits Enrollment
 - Dependent/Beneficiary Summary
- Benefits
 - Change My Password

Benefits Summary

Syed Farook

Type of Benefit	Plan Description	Dependent or Paid Options
Medical	Kaiser Before Tax	Employee + 1
Dental	CIGNA DPO Before Tax	Employee + 1
Vision	EyeMed - General	Employee Only
Basic Life	County Paid 25K	\$25,000
Supplemental Life	Supplemental Life Insurance	\$250,000
Retirement Options	GEN - Refundable	

You are currently enrolled in the health, life, retirement, and other benefit plans shown above.

Click on the desired benefit plan link to review applicable employee and dependent/beneficiary coverage details.

For example, click the [Medical](#) hyperlink in the "Type of Benefit" column to review your current Medical coverage and covered dependents for the Medical benefit.

Menu

Search

My Favorites

Self Service

Time Reporting

Personal Information

Payroll and Compensation

Benefits

Benefits Summary

Benefits Enrollment

Dependent/Beneficiary

Summary

Benefits

Change My Password

Medical

Syed Farook

Plan Name: Kaiser Before Tax

Plan Provider: Kaiser Permanente

Coverage: Employee + 1

Group Number: 1001361000

Supervisor: [unclear]

Name:

Tashteen Malik

Spouse

Return to: [Employee Benefits Summary](#)

Menu

Search



Dental Syed Farook

Link icon

My Favorites

Self Service

eTime Reporting

Personal Information

Payroll and Compensation

Benefits

Benefits Summary

Benefits Enrollment

Dependent Beneficiary

Summary

Change My Password

Plan Name: CIGNA DPPO Before Tax

Plan Provider: Cigna Dental

Coverage: Employee + 1

Group Number: 33357430001DPPO

Provider/Dependent

Name

Tashleen Malik

Spouse

[Return to Employee Benefits Summary](#)

County of San Bernardino
Active
Dental PPO-RADIUS NETWORK



Connection Connecticut General Life Insurance Company

Member ID	
U47027953	FAROOK, SYED
U47027953	MALIK, TASHFEEN

Account No: 3335743

Mail Claims To: Cigna Dental
P.O. Box 188037
Chattanooga, TN 37422-8037



KAISER PERMANENTE

Kaiser Foundation Health Plan, Inc.
Southern California Region

Prefix

00

Member Record No.

0021325363

Date of Birth

07 86

Member First Name

TASHFEEN MALIK

Gender

F

For information about your Health Plan benefits:
1-800-464-4000/TTY 1-800-777-1370

kp.org



Kaiser Foundation Health Plan, Inc.
Southern California Region

Prefix Medical Record No. Date of Birth
00 0021325363 07 86

Member First & Last Gender
TASHFEEN FAROOK F

For information about your Health Plan benefits:
1-800-464-4000/TTY 1-800-777-1370

kp.org



Kaiser Foundation Health Plan, Inc.
Southern California Region

Prefix Medical Record No. Date of Birth
00 0016208952 06 87

Member First & Last Gender
SYED R FAROOK M

For information about your Health Plan benefits:
1-800-464-4000/TTY 1-800-777-1370

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