IMMIGRATION COURT 26 FEDERAL PLZ, 12TH FL RM1237 NEW YORK, NY 10278

In the Matter of

Case No A087-413-592

HAMILTON, TWINTIN Respondent

IN REMOVAL PROCEEDINGS

ORDER OF THE IMMIGRATION JUDGE	
This is a summary of the oral decision entered on	
This memorandum is solely for the convenience of the parties If the	
proceedings should be appealed or reopened, the oral decision will become	
the official opinion in the case	
[] The respondent was ordered removed from the United States to	
or in the alternative to	
[] Respondent's application for voluntary departure was denied and	
respondent was ordered removed to or in the	
alternative to	
[] Respondent's application for voluntary departure was granted until	
upon posting a bond in the amount of \$	
with an alternate order of removal to	
Respondent's application for	
[] Asylum was ()granted ()denied()withdrawn	
[] Withholding of removal was ()granted ()denied ()withdrawn	
[] A Waiver under Section was ()granted ()denied ()withdraw	m
[] Cancellation of removal under section 240A(a) was ()granted ()de	
()withdrawn	
Respondent's application for	
[] Cancellation under section 240A(b)(1) was () granted () denied	
() withdrawn If granted, it is ordered that the respondent be iss	ued
all appropriate documents necessary to give effect to this order	
[] Cancellation under section 240A(b) (2) was ()granted ()denied	
()withdrawn If granted it is ordered that the respondent be issue	:d
all appropriated documents necessary to give effect to this order	
[] Adjustment of Status under Section was ()granted ()denied	
() withdrawn If granted it is ordered that the respondent be issue	:d
all appropriated documents necessary to give effect to this ord	
[] Respondent's application of () withholding of removal () deferra	
removal under Article III of the Convention Against Torture was	
() granted () denied () withdrawn	
[] Respondent's status was rescinded under section 246	
[] Respondent is admitted to the United States as a until	
[] As a condition of admission, respondent is to post a \$ bond	
[] Respondent knowingly filed a frivolous asylum application after prope	r
notice	
[] Respondent was advised of the limitation on discretionary relief for	
failure to appear as ordered in the Immigration Judge's oral decision	Ĺ
[/] Proceedings were terminated	
Other Tawww Taww	
Date Jul 20, 2016	
	-
NOBEL-BRENKERY	
Immigration' Judge	
Appeal Warved Reserved Appear Due By	

NOTICE OF HEARING

NOTICE OF HEARING IN REMOVAL PROCEEDINGS

IMMIGRATION COURT

26 FEDERAL PLZ 12TH FL ,RM1237

NEW YORK, NY 10278

RE HAMILTON, TWINTIN FILE A087-413-592

TO

Clement Francis Esq Francis, Clement A 822 Clarkson Avenue Brooklyn, NY 11203

Please take notice that the above captioned case has been scheduled for a Master Fidividual hearing before the Immigration Court on

at

26 FEDERAL PLZ 12TH FL ,RM1237, 14th FL COURTROOM #6 NEW YORK, NY 10278

You may be represented in these proceedings, at no expense to the Government, by an attorney or other individual who is authorized and qualified to represent persons before an Immigration Court—Your hearing date has not been scheduled earlier than 10 days from the date of service of the Notice to Appear in order to permit you the opportunity to obtain an attorney or representative—If you wish to be represented, your attorney or representative must appear with you at the hearing prepared to proceed—You can request an earlier hearing in writing

Failure to appear at your hearing except for exceptional circumstances may result in one or more of the following actions

- 1) You may be taken into custody by the Department of Homeland Security and held for further action
- 2) Your hearing may be held in your absence under section 240(b)(5) of the Immigration and Nationality Act. An order of removal will be entered against you if the Department of Homeland Security established by clear, unequivocal and convincing evidence that a) you or your attorney has been provided this notice and b) you are removable

IF YOUR ADDRESS IS NOT LISTED ON THE NOTICE TO APPEAR, OR IF IT IS NOT CORRECT, WITHIN FIVE DAYS OF THIS NOTICE YOU MUST PROVIDE TO THE IMMIGRATION COURT NEW YORK, NY THE ATTACHED FORM EOIR-33 WITH YOUR ADDRESS AND/OR TELEPHONE NUMBER AT WHICH YOU CAN BE CONTACTED REGARDING THESE PROCEEDINGS EVERYTIME YOU CHANGE YOUR ADDRESS AND/OR TELEPHONE NUMBER, YOU MUST INFORM THE COURT OF YOUR NEW ADDRESS AND/OR TELEPHONE NUMBER WITHIN 5 DAYS OF THE CHANGE ON THE ATTACHED FORM EOIR-33 ADDITIONAL FORMS EOIR-33 CAN BE OBTAINED FROM THE COURT WHERE YOU ARE SCHEDULED TO APPEAR IN THE EVENT YOU ARE UNABLE TO OBTAIN A FORM EOIR-33, YOU MAY PROVIDE THE COURT IN WRITING WITH YOUR NEW ADDRESS AND/OR TELEPHONE NUMBER BUT YOU MUST CLEARLY MARK THE ENVELOPE "CHANGE OF ADDRESS " CORRESPONDENCE FROM THE COURT, INCLUDING HEARING NOTICES, WILL BE SENT TO THE MOST RECENT ADDRESS YOU HAVE PROVIDED, AND WILL BE CONSIDERED SUFFICIENT NOTICE TO YOU AND THESE PROCEEDINGS CAN GO FORWARD IN YOUR ABSENCE

A List of Free Legal Service Providers has been given to you For information regarding the status of your case, call toll free 1-800-898-7180 OR 240-314-1500

K'n Fresence

Clement A Francis, Esq 822 Clarkson Avenue Brooklyn New York 11203

EXECUTIVE OFFICE FOR IMMIGRATION REVIEW 26 FEDERAL PLAZA NEW YORK NEW YORK 10278

IN THE MATTER OF HAMILTON TWINTIN A 087 413 592

I-751 PETITION WITH ATTACHMENTS

Immigration Judge Noel Brennan

Next Court Date December 18, 2013

3

Respondent and spouse through their undersigned attorney submit a completed I-751

Application To Remove Condition on Residence together with the following attachments attached hereto as Tabs

TABLE OF CONTENTS

Α	PRIME	AMERICA	LIFE	INSUR	ANCE	FOR	COUPLE
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- B BANK OF AMERICA MONTHLY JOINT STATEMENT
- C CHASE BANK MONTHLY JOINT STATEMENTS
- D JOINT INCOME TAX RETURNS 2008-2012
- E APARTMENT LEASES 2012 TO 2013 AND 2013 TO 2014
- F DRIVER'S LICENSE FOR PETITIONER EXPIRING IN 2016
- G PHOTOS TAKEN IN PASSING

Respectfully Submitted

Clement A Francis, Esq

CERTIFICATE OF SERVICE

I, Clement A. Francis, Esq. hereby certify that a copy of the attached document (I-751 with attachments) was served on DHS in court on December 18, 2013

Clement A Francis, Esq



Petition to Remove Conditions on Residence

Department of Homeland Security

US Citizenship and Immigration Services

USCIS Form I-751 OMB No 1615-0038 Expires 04/30/2015

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<u></u>	l.				Penn	oner int	erviewed on		Spouse/Child
		To be con	inleted by ai	1 Attorney or	☐ Checl	k the bo	ox if Form G-28 is attached	to repre	esent the petitioner
				entative, if any	Attor	nev Sta	te I icense Niimher	-	
Attorney State License Number									
≯ S'	rar'	T HERE -	Type or pri	nt m black mk					
Par				t You, the Conditi	onal	7	Alten Registration Numb	ber (A-N	lumber)
L		Residen	ıt				► A-	810	74,13592
1 a		uly Name at Name)	IMAH	LTON		8	U.S. Social Security Nur.	nber (1f	any)
1 b		en Name st Name)	TWIN	TIN			•	110	29.808717
1 c.	Mıd	dle Name				Ca	ntact Information		
Oth	er N	lames Us	sed (includ	ing maiden name)		9	Daytime Phone Number	(3 H	1)586-1453
2 a		ıly Name	,			10	E-Mail Address (if any)		
	(Las	t Name)	l						
2 b		en Name et Name)							
2 c	Mide	ile Name				M	urital Status		
3 a	Fami	ıly Name				11	Marital Status	Married	I Single
Ja		t Name)						Divorc	ed [] Widowed
3 b		n Name			$\overline{}$	12	Date of Marriage		_
	•	t Name)				12	•		
3 c	Midd	lle Name				13	Place of Marriage	<i>,,,,,,</i>	08-27-2008
Oth	er In	formatic	on			**			The state of the s
_						• 4	BROOKLYN	•	EW YORK
				11-20-19	55_	14	If the marriage through w residence has ended, give		
5	Coun	try of But					divorce or date of death) (mm/dd/y	(עדעדע	
1		TRU	41011						
5	Coun	try of Citi	zenship		ارتجنع	15	Conditional Residence Exp		
	7	RINIDA	0 4 70	BAGO			(mm/dd/y	<i>'yyy)</i> ►	

Pa	art 1 Information About You, the Conditional Resident (continued)	23	en	your spouse or parent's spouse or parent's spouse oployed by the U.S. Governme to United States?		
16	hysical Address In Care Of Name b Street Number	expl entit	anat led '	nswered "Yes" to Item Numbe non on a separate sheet of pape "What Initial Evidence Is Rea minal history document to inclu	r and refer to t quired?" to de	the section etermine
	and Name HABROGERS AVE	Pa	rt 2	Basis for Petition		
16 (d City or Town BROOKLYN State NY 161 Zip Code 11226	My o	cond nt's r	Filing itional residence is based on m narriage to a U.S. citizen or pe this joint petition together with	rmanent resid	
	In Care Of Name SAME AS PHYSICAL ADDRESS	1 a 1 b		My spouse My parent's spouse because I included in a joint petition fil parent's spouse		
17 b	Street Number and Name	OR (chec	ck all that apply)		
17 c	Apt Ste Flr	Wa	tvei	Request Filing		
	State 17 f Zip Code	parer unabl	it's n le to	tional residence is based on marriage to a U.S. citizen or per file a joint petition with my sp d I request a hardship waiver b	rmanent reside ouse or my pa	nt, I am
44	ditional Information About You	1 c.		My spouse or my parent's spo	use is decease	:d.
18	Are you in removal, deportation, or rescission proceedings? Yes No	1 d		I or my parent entered the man the marriage was terminated the annulment.		
19	Was a fee paid to anyone other than an attorney in connection with this petition? Yes No	1 e.		I entered the marriage in good marriage, I was battered, or w extreme cruelty, by my U S c resident spouse	as the subject	of
20	Have you ever been arrested, detained, charged, indicted, fined, or imprisoned for breaking or violating any law or ordinance (excluding traffic regulations), or committed any crime which you were not arrested in the United States or abroad? Yes No	1 f		My parent entered the marriag during the marriage, I was bat to extreme cruelty, by my pare permanent resident spouse or I resident parent.	tered, or was s ent's US citiz	subjected en or
21	If you are married, is this a different marriage than the one through which conditional residence status was obtained? Yes No	1 g		The termination of my status a United States would result in a		
22	Have you resided at any other address since you became a permanent resident? (If "Yes," attach a list of all addresses and dates) Yes No					

Form I-751 04/11/13 N

Pa	rt 3. Information About the Petitioning Spouse	4 a	Street Number and Name
	or, If Filing as a Child Separately,	4 b	
	Information About the U S. Citizen or LPR Stepparent Through Whom You	40	
	Gained Your Conditional Residence	4 ¢	City or Town
Del.		4 d	State or Province
Kei	attonship	4 e	
1 a	Spouse or Former Spouse		Postal Code
1 b	Parent's Spouse or Former Spouse	4 f	Country
2 a	Family Name (Last Name)	5	Is child living with you?
2 b	Given Name (Fust Name) VINCENT	6	Is child applying with you? Yes No
2 c.	Middle Name	Chı	ld 2
3	Date of Birth (mm/dd/yyyy) > 06 25 1967	7 a.	Family Name (Last Name)
4	U.S. Social Security Number (if anv)	7 в	Given Name (First Name)
	<u>≥250194024</u>	7 c	Middle Name
5	Alien Registration Number (A-Number)	•	<u> </u>
	► A- NONE	8	Date of Birth (mm/dd/yyyy)
6 a	Street Number	9	Alien Registration Number (A-Number)
6 h	and Name II HE ROGERS ANE		► A-
6 b	Apt Ste Flr PH	10 a	Street Number and Name
6 c	City or Town BROOKLYN	10 h	Apt. Ste Fir
6 d	State Ny 6e Zip Code 1122b		
6 f	Postal Code		City or Town State or
6 g	Province	10 a	Province
vg	Trovince	10 e.	Zip Code or Postal Code
6 h	Country USA	10 f	Country
		11	Is child living with you? Yes No
Par	t 4. Information About Your Children	12	Is child applying with you? Yes No
List	All Your Children (Attach other sheets if necessary)		165 [] 140
Chıl	d 1	Chil	d 3
l a	Family Name (Last Name)	13 a	Family Name (Last Name)
1 b	Given Name (First Name)	13 b	Given Name (First Name)
l c	Middle Name	13 c	Middle Name
2	Date of Birth (mm/dd/yyyy) ▶	14	Date of Birth (mm/dd/yyyy) ▶
3	Alien Registration Number (A-Number)	15	Alien Registration Number (A-Number)
	► A-		► A-

Form I-751 04/11/13 N

-		
Pa	rt 4. Information About Your Children	27 Alien Registration Number (A-Number)
<u> </u>	(continued)	► A-
16 2	Street Number and Name	28 a Street Number and Name
16 b	Apt Ste Flr	28 h Apt
16 c	City or Town	28 c. City or Town
16 d	State or	28 d. State or
16.e	Province Zip Code or	Province
	Postal Code	28 e. Zip Code or Postal Code
16 f	Country	28 f Country
17	Is child living with you? Yes No	29 Is child living with you? Yes No
18	Is child applying with you? Yes No	30 Is child applying with you? Yes No
Chil	d 4	
19 a	Family Name	Part 5. Accommodations for Individuals With
19 b	(Last Name) Given Name	Disabilities and Impairments (Read the information in the instructions before
	(First Name)	completing this section)
19 c	Middle Name	I am requesting an accommodation
20	Date of Birth (mm/dd/yyyy)	Because of my disability(ies) and/or impairment(s)
21	Alien Registration Number (A-Number)	☐ Yes ☑ No
	► A-	2 For my spouse because of his or her disability(ies) and/or
22 a	Street Number	impairment(s) Yes V No
·	and Name	3 For my included child(ren) because of his or her (their)
22 Ъ	Apt. Ste Flr	disability(ies) and/or impairment(s) Yes No
22 c.	City or Town	If you answered "Yes," check any applicable box Provide
22 d	State or	information on the disability(ies) and/or impairment(s) for each person
22 e	Province Zip Code or	4 a Deaf or hard of hearing and request the following
	Postal Code	accommodation(s) (if requesting a sign-language interpreter, indicate which language (e.g., American
22 f	Country	Sign Language))
23	Is child living with you? Yes 🔲 No	
24	Is child applying with you? Yes No	
Child	15	4 b Blind or sight-impaired and request the following
	Family Name (Last Name)	accommodation(s)
	Given Name (First Name)	
25 c	Middle Name	
26	Date of Birth (mm/dd/yyyy) ▶	

Form I-751 04/11/13 N

Part 5. Accommodations for Individuals With Disabilities and Impairments (continued)		NOTE If you do not completely fill out this form or fail to submit any required documents listed in the instructions, you may not be found already for the requested home it and the			
4 c [Other type of disability(ies) and/or impairment(s) (describe the nature of the disability(ies) and/or impairment(s) and accommodation(s) being		not be found eligible for the requested benefit and this tion may be denied		
	requested)	Pa	rt 7. Signature and Contact Information of Person Preparing Form, If Other Than Above		
		pers	clare that I prepared this petition at the request of the above on, and it is based on all information of which I have wledge		
Part 6	5. Signature (Read the information on penalties in the instructions before	1	Signature Jementurus		
	completing this section If you checked Block I a in Part 2, your spouse must also sign	2	Date of Signature (mm/dd/yyyy) ► 12-17-13		
	below Signature of a conditional resident	Pre	parer's Full Name		
	child under the age of 14 is not required, a parent may sign for the child)	3 a,	Preparer's Family Name (Last Name)		
I and G	and describe of a summary desired to large of the Hand	91.	FRANCIS		
	, under penalty of perjury under the laws of the United f America, that this petition and the evidence submitted	3 b	Preparer's Given Name (First Name)		
with it is	s all true and correct. If conditional residence was based		CLEMENT		
	riage, I further certify that the marriage was entered in	4	Preparer's Business or Organization Name		
	ice with the laws of the place where the marriage took d was not for the purpose of procuring an immigration		CLEMENT FRANCIS ESQ		
benefit records t	I also authorize the release of any information from my hat U.S. Citizenship and Immigration Services needs to	Pre	parer's Mailing Address		
	e eligibility for the benefit sought.	5 a	Street Number and Name 822 CLARKSON AVE		
_	ture of Conditional Resident	5 b	Apt Ste Fir Zad		
la St	mature of Conditional Resident	5 c	City or Town		
	winter flamitten	5.0	BROOKLYN		
1 b <u>Pr</u>	nted Name of Conditional Resident	5 d	State Ny 5e Zip Code 11203		
	TWINTIN HAMILTON	Pre	parer's Contact Information		
2 Da	te of Signature (mm/dd/yyyy) > 12-17-13	6	Daytime Phone Number (718) 493 - 2293		
Signat	ure of Spouse or Individual Listed In Part 3	7	E-mail Address (if any)		
(if app	licable)				
3 a Sig	nature of Spouse				
-	Exercit				
Bb Pm	nted Name of Spouse				
V	INICENTI MINICK				
l Dat	e of Signature (mm/dd/yyyy) > 12-(7-13)				



164 20th Street Brooklyn NY, 11232 718 832-9409 Office 866 898-1862 Fax

To whom it may concern:

Policy number: 3478142659

Primary Insured: Mack Vincent Coverage amount: \$25,000 Spouse Insured: Twintin Hamilton Coverage amount: \$20,000

Effective 12/19/12, the following persons: Mack Vincent and Twintin Hamilton have been

insured with National Benefit Life Insurance Company (Primerica).

