

SAMPLE

DOCUMENTS

Paycheck Stubs

Paycheck stubs should be included for the last four weeks of income received by the wage earner.

Querson's Grocery Store, Milepost 115, Highway 67, Rural County, AZ 86001 (520) 636-8888

Miller, Billy 602-99- 05/25/XX 05/31/XX 085
5587

EMP. NAME SSN PERIOD BEG. PERIOD END CHECK #

EARNINGS	HRS./UNITS	CUR. AMT.	Y-T-D INCOME		Y-T-D NET INCOME
REGULAR	40.00	300.00	2704.00		2156.62
Bonus					
DEDUCTIONS				Y-T-D DEDUCTIONS	
F.I.C.A.		19.60		165.32	
MEDICARE		3.17		28.02	
BlueCross		22.00		44.00	
TOTAL	40.00	255.23	2704.00	237.34	2411.85

Querson's Grocery Store, Milepost 115, Highway 67, Rural County, AZ 86001 (520) 636-8888

Miller, Billy 602-99- 06/07/XX 06/13/XX 115
5587

EMP. NAME SSN PERIOD BEG. PERIOD END CHECK #

EARNINGS	HRS./UNITS	CUR. AMT.	Y-T-D INCOME		Y-T-D NET INCOME
REGULAR	40.00	300.00	3304.00		2667.08
Bonus		24.00			
DEDUCTIONS				Y-T-D DEDUCTIONS	
F.I.C.A.		20.05		204.52	
MEDICARE		3.37		34.36	
BlueCross		22.00		88.00	
TOTAL	40.00	300.58	3304.00	316.96	2967.66

Paycheck Stubs

RAMADA INN
 GATEWAY TO THE GRAND CANYON, L.L.C.
 WILLIAMS, AZ 86046

CHECK NO.: 055986
CHECK DATE: 06/23/XX
PP ENDING: 06/20/XX
FREQUENCY: WEEKLY

Miller, Billy 602-99-5587 06/13/XX 06/20/XX Various
 EMP. NAME SSN PERIOD BEG. PERIOD END PAY RATE

IMPORTANT MESSAGE

IMPORTANT MESSAGE										
HOURS AND EARNINGS					TAXES AND DEDUCTIONS			SPECIAL INFORMATION		
		CURRENT		Y-T-D		CURRENT		Y-T-D		
DESCRIPTION	HRS./UNITS	EARNINGS	HRS./UNITS	EARNINGS	DESCRIPTION	AMOUNT	AMOUNT			
COOK	25	187.50	91.00	683.31	F.I.C.A.	20.68	60.36	TIPS	117.00	
FOODSERVER	15	32.40	70.00	151.00	MEDICARE	4.84	14.12			
						TOTAL	25.52	74.48		
						AFTER-TAX DEDUCTIONS				
TOTAL					TOTAL PER DED					
	42.05	219.90	148.79	708.70						
	GROSS		TAXABLE WAGES	LESS TAXES	LESS DEDS	EQ NET PAY				
	219.90		219.90	25.52	.00	194.38				
	708.70		708.70	74.48	.00	634.22				

Statement of Earnings ▾ Detach at perforation below and keep for your records ▾

Child Support Order

A copy of a child support order or the ATLAS number of the case should be included with the application.

SUPERIOR COURT OF ARIZONA, COUNTY OF MARICOPA

Case No. 98-00765

Darla Cooper)
Petitioner)
)
And)
)
Stewart English)
Respondent)
)

CHILD SUPPORT ORDER

THE COURT FINDS THAT:

1. The parties owe a duty to support the following children:

<u>Name</u>	<u>Date of Birth</u>	<u>Social Security Number</u>
James English	03/06/94	602-93-7543

2. The parties' circumstances are sufficient for Petitioner to pay child support to Respondent.

IT IS ORDERED THAT:

- A. The effective date of the obligation to pay child support ordered by the court is **06/15/99**.
- B. The first payment is due **07/01/99**.
- C. The petitioner shall pay the respondent **\$300.00** per month until the child reaches the age of majority or graduates from high school whichever comes last.
- D. An order of assignment shall be issued to the petitioner's current employer, the State of Arizona, Department of Administration in accordance with Arizona Revised Statutes.
- E. It is further ordered that the petitioner is responsible to have the child covered by health insurance up through his 18th birthday or graduation from high school, whichever comes last.