A

Primerica Agent: Fitzgerald Squire 347 753-3377

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Bank of America, N A PO Box 25118 Tampa, FL 33622-5118

Combined Statement 009523190967 Page 1 of 5 Statement Persod 09-27-12 through 10-29-12 B 18 0 A P PA 18 0123244 Number of checks enclosed 0

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VINCENT CLEON MACK TWINTIN HAMILTON 1146 ROGERS AVE BROOKLYN, NY 11226-7108

Our Online Banking service allows you to check balances, track account activity and more With Online Banking you can also view up to 18 months of this statement online and even turn off delivery of your paper statement Enroll at www bankofamerica com

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Your Statement Summary

Account	Account	Statement	Balance (\$)
Name	Number	Date	
Bank Deposit Accounts ** MyAccess Checking Regular Savings	0095 2319 0967	10-29	-79 56
	0095 2318 9210	10-29	-1 80

Total Deposit Account Balance \$81 36-

Mobile Banking Apps

Want flexibility to bank on your smartphone or tablet? Download Bank of America's free Mobile Banking App Text APP1 to 226526 Must first enroll in Online Banking Supported carriers include Alltel, AT&T, Cellular One, T-Mobile, Virgin Mobile, US Cellular, Verizon Wireless Wireless fees may apply Text STOP to cancel and HELP for help to 226526

^{**} Banking products such as checking and savings accounts are offered by Bank of America N A member FDIC Bank of America credit cards are issued and administered by FIA Card Services N A

.VINCENT CLEON MACK 09-27-12
TWINTIN HAMILTON B 18 0
Number

Combined Statement
Page 2 of 5 009523190967
Statement Period
09-27-12 through 10-29-12
B 18 0 A P PA 18
Number of checks enclosed 0

Deposit Accounts

Human Rights Campaign 1 800 696.6346 - Customer Service MyAccess Checking

VINCENT CLEON MACK TWINTIN HAMILTON

Your Account at a Glance

Account Number	XXXX XX	XX 0967
Beginning Balance on 09-27-12	\$	32 56-
Service Charges and Other Fees		47 00
Ending Balance on 10-29-12	\$	79 56-

Help to avoid Overdraft & NSF

Set up Alerts through Online Banking and receive messages by email or text to inform you when your balance is low. Set up Overdraft Protection to automatically transfer available funds to your account from a linked savings, credit card, or second checking account to help cover items that would overdraw your account. You can set up both services via Online Banking at bankofamerica com, by visiting a banking center, or by calling the toll-free number on your statement for details. Changes generally take effect after 2 business days, but can take up to 10 business days, depending on the type of account you've chosen to link for Overdraft Protection service.

MyAccess Checking Additions and Subtractions

Date Posted	Amount(\$)	Resulting Balances(\$)	Transactions
09-27	12 00-	44 56 -	Check Order00487 Des.Fee ID U031904916 Indn Vincent Cleon Mack Co ID 0000000487 Ppd
09-28	35 00-	79 56 -	Overdraft Item Fee For Activity Of 09-27 Electronic Transa

Total Overdraft Fees and NSF. Returned Item Fees

	Total for	Total	
<u></u>	_This Period	Year-to-Date	
Total Overdraft Fees	\$35 00	\$175 00	
Total NSF Returned Item Fees	\$0.00	\$0.00	

We refunded to you a total of \$35 00 in fees for Overdraft and/or NSF Returned Items this year

Daily Balance Summary

Date	Balance(\$)	Date	Balance(\$)	Date	Balance(\$)
Beginning	32 56 -	09-27	44 56 -	09-28	79 56 -

Combined Statement
Page 3 of 5 009523190967
Statement Period
09-27-12 through 10-29-12
B 18 0 A P PA 18 0123246
Number of checks enclosed 0

Regular Savings

VINCENT CLEON MACK TWINTIN HAMILTON

Your Account at a Glance

Account Number	XXXX	XXXX 9210		
Beginning Balance on 09-27-12	\$	49 00-	Today and David Variate Date	20.04
Deposits and Other Additions	+	1,199 94	Interest Paid Year to Date	<i>50 04</i>
ATM and Debit Card Subtraction	ıs -	1,143 74		
Service Charges and Other Fees		9 00		
Ending Balance on 10-29-12	\$	1 80-		

Regular Savings Additions and Subtractions

Date Posted	Amount(\$)	Resulting Balances(\$)	Transactions
10-02	560 43+	511 43	The Cheesecake F Des PR Payment ID 0001-Xxxxxxxxx
10-02	320 00-	191 43	Indn Mack Vincent Co ID 1953783088 Ppd BkofAmerica ATM 10/02 #000005048 Withdrwl
10-02	60 00-	131 43	Springfield Gard Springfield G NY BkofAmerica ATM 10/02 #000002782 Withdrwl
10-03	40 00-	91 43	Jamaica Jamaica NY BkofAmerica ATM 10/03 #000005596 Withdrwl
10-04	20 00-	71 43	Springfield Gard Springfield G NY BkofAmerica ATM 10/04 #000003984 Withdrwl
10-05	20 00-	51 43	Springfield Gard Springfield G NY BkofAmerica ATM 10/05 #000009067 Withdrwl
10-09	20 00-	31 43	Jamaica Jamaica NY BkofAmerica ATM 10/08 #000005926 Withdrwl
10-09	20 00-	11 43	Springfield Gard Springfield G NY BkofAmerica ATM 10/09 #000004760 Withdrwl
10-15	2 00+	13 43	Jamaica Jamaica NY BkofAmerica ATM 10/15 #000009037 Deposit
10-15	11 99-	1 44	Springfield Gard Springfield G NY Obs Bakery 10/15 #000182829 Withdrwl
10-15	2 00-	0 56 -	16576 Baisley Blv Jamaica NY Obs Bakery 10/15 #000182829 Withdrwl
10-16	637 51+	636 95	16576 Baisley Blv Jamaica NY Fee The Cheesecake F Des PR Payment ID 0001-Xxxxxxxxx
10-16	300 00-	336 95	Indn Mack Vincent Co ID 1953783088 Ppd BkofAmerica ATM 10/16 #000009114 Withdrwl
10-16	140 00-	196 95	Springfield Gard Springfield G NY BkofAmerica ATM 10/16 #000009440 Withdrwl
10-16	20 00-	176 95	Springfield Gard Springfield G NY BkofAmerica ATM 10/16 #000002314 Withdrwl
10-18	80 00-	96 95	Jamaica Avenue Queens NY BkofAmerica ATM 10/18 #000001393 Withdrwl
10-19	20 00-	76 95	Springfield Gard Springfield G NY BkofAmerica ATM 10/19 #000003563 Withdrwl
10-22	20 00-	56 95	Jamaica Jamaica NY BkofAmerica ATM 10/21 #000002861 Withdrwl Springfield Gard Springfield G NY

Combined Statement
Page 4 of 5 009523190967
Statement Period
09-27-12 through 10-29-12
B 18 0 A P PA 18
Number of checks enclosed 0

Regular Savings Additions and Subtractions

Date Posted	Amount(\$)	Resulting Balances(\$)	Transactions
10-22	20 00-	36 95	BkofAmerica ATM 10/22 #000003184 Withdrwl
10-25	20 00-	16 95	Springfield Gard Springfield G NY BkofAmerica ATM 10/25 #000006216 Withdrwl Springfield Gard Springfield G NY
10-29	11 75-	5 20	Columbus Data 10/28 #000373448 Withdrwl 127-17 Merrick Bl Jamaica NY
10-29	2 00-	3 20	Columbus Data 10/28 #000373448 Withdrwl 127-17 Merrick Bi Jamaica NY Fee
10-29	5 00-	1 80 -	Monthly Maintenance Fee

Daily Balance Summary

Date	Balance(\$)	Date	Balance(\$)	Date	Balance(\$)
Beginning 10-02 10-03	49 00 - 131 43 91 43	10-09 10-15 10-16	11 43 0 56 - 176 95	10-22 10-25 10-29	36 95 16 95 1 80 -
10-03 10-04 10-05	71 43 51 43	10-18 10-19	96 95 76 95	10-29	1 80 -





Bank of America, N A PO Box 25118 Tampa, FL 33622-5118 Combined Statement
Page 1 of 6 009523190967
Statement Period
10-30-12 through 11 28-12
B 18 0 A P PA 18 0121866
Number of checks enclosed 0

Imladidaldalahatallladalahilahil

29487 001 SCM999 I123 0

VINCENT CLEON MACK TWINTIN HAMILTON 1146 ROGERS AVE BROOKLYN, NY 11226-7108

Our Online Banking service allows you to check balances, track account activity and more With Online Banking you can also view up to 18 months of this statement online and even turn off delivery of your paper statement.

Enroll at www bankofamerica com

	W222338C
Customer Service Information	
Customer-Service III DI Hallotte	801989331
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WWW.hankotamorica.com	288888
www.bankofamerica.com	
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00-000-00-00-00-00-00-00-00-00-00-00-00	CCOUNTAIL
	88636368

Your Statement Summary

Account Name	Account Number	Statement Date	Balance (\$)
Bank Deposit Accounts **	0000 0010 0000		
MyAccess Checking Regular Savings	0095 2319 0967	11-28	54 06
regulat Savings	0095 2318 9210	11-28	391 07

Total Deposit Account Balance \$445 13

Important Message Our thoughts are with you and all the communities impacted by Hurricane Sandy We recognize it's often in the days after a disaster that you need our help. If you need any assistance, please visit our banking centers or call our dedicated Customer Assistance team at 855 729 1764 for help.

^{**} Banking products such as checking and savings accounts are offered by Bank of America N.A. member FDIC Bank of America credit cards are issued and administered by FIA Card Services N.A.

Combined Statement
Page 2 of 6 009523190967
Statement Period
10-30-12 through 11-28-12
B 18 0 A P PA 18
Number of checks enclosed 0

Important message Our thoughts are with you and all the communities impacted by Hurricane Sandy We recognize it's often in the days after a disaster that you need our help. If you need any assistance, please visit our banking centers or call our dedicated Customer Assistance team at 855 729 1764 for help. We know contacting us for assistance may be difficult so we are automatically refunding the following fees incurred Oct 29-Nov 9. Deposit fees for overdraft, non-sufficient funds, Overdraft Protection transfers, extended overdrawn balance charges, and Non-Bank of America ATM fees, debit card rush and replacement fees, fees for early withdrawal on a CD.

You are entitled to receive a one-time account credit as your share of the class action settlement with Bank of America in the Checking Account Overdraft Litigation. This credit was applied to your account on or about November 2 and is indicated on the statement detail as "Chking Acct Overdraft Settlement Credit."

For more information about the settlement, please visit the settlement website at www bofaoverdraftsettlement com or call the settlement administrator directly at 1 800 372 2390

This holiday season, you can make 3 times the difference in the fight against hunger. For every \$1 you give from now until January 7, 2013, we'll give \$2, up to a maximum total match of \$1,500,000. Together, we'll help provide thousands of meals to people in need through Feeding America's Give a Meal campaign. To give, visit www.bankofamerica.com/give

Deposit Accounts

Human Rights Campaign 1.800 696 6346 - Customer Service MyAccess Checking

VINCENT CLEON MACK TWINTIN HAMILTON

Your Account at a Giance

Account Number	XXXX X	XXX 0967
Beginning Balance on 10-30-12	\$	79 56-
Deposits and Other Additions	+	203 12
ATM and Debit Card Subtractions	-	55 30
Service Charges and Other Fees	•	12 00
Other Subtractions	-	2 20
Ending Balance on 11-28-12	\$	54 06

Combined Statement
Page 3 of 6 009523190967
Statement Period
10-30-12 through 11 28-12
B 18 0 A P PA 18 0121868
Number of checks enclosed 0

Help to avoid Overdraft & NSF

Set up Alerts through Online Banking and receive messages by email or text to inform you when your balance is low. Set up Overdraft Protection to automatically transfer available funds to your account from a linked savings, credit card, or second checking account to help cover items that would overdraw your account. You can set up both services via Online Banking at bankofamerica com, by visiting a banking center, or by calling the toll-free number on your statement for details. Changes generally take effect after 2 business days, but can take up to 10 business days, depending on the type of account you've chosen to link for Overdraft Protection service.

MyAccess Checking Additions and Subtractions

Date		Resulting	
Posted	Amount(\$)	Balances(\$)	Transactions
11-02	30 12+	49 44 -	Chking Acct Overdraft Settlement Credit
11-13	25 00+	24 44 -	BkofAmerica ATM 11/12 #000004053 Deposit Church Ave & Oce Brooklyn NY
11-19	40 00+	15 56	Counter Credit
11-19	30 00+	45 56	BkofAmerica ATM 11/19 #000008064 Fr Sav Jamaica Avenue Queens NY
11-19	8 25-	37 31	CheckCard 1118 Lirrnytickets
11-19	0 75-	36 56	877-547-7876 NY 24610432323004012183413 Keep The Change Transfer To Acct 9210 For 11/19/12
11-21	10 00-	26 56	CheckCard 1119 Mta Mvm Jamaica Center 718-330-1234 NY 24610432325004060587828
11-21	5 00-	21 56	CheckCard 1119 Mta Mvm Intervale / 163
11-21	3 30-	18 26	718-330-1234 NY 24610432325004059257334 Price Choice 5 11/21 #000402662 Purchase
11.21	A 70	17 56	950 Westchester A Bronx NY
11-21 11-23	0 70- 8 25-	931	Keep The Change Transfer To Acct 9210 For 11/21/12 CheckCard 1121 Lirrnytickets
11-23	0 75-	8 56	877-547-7876 NY 24610432326004020220162 Keep The Change Transfer To Acct 9210 For 11/23/12
11-26	8 00+	16 56	CT Travelex Cc 11/23 #000001808 Fr Sav
11-26	5 00+	21 56	CT Travelex Cc 11/24 #000001869 Fr Sav
11-26	8 25-	13 31	1504 Old Country Westbury NY CheckCard 1125 Lirrnytickets 877-547-7876 NY 24610432330004019173095
11-26	6 25-	7 06	CheckCard 1123 Lirrnytickets 877-547-7876 NY 24610432329004023183158
11-26	6 00-	1 06	CheckCard 1123 Mta Mvm Jamaica Center 718-330-1234 NY 24610432329004069103201
11-26	0 00	1 06	Keep The Change Transfer Canceled-Low Acct Balance
11-27	25 00+	26 06	CT Travelex Cc 11/27 #000001948 Fr Sav
11-28	40 00+	66 06	1504 Old Country Westbury NY Columbus Data 11/28 #000289533 Fr Sav
11-28	12 00-	54 06	310 BEACH 54Th St Far Rockaway NY Monthly Maintenance Fee

Combined Statement
Page 4 of 6 009523190967
Statement Period
10-30-12 through 11-28-12
B 18 0 A P PA 18
Number of checks enclosed 0

Total Overdraft Fees and NSF Returned Item Fees

	Total for This Period	Total Year-to-Date
Total Overdraft Fees	\$0.00	\$175 00
Total NSF Returned Item Fees	\$0.00	\$0.00

We refunded to you a total of \$3500 in fees for Overdraft and/or NSF Returned Items this year

Daily Balance Summary

Datc_	Balance(\$)	Date	Balance(\$)	Date	Balance(\$)
Beginning	79 56 -	11-19	36 56	11-26	1 06
11-02	49 44 -	11-21	17 56	11-27	26 06
11-13	24 44 -	11-23	8 56	11-28	54 06

Regular Savings

VINCENT CLEON MACK TWINTIN HAMILTON

Your Account at a Glance

Account Number	XXXX	CXXX 9210		
Beginning Balance on 10-30-12	\$	1 80-	Interest Day & Varanta Data	
Deposits and Other Additions	+	1,695 10	Interest Paid Year to Date	<i>\$0 04</i>
ATM and Debit Card Subtractions	-	1,279 23		
Service Charges and Other Fees	-	23 00		
Ending Balance on 11-28-12	\$	391 07		

Regular Savings Additions and Subtractions

Date Posted	Amount(\$)	Resulting Balances(\$)	Transactions
10-30	711 03+	709 23	The Cheesecake F Des PR Payment ID 0001-Xxxxxxxxxx Indn Mack Vincent Co ID 1953783088 Ppd
10-30	40 00-	669 23	BkofAmerica ATM 10/30 #000006384 Withdrwl Springfield Gard Springfield G NY
10-31	41 75-	627 48	Columbus Data 10/31 #000746645 Withdrwl 204-19 Hillside A Hollis NY
10-31	2 00-	625 48	Columbus Data 10/31 #000746645 Withdrwl 204-19 Hillside A Hollis NY Fee
11-01	360 00-	265 48	BkofAmerica ATM 11/01 #000006682 Withdrwl Springfield Gard Springfield G NY
11-05	81 99-	183 49	Obs Bakery 11/05 #000105064 Withdrwl 16576 Baisley Blv Jamaica NY
11-05	63 00-	120 49	Chase 11/03 #000731210 Withdrwl 400 Old Country R Carle Place NY
11-05	41 99-	78 50	Foodtown 590 11/05 #000235009 Withdrwl 202-15 Hillside A Hollis NY
11-05	2 00-	76 50	Foodtown 590 11/05 #000235009 Withdrwl 202-15 Hillside A Hollis NY Fee

Combined Statement
Page 5 of 6 009523190967
Statement Period
10-30-12 through 11 28-12
B 18 0 A P PA 18 0121870
Number of checks enclosed 0

Regular Savings Additions and Subtractions

Date Posted	Amount(\$)	Resulting Balances(\$)	Transactions
I 1-05	2 00-	74 50	Obs Bakery 11/05 #000105064 Withdrwl 16576 Baisley Blv Jamaica NY Fee
11-05	2 00-	72 50	Chase 11/03 #000731210 Withdrwl
11-07	40 00-	32 50	400 Old Country R Carle Place NY Fee BkofAmerica ATM 11/07 #000003016 Withdrwl
11-13	505 33+	537 83	Springfield Gard Springfield G NY The Cheesecake F Des PR Payment ID 0001-Xxxxxxxxx
11-13	360 00-	177 83	Indn Mack Vincent Co ID 1953783088 Ppd BkofAmerica ATM 11/13 #000005457 Withdrwl
11-13	20 00-	157 83	Springfield Gard Springfield G NY BkofAmerica ATM 11/11 #000004758 Withdrwl
11-14	10 00+	167 83	Springfield Gard Springfield G NY Fee Reversal ATM Transaction Fee Reversed
11-14	122 50-	45 33	Oasis Hotel 11/15 #000646215 Withdrwl
x 1-1J	124 50-	-13 33	12091 Flatlands A Brooklyn NY
11-15	2 00-	43 33	Oasis Hotel 11/15 #000646215 Withdrwl
11-19	30 00-	13 33	12091 Fiatlands A Brooklyn NY Fee BkofAmerica ATM 11/19 #000008064 To Chkg
,	54 VV	25 05	Jamaica Avenue Queens NY
11-20	0 75+	14 08	Keepthechange Credit From Acct0967 Effective 11/19
11-23	0 70+	14 78	Keepthechange Credit From Acct0967 Effective 11/21
11-26	0 75+	15 53	Keepthechange Credit From Acct0967 Effective 11/23
11-26	8 00-	7 53	CT Travelex Cc 11/23 #000001808 To Chkg
			1504 Old Country Westbury NY
11-26	5 00-	2 53	CT Travelon Cc 11/24 #000001869 To Chkg
			1504 Old Country Westbury NY
11-26	2 00-	0 53	CT Travelex Cc 11/23 #000001808 To Chkg
			1504 Old Country Westbury NY Fee
11-26	2 00-	1 47 -	CT Travelex Cc 11/24 #000001869 To Chkg
11.37	100 641	465.07	1504 Old Country Westbury NY Fee
11-27	466 54+	465 07	The Cheesecake F Des PR Payment ID 0001-Xxxxxxxxx
11-27	25 00-	440 07	Indn Mack Vincent Co ID 1953783088 Ppd CT Travelex Cc 11/27 #000001948 To Chkg
11-21	23 00-	440 07	1504 Old Country Westbury NY
11-27	2 00-	438 07	CT Travelex Cc 11/27 #000001948 To Chkg
	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1504 Old Country Westbury NY Fee
11-28	40 00-	398 07	Columbus Data 11/28 #000289533 To Chkg
			310 BEACH 54Th St Far Rockaway NY
11-28	2 00-	396 07	Columbus Data 11/28 #000289533 To Chkg
11.00	# AA	201.05	310 BEACH 54Th St Far Rockaway NY Fee
11-28	5 00-	391 07	Monthly Maintenance Fee

Daily Balance Summary

	"				
Date	Balance(\$)	Date	Balance(\$)	Date	Balance(\$)
Beginning 10-30 10-31 11-01	1 80 - 669 23 625 48 265 48	11-07 11-13 11-14 11-15	32 50 157 83 167 83 43 33	11-20 11-23 11-26 11-27	14 08 14 78 1 47 - 438 07
11-05	72 50	11-19	13 33	11-28	391 07

How To Balance Your Bank of America Account

FIRST, start with your Account Register	-/Checkbook.		
1 List your Account Register/Checkbook Bal			
2 Subtract any service charges or other dedu	actions not previously recorded that are listed	on this statement	\$
3 Add any credits not previously recorded th	at are listed on this statement (for example in	iterest)	\$ <u></u>
4 This is your NEW ACCOUNT REGISTER BA	ALANCE		\$
NOW, with your Account Statement:			
1 List your Statement Ending Balance here -			\$
2 Add any deposits not shown on this statem			
3 List and total all outstanding checks ATM		BTOTAL	\$
Checks, ATM, Check Card, Electronic Withdrawals	Checks, ATM, Check Card, Electronic Withdrawals	Checks, ATM Che Electronic Withdra	
Date/Check # Amount	Date/Check # Amount	Date/Check #	Amount
TOTAL OF OUTSTANDING CHECKS ATM	Check Card and other electronic withdrawals		\$ \$
This Balance should match your new Accou			\$ <u></u>
ipon receipt of your statement, differences if	any should be reported to the bank promptly	In writing and in accordance	with provisions in your depos

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address Please call us at the telephone number listed on the front of this statement to tell us about a change of address

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our banking centers

Electronic Transfers In case of errors or questions about your electronic transfers if you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g. ATM transactions direct deposits or withdrawals point-of sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 50 days after we sent you the FIRST statement on which the error or problem appeared

- Tell us your name and account number
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more Information
- Tellius the dollar amount of the suspected error

For consumer accounts used primarily for personal family or household purposes we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calender days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less) we are not flable to you for and you agree not to make a claim against us for the problems or unauthorized transactions

Direct Deposits If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled



Combined Statement Page 5 of 5 009523190967

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How To Balance Your Bank of America Account

FIRST, start with your Account Register	r/Checkbook.					
	List your Account Register/Checkbook Balance here Subtract any service charges or other deductions not previously recorded that are listed on this statement					
2 Subtract any service charges or other dedu	actions not previously recorded that are listed	on this statement	_ \$ <u></u>			
	3 Add any credits not previously recorded that are listed on this statement (for example interest)					
4 This is your NEW ACCOUNT REGISTER BA	., \$					
NOW, with your Account Statement.						
1 List your Statement Ending Balance here -			., \$			
2 Add any deposits not shown on this statem	nent		. \$			
	0.00	7074				
3 List and total all outstanding checks ATM		BTOTAL	. \$			
Checks, ATM, Check Card,	Checks, ATM, Check Card,	Checks, ATM, Check Ca	rd,			
Electronic Withdrawals	Electronic Withdrawals	Electronic Withdrawals				
Date/Check # Amount	Date/Check # Amount	Date/Check # Amo				
			i			
	1	j .				
						
						
]	 [
						
A TOTAL OF OUTSTANDING CHECKS ATM	Check Card and other electronic withdrawais	<u> </u>	\$			
5 Subtract total outstanding checks ATM Chi		n Subtotal				
Upon receipt of your statement, differences if a						
-	NT INFORMATION FOR BANK DI	EPOSIT ACCOUNTS				
Change of Address Please call us at the telep	shone number fisted on the front of this stateme	ent to tell us about a change of addre	955			
Deposit Agreement When you opened your	account, you received a deposit agreement	and fee schedule and agreed that	your account would be			
governed by the terms of these documents as a and govern all transactions relating to your ac which contain the current version of the terms a	count, including all deposits and withdrawais	s Copies of both the deposit agree	ment and fee schedule			
Electronic Transfers In case of errors or que if you think your statement or receipt is wrong	or if you need more information about an ele					
withdrawals, point-of sale transactions) on the as soon as you can We must hear from you no						
* Tell us your name and account number * Describe the error or the transfer you are ur	serve about and evolvin as clearly as you sa	n why you heliove there is an erm?	or why you need more			
information * Tell us the dollar amount of the suspected en		in my you believe there is an artis	a my you note more			
For consumer accounts used primarily for per	rsonal family or household purposes we w	vill investigate your complaint and	will correct any error			
promptly If we take more than 10 business de for electronic transfers occurring during the firs	t 30 days after the first deposit is made to you	ur account) to do this, wa will recrea				
amount you think is in error so that you will have For other accounts, we investigate and if we fin-			tlon			
Reporting Other Problems You must examine	your statement carefully and promptly. You is	ere in the best position to discover e	rrors and unauthorized			
transactions on your account. If you fail to not the deposit agreement (which periods are no mo are not liable to you for and you agree not to ma	re than 60 days after we make the statement a	vallable to you and in some cases a				
Direct Deposits If you have arranged to have a may call us at the telephone number listed on the			erson or company you			

Equal Housing Lender

Bank of America, N.A. Member FDIC and



July 27, 2012 through August 24 2012 Account Number 000000851171207

ATM	& DEBIT CA	ARD WITHDRAWALS (continued)	
DATE	DESCRIPTION		AMOUNT
07/30	ATM Withdrawal	07/30 1462Nostrand Ave@Churchst Brooklyn NY Card 8199	20 00
07/31	Card Purchase	07/31 Red*Wmnwithn Tel Ord 800-477-7030 IN Card 8199	39 99
07/31	Card Purchase	07/29 Modonald's F17165 Brooklyn NY Card 8199	6 40
07/31	ATM Withdrawal	07/31 1462 Nostrand Avenue Brooklyn NY Card 8199	80 00
08/06	Card Purchase	08/04 Mta Mvm 34th Street-P 718-330-1234 NY Card 8199	4 50
08/07	Card Purchase	08/06 Mta Mvm Newlork Av & 718-330-1234 NY Card 8199	10 00
08/07	Card Purchase	08/06 Popeyes Chicken #5 Brooklyn NY Card 8199	6 85
08/07	ATM Withdrawal	08/07 1833 Nostrand Ave Brooklyn NY Card 8199	100 00
08/07	ATM Withdrawal	08/07 2125 Nostrand Ave Brooklyn NY Card 0091	50 00
08/07	Card Purchase Wit	th Pin 08/07 Rite Aid Corp Brooklyn NY Card 8199	8 63
08/09	ATM Withdrawal	08/09 1509 Foster Avenue Brooklyn NY Card 0091	40 00
08/13	ATM Withdrawal	08/12 883 Flatbush Avenue Brooklyn , NY Card 8199	180 00
08/16	ATM Withdrawal	08/16 1462Nostrand Ave@Churchst Brooklyn NY Card 8199	20 00
08/17	ATM Withdrawal	08/17 5136 Flatbush Ave Brooklyn NY Card 8199	200 00
08/20	Card Purchase	08/17 Charley's Grilled Subs Brooklyn NY Card 8199	12 61
08/20	Card Purchase	08/17 Charley's Grilled Subs Brooklyn NY Card 8199	6 96
08/20	Card Purchase	08/17 Cablevision #7836 718-617-3500 NY Card 8199	124 97
Total A	TM & Debit Card W	ithdrawale	\$1,037 71

ELE	CTRONIC WITHDRAW	/ALS	
DATE	DESCRIPTION	DDD ID: 0544740000	AMOUNT
07/30	Capital One Phone Pymt	PPD ID: 9541719986	\$30.00
08/15	Nat Ben Life CO Ins_Prem	PPD ID: 1231618791	27 84
Takali	P)4		\$57 84
lorai	Electronic Withdrawals		\$07 O4
	S AND OTHER WITHD	PRAWALS	307 04
		PRAWALS	
FEE	S AND OTHER WITHD	B4 Item Details Nat Ben Life CO Ins. Prem	AMOUNT \$34 00

A monthly Service Fee was not charged to your Chase Checking account. Here are the two ways you can avoid this fee

during any statement period

Have direct deposits totaling \$500 00 or more.

(Your total direct deposits this period were \$665 77 Note some deposits may be listed on your previous statement)

OR have at least 5 debit card purchases during your statement period



Page 2 of 6



July 27, 2012 through August 24 2012
Account Number 000000851171207

OVERDRAFT AND RETURNED ITEM FEE SUMMARY

	Total for This Period	Total Year-to-date
Total Overdraft Fees *	\$34 00	\$34 00
Total Returned Item Fees	\$00	\$ 00

* Total Overdraft Fees Includes Insufficient Funds Fees and Extended Overdraft Fees

Total Refunds for Overdraft or Returned item Fees identified above

\$34 00

\$34 00

REWARDS SUMMARY

Chase Debit Card

Rultimate rewards.

DATE 08/24 DESCRIPTION

Earn Ultimate Rewards points when you shop at popular in-store retailers plus earn up to 10 bonus points for every dollar you spend shopping online at the Ultimate Rewards Mail

Visit www chase com/ultimaterewards today to learn more about your teatured offers and deals of the week. Also, on chase com, you can redeem your Ultimate Rewards points for cash, gift cards, travel and merchandise

Debit Card ending 8199 - Total points balance as of 03/27/12

2,026



July 27 2012 through August 24 2012
Account Number 000000851171207

Chase checking customers may receive up to 0 75% off standard auto loan rates

Find out if you can save money by refinancing your car loan and reducing your monthly payment. Plus, Chase checking customers may save up to 0.75% off standard loan rates. Learn more and apply by visiting Chase com/SummerAutoRefl today.

Subject to credit approval by JPMorgan Chase Bank N.A. Other terms and conditions apply

Page 4 ol 6

CHASE •

July 27 2012 through August 24 2012 Account Number 000000851171207

	ure your chec ement or not.	kbook registe	er is up to date i	wiih all transad	ctions to da	te whether the	y are included on you
Write in	n the Ending E	Balance show	n on this state	ment	St	ep 1 Balance	\$
	•		ons not shown		ement	•	
Date	Amount	Date	Amount	Date	Amount	_	
						<u>-</u>	
						- Step 2 Total	\$
Add Ste	p 2 Total to S	tep 1 Balence	э.			Step 3 Total	s
haok Num	ber or Date	Amount	Check Nur	nber or Date	Amount	<u>i_</u>	
						_	
					-	-	
.						- -	
···						- -	
						- - -	
						- - - -	
						- - - -	
						 Step 4 Total	-\$
Subtract	t Step 4 Total	from Step 3 T	otal This sho	uld match yo		·	-\$ \$
Subtract	t Step 4 Total	from Step 3 T	otal This sho	uld match yo		·	-\$ \$
CASE OF EF front of this d more info FIRST star	RRORS OR QUEST e statement (non- timation about a lement on which to our name and act	TONS ABOUT YO personal accoun transfer listed on the problem or er sount number	OUR ELECTRONIC I ats contact Custom the statement or mor appeared. Be	FUNDS TRANSFE Per Service) if your receipt We mus	eur Checkb ERS Call or w su think your	ook Balance rite us at the phor statement or rece rou no later than 8	s number or address of the language state is incorrect or if you
ASE OF EF front of this d more info FIRST star • Yo • Ti • A will investive accounts)	RIFORS OR QUEST e statement (non- traction about a : lemant on which it our name and acc ne dollar amount of description of the gate your complai	TONS ABOUT YO personal accoun transfer listed or er count number of the suspected error or transfer int and will correct oredit your account	UR ELECTRONIC I the contact Custom the statement or a more appeared. Be error error you are unsure o	FUNDS TRANSFE ser Service) if you receipt. We must prepared to give I why you believe thy If we take re	ener Checkbers Call or wou think your is thear from you us the followers that are the followers than 10	nook Balance the us at the phorestatement or received no later than 8 wing information or or why you necusivess days (or	*\$

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Page 5 of 6



July 27, 2012 through August 24 2012
Account Number 000000851171207

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Page 6 of 6

Business Banking Profile Form

Business Contact Information	1
Business Name	ECI Date
Phone #(s): Bus	Cell Best Time to Call
Contact Name(s)	Emaji
CPA Name/Number	Attomey Name/Number
Tell Me About Your Business	Business Established (mm/yy):Owned Since (mm/yy): Annual Sales
	Business Description
Do you have any other businesses?	Funding Opportunity Established Start-Up Operating out of a Personal Account
How Do You Get Pald?	Incoming Expected Monthly Activity #Trans \$Amount
Tell me about your	Cash Merchant Services Provider
monthly expected	Checks A/R. (30 60 90 days) \$
account activity	Account Transfers
Are your customers paying you on time?	Domestic Wires
, , , , ,	International Wires
 Is there any seasonality to your business? 	Domestic ACH
•	International ACH
What Are Some of Your	Outgoing Expected Monthly Activity
Monthly Major Expenses? (Use Expense Calculator)	#Trans \$Amount
	Cash Payroli Service
How do you pay your	Checks Direct Deposit (y/n); No of Employees
monthly expenses?	Account Transfers
Do you plan on making any major purchases	Domestic Wires
over the next few	International Wires
months?	Domestic ACH
Tell Me About Your	International ACH Total Monthly Expenses \$
Current/Prior Banking	Business. Personal Balance (Avg & Min) Where Balance Where
Relationship	Checking Checking
What accounts and services do you have at	
your current bank(s)?	
Do you have credit	Credit Card Credit Card
established for your business?	Loan/Line Mortgage
	Investments Retirement
How Do You Check Your Balances & Move Money?	Online Mobile Alerts Phone Statements In Branch
Determine Funding	(\$) - (¢) = (¢
Recommendation	(\$) - (\$) = (\$) Established Current account balances One month expenses
	Start-Up Amount set aside to start the business \$
	Personal Account: Amount dedicated to the business \$
Do your family members or frie	nds own businesses?
Notes	



JPMorgan Chase Bank N A. P O Box 659754 San Antonio TX 78265-9754

Bhallablablaban Illashbablablada 00078809 DRE 602 143 14611 YNNYNNNNNYN T 1 000000000 18 0000 TWINTIN HAMILTON OR VINCENT CLEON MACK 1146 ROGERS AVE BROOKLYN NY 11226-7108

April 27, 2011 through May 25 2011 Account Number 000000851171207

CUSTOMER SERVICE INFORMATION

Web site	Chase com
Service Center	1-800-935-9935
Hearing Impaired	1-800-242-7383
Para Espanol	1 877 312-4278
International Calls	1 713 262-1679