Payments not made through the Clerk of the Court/Clearinghouse shall be considered gifts unless otherwise ordered. Payments must include the case number and the obligor's name.

Date

Judge or Commissioner

Self-Employment Verifications

When a person is self-employed, request their most recent tax return. If there are no tax returns to verify the self-employment income, other records may be provided by the earner. Some business expenses allowed for Federal tax deductions are not allowed for eligibility purposes.

If a person claims that income varies from month to month, ask how much they anticipate their monthly income and expenses to be in the future. Document the response and forward it with the application.

Tax Forms

When using the IRS forms to verify self-employment income, all expenses claimed as deductions, except depreciation, are allowable for the eligibility determinations. A written or oral statement from the earner must accompany the verification include information regarding current earnings.

Form 1040

The IRS form 1040 will always be submitted to the IRS for a self-employed person. A schedule SE and various other schedules document business expenses and income.

Form 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return 2001 (99) IRS Use Only—Do not write or staple in this space. OMB No. 1545-0074

For the year (Jan. 1–Dec. 31, 2001, or other tax year beginning 2001, ending 2001)

Your first name and initial Last name Your social security number

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 page 19. Apt. no. **Important!**

d Total number of exemptions claimed entered on lines above

Income	7	8a	8b	9	10	11	12	13	14	15a	15b	16a	16b
Wages, salaries, tips, etc. Attach Form(s) W-2													
Taxable interest. Attach Schedule B if required													
Tax-exempt interest. Do not include on line 8a													
Ordinary dividends. Attach Schedule B if required													
Taxable refunds, credits, or offsets of state and local income taxes (see page 22)													
Alimony received													
Business income or (loss). Attach Schedule C or C-EZ													
Capital gain or (loss). Attach Schedule D if required. If not required, check here													
Other gains or (losses). Attach Form 4797													
Total IRA distributions													
Total taxable amount (see page 23)													

Income on line 12 is used as the **Gross Annual Income** of the business.

IRS Schedule SE (Form 1040)

Net Profits from various businesses are entered here and are used to calculate income on the Schedule C.

Section A—Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a		
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-2 for other income to report		
3	Combine lines 1 and 2		
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax		
5	Self-employment tax. If the amount on line 4 is: <ul style="list-style-type: none"> • \$80,400 or less, multiply line 4 by 15.3% (Form 1040, line 53). • More than \$80,400, multiply line 4 by 2.9% (Form 1040, line 53). result. Enter the total here and on Form 1040, line 53.		
6	Deduction for one-half of self-employment tax. Enter the result here and on Form 1040, line 53. For Paperwork Reduction Act Notice, see Form 1040-1040.		

Section B—Long Schedule SE

Part I Self-Employment Tax

Note. If your only income subject to self-employment tax is church employee income, skip lines 1 through 4b. Enter -0- on line 4c and go to line 5a. Income from services you performed as a minister or a member of a religious order is not church employee income. See page SE-1.

A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I.

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a. Note. Skip this line if you use the farm optional method. See page SE-3		
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-2 for other income to report. Note. Skip this line if you use the nonfarm optional method. See page SE-3.		
3	Combine lines 1 and 2		
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3		

Tax Forms - Schedule C (Form 1040)

The 1040 and Schedule SE must also be accompanied by the appropriate supplemental Schedule. This is most commonly the Schedule C, however, a number of other supplements also exist such as schedule CEZ, E, F, K, K-1, etc.).

SCHEDULE C (Form 1040) Profit or Loss From Business (Sole Proprietorship)

Department of the Treasury Internal Revenue Service (99) = Attach to Form 1040 or Form 1041. = See Instructions for Schedule C (Form 1040).