CHECKING SUMMARY Chase Checking

	AMOUNT	
Beginning Balance	\$251 19	
Deposits and Additions	1,742 31	
Checks Paid	- 165 00	
ATM & Debit Card Withdrawals	- 1,655 10	
Electronic Withdrawals	- 1 00	
Fees and Other Withdrawals	- 4 00	
Ending Balance	\$168 40	

DEPOSITS AND ADDITIONS

$\overline{}$			****
DATE	DESCRIPTION		AMOUNT
04/29	ATM Check Deposit	_	\$551 36
04/29	Partners IN Care Payroll	PPD ID 1133885148	230 65
05/08	Partners IN Care Payroll	PPD ID 1133885148	313 22
05/13	Partners IN Care Payroli	PPD ID 1133885148	95 73
05/16	ATM Check Deposit		551 35
Total Da	posite and Additions		¢1 7/10 01

CHECKS PAID

CHECK NO 9995 ^	DESCRIPTION	r	DATE PAID 05/09	AMOUNT \$40 00
9996 ^			05/11	125 00
Total Checks	Paid			\$165 00

If you see a description in the Checks Paid section, it means that we received only electronic information about the check, not the original or an image of the check. As a result, we're not able to return the check to you or show you an image

Page 1 of 4

[^] An image of this check may be available for you to view on Chase com



April 27 2011 through May 25, 2011 Account Number 000000851171207

	n the Ending Ba id total all depos					tep 1 Balance	\$
Date	Amount	Date	Amount	Date	Amount	 -	
-					-	– Step 2 Total	\$
Add St	ep 2 Total to Sta	p 1 Balance	L.			Step 3 Total	\$
	d total all check wn on this state		drawals, debit e	eard purcha	ses and of	her withdrawa	ls
•	nber or Date	Amount	Check Numi	eteC to see	Атоип	t	
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		<u> </u>				_	
						Step 4 Total	-S
Cubtena	t Ctom & Tatal fo	Cton 2 T	atal Thin above	بأمدم مد لدار		•	
OUDITE	t Step 4 Total fr	om Steb 3 L	orat illin etton	na maten ye	IL CHACKE	HOW DAMINGS	\$
front of the distribution	a statement (non-peomation about a tra terment on which the our name and accon he dollar amount of description of the a gate your complaint to do this we will of s to complete our in- trons on QUESTIO you need more infor-	preopal account unsfer listed on a problem or en unt number the suspected mor or transfer tend will correct tend will correct tradity your account your account westigation NS ABOUT NOW mation about at th writing no la	to contact Custome the statement or re- perror you are unsure of, at any error prompti unit for the amount **ELECTRONIC TRA yo non-electronic to ter than 30 days af	ir Service) If you celpt. We must wrepared to give why you believe you fill we take in you think is in ansactions (charansactions (charansactions the stateme	ou think your st hear from y e us the follow we it is an errors than 10 error so that ontact the batecke or depotent was made	statement or receivour no later than 6 wing information or, or why you need business days (or you will have use ank immediately if state a aveilable to you	ment. If any such em For more complete

Page 2 of 4



Total Fees & Other Withdrawals

ATM & DEBIT CARD WITHDRAWALS

April 27 2011 through May 25 2011 Account Number 000000851171207

DATE	DESCRIPTION		AMOUN
04/27	Card Purchase 04/26 U R* Mta Mvm	Newkirk 718-330-123 NY Card 2852	\$10.00
04/27	Card Purchase 04/27 U R* Metropcs	877-315 6074 TX Card 2852	47 00
04/27	ATM Withdrawal 04/27 1462 Nostrano	d Avenue Brooklyn NY Card 2852	160 00
04/29	Card Purchase 04/28 U R* Qvc 3750	8164730 800-367-944 PA Card 2852	15 18
04/29	ATM Withdrawal 04/29 883 Flatbush	Ave Brooklyn NY Card 2852	100 00
04/29	ATM Withdrawal 04/29 2125 Nostrano	Ave Brooklyn NY Card 2852	260 00
05/02	Card Purchase With Pin 05/01 Key Food #	1260 Brooklyn NY Card 2852	14 04
05/02	Card Purchase With Pin 05/02 Walgreen C	ompany 3000 Brooklyn NY Card 0091	3 78
05/02	Card Purchase With Pin 05/02 Key Food #	1260 Brooklyn NY Card 0091	7 37
05/03	ATM Withdrawal 05/03 1462 Nostrano	Avenue Brooklyn NY Card 0091	100 00
05/04	Card Purchase With Pin 05/04 Bobby's Dep	of Store #1 Brooklyn NY Card 0091	37 78
05/04	Card Purchase With Pin 05/04 Requel Shoo	es Inc Brooklyn NY Card 0091	30 00
05/04	Card Purchase With Pin 05/04 DR. Jay's #1	14 Brooklyn NY Card 0091	39 99
05/16	Non-Chase ATM Withdraw 05/14 Jik Intl-Ai	rp Ast Jamaica NY Card 0091	43 00
05/16	ATM Withdrawal 05/16 32ND & Broad	way #3 New York NY Card 4850	300 00
05/16	Card Purchase With Pin 05/16 Mta Vending	Machines 718-330-123 NY Card 4850	10 00
05/18	Card Purchase 05/16 U R* Dunkin #3	42286 Brooklyn NY Card 4850	4 51
05/18	Card Purchase With Pin 05/18 Master Food	Inc/3008 C Brooklyn NY Card 4850	5 53
05/18	ATM Withdrawal 05/18 1462 Nostrand	Avenue Brooklyn NY Card 4850	60 00
05/19	Card Purchase 05/18 U.R. Walgreens	#10941 Brooklyn NY Card 4850	9 47
05/19	Card Purchase With Pin 05/19 Rite Aid Corp	Brooklyn NY Card 4850	22 03
05/23	Card Purchase With Pin 05/21 Walgreens 3	000 Church Brooklyn NY Card 4850	7 62
05/23	Card Purchase With Pm 05/22 Horregoods	Home Goods Breeklyn NY Cerd 4850	18 49
05/23	Card Purchase 05/22 U R* Popeye's #	3173 Brooklyn NY Card 4850	3 80
05/23	ATM Withdrawal 05/22 1833 Nostrand	Ave Brooklyn NY Card 4850	300 00
05/25	Card Purchase With Pin 05/25 Walgreens 3	000 Church Brooklyn NY Card 4850	5 52
05/25	Recurring Card Purchase 05/23 U R* Autopa	y/Dlsh Nt 800-894-913 CO Card 4850	39 99
Fotal A1	M & Debit Card Withdrawals		\$1,655.10
LEC	TRONIC WITHDRAWALS	no	
	DESCRIPTION		AMOUNT
5/18	Robin Hood Found Debits PPD I	D 9955656001	\$1 00
fotal Ele	ctronic Withdrawals		\$1 00
EES	AND OTHER WITHDRAWAL	.s	
DATE (DESCRIPTION		AMOUNT
	Von-Chase ATM Fee-With		\$2.00
5/16 N	on-Chase ATM Fee-Ing		200

A monthly Service Fee was <u>not</u> charged to your account. You can continue to avoid this fee by having at least one direct deposit of \$500 00 or more, <u>OR</u> at least 5 debit card purchases during your statement period

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\$4.00





April 27 2011 through May 26 2011
Account Number 000000851171207

REWARDS SUMMARY

Chase Ultimate Rewards Debit Card

Rultimate rewards.

DATE 05/25 DESCRIPTION

Earn 4 points for every \$5 in qualifying purchases made with your Chase Ultimate Rewards Debit Card Purchases made with a PIN do not qualify Only purchases shown above with U R* qualified to earn points

Get the things you really want. Redeem for a wide range of gift cards, cash back, merchandise, travel and more. Your next reward is closer than you think. Combine the points you earn with your eligible debit and credit cards in Ultimate Rewards.

For more information and to redeem, please visit chase cont/UltimateRewards

Debit Card ending 4850 Points from purchases

47

Debit Card ending 4850 - Total points balance as of 05/24/11

2,155

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JPMorgan Chase Bank N.A. P O Box 659754 San Antonio TX 78265 9764 October 26 2012 through November 28 2012
Account Number 000000851171207

CUSTOMER SERVICE INFORMATION

Web site	Chase com
Service Center	1-800-935-9935
Deaf and Hard of Hearing	1-800-242-7383
Para Espanol	1-877 312-4273
International Calls	1-713 262 1679

Influind Inf



You will see more information about your ATM deposits on your account statement. Tracking your ATM deposits will be even easier beginning November 12, 2012. In the Deposits and Additions section of your statement, you will see the date you made your deposit (in addition to the date we posted it to your account) and the last four digits of the card number for each ATM deposit. You will see these changes on all ATM deposits that post to your account on and after November 12. Please note that any ATM deposit transactions that post to your account before November 12, 2012 will not show this additional information and will not be included in the ATM & Debit Card Summary section at the end of your statement.

If you have questions, please call us at the number on this statement or visit your nearest branch

CHECKING	SUMMARY	Chase Checking
1.1177 NIIVLI	- 31 HVIIVIA - 1	

	AMOUNT
Beginning Balance	\$72.41
Deposits and Additions	4,078 98
ATM & Debit Card Withdrawals	- 3,559 41
Electronic Withdrawals	- 97 77
Fees and Other Withdrawals	- 142 00
Ending Balance	\$352.21

DEPOSIT	'S AND	ADDIT	IONS.
---------	--------	-------	-------

DATE	DESCRIPTION		AMOUNT
10/26	Partners IN Care Payroll	PPD ID 1133885148	\$307 87
10/30	Card Purchase Return 10/3	0 Qvc 412382564601 Cred 800 387 9444 PA Card 8199	27 20
11/02	Partners IN Care Payroll	PPD ID: 1133885148	324 53
11/09	Partners IN Care Payroll	PPD ID: 1133885148	294 05
11/16	Partners IN Care Payroll	PPD ID: 1133885148	324 54
11/19	Deposit 1120469098		1,000 00

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CHASE •

October 28 2012 through November 28 2012 Account Number 000000851171207

ATE DESCRIPTION		MUON
/19 Deposit 1120469100		00 0
/23 Partners IN Care Payroll PPD ID 11338851		32 7 68 0
/26 ATM Check Deposit 11/25 Card 8199		
tal Deposits and Additions	\$4,07	78 9
TM & DEBIT CARD WITHDRAWALS		
TE DESCRIPTION		OUN
26 ATM Withdrawal 10/26 1462 Nostrand Avenue Brookly		00 0
'29 Card Purchase 10/26 Lot Less Closeouts Newyork N		70
/30 Card Purchase With Pin 10/30 Associated Supermarket Bro		96
31 Card Purchase With Pln 10/31 Walgreens 2101 Church Bro		4 3
31 ATM Withdrawal 10/31 1462 Nostrand Avenue Brookly	· · · · · · · · · · · · · · · · · · ·	30 00
01 ATM Withdrawal 11/01 1462 Nostrand Avenue Brookly		30 00
02 ATM Withdrawal 11/02 1462 Nostrand Avenue Brookly		10 00
702 ATM Withdrawal 11/02 1462Nostrand Ave@Churchst		00 00
06 ATM Withdrawal 11/06 1462 Nostrand Avenue Brookly		0 00
OB Card Purchase With Pin 11/08 Mta Vending Machines 718-3		4 50
09 ATM Withdrawal 11/09 2125 Nostrand Ave Brooklyn N		0 0X
13 Card Purchase 11/10 Courts Caribbean Brooklyn NY C		5 00 7 50
14 Card Purchase 11/13 Cablevision #7636 718-617-350	······································	
14 Card Purchase W/Cash 11/14 Walgreens 3000 Church Bro Purchase \$8 99 Cash Back \$20 00	dyn NY Card 6199	6 99
19 ATM Withdrawal 11/17 1462 Nostrand Avenue Brookly	NY Card 8199 80	0 00
19 ATM Withdrawal 11/17 1462 Nostrand Avenue Brookly		0 00
19 Card Purchase With Pin 11/18 C Town Brooklyn NY Card 81		5 38
19 ATM Withdrawal 11/18 1462 Nostrand Avenue Brooklyn	NY Card 8199 44	0 00
19 ATM Withdrawal 11/19 1462 Nostrand Avenue Brooklyn		o oo
20 ATM Withdrawal 11/20 290 Flatbush Brooklyn NY Card	199 800	00 0
20 ATM Withdrawal 11/20 290 Flatbush Brooklyn NY Card	199 200	00
3 Non-Chase ATM Withdraw 11/22 1840 Nostrand Avenu Broo	yn NY Cerd 8199 21	50
3 Card Purchase With Pm 11/23 Bobby's Dept St Brooklyn NY	ard 8199 69	59
3 ATM Withdrawal 11/23 883 Flatbush Avenue Brooklyn	NY Card 8199 100	00
3 ATM Withdrawal 11/23 883 Flatbush Avenue Brooklyn		00
6 Card Purchase 11/23 Mta Mvm Newkirk Av & 718-330-	34 NY Card 8199 29	00
6 Card Purchase With Pin 11/24 Target T2212 Target T2 Brook	n NY Card 8199 15	24
6 Card Purchase With Pin 11/24 Target T2212 Target T2 Brook		65
6 ATM Withdrawal 11/25 5136 Flatbush Ave Brooklyn NY		00
6 ATM Withdrawal 11/26 1833 Nostrand Ave Brooklyn NY		00
7 Card Purchase With Pin 11/27 Bobby's Dept S Brooklyn NY		22
7 Card Purchase With Pin 11/27 Bobby's Dept St Brooklyn NY		82
B ATM Withdrawal 11/28 1462 Nostrand Avenue Brooklyn		00

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CHASE O

October 26 2012 through November 28 2012
Account Number 000000851171207

	CTRONIC WITHDRAWALS	
DATE	DESCRIPTION	AMOUNT
11/15	Nat Ben Life CO Ins Prem PPD ID: 1231618791	\$37.77
11/19	Ge Capital Payment 601917033761986 Tel ID 1061537262	30 00
11/19	Georb Phone Payment Twintin Hamilto Tel ID 2003318907	30 00
Total E	leotronio Withdrawais	\$97 77
FEES	S AND OTHER WITHDRAWALS	
FEES	S AND OTHER WITHDRAWALS	AMOUNT
·		AMOUNT \$140 GO
DATE	DESCRIPTION	

A monthly Service Fee was <u>not</u> charged to your Chase Checking account. Here are the two ways you can avoid this fee during any statement period.

- Have direct deposits totaling \$500 00 or more.
 (Your total direct deposits this period were \$1,583 78. Note some deposits may be listed on your previous statement).
- OR have at least 5 debit card purchases during your statement period

OVERDRAFT AND RETURNED ITEM FEE SUMMARY

	Total for	Total
	This Period	<u>Year-to date</u>
Total Overdrift Foos *	\$ 00	\$34 00
Total Returned Item Fees	\$ 00	\$ 00

^{*} Total Overdraft Fees includes Insufficient Funds Fees and Extended Overdraft Fees

Total Refunds for Overdraft or Returned Item Fees Identified above \$ 00

REWARDS SUMMARY Chase Debit Card

DATE DESCRIPTION

11/28

Earn Ultimate Rewards points when you shop at popular in-store retailers plus earn up to 10 bonus points for every dollar you spend shopping online at the Ultimate Rewards Mall

Visit www chase com/ultimaterewards today to learn more about your featured offers and deals of the week. Also, on chase com, you can redeem your Ultimate Rewards points for cash, gift cards, travel and merchandise

Debit Card ending 8199 - Total points balance as of 03/27/12

2,026

\$34 00

Qultimate rewards.



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October 26 2012 through November 28 2012 Account Number 000000851171207

Chase checking customers may receive up to 0 75% off standard auto loan rates

Refinancing your existing car loan may lower your interest rate and reduce your monthly payment. And Chase checking customers save even more—up to 0 75% off standard auto loan rates. Find out more and apply at Chase com/AutoRefinance

Subject to credit approval by JPMorgan Chase Bank N.A. Other terms and conditions apply

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October 26 2012 through November 28 2012 Account Number 000000851171207

1 Write I	· .	alance shown osits & addition				ep 1 Belance	\$ <u> </u>
Date	Amount	Date	Amount	Date	Amount	- -	
		,	(- -	
						Step 2 Total	\$
3 Add Ste	p 2 Total to St	ep 1 Balance.				Step 3 Total	\$
	-	······································				- - -	
						-	
						Step 4 Total	-\$
Subtract	Step 4 Total f	rom Step 3 Tot	al This sho	uld match yo	our Checkb	ook Balance	\$
N CASE OF EF	RORS OR QUESTI	ONS ABOUT YOUR	ELECTRONIC F	UNDS TRANSFE er Service) if vo	RS Call or w	ite us at the phor	s number or address or pt is incorrect or if you to days after we sent yo

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details see the Account Rules and Regulations or other applicable account agreement that governs your account.

JPMorgan Chase Bank, N.A. Member FDIC

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Ootober 26 2012 through November 26 2012 Account Number 000000851171207

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JPMorgan Chase Bank N.A. P O Box 659764 San Antonio TX 78265 9764

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March 25 2011 through April 26 2011 Account Number 000000851171207

CUSTOMER SERVI	CE INFORMATION
Web site	Chase com
Service Center	1-800-935-9935
Hearing Impaired	1-800-242-7383
Para Espanol.	1-877 312-4273
International Calls	1-713-262-1679



Important Information About Your Chase Debit Rewards Annual Fee

By now you should have received a letter about upcoming changes to your debit rewards programs. Chase is no longer charging an annual fee for your debit card rewards programs. Since you paid your annual fee to cover some time beyond the program end date, we deposited your refund directly into your checking account on April 19, 2011

To take advantage of other great ways to get more value from your everyday banking, just stop by any branch and talk to a banker for detalls

¹In order to receive your refund your Chase checking account must have been open at the end of the business day on April 19 2011

CHECKING SUMMARY Chase Che	ecking
	AMOUNT
Beginning Balance	\$47 C2
Deposits and Additions	3,866 43
ATM & Debit Card Withdrawals	- 3,662 86
Ending Balance	\$251 19

DEPO	SITS AND ADDITION	<u> </u>	
DATE	DESCRIPTION		AMOUNT
03/25	Deposit 862881655		\$480 00
03/25	Partners IN Care Payroll	PPD ID 1133885148	313 23
03/28	ATM Check Deposit		185 82
04/01	Deposit 830791106		560 00
04/01	Partners IN Care Payroll	PPD ID 1133885148	230 65
04/08	Partners IN Care Payroll	PPD (D 1133885148	257 25
04/12	ATM Check Deposit		461 18
04/15	ATM Check Deposit		831 16
04/15	Partners IN Care Payroll	PPD ID 1133885148	220 65
04/19	Partial Refund Annual Fee, Ult	imate Rewards Card Ending IN 2852	13,25
04/22	Partners IN Care Payroll	PPD ID 1133885148	313 24
Total Dep	posite and Additions		\$3,866 43

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March 26 2011 through April 26 2011 Account Number 000000851171207

BAL	ANCING Y	OUR CHE	CKBOOK				
	sure your check tement or not	book register	ls up to date wit	h all transac	ctions to dat	e whether the	y are included on your
1 Write i	n the Ending Bo	alance shown	on this statem	ent	Ste	p 1 Balance	\$
2. List en	d total all depo	site & additio	na not ahown o	n this state	ment		
Date	Amount	Date	Amount	Date	Amount	_	
						-	
						- Step 2 Total	s
3. Add St	ep 2 Total to St	ep 1 Balance.				Step 3 Total	\$
	d total all check wn on this state		irawais, debit c	ard purchas	ses and oth	er withdrawa	ls
Check Nur	nber or Date	Amount	Check Number	er or Date	Amount	_	
	- ——		•	···	_	-	
						-	
					_	-	
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				-	9	itep 4 Total	-S
5 Subtrac	t Step 4 Total fr	om Step 3 To	tal This shoul	d metch yo		•	\$
	-	-		•			
the front of thine the first indicate the first ind	s statement (non-pe comation about a tra tement on which the our name and acco he dollar amount of	ersonal accounts anafer listed on the e problem or erro unt number the suspected e error or bansfer y t and will correct credit your accou-	contact Customer ne statement or rec or appeared Be pr	Service) if you eipt. We mus epared to give	u think your s it hear from yo us the follow	iztement or receive no later than 6 information	e number or address on pt is incorrect or if you of days after we sent you od more information 20 business days for of the money during the
NICASE OF FE	BORS OR OUESTIC	MO AROUT MONA	ELECTRONIC TRAN y non electronio tra er than 30 days afte other applicable ac	SACTIONS Consactions (of: in statement of the statement o	ontact the ban ecks or depos ni was made sent that gove	k immediately if its) on this state available to you ms your account	your statement is ment, if any such error For more complets
			1) JPMor	gan Chase B	ank, N.A. Memb	er FDIC

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CHASE ()

March 25 2011 through April 26 2011 Account Number 000000851171207

03/25 Card Purchase 03/24 U R* Stop & Shop #506 Brooklyn NY Card 2852 \$ 03/25 Recurring Card Purchase 03/23 U R* Autopay/Dish Nt 800-894-919 CO Card 2852 4 03/26 Card Purchase 03/26 U R* Caribbean At106 Washigton D NY Card 2852 4 03/28 ATM Withdrawal 03/26 1462 Nostrand Avenue Brooklyn NY Card 2852 1 03/28 Card Purchase 03/26 U R* Rainbow #004 Brooklyn NY Card 2852 6 03/28 ATM Withdrawal 03/26 1462 Nostrand Ave@ Church Brooklyn NY Card 2852 6 03/29 Card Purchase 03/26 U R* Cvc 37508164730 800-367-944 PA Card 2852 1 03/30 ATM Withdrawal 03/29 U R* Mta Mvm Newkirk 718 330-123 NY Card 2852 12 03/31 Card Purchase 03/29 U R* Mta Mvm Newkirk 718 330-123 NY Card 2852 2 03/31 Card Purchase With Pin 03/31 Associated Supermars[7 Brooklyn NY Card 2852 1 04/01 ATM Withdrawal 04/01 U R* Stop & Shop #506 Brooklyn NY Card 2852 2 04/04 Card Purchase 04/01 U R* Bobby's Dept Store Brooklyn NY Card 2852 2 04/04 Card Purchase 04/02 U R* Bobby's Dept Store Brooklyn NY Card 2852	
Color Card Purchase Card	OUNT
09/28 Card Purchase 03/26 U R* Caribbean A106 Washigton D NY Card 2852 44 03/28 ATM Withdrawal 03/26 1462 Nostrand Avenue Brooklyn NY Card 2852 18 03/28 Card Purchase 03/26 U R* Rainbow #004 Brooklyn NY Card 2852 6 03/29 ATM Withdrawal 03/26 1462Nostrand Ave@Church Brooklyn NY Card 2852 6 03/29 Card Purchase 03/28 U R* Qvc 37508164730 800-367-944 PA Card 2852 12 03/30 ATM Withdrawal 03/30 20 Flatibush Avenue Brooklyn NY Card 2852 12 03/31 Card Purchase 03/29 U R* Mia Mvm Newkirk 718 330-123 NY Card 2852 12 03/31 Card Purchase 03/29 U R* Mia Mvm Newkirk 718 330-123 NY Card 2852 12 03/31 Card Purchase With Pin 03/31 Associated Supermars/F Brooklyn NY Card 2852 1 04/01 ATM Withdrawal 04/01 1833 Nostrand Ave Brooklyn NY Card 2852 1 04/04 Card Purchase 04/01 U R* Sobby's Dept Store Brooklyn NY Card 2852 2 04/04 Card Purchase 04/02 U R* Bobby's Dept Store Brooklyn NY Card 2852 1 04/05 ATM Withdrawal 04/03 D R* Walgreens #10092 Brooklyn NY Card 2852	10 00
03/28 ATM Withdrawal 03/26 1462 Nostrand Avenue Brooklyn NY Card 2852 18 03/28 Card Purchase 03/26 U R* Rainbow #004 Brooklyn NY Card 2852 5 03/28 ATM Withdrawal 03/26 1462Nostrand Ave@Church Brooklyn NY Card 2852 6 03/29 Card Purchase 03/28 U R* Qvc 37508164730 800-367-944 PA Card 2852 1 03/30 ATM Withdrawal 03/30 20 Flatbush Avenue Brooklyn NY Card 2852 12 03/31 Card Purchase 03/29 U R* Mta Mvm Newkirk 718 330-123 NY Card 2852 2 03/31 Card Purchase 03/29 U R* Mta Mvm Newkirk 718 330-123 NY Card 2852 1 04/01 ATM Withdrawal 04/01 1833 Nostrand Ave Brooklyn NY Card 2852 1 04/04 Card Purchase 04/01 U R* Stop & Shop #506 Brooklyn NY Card 2852 2 04/04 Card Purchase 04/01 U R* Bobby's Dept Stor Brooklyn NY Card 2852 2 04/04 Card Purchase 04/02 U R* Bobby's Dept Stor Brooklyn NY Card 2852 1 04/04 Card Purchase 04/02 U R* Bobby's Dept Stor Brooklyn NY Card 2852 1 04/04 Card Purchase 04/02 U R* Walgreens #10092 Brooklyn NY Card 2852	39 99
03/28 Card Purchase 03/28 U R* Rainbow #004 Brooklyn NY Card 2852 1 03/28 ATM Withdrawal 03/26 1462Nostrand Ave@Church Brooklyn NY Card 2852 6 03/29 Card Purchase 03/28 U R* Ovc 37508164730 800-367-944 PA Card 2852 1 03/30 ATM Withdrawal 03/30 20 Flatbush Avenue Brooklyn NY Card 2852 12 03/31 Card Purchase 03/29 U R* Mta Mvm Newkirk 718 330-123 NY Card 2852 2 03/31 Card Purchase With Pin 03/31 Associated Supermarsj7 Brooklyn NY Card 2852 1 04/01 ATM Withdrawal 04/01 1833 Nostrand Ave Brooklyn NY Card 2852 2 04/04 Card Purchase 04/01 U R* Stop & Shop #506 Brooklyn NY Card 2852 2 04/04 Card Purchase 04/01 U R* Bobby's Dept Store Brooklyn NY Card 2852 2 04/04 Card Purchase 04/02 U R* Bobby's Dept Store Brooklyn NY Card 2852 2 04/04 Card Purchase 04/02 U R* Bobby's Dept Store Brooklyn NY Card 2852 2 04/04 Card Purchase 04/05 U R* Walgreens #10092 Brooklyn NY Card 2852 10 04/05 Card Purchase 04/05 U R* Kp Farm Market Brooklyn NY Card 2852 <	32.70
03/26 ATM Withdrawal 03/26 1462Nostrand Ave@Church Brooklyn NY Card 2852 5 03/29 Card Purchase 03/28 U R* Ovc 37508164730 800-367-944 PA Card 2852 1 03/30 ATM Withdrawal 03/30 20 Flatbush Avenue Brooklyn NY Card 2852 12 03/31 Card Purchase 03/29 U R* Mia Mvrm Newkirk 718 330-123 NY Card 2852 2 03/31 Card Purchase With Pin 03/31 Associated Supermars/7 Brooklyn NY Card 2852 1 04/01 ATM Withdrawal 04/01 1833 Nostrand Ave Brooklyn NY Card 2852 20 04/04 Card Purchase 04/01 U R* Stop & Shop #506 Brooklyn NY Card 2852 20 04/04 Card Purchase 04/01 U R* Bobby's Dept Store Brooklyn NY Card 2852 2 04/04 Card Purchase 04/02 U R* Bobby's Dept Store Brooklyn NY Card 2852 2 04/04 ATM Withdrawal 04/04 9 Dekalb Ave Brooklyn NY Card 2852 10 04/05 U R* Walgreens #10092 Brooklyn NY Card 2852 10 04/06 Card Purchase 04/05 U R* Kp Farm Market Brooklyn NY Card 2852 30 04/11 Card Purchase 04/09 U R* Hsn*Hsn 6113370 800 284 390 FL Card 2852 4	30 00
03/29 Card Purchase 03/28 U R* Ovc 37508164730 800-367-944 PA Card 2852 1 03/30 ATM Withdrawal 03/30 20 Flatbush Avenue Brooklyn NY Card 2852 12 03/31 Card Purchase 03/29 U R* Mta Mvm Newkirk 718 330-123 NY Card 2852 2 03/31 Card Purchase With Pin 03/31 Associated Supermars/P Brooklyn NY Card 2852 1 04/01 ATM Withdrawal 04/01 1833 Nostrand Ave Brooklyn NY Card 2852 20 04/04 Card Purchase 04/01 U R* Stop & Shop #505 Brooklyn NY Card 2852 20 04/04 Card Purchase 04/01 U R* Bobby's Dept Store Brooklyn NY Card 2852 2 04/04 Card Purchase 04/02 U R* Bobby's Dept Store Brooklyn NY Card 2852 2 04/04 Card Purchase 04/02 U R* Bobby's Dept Store Brooklyn NY Card 2852 2 04/04 ATM Withdrawal 04/04 9 Dekalb Ave Brooklyn NY Card 2852 2 04/05 ATM Withdrawal 04/05 U R* Walgreens #10092 Brooklyn NY Card 2852 30 04/10 ATM Withdrawal 04/07 U R* Kp Farm Market Brooklyn NY Card 2852 30 04/11 Card Purchase 04/09 U R* Hsn* Hsn 613370 800 284 390 FL Card 2852 <	10 88
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04/22 ATM Withdrawal 04/22 1462 Nostrand Avenue Brooklyn NY Card 2852 60	_
14/22 Card Purchase With Pin 04/22 Kmart 7749 New York NY Card 2852 23	
04/25 Card Purchase 04/21 U R* Mta Mvm New Utr 718-330 123 NY Card 2852 10	
13 VA/25 Card Purchase 04/22 U R* The Bagman New York NY Card 2852	
14/25 Card Purchase With Pln 04/24 Rite Ald Corp Brooklyn NY Card 2852 11 0	01



Page 3 of 6



March 25 2011 through April 26 2011 Account Number 000000851171207

ATM	ATM & DEBIT CARD WITHDRAWALS (continued)					
DATE 04/25	DESCRIPTION ATM Withdrawal	04/24 1462 Nostrand Avenue Brooklyn NY Card 2852	AMOUNT 40 00			
04/25	ATM Withdrawal	04/25 883 Flatbush Ave Brooklyn NY Card 2852	20 00			
04/25	Recurring Card Purd	hase 04/23 U R* Autopay/Dish Nt 800-894 913 CO Card 2852	39 99			
04/26	Card Purchase	04/26 U R* Danice Stores #15 Brooklyn NY Card 2852	8 00			
04/26	Card Purchase With	Pin 04/26 Rainbow 004 1013 1015 Brooklyn NY Card 2852	9 99			
Total A	TM & Debit Card Wit	hdrawais	\$3,662.86			

A monthly Service Fee was not charged to your account. You can continue to avoid this fee by having at least one direct deposit of \$500 00 or more, OR at least 5 debit card purchases during your statement period

REWARDS SUMMARY Chase Ultimate Rewards Debit Card

Qultimate rewards_{points}

DATE 04/26

Earn 4 points for every \$5 in qualifying purchases made with your Chase Ultimate Rewards Debit Card. Purchases made with a

PIN do not qualify. Only purchases shown above with UR*

qualified to earn points

Get the things you really want. Redeem for a wide range of gift cards, cash back, merchandise, travel and more. Your next reward is closer than you think. Combine the points you earn with your eligible debit and credit cards in Ultimate Rewards.

For more information and to redeem, please visit chase com/UltimateRewards

Debit Card ending 2852 - Points from purchases

806

Debit Card ending 2852 Total points balance as of 04/23/11

2,025

Page 4 of 6



March 25 2011 through April 26 2011 Account Number 000000851171207

Chase Gift Cards are the Perfect Gift¹

Chase Gift Cards are the perfect gift for Mother's Day, graduation, birthdays, weddings or any special occasion

- Available in any amount from \$25 to \$500
- Convenient and secure
- Accepted at millions of locations worldwide
- The perfect glift for any occasion
- Free greeting card with purchase available at Chase branches only

Order online at Chase com/GiftCardOrder or stop by a Chase branch today!

Branch purchases will be assessed a \$3.50 fee. Fee waived for Premier checking outcomers and better. Online purchases will be assessed a \$4.95 per card standard shipping fee (ship in 5-7 business days)

TERMS AND CONDITIONS ARE APPLIED TO CHASE VISA GIFT CARDS. Chase Gift Cards are not available through chase com to residents of the following states. AR CT HI ME, NH, NJ, RI, VT, and are not available in Chase branches located in CT or NJ. We apologize for any inconvenience.