OMB No. 1545-0046 **2001** Attachment Sequence No. 09

Name of proprietor: _____ Social security number (SSN): _____

A Principal business or profession, including product or service (see page C-1 of the instructions) _____ **B** Enter code from pages C-7 & 8: _____

C Business name, if no separate business name, leave blank. _____ **D** Employer ID number (EIN), if any: _____

E Business address (including suite or room no.): _____ City, town or post office, state, and ZIP code: _____

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) _____

G Did you "materially participate" in the operation of this business during 2001? If "No," see page C-2 for limit on losses. Yes No

H If you started or acquired this business during 2001, check here:

Income

1	Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-2 and check here		
2	Returns and allowances		
3	Subtract line 2 from line 1		
4	Cost of goods sold (from line 42 on page 2)		
5	Gross profit. Subtract line 4 from line 3		
6	Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3)		
7	Gross income. Add lines 5 and 6		


Part II Expenses. Enter expenses for business use of your home only on line 30.


8	Advertising	19	Pension and profit-sharing plans
9	Bad debts from sales or services (see page C-3)	20a	Rent or lease (see page C-4):
10	Car and truck expenses (see page C-3)	20b	a Vehicles, machinery, and equipment
11	Commissions and fees	21	b Other business property
12	Depletion	22	21 Repairs and maintenance
13	Depreciation and section 179 expense deduction (not included in Part III) (see page C-3)	23	22 Supplies (not included in Part II)
14	Employee benefit programs (other than on line 19)	24a	23 Taxes and licenses
15	Insurance (other than health)	24b	24 Travel, meals, and entertainment:
16	Interest:		a Travel
16a	a Mortgage (paid to banks, etc.)		b Meals and entertainment
16b	b Other		c Enter nondeductible amount included on line 24b (see page C-5)
17	Legal and professional services	24d	d Subtract line 24c from line 24b
18	Office expense	25	25 Utilities
28	Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	26	26 Wages (less employment credit)
29	Tentative profit (loss). Subtract line 28 from line 7	27	27 Other expenses (from line 48 on page 2)
30	Expenses for business use of your home. Attach Form 8829	28	
31	Net profit or (loss). Subtract line 30 from line 29.	29	
	• If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.	30	
	• If a loss, you must go to line 32.	31	
32	If you have a loss, check the box that describes your investment in this activity (see page C-6).		
	• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.	32a	All investment is at risk.
	• If you checked 32b, you must attach Form 6198.	32b	Some investment is not at risk.

For Paperwork Reduction Act Notice, see Form 1040-1040. Cat. No. 11234P Schedule C (Form 1040) 2001

Other Self-Employment Documentation

If the tax return is unavailable, the individual may provide current business records. A written explanation of why the income tax return was not available should accompany the application. The individual must provide verification of gross business receipts and business expenses.

 Gross business receipts are the total amount of cash received from business activity. This is the gross income received by the business prior to the deduction of any business expenses.

 Business expenses (or overhead expenses) include all costs related to the production of goods and/or services. Expenses must be paid before they can be deducted from income.

Examples may include a written ledger, receipts that document business expenses, written statements from customers, etc.

Account Ledger

A checking account ledger or business ledger can be used to document amounts received and expenses incurred.

CODE	DATE		(-)	<input checked="" type="checkbox"/>	ANY	INTEREST	BALANCE
	5/31	Opening Balance					\$3,116.25
	6/6	Deposit				\$15,000.00	\$15,000.00
		CBS Properties					\$18,116.25
1491	6/10	Aceto Welding	500.00				\$1,500.00
		Welding Supplies					\$17,616.25
1492	6/10	Calvin's Plumbing Supplies	6000.00				\$6,000.00
		Pipe, fittings, etc.					\$11,616.25
1493	6/10	Shuff Steel	2250.00				\$2,250.00

Various Receipts

Actual receipts or invoices showing the cost of deductible items can help verify expenses incurred by the wage earner.

CITIZENSHIP



DEPARTMENT OF STATE
 FOREIGN SERVICE OF THE UNITED STATES OF AMERICA



Certification of Birth Abroad

of a Citizen of the United States of America

This is to certify that according to records on file in this Office

Carmen Santiago

was born at Ramstein Air Base, West Germany

to Michael Santiago and Rachel Haas Santiago


in witness whereof, I have hereunto subscribed my name and affixed the seal of the Consular Service of the United States of America on _____

at first day of September 1958

IN WITNESS WHEREOF

Dwight Eisenhower
 President of the United States of America

WARNING: This certificate is not valid if it has been altered in any way whatsoever or if it does not bear the raised seal of the office of origin.