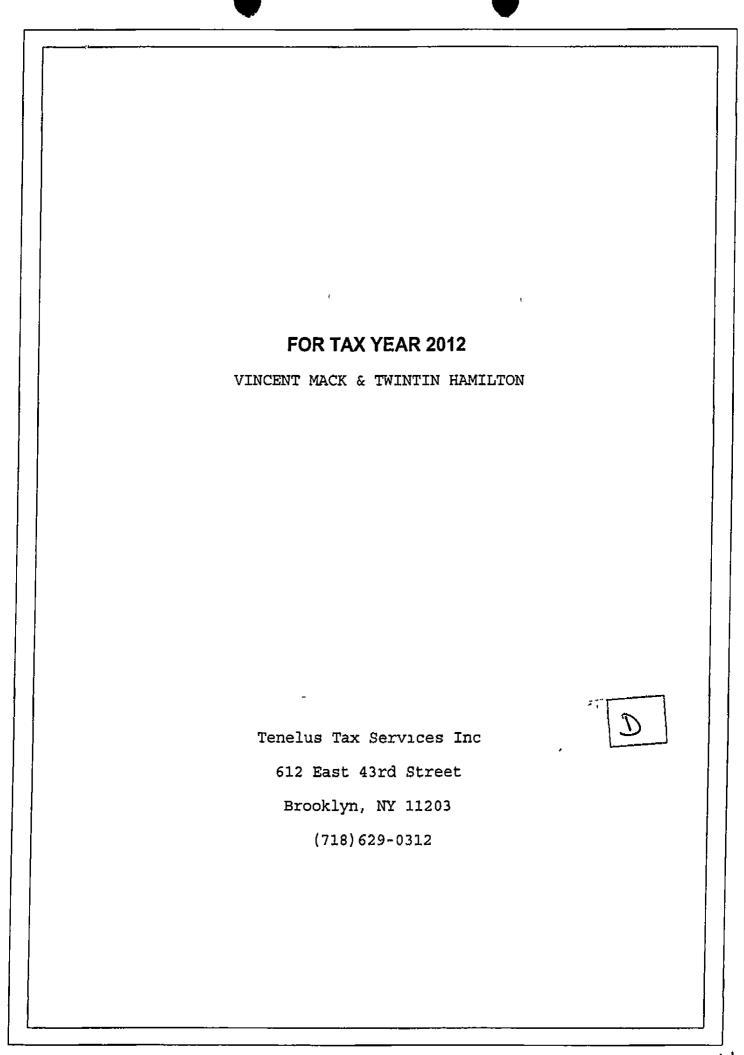
Page 5 of 6

CHASE O

March 25 2011 through April 26 2011 Account Number 000000851171207

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3/13/2013 44 39



Department of the Treasury Internal Revenue Service U.S. Individual Income Tax Return IRS Use Only-Do not write or staple in this space For the year Jan 1-Dec 31 2012 or other tax year beginning 2012 ending 20 See separate instructions l ast name Your social security number Your first name and initial 250-19-4024 MACK VINCENT Spouse a social security number. If a joint return spouse a first name and initial Last name 102-98-0877 HAMILTON TWINTIN Home address (number and street) Apt no Make sure the SSN(s) above and on line 6c are correct 1146 ROGERS AVE City town or post office state and ZIP code if you have a foreign address also complete spaces below (see instructions) Presidential Election Campaign Check here if you or your spouse if filing 11226 BROOKLYN NY Jointly want \$3 to go to this fund. Checking Foreign country name Foreign province/state/county Foreign postal code a box below will not change your tax or refund You Spouse Head of household (with qualifying person) (See instructions) if Filina the qualifying person is a child but not your dependent, enter this 2 X Married filing jointly (even if only one had income) **Status** Married filling separately Enter spouse s SSN above Check only 5 Qualifying widow(er) with dependent child one box and full name here X Yourself If someone can claim you as a dependent, do not check box 6a Boxes checked Exemptions on 6a and 6b b Spouse No of children (4) Chk if child under on 6c who Ç Dependents (3) Dependent s (2) Dependent a age 17 qualifying for child tax credii (see instructions lived with you relationship to you social accurity number (1) First name Last name did not live with you due to divorce or separation If more than four (see Instructions) dependents see Dependents on 6c instructions and not entered above check here Add numbers on lines Total number of exemptions claimed 7 39,358 Wages, salaries, tips, etc. Attach Form(s) W-2 Income 8a Taxable Interest. Attach Schedule B if required 8a Tax-exempt interest. Do not include on line 8a 8b <u>۵</u> Attach Form(s) 9a Ordinary dividends Attach Schedule B if required 9a W-2 here Also Qualified dividends 9b h attach Forms W-2G and 10 Taxable refunds, credits, or offsets of state and local income taxes 10 1099-R If tax 11 11 Alimony received was withheld Business Income or (loss) Attach Schedule C or C-EZ 12 12 13 13 Capital gain or (loss) Attach Schedule D if required If not required check here If you did not 14 14 Other gains or (losses) Attach Form 4797 get a W-2, IRA distributions **b** Taxable amount 15b see instructions 15a 15a 16a Pensions and annuities 16a b Taxable amount 16b 17 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E Enclose, but do not attach, any 18 Farm income or (loss) Attach Schedule F 18 payment. Also, 19 19 Unemployment compensation please use b Taxable amount 20b 20a Social security benefits 20a Form 1040-V 21 21 Other income 39,358 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 23 Educator expenses **Adjusted** 24 Certain business expenses of reservists, performing artists and **Gross** 24 fee-basis government officials Attach Form 2106 or 2106-EZ Income 25 25 Health savings account deduction. Attach Form 8889 26 26 Moving expenses Attach Form 3903 27 Deductible part of self-employment tax Attach Schedule SE 27 28 Self-employed SEP, SIMPLE, and qualified plans 28 Self-employed health insurance deduction 29 30 30 Penalty on early withdrawal of savings 31a 31a Allmony paid b Recipient's SSN▶ 32 IRA deduction 32 33. Student loan interest deduction 33 Tuitton and fees Attach Form 8917 34 35 35 Domestic production activities deduction. Attach Form 8903 36 Add lines 23 through 35 36

Subtract line 36 from line 22 This is your adjusted gross income

37

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Form 1040 (20		NCENT MACK & TWINTIN					0-19-4024 Page 2
Tax and	38	Amount from line 37 (adjusted gross Inco	· ·	₹ .		38	39,358
Credits	39a	Check Y You were born before Janu	· —	Blind Total boxes			
Standard	_1	if Spouse was born before Ja	anuary 2, 1948,	Blind checked > 39	a <u> </u>	_	
Deduction	L_b	If your spouse itemizes on a separate return o	or you were a dual-status	s allen, check here	39b		M
for-	40	Itemized deductions (from Schedule A)	or your standard de	duction (see left margin)		40	11,900
People who check any	41	Subtract line 40 from line 38				41	27,458
box on line	42	Exemptions Multiply \$3,800 by the num	ber on line 6d			42	7,600
39a or 39b or who can be	43	Taxable income Subtract line 42 from li		ore than line 41, enter -0-		43	19,858
claimed as a	44	Tax (see instructions) Check if any from		b Form 4972 C 963	election	44	2,111
dependent, see	45	Alternative minimum tax (see instructio			. www.	45	
instructions	46	Add lines 44 and 45	113) 711430111 01111 020		>	46	2,111
All others	47		المحارية	1 47 1		20,03	2,111
Single or Married filing		Foreign tax credit Attach Form 1116 If re	•	47		1.23	3
separately,	48	Credit for child and dependent care expenses		48			4
\$5 950	49	Education credits from Form 8863, line 19		49			j
Married filing jointly or	50	Retirement savings contributions credit. A		50		1 %	
Qualifying	51	Child tax credit. Attach Schedule 8812, if	required	51			
widow(er), \$11 900	52	Residential energy credit. Attach Form 56	95	52			
Head of	53	Other credits from Form a 3800 b 8	801 c	53		7,76 y	N. Control of the Con
household	54	Add lines 47 through 53 These are your t	otal credits			54	
\$8 700	_J ₅₅	Subtract line 54 from line 46 If line 54 is n		er -0-	>	55	2,111
	56	Self-employment tax Attach Schedule St				56	
Other	57	Unreported social security and Medicare t		☐4137 b ☐8919		57	
Taxes	-						
	58	Additional tax on IRAs, other qualified retir		son Form 5329 if required		58	
		Household employment taxes from Sched				59a	<u> </u>
	þ	First-time homebuyer credit repayment. At	ttach Form 5405 if req	quired		59b	
	60	Other taxes Enter code(s) from instruction	ns			60	
	61	Add lines 55 through 60 This is your total	tax		>	61	2,111
Payments	62	Federal income tax withheld from Forms V	V-2 and 1099	62 2,	674	1992 1992	
	7 63	2012 estimated tax payments and amount appli	ed from 2011 return	63			
If you have a	 -	Earned income credit (EIC)		64a			
qualifying chi'd attach	_	Nontaxable combat pay election 64b		Y 5 (1			
Schedure EIC	J	Additional child tax credit. Attach Schedule	. 0012	i			
				65			
		Amencan opportunity credit from Form 886	os, line 8	66		XXXX	
		Reserved		67 (N. N. N		N.	
		Amount paid with request for extension to t		68		8	
	69	Excess social security and tier 1 RRTA tax	withheld	69		~×.31	
	70	Credit for federal tax on fuels Attach Form		70		001	
	71 (Credits from Form a 🔛 2439 🛮 b 💥 Reserve	d c 8801 d 888	35 71		/\$3]	
	72	Add lines 62, 63 64a and 65 through 71 T	hese are your total p	payments	▶	72	2,674
Refund		f line 72 is more than line 61, subtract line			d	73	563
		Amount of line 73 you want refunded to yo			<u>.</u> 🗀 Ì	74a	563
Direct deposit?		Routing number XXXXXXXX			ا اسما	997	
See		Account number X X X X X X			ligo i	2836	
nstructions		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			[/4G	
Amount		mount of line 73 you want applied to your 201:		<u> </u>		C# 57	
		amount you owe Subtract line 72 from lin	e 61 For details on hi	1 1	; > [76	V9 3000 / XA Y. K. VVQ 30000
You Owe		stimated tax penalty (see instructions)		<u> 77 </u>	<u></u> Ł		A CONTRACTOR OF THE STREET
Third Party	Do you	want to allow another person to discuss the	ils return with the IRS	(see Instructions)?	X Yes	Comp	olete below No
Designee	Designee		Phone	Person	al identifica	etion	
	name)	Marc Augustin	no <u>▶</u> 71	8-629-0312 _{numbe}	(PIN)		<u>▶ 1 1 2 0 3 </u>
Sign	Under pen	alties of perjury I declare that I have examined this ret	turn and accompanying sch	edules and statements and to the	best of m	y knowle	edge and belief
lere	they are in	us correct, and complete Declaration of preparer (other	er then laxpayer) is based o	n all information of which prepare	rhas any i	nowledg	j š
oint return? See	Your sign:	iture	Date	Your occupation		1	Daylime phone number
estructions	9402	4	03-20-2013	•		i	
eep a copy for		signature If a Joint return both must sign					Identity Protection PiN (see inst.)
our records	8087	· · · · · · · · · · · · · · · · · · ·	03-20-2013	Spouse a occupation		-	
			03-20-2013		 	┯╀	DTIN DTIN
	Preparer's	ស្រានាឃី(ម		Date	Check	- -J"[PTIN
aid				03-20-2013	self-emplo	yed	P00170242
reparer	Print/Type	preparer's name Marc Augustin			್ಣ ್ರಿ		
se Only	Firm a nam			<u> </u>	Firm s Ell	<u>√ </u>	11-3351518
y	Firm s add		·				
		Brooklyn, NY 1	<u> 11203</u>		Phone no	71	8-629-0312_
A		- · · · · · · · · · · · · · · · · · · ·					Form 1040 (2612)

EEA

42



Resident Income Tax Return
New York State • New York City • Yonkers

IT-201

2012

	For the full ye	ear Jan	uary 1, 2012, throu	gh Decemb	er 3	1, 2012, or fisc	al year l	beginning		12
ķ								and ending		
or help completing your								,		
four first name and middle initial	Your last name (for a	joint retu	ım, enler spouse s name	on line below	You	r date of birth	,	Your social secu	unity number	
VINCENT	MACK				(06-25-19	67	250-19	9-402	4
pouse's first name and middle initial	Spouse a last name				Spc	use a date of birth		Spouse a social	security nur	nber
TWINTIN	HAMILTON	1			:	11-20-19	55	102-98	3-087	7
Asiling address (see Instructions, page	12) (number and street o	uon karun re	rte)			Apartment number	f.	New York State	county of ne	sidence.
1146 ROGERS AVE								KINGS		
Ity village or post office		State	ZIP code	Country (If no	t Unii	ed States)		School district n	ame	
BROOKLYN		NY	11226	1				BROOKI	·ΥN	
ermanent home address (see Instruc	tions page 12) (number			A	partn	ent number	•			
								School district code number		071
ity village or post office			State	ZIP code			Taxpayer's	date of death	Spouse a	date of death
,		i	NY			Decedent information			Ė	
	 	'	141			intornation			1	
X in one box) (3) Mann (4) Head	ied filing joint return spouse a social security in led filing separate response a social security in a firm of household (with figure widow(er) with sons on return?	qualifying dependent	ng person) dent child No X No X	F NYC re residen (1) Num (2) Num (2) Num (2) Num (3) Num (4) Ived (5) If applic	in a you of ters or the part side of the color of the col	re a financial act foreign country or your spouse m in NYC during 20 number of days of a day spent in ints and NYC; inly (see page of months your specific in 2012character specific (see page 13) a, also enter you ition code	(? (see p. alintain liv 012 (see p. spent in N NYC is co part-year 13) ed in NYC pouse	ring page 13)? YC in 2012 posidered a day in 2012 dition code		No X No 366 12
irst name and middle initial	Last nam	· •	Relation	shin		Social secun	h:numhe	n Date	of birth	mm-dd-yyyy)
TO THOUSE WILLIAM	Lustrium		1,00000	ionip		000121 300011	y mambe	1 5210	0.0.0.	man-su-yyyy)
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			- 1	- 1				1		1
j				- 1						



В

Your social security number

250-19-4024

E	aderal incomé and adjustments (see page 14)				Whole dollars only
1	Wages, salaries, tips, etc			1	39,358
2	Taxable Interest income			2	
3	Ordinary dividends			3	
4		s (als	so enter on line 25)	4	
5		- \		5	
6		C-F2	7. Form 1040)	6	
7			·	7	-
8		5/11 13/13/	8		
9		mark	an X in the hox	1 9	
10		10			
11		•	· —	11	
•••	remained estate toyanes particismps o corporations trass, etc. (sub	niai CL	py of reactal screenes in to the roots	,	_
12	Rental real estate included in line 11	12	,	\neg	
13		_		13	<u> </u>
	Unemployment compensation				
	onemployment compensation Taxable amount of social security benefits (also enter on line 27)				
			<u></u>	15	
	Other income (see page 14) Identify			- 	39,358
	Add lines 1 through 11 and 13 through 16			17	39,330
	Total federal adjustments to income (see page 14) [Identity			18	20.250
19	Federal adjusted gross Income (subtract line 18 from line 17)			19	39,358.
21	Interest income on state and local bonds and obligations (but not Public employee 414(h) retirement contributions from your wage at New York's 529 college savings program distributions (see page 5).	nd ta		20 21 22	
	Other (see page 16) Identify	(0)	· · · · · · · · · · · · · · · · · · ·	23	
	Add lines 19 through 23	•		24	39,358
	7.55 (1.155 1.4 5.1 5.1 5.1 5.1 5.1 5.1 5.1 5.1 5.1 5.1				
Ne	w York subtractions (see page 19)				
25	Taxable refunds credits or offsets of state and local income taxes (from line 4)	25		7	
26	Pensions of NYS and local governments and the federal government (see page 19)	26		7	
27	Taxable amount of social security benefits (from line 15)	27		7	
28	Interest income on U.S. government bonds	28		7	
	Pension and annuity income exclusion (see page 19)	29	<u> </u>	7	
	New York's 529 college savings program deduction/earnings	30	1	1	
	Other (see page 20) Identify	31	 	7	
	Add lines 25 through 31	1	· <u>·</u>	32	
	New York adjusted gross income (subtract line 32 from line 24)			33	39,358.
-				[55]	
	ndard deduction or itemized deduction (see page 24	•			
14	Enter your standard deduction (table on page 24) or your itemize				
		Stand	lard - or - Itemized	34	15,000
5 5	Subtract line 34 from line 33 (if line 34 is more than line 33, leave bla	ank)		35	24,358
6 [Dependent exemptions (not the same as total federal exemptions, s	ee pa	age 24)	36	
7 1	Taxable income (subtract line 36 from line 35)	37	24 358		

Name(s) as shown on page 1						
VINCENT	MACK	δι	TWINTIN	HAMILTON		

Your social security number 250-19-4024

Tax computation, credits, and other taxes	(see page 25)
---	---------------

38	88 Taxable income (from line 37 on page 2)				24,358
39	NYS tax on line 38 amount (see page 25 and Tax computation on p	ages	57, 58, and 59)	39	1,034
40	NYS household credit (page 25, table 1, 2, or 3)	40			
41	Resident credit (see page 26)	41			
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42			
43	13 Add lines 40, 41, and 42				
44	4 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)				1,034
45	5 Net other NYS taxes (Form IT-201-ATT, line 30)				
46	6 Total New York State taxes (add lines 44 and 45)				1,034.

50

51

52

53

54 55

56

New York City and Yonkers taxes, credits, and tax surcharges

47	NYC resident tax on line 38 amount (see page 26)	47	725
48	NYC household credit (page 26, table 4, 5 or 6)	48	
	C. L. C. L. C. C. L. A. C. C. L. A. C.		

- 49 Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)
- 50 Part-year NYC resident tax (Form IT-360 1)
- 51 Other NYC taxes (Form IT-201-ATT, line 34)
- 52 Add lines 49, 50, and 51
- 53 NYC nonrefundable credits (Form IT-201-ATT, line 10)
- 54 Subtract line 53 from line 52 (if line 53 is more than ime 52, leave blank)
- 55 Yonkers resident income tax surcharge (see page 28)
- 56 Yonkers nonresident earnings tax (Form Y-203)
- 57 Part-year Yonkers resident income tax surcharge (Form IT-360 1) | 57
- 58 Total New York City and Yonkers taxes / surcharges (add lines 54 through 57)
- 59 Sales or use tax (see page 29 do not leave line 59 blank)

725.	
	See Instructions on pages 26, 27, and 28 to compute New York City and
 725	Yonkers taxes, credits, and
 	tax surcharges

725

58	725
59	0

Voluntary contributions (see page 30)

60a	Return a	Gift to	Wildlife
000	1 VC WITT C		TTHURS

- 60b Missing/Exploited Children Fund
- 60c Breast Cancer Research Fund
- 60d Alzheimer's Fund
- Olympic Fund (\$2 or \$4, see page 30) 60e
- 60f Prostate Cancer Research Fund
- 9/11 Memorlai 60g
- Volunteer Firefighting & EMS Recruitment Fund
- 60 Total voluntary contributions (add lines 60a through 60h)
- 61 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 46, 58, 59, and 60)

60a			
60b			
60c			
60d			
60e			
60f			
60g			
60h			
	20		

61	 1	,759

Page 4 of 4 IT-201 (2012)	Your social security number	7	
r f · · ·	250-19-4024		
62 Enter amount from line 61		62 1,7	59
Payments and refundable credits (see page	e 31)		
63 Empire State child credit	63		
64 NYS/NYC child and dependent care credit	64		
65 NYS earned Income credit (EIC)	65		
66 NYS noncustodial parent EIC	66		
67 Real property tax credit	67		
68 College tultion credit	68		
69 NYC school tax credit (also complete F on page 1,	see page 31) 69	125	
70 NYC earned income credit	70		
71 Other refundable credits (Form IT-201-ATT, line 18)	71		
72 Total New York State tax withheld	72	1,022 Submit your wage and tax	
73 Total New York City tax withheld	73	197 statements with your return	i
74 Total Yonkers tax withheld	74	(see page 33)	
75 Total estimated tax payments and amount paid with	Form IT-370 75		
76 Total payments (add lines 63 through 75)		76 1,34	$\overline{44}$
Page is a constant of the contraction of the state of the contraction of the state of the contraction of the state of the contraction of the state of the contraction			
Your refund, amount you owe, and account in	formation (see pages 33 throu	ugh 36)	
77 Amount overpaid (If line 76 is more than line 62, su	btract line 62 from line 76)	77	
78 Amount of line 77 to be refunded direct	debit	paper	
	(fill in line 83) - or - card - or -		-
	· —		
79 Amount of line 77 that you want applied to your		See pages 33 and 34 for	
2013 estimated tax (see instructions)	79	Information about your three	à
	· · · · · · · · · · · · · · · · · · ·	refund choices	
80 Amount you owe (If line 76 is less than line 62, subtr	act line 76 from line 62)		
To pay by electronic funds withdrawal, mark an X ir		83 and 84 80 4 1	.5
81 Estimated tax penalty (Include this amount in line 80 c	òr .	See page 37 for the proper	
reduce the overpayment on line 77, see page 34)	81	assembly of your return	
82 Other penalties and interest (see page 35)	82		
83 Account information for direct deposit or electronic fur	ds withdrawal (see page 35)		
	•		
If the funds for your payment (or refund) would come if	rom (or go to) an account outside the U	S, mark an X in this box (see pg 35)	
_		_	
83a Account type Personal checking - or	- Personal savings - or -	Business checking - or - Business savi	ngs
r			
83b Routing number	83c Account number		
	. :		
B4 Electronic funds withdrawal (see page 36)	Date	Amount	
Third - party Print designee a name	Designee s ph	number (EIAD)	ļ
lesignee? (see instr.) MARC AUGUSTIN		629-0312	
Yes No DE-mell TENELUS@OPTO	NLINE NET	11203	
▼ Pâld preparer must complete (see Instr.) ▼	Date 03 30 3013	▼ Taxpayer(s) must sign here ▼	3/31
2304 -00-05 -35	03-20-2013		<u>%</u>
reparer's signature	Preparer's NYTPRIN Your st	gnature	-
Im a name (or yours if self-employed)	Preparer's PTIN or SSN Your or	ccupation	\dashv
TENELUS TAX SERVICES INC		EFF	
ddress 512 EAST 43RD STREET	Imployer Identification number Spouse 11-3351518	s signature and occupation (if joint return) HHA	
BROOKLYN, NY 11203	Mark an X if Date	Daytime phone number	\dashv
	self-employed		
mail TENELUS@OPTONLINE NET	É-mali	TWINTINHAMILTON@YAHOO COM	1

201004121024

See instructions for where to mall your return

For the year Jan 1	Dec 31 20	11 or other tax year beginning			2011, end	ng	, 20		Se	е ѕерага	te instructions	
Your first name and			Last name		<u> </u>				You	ur social sec	arity number	
VINCENT	I		MACK						<u> </u>	250-	19-4024	
lf a joint return apor	n faul a eau	ame end initial	Last name						Spx	ouse's socia	socially mamber	
TWINTIN			HAMI	LTON	<u> </u>						98-0877	
		set) If you have a P O box, see in	structions					Apt no	∡		sure the SSN(s)	
1146 RO	GERS	AVE and ZIP code if you have a foreign	address elector	molete er	sprea helow (see	netrictions\		<u> </u>	-	-	n line 6c are cor	
•		MICH CODE IN YOU HAVE A TOTAL BIT			Acced Delow (889		0.0		Chv		lat Election Campaign ou or your apouse if f	
BROOKLY Foreign country name		 		NY Forelan d	province/county	112		postal code	join	itly want \$3	to go to this fund. Chi	ock
, u g , .				٠,	•					ruor L	I not change your tax	o po
1	Single				4		ousehold (with				ns) if	<u> </u>
iling 2		ed filing jointly (even if only	one had inc	ome)	· I	the qualify child's na	ying person is e me here	child but not	your dep	pendani, eni	er this	
status 3	 -	filing separately Enter spouse s S		·	•							
heck only ne box	end full	name here			5	Qualify	ng widow(e	r) with dep	ender	t child		
	6a	X Yourself If someone	can claim yo	ou as a	dependent, d	o not che	ck box 6a				Baxes checked on 6a and 6b	
xemptions	b	X Spouse			<u></u>		• •				No. of children	
	¢	Dependents			(2) Depende social security r		(3) Depen relationship		age 17	hild under qualifying	an 6c who: ### lived with you	i
	(1) First nar								(688 in	atructions)	did not five with you due to diverte	th
more than four	KELWYN	SINNI	STTE		329-95-	1673	SON		<u> </u>	片	or separation (see instructions)	
pendents see -							-		 	- - -	Dependents on 6	ic.
structions and neck here		<u> </u>			!		<u> </u>		-	H	not entered abov Add numbors	•
ECV LIGIT .	d	Total number of exemption	ons claimed							<u> </u>	epovo	Γ
	7	Wages, salanes, tips, etc								7	45,	6
icome	8a	Taxable interest Attach								8a		-
acab Engrad	b	Tay-evempt interest Do	not include	on line	8a	. 🛮 ВЬ	<u> </u>			TEEN TO SEE		
ttach Form(ಕ) /-2 here Also	9a	Ordinary dividends Attac	ch Schedule	B if req	uired .				$\overline{\cdot}$	9a		_
tach Forms	b	Qualified dividends		-		, <u>9b</u>						
/-2G and 199-R if tax	10	Taxable refunds, credits,	or offsets of	state a	nd local incon	ne taxes	••	• • • •	••	10		_
as withheld	11	Alimony received .		e e e banduda	C 0 E7		• • • • •	•	•••	11		_
	12 13	Business income or (loss Capital gain or (loss) Atta				• • • Position	check here	• • • •	ii)	12		_
you did not	14	Other gains or (losses)			danea n not	required,	CHECK HEIG	•	╙┙┟	14		-
et a W-2 ee instructions	15a	IRA distributions		7101	• ••	ЬТ	axable amo	unt		15b		-
Se iliga potiono	16a	Pensions and annuities	16a				axable amo		[16b		_
nclose but do	17	Rental real estate, royalte	es, partnersh	ups, S	corporations,	trusts, etc	Attach So	chedule E		17		
ot attach, any	18	Farm income or (loss) A	ttach Sched	ule F	•				[18		
iyment Also, ease use	19	Unemployment compens	ation		• • •				[19		
orm 1040-V	20a	Social security benefits .	. 20a			b T	axable amo	unt	•	20b		_
	21	Other income						<u></u>	_	21		_
	22	Combine the amounts in	ine tar right o	or tor li	nes / through	21 This	is your tota	Income		22 55155	45,6	<u> </u>
djusted	23 24	Educator expenses. Certain business expenses of rese	ervista perfermie	o erliela -	and	43						
ross		fee-basis government officials. Att				24				E 13		
come	25	Health savings account de						· ·-				
	26	Moving expenses Attach				26			7			
	27	Deductible part of self-em	ployment tax	Attacl	h Schedule Si	Ē, 27						
	28	Self-employed SEP, SIMP	LE, and qua	ilified pl	ans	. 28						
	29	Self-employed health insu	rance deduc	tion .		, 29			100			
		Penalty on early withdrawa				30		_				
		Alimony paid b Recipient	's SSN►			_ 31a	 					
		IRA deduction	•	• • •	• • • • • •	. 32	-		<u> </u>			
		Student loan interest dedu		• • •	• • • •	. 33						
		Tuition and fees Attach Fi		n Au-	ch Earm 9001	34						
		Domestic production activi Add lines 23 through 35	mes deduciiC	n Alla	OF LAIM QAA	, [32	<u> </u>			36		
		Not lines 23 through 35 Subtract line 36 from line :	72 This is ve	or a s	+ + + I annee hatai	· · ·		• • • •	>	37	45,6	; F
			22 1105 5	101 4								

1	/ ₁	46	MANUEL MA	WITT MAN			0.57	10 4004 B
1	Form 1040 (201		NCENT MACK WINTIN HA)-19-4024 Page 2
J	Tax and	38	Amount from line 37 (adjusted gross income)				38	45,681
7	Credits	39a	Check You were born before January 2.	· · —	nd Total boxes	}		
	Standard	٦.	if Spouse was born before Januar		nd checked ▶39a		Libris)
	Deduction	L_B	If your spouse itemizes on a separate return or you were a du		.,		211	
	for -	40	Itemized deductions (from Schedule A) or you	our standard dedu	ction (see left margin)		40	11,600
	People who check any	41	Subtract line 40 from line 38	t: • • • •		:•	41	34,081
	box on line	42	Exemptions Multiply \$3,700 by the number of	on line 6d	, i , • • • • • • • • •		42	11,100
	39a or 39b or who can be	43	Taxable Income Subtract line 42 from line 4	1 If line 42 is more	than line 41, enter -0-		43	22,981
	claimed as a	44	Tax (see instructions) Check if any from a	Form(s) 8814 b	Form 4972 C 962	election	44	2,596
	dependent, see	45	Alternative minimum tax (see instructions) A				45	2/030
	instructions	46	Add lines 44 and 45	· ·		. •	46	2,596
	 All others 	47	Foreign tax credit Attach Form 1116 if require		47	•	375	2,590
	Single of Married filing	48	Credit for chi'd and dependent care expenses. Attach Form 2		48			
	Married filing separately		· ·	•			Visit	
	\$5,800	49	Education credits from Form 8863, line 23.		49		18.0	
	' Marned filing	50	Retirement savings contributions credit. Attach		50.	·	133	
	jointly or Qualifying	51	Child tax credit (see instructions)		51		4	
	widow(e!)	52	Residential energy credits Attach Form 5695		52		4747	
-7	\$11,600 Head of	53	Other cred to from Form. a 3800 b 8801		53		XX	
•	household,	54	Add lines 47 through 53 These are your total	credits .			54	
	\$8,500	55	Subtract line 54 from line 46. If line 54 is more	than line 46, enter	-0	, ▶	55	2,596
=.	7 1 f	56	Self-employment tax. Attach Schedule SE				56	<u></u>
-	Offier	57	Unreported social security and Medicare tax fro	om Form a	4137 b 8919 .		57	
	Taxes	58	Additional tax on IRAs, other qualified retireme	· <u> </u>		d I	58	
			Household employment taxes from Schedule F			•	59a	
- -			First-time homebuyer credit repayment Attach				59b	
			Other taxes Enter code(s) from instructions	roilii 5405 ii lequ	ned for a for	•	60	
•	117	60						
-	*! 164	61	Add lines 55 through 60 This is your total tax				61	2,596
	Payments	62	Federal income tax withheld from Forms W-2 a	· · · · · · · · · · · · · · · · · · ·		155		
~		63	2011 estimated tax payments and amount applied from 2010 n	eturn:	63			
	If you have a qualifying	64a	Earned income credit (EIC)	[64a		逐	
	child, attach	ь	Nontaxable combat pay election 64b	_				
	Schedule EIC	65	Additional child tax credit Attach Form 8812		65	- !	4亿刊	
		66	American opportunity credit from Form 8863, lii	ne 14	66			
		67	First-time homebuyer credit from Form 5405, li	ne 10,	67			
			Amount paid with request for extension to file		68			
	_		Excess social security and tier 1 RRTA tax with	nheld	69	[
- —	- man may design		Credit for federal tax on fuels Attach Form 413	· · · · •	70			
			Credits from Form a 2439 b 8839 c	B801 - B885	71.		从 从	
			Add lines 62, 63 64a, and 65 through 71 Thes				72	3 155
	Dalland I		f line 72 is more than line 61, subtract line 61 fi				73	<u>3,155</u>
	Refund'				- :			<u>559</u>
	ا المن المقاملة الما		Amount of line 73 you want refunded to you if			}	74a	559
	Direct deposit?		Routing number X X X X X X X				1,5	
	See Instructions		Account number XXXXXXXXX		$\langle \mathbf{x} \mathbf{x} \mathbf{x} \mathbf{x} \mathbf{x} \mathbf{x} \mathbf{x} \mathbf{x}$		72	
	<u> </u>		Amount of line 73 you want applied to your 2012 estimated to		75		1.75	
- 1	Amount		Amount you owe Subtract line 72 from line 61	i i	i -		76	
· ·	You Owe	77	Estimated tax penalty (see instructions)		77		到沙块。	它处理的图像
,	This Day	Do you	want to allow another person to discuss this re	eturn with the IRS (see instructions)?	X Yes	Com	plete below No
	Third Party	Designe	98	Phone	Damon	al identific	ation	—
Ų.	Designee—	name	Marc Augustin		-629-0312 umber			► 1 1 2 0 3
		Under pe	natiles of perjury. I declare that I have examined this return an				knowled	<u> </u>
f	Here		rue correct, and complete Declaration of preparer (other than					
,	Joint return? See	Your sign	esture:	Date	Your occupation		!	Daytime phone number
	natructions L	940) ₄	03-28-2012	ਕੁਕੁਕੁਸ਼ਾਨ।		Ī	
	еер а сору			Date:	Spouse's occupation			Identity Protection PIN (see inst.)
	ecolog.	808			עחח		ŀ	
			s signature		HHA Date	Charatt	 	PTIN
	. Li	1 . obesiesi				Check	∪"	
	*10	<u> </u>		 .	03-28-2012	self-empl	_	P00170242
	ne leur		Preparer's name Marc Augustin					
	2 _{niv}	Firm's na				Firms El	N 🟲	<u> 11-3351518_</u>
		Firm's ad	010 1010 .010 0	The second secon				•
			Brooklyn, NY 112	203		Рћопе п	71	8-629-0312
								Form 1040 (2011) \ \ \ \ \
								53 I °

KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 36 1040EZ (2010) FD1040EZ-1V1 2 Form Software Copyright 1996 2011 HRB Tax Group Inc.

Department of the Treasury Internal Revenue Service

Form 1040EZ (2010)

Worksheet for Line 5 - Dependents Who Check		• • • • • • • • • • • • • • • • • • • •
One or Bot Boxes		
(keep a copy for your records)	If you did not check any boxes on line 5, enter on line 5 the amount shown below that applies to you Single, enter \$9,350 This is the total of your standard deduction (\$5,700) and your exemption (\$3,650) Married filing jointly, enter \$18,700 This is the total of your standard deduction (\$11,400), your exemption (\$ your spouse's exemption (\$3,650)	3,650), and
Worksheet for Line 8 -	Before you begin If you can be claimed as a dependent on someone else's return, you do not qualify If married filing jointly, include your spouse's amounts with yours when completing	
Making Work Pay Credit Use this worksheet to figure the amount to enter on line 8 if you cannot be claimed as a dependent on another person's	Important See the instructions on page 12 If (a) you received a faxable scholarship or fellowship or a Form W-2 (b) your wages include pay for work performed while an inmate in a penal institution, of a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section. Do you (and your spouse if filing jointly) have 2010 wages of more than \$6,451 (\$12,903 if married filing you want to be said through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5. No Enter your earned income (see instructions) 1a. b. Nontaxable combat pay included on line 1a (see instructions) 2. Multiply line 1a by 6.2 (1062) 3. Enter \$400 (\$800 if married filing jointly) 4. Enter the smaller of line 2 or line 3 (unless you checked Yes-ton line 1a) 5. Enter \$400 (\$150,000 if married filing jointly) 6. 150,000.00	ant not reported on r (c) you received n 457 plan
return	7 Is the amount on line 5 more than the amount on line 6? X No Skip line 8. Enter the amount from line 4 on line 9 below Yes Subtract line 6 from line 5 7 Multiply line 7 by 2% (02)	B
(keep a copy for your records)	Did you (or your spouse in filing joinity) receive an economic recovery payment in 2010? You may have received this payment in 2010 if you did not receive an economic recovery payment in 2009 but you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits in November 2008, December 2008, or January 2009 (see instructions)	
	Yes Enter the total of the payments you (and your spouse, if filing jointly) received in 2010 Do not enter more than \$250 (\$500 if married filing jointly)	10 0 . 0 <u>0</u>
	11 Making work pay credit Subtract line 10 from line 9 If zero or less, enter - 0- Enter the result	11 800.00
Mailing Return	Mail your return by April 18, 2011 Mail it to the address shown on the last page of the instructions	

office use only

New York State Department of Taxation and Finance

Cover Sheet for Form IT-150 Resident Income Tax Return

New York State ● New York City ● Yonkers

IT-150 2010



This is the cover sheet of your return. For your return to be complete you must include this coversheet with both pages of Form IT- 150 and all required attachments

Taxpayer name and address

1029

Spouse's social security number 102-98-0877 Your last name

MACK

Spouse's lesting

TWENT IN Mailing address (number and street or rural route

1146 RODGERS AVE City, village of post office

11226 NY

BROOKEYN Country (if not United States)

Summary of return data

Federal adjusted gross income Total NYS adjusted gross income, Total New York State tax withheld Total New York City tax withheld