EMPLOYMENT AUTHORIZATION				
US DEPARTMENT OF JUSTICE		Immigration and Naturalization Service		
A100000001	Name KELLY, MARJORIE A			
Signature <i>Marjorie A. Kelly</i>	<table border="1"> <tr> <td>Valid From 06/15/01</td> <td>Expires 06/15/02</td> <td>Issue Date 10/23/79</td> </tr> </table>		Valid From 06/15/01	Expires 06/15/02
Valid From 06/15/01	Expires 06/15/02	Issue Date 10/23/79		
Provision of Law 274A.12(A)(3) Terms & Conditions STUDENT 20RM/WK OK ISSUED 06/15/01				

FORM I-688 JAN 01

The person identified on the reverse of this card is authorized to engage in employment in the United States pursuant to Section 274A of the Immigration and Nationality Act as amended, during the period of validity of the card and in accordance with the restricting terms stated on the reverse of the card.

This document is VOID if altered and may be revoked pursuant to 8 CFR 274a. This document is not evidence of citizenship or permanent residence in the United States. If this card is found, please return to the nearest office of the Immigration and Naturalization Service.

U.S. Department of Justice
Immigration and Naturalization Service

AUTHORIZATION FOR PAROLE OF AN ALIEN
INTO THE UNITED STATES

300 WEST CONGRESS, FB-37 TUCSON, AZ 85701

Name of Alien (First) IAM	(Middle) A.	(Last) EXAMPLE	Date 01/12/2002
			File Number A1234567
Date of Birth (Month) (Day) (Year) 06/01/76	Place of Birth (City or town) TUCSON, AZ	(State or province) AZ	(Country) MEXICO
U.S. Address (Apt. number and/ or in care of) 4200 E. BENSON HWY, APT. J11	(Number and street) TUCSON, AZ	(City or town) 85706	(State) (ZIP Code)

Presentation of the attached duplicate of this document will authorize a transportation line to accept the named bearer on board for travel to the United States without liability under section 273 of the Immigration and Nationality Act for bringing an alien who does not have a visa.

Presentation of the original of this document prior to January 12, 2003 will authorize an immigration officer at a port of entry in the United States to permit the named bearer, whose photograph appears hereon, to enter the United States:

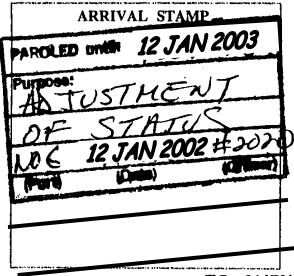
- as an alien paroled pursuant to section 212(d)(5) of the Immigration and Nationality Act.

SAMPLE

Remarks: MULTIPLE ENTRIES - VALID UNTIL JANUARY 12, 2003
Applicant for adjustment of status Section 245. Parole indefinitely authority OI 212.5(c)(3).
"This authorization will permit you to resume your application for adjustment of status on your return to the United States."
"WARNING PURSUANT TO 8CFR 245.3(a)(2). IF YOUR APPLICATION FOR ADJUSTMENT OF STATUS IS DENIED, YOU WILL BE SUBJECT TO EXCLUSION PROCEEDINGS UNDER SECTION 236 OF THE IMMIGRATION AND NATIONALITY ACT."

Roseanne C. Sonchik
ROSEANNE C. SONCHIK, SAC/TUC
(Signature of Immigration Officer)

TUCSON, AZ
(Authorizing Office)



PERMANENT RESIDENT CARD

SAMPLE

NAME _____


INS A# _____

Birthdate _____ Category _____ Sex _____

Country of Birth _____

CARD EXPIRES 08/08/08

Resident Since 08/08/98




D1USA ABD1234567890<<

Z031592 <<<<<<<<<<<<<<<<<<<2

U.S. DEPARTMENT OF JUSTICE Immigration and Naturalization Service

PERMANENT RESIDENT CARD


2348678

I-551
Rev. 02-01-98