30,614 614

File this original scannable cover sheet with both pages of your tax return



Choose direct deposit to avoid paper check refund delays

⑤

Head of household

Qualifying wi

For	help completing your return, see the combined instructions for Form IT- 150 and IT- 2	01	Dollars
1	Wages, salaries tips etc	1	30,614.
2		2.	
~ 3	Ordinary dividends	3	
,4	Capital gain distributions		
5	Taxable amount of IRA distributions If received as a beneficiary, mark an Xin the b	5	
, 6	Taxable amount of pensions and amulities; illied eved as a beneficiary markan a	ntipebox 🙀 6	
: ^ፈ 7	~Unemployment compensation	fiebox 6 7	
, . a	Taxable amount of social security benefits (also enter on line 17 below)	8	
į; " 9	Ädd lines 1 through 8	9	30,614.
10	- Total federal adjustments to Income (see page 14) Identify	10	
i, 11	Federal adjusted gross income (subtract line 10 from line 9)	11	30,614.
12	Interest income on state and local bonds and obligations (but not those of NYS or its	local governments) 12.	
· 13	Public employee 414(h) retirement contributions from your wage and tax statement	s (see page 15) 13.	
14	Other (see page 15) Identify	14.	
15	Add lines 11 through 14	15	30,614
116	Pensions of NYS and local governments and federal povernment (see page 16)	6	
- 17	-Taxable amount of social security benefits (from line Babove)		
18	Pension and annuity income exclusion (see page 16)	a.	
19	Other (see page 17) Identify	95 1 12	
20	Add lines 16 through 19	20	
21	New York adjusted gross income (subtract line 20 from line 15)	21	30,614
22	New York standard deduction (see page 19)	2 15,0	00.
23	Dependent exemptions (not the same as total federal exemptions, see page 19)	3	
24	Add lines 22 and 23	24	15,000.
25	Taxable Income (subtract line 24 from line 21)	25	15,614

pur 2 character special condition code

If applicable, also enter your second 2- character

if aphilicable (see page 13)

special condition code

Form 1040EZ	Department of the Treasury Internal Revenue Service Income Tax Return for Single and Joint Filers With No Dependents (99) 2009	OMB No 1545- 0074			
Label A (Ses page 9) B Use the IRS E label Otherwise.	VINCE NT MACK TWINTIN HAMILTON 1146 RODGERS AVE	Your social security number 250-19-4024 Spouse's social security no 102-98-0877			
please print R or type E	BROOKLYN, NY 11226	You must enter your SSN(s) above			
Presidential Election Campaign		Checking a box below will not change your tax or refund			
(see page θ)	Check here if you, or your spouse if a joint veturn, want \$3 to go to this fund	You Spouse			
Income Attach Form(s) W-2	1 Wages, salaries, and tips This should be shown in box for your Form(s) W-2 Attach your Form(s) W-2, 477	1 23,615.			
here	2 Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ	2			
Enclose, but do not attach,	Unemployment compensation in excess of \$2,400 per recipient and Alaska Permanent Fund dividends (see page 11)	3			
any payment	4 Add lines 1, 2, and 3 This is your adjusted gross income	4 23,615.			
You may benefit from filing Form 1040A or 1040	5 If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the separate worksheets You Spouse	4 20,013.			
See Before You Begin on page 4	If no one can claim you for your spouse it a joint februs, anter \$9,350 is ingle, \$18,700 if married filling jointly. (See page 2 logopplanation	<u> </u>			
	6 Subtract line 5 from line 4 lime 5 is larger than line 4, onle 124 This is your taxable income	<u>▶ 6</u> <u>4,915.</u>			
Payments, Credits, and Tax	7 Federal income tax withheld from Form(s) W-2 and 1099 8 Making work pay credit (see worksheet on page 2)	7 1,846. 8 800.			
	9a Earned income credit (EIC) (see page 13)	9a			
	b Nontaxable combat pay election 23. 99. 10. Add lines 7/8, and 9at Trese are your total payments and credits.	<u>→ 10 2,646.</u>			
	through 35 of the instructions: Their enter the tax from the table on this line	11 493.			
Refund Have it directly deposited! See	12a If line 10 is larger than line 11, subtract line 11 from line 10. This is your refund if Form 8888 is attached, check here. ▶ ☐	▶ 12a 2,153.			
page 18 and fill in 12b, 12c, and 12d or	▶ b Routing number 021000322				
Form 8888	▶ d Account number 009523190967				
Amount you owe	13 If line 11 is larger than line 10, subtract line 10 from line 11 This is the amount you owe For details on how to pay, see page 19	▶ 13			
Third party designee	Do you want to allow another person to discuss this return with the IRS (see page 20)? X Yes Co Designee's name Phone no ► HR BLOCK (718) 377 -	omplete the following No Personal ID number 5991 (PIN) ▶ 29515			
Sign here	Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge a accurately lists all amounts and sources of income I received during the tax year. Declaration of prepare based on all information of which the preparer has any knowledge.				
Joint return? See page 6	Your signature Date Your occupation	Daytime phone number			
Keep a copy for your records - For Information Only - CHIEF Spouse's signature If a Joint return, both must sign Do Not File HOMEMAKER					
Paid	Preparer's signature Date Check if 3/25/2010 self-employed	Preparer's SSN or PTIN P00209948			
preparer's use only	Firm's name (or yours if self- employed), address, and ZiP code HRB TAX GROUP INC EIN 43-	-1871840 (718) 434-5238			

Worksheet for Line 5 -	Use this worksheet to figure the amount to enter on line 5 if someone can claim you (or your spouse if mar as a dependent, even if that person chooses not to do so. To find out if someone can claim you as a dependent.	• • • • • • • • • • • • • • • • • • • •
Dependents who checke		
one or both	+ 300 00 Enter total ▶	A
boxes	B. Minimum standard deduction	B. 950 00
	C Enter the larger of line A or line B here	<u>C</u>
	D Maximum standard deduction if single, enter \$5,700, if married filling jointly, enter \$11,400 Enter the smaller of time C or line D here. This is your standard deduction	D
	Enter the smaller of line C or line D here This is your standard deduction F Exemption amount	£
	If single, enter - 0: If married filing on thy and — — both you and your species can be claimed as dependents, enter - 0- — only one of your sample claimed as dependent, enter \$3,650	F
		G
(keep a copy for your records)	If you did not check any boxes on line 5, enter on line 5 the amount shown below that applies to you Single, enter \$9,350 This is the total of your standard deduction (\$5,700) and your exemption (\$3,650) Married filing jointly, enter \$18,700 This is the total of your standard deduction (\$11,400), your exemption your spouse's exemption (\$3,650)	(\$3,650), and
Worksheet	Before you begin It you can be stanged as a dependent on some or else's return, you do not qual	rfy for this credit
for Line 8 - Making work pay credit	Intermed filing outly, include your spouse's amounts with yours when completer 1a Important See the instructions of page 12 if (a) followed a taxable scholarship or fellowship form W-2, (b) your wages include pay for work performed while an inmate in a penal institution, of a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section.	grant not reported on r (c) you received
Use this worksheet to figure the amount to enter on line B if you cannot be claimed as a denother person's return	Do you (and your spouse if filing jointly) have 2009 wages of more than \$6,451 (\$12,903 if married X Yes Skip lines 1a through 3 Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5 No E515 trough earned filine 1a (\$65 instructions) b Nontaxable combat pay includes ion line 1a (\$65 instructions) 2 Multiply line 1a by 2 2 (062) 3 Enter \$400 (\$800 if marriage filing jointly) 4 Enter the smaller of line 2 or line 3 (unless you checked "Yes" on line 1a) 5 Enter amount Form 1040EZ, line 4 (page 1) 6 Enter \$75,000 (\$150,000 if married filing jointly) 7 Is the amount on line 5 more than the amount on line 6? X No Skip line 8 Enter the amount from line 4 on line 9 below	4 <u>800.00</u>
	Subtract line 6 from line 5 Multiply line 7 by 2% (02) Subtract line 8 from line 4 lizero or less enterful Did you (or your spouse) full in equity line every an economic according payment in 2009? You may have received this payment if your epic every social security income, railroad retirenties benefits, governated the ability compensation or pension benefits (see instructions)	8 <u>800.00</u>
keep a copy for our records)	No Enter - 0- on line 10 Yes Enter the total of the economic recovery payments received by you (and your spouse, if filing jointly) Do not enter more than \$250 (\$500 if married filing jointly) Making work pay credit Subtract line 10 from line 9 if zero or less, enter - 0- Enter the result here and on Form 1040EZ, line 8	100.00 11800.00
flailing eturn	Mail your return by April 15, 2010. Use the envelope that came with your booklet. If you do not have that env moved during the year, see the back cover for the address to use	elope or if you
		Form 1040EZ (2009)

For office use only

New York State Department of Taxation and Finance

Cover Sheet for Form IT-150 Resident Income Tax Return

New York State ◆ New York City ◆ Yonkers

2009

IT-150

This is the cover sheet of your return. For your return to be complete you must include this cover sheet with both pages of Form IT- 150 and all required attachments





Taxpayer name and address

1029

Your social security number

Spouse's social security number

250-19-4024

102~98-0877

Your first name and middle initial

Your last name

VIÑCE NT

MACK

Spouse's first name and middle initial

Spouse's la

TWINTIN

Mailing address (number and street or rural route)

HAM1

1146 RODGERS AVE

City, village or post office BROOKLYN

State

NY

11226

Summary of return data

Federal adjusted gross income Total NYS adjusted gross income Total New York State tax withheld Total New York City tax withheld Total Yonkers tax withheld Amount to be refunded to you Amount you owe

23,615 23,615 728.

File this original scannable cover sheet with both pages of your tax return



Resident Income Tax Return (short form)

New York State ● New York City ● Yonkers

Important You must enter your social security number(s) in the boxes to the right. Your first name and middle initial ▼ Your social security number Your last name (for a joint return, enter spouse's name on line below) 250-19-4024 VINCE NT Spouse's first name and middle initial Spouse's last name ▼ Spouse's SSN 102-98-0877 HAMILTON Mailing address (see instructions, page 12) (number and street or rural route) New York State cty of residence Apartment number 1146 RODGERS AVE KING City, village, or post office ZiPcode School district name State BROOKLYN BROOKLYN Permanent home address (see instructions, page School district 071 code number Taxpayer's date of death Spouse's date of death City, village, or post office Single (C) Were you a New York City resident (A) Filing for all of 2009? (Part-year residents status -Married filing joint return X X must file Form IT-201, see page 13) Yes mark an (enter spouse a social security number above) (D) Can you be claimed as a dependent X in Married filing separate return on another taxpayer's federal return? one box: 3 (enter apouse a social security X Yes No or money order Head of house) Enter 2 digit special condition code (4) if applicable (see page 13) Qualifying widg If applicable, also enter your second 2- digit (5)

Epecial condition code

(B) Choose direct deposit to avoid paper check refund delays

elp completing your return, see the combined instructions for Form IT- 150 and IT- 201		
Wages, salaries, tips, etc	1	23,615
Taxable interest income	2.	
	3.	
	4	
Tayable amount of IRA distributions/ if received as a beneficiary, markan X in the gox (1)	5	
Taxable amount of pensions and amountles ill received as a peneficiar shark and in the box	6	
Unemployment compensation unaxcess of \$2,400 per recibient	7	
Taxable amount of South Control (All Control	_	03 645
Add lines 1 through 8	_	23,615
Total federal adjustments to income (see page 14) Identify		00 615
Federal adjusted gross income (subtract line 10 from line 9)		23,615.
Interest income on state and local bonds and obligations (but not those of NYS or its local governments)		
Other (see page 15) Identify		62 645
A A STANDARD A A STANDARD A STAND	15	23,615
Pensions of NYS and local governments and federal government (see page 16)		
SYSDIG SUIDGITO 1 SOCIETY STATES AND ASSESSMENT OF THE STATES AND ASSESSME		
Pension and annuity income exclusion (see page 16)		
Other (see page 17) Identify		
Add lines 16 through 19	20	
New York adjusted gross Income (subtract line 20 from line 15)		23,615.
New York standard deduction (see page 19) 22.	15,000.	
Dependent exemptions (not the same as total federal exemptions, see page 19) 23		45 000
Add lines 22 and 23	24	15,000.
Taxable Income (subtract line 24 from line 21)	25	8,615.
	Taxable interest income Ordinary dividends Capital gain distributions Taxable amount of IRA distributions if received as a beneficiary, mark and in the fox Taxable amount of pensions and prinutiles, the devel as a beneficiary mark and in the fox Unemployment compensation if access of \$2,400 per recipient Taxable amount of social security benefits (also enter online 17 below) Add lines 1 through 8 Total federal adjustments to income (see page 14) Identify Federal adjusted gross income (subtract line 10 from line 9) Interest income on state and local bonds and obligations (but not those of NYS or its local governments) Public employee 414(h) retirement contributions from your wage and tax statements (see page 15) Other (see page 15) Identify Add lines 11 through 14 Pensions of NYS and local governments and federal government (see page 16) Taxable amount of social security benefits (from line 8 above) Pension and annuity income exclusion (see page 16) Other (see page 17) Identify Add lines 16 through 19 New York adjusted gross Income (subtract line 20 from line 15) New York standard deduction (see page 19) 22.	Taxable interest income Ordinary dividends Capital gain distributions Taxable amount of IRA distributions if received as a beneficiary, mark and in the gox Taxable amount of pensions and principles if received as a pensiciary mark and in the box Unemployment compensation if access of 15 (40) per resilient Taxable amount of social security benefits (also enter on line 17 below) 8 Add lines 1 through 8 Total federal adjustments to income (see page 14) identify Federal adjusted gross income (subtract line 10 from line 9) Interest income on state and local bonds and obligations (but not those of NYS or its local governments) Interest income on state and local bonds and obligations (but not those of NYS or its local governments) It is public employee 414(h) retirement contributions from your wage and tax statements (see page 15) It is public employee 414(h) retirement contributions from your wage and tax statements (see page 15) It is public employee 414(h) retirement contributions from your wage and tax statements (see page 15) It is public employee 414(h) retirement contributions from your wage and tax statements (see page 15) It is public employee 414(h) retirement contributions from your wage and tax statements (see page 15) It is public employee 414(h) retirement contributions from your wage and tax statements (see page 15) It is public employee 414(h) retirement contributions from your wage and tax statements (see page 15) It is public employee 414(h) retirement contributions from your wage and tax statements (see page 15) It is public employee 414(h) retirement contributions from your wage and tax statements (see page 15) It is public employee 414(h) retirement contributions from your wage and tax statements (see page 15) It is public employee 414(h) retirement contributions from your wage and tax statements (see page 15) It is public employee 414(h) retirement contributions from your wage and tax statements (see page 15) It is public employee 414(h) retirement contributions from your wage and tax statements

Form 1040EZ	Department of the Treasury Internal Revenue Service Income Tax Return for Single and Joint Filers With No Dependents (99) 2008	OMB No 1545- 007		
Label A (See page 9) B Use the IRS	VINCENT MACK TWINTIN HAMILTON	Your social security number 250-19-4024 Spouse's social security no		
Otherwise, E please print R or type	1146 ROGERS AVENUE APT PVT BROOKLYN, NY 11226	You must enter your SSN(s) above		
Presidential Election		Checking a box below will not change your tax or refund		
Campaign (page 9)	Check here if you, or your spouse if a joint eturn, want \$3 to go to this bind	X You X Spouse		
Income Attach Form(s) W- 2	1 Wages, salanes, and tos This should be shown in box To your Form(s) W-2 Attach your Form(s) W-2	1 26,591.		
here Enclose, but	2 Taxable Interest If the total is over \$1,500, you cannot use Form 1040EZ	2		
do not attach, any payment	3 Unemployment compensation and Alaska Permanent Fund dividends (see page 11)	3		
	4 Add lines 1, 2, and 3 This is your adjusted gross income 5 If someone can claim you (or your spouse if a joint return) as a dependent, check the	4 26,591.		
	applicable box(es) below and enter the amount from the separate worksheet. You If no one can claim you (or your spouse if a joint return) enter \$8,950 of single, \$17,900 if married filling jointly. See page 2 for explanation			
	\$17,900 if married filling jointly. See page 2 for explanation 6 Subtract line 5 from line 4 litime 5 is larger than line 4, enter 0	5 17,900.		
	This is your taxable income	▶ 6 8,691.		
Payments and tax	7 Federal income tax withheld from box 2 of your Form(s) W- 2. 8a Earned Income credit (EIC) (see page 12)	7 2,632.		
	b Nontaxable combat pay election 8b Recovery rebate credit (see worksheet on pages 17 and 18)	9 868.		
	10. Add ines 7. 8a and 97 bese are volutional payments.	▶ 103,500.		
	11 Tax. Use the amount on line 6 above to find you near in the tax table on pages 28-36 of the booklet. Then, enter the tax from the table on this line.	11 868.		
Refund Have it directly	12a If line 10 is larger than line 11, subtract line 11 from line 10. This is your refund If Form 8888 is attached, check here ▶ □	► 12a 2,632.		
deposited! See page 18 and fill in 12b, 12c, and 12d or	▶ b Routing number XXXXXXXXX ▶ c Type Street/dags Standings			
Form 8888	d Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
Amount you owe	13 If line 11 is larger than line 10, subtracting 10 from ing 11 This is the amount you owe For details on how to pay, see page 19	▶ 13		
Third party designee	Designee's name ► HR BLOCK Phone no ► (718) 377-	Personal ID number 5991 (PIN) 29515		
Sign here	Under penalties of penury, I declare that I have examined this return, and to the best of my knowledge accurately lists all amounts and sources of income I received during the tax year. Declaration of prepare based on all information of which the preparer has any knowledge	and belief, it is true, correct, and er (other than the taxpayer) is		
Joint return? See page 6	Your signature Date Your occupation	Daytime phone number		
Keep a copy for your records	Spouse's signature If a joint return, both must sign Date Spouse's occupation HOUSEWIFE			
Paid preparer's	Preparer's signature Date Check if self- employed	Preparer's SSN or PTIN		
h. sharer o	Firm's name (or HRB TAX GROUP INC EIN 43	-1871840		

use only

Phone no (718) 434-5238

2008

IT- 150

Cover Sheet for Form IT-150 Resident Income Tax Return

New York State . New York City . Yonkers

This is the cover sheet of your return. For your return to be complete you must include this cover sheet with both pages of Form IT-150 and all required attachments.



Taxpayer name and address

Spouse scalal security number

MACK

Your social security number 250...19...4024

250-19-4024 102-98-0877
Your first name and middle initial Your last name

VINCENT
Spouse's first name and middle initial

Spouse's first name and middle initial Spouse's last name TWINTIN HAMILTON

Mailing address (number and street or rural route)

1146 ROGERS AVENUE City, village or post office

City, village or post office State BROOKLYN NY

Summary of return à

Federal adjusted gross income Total NYS adjusted gross income Total New York State tax withheld Total New York City tax withheld Total Yonkers tax withheld

Amount to be refunded to you Amount you owe

413

877

26,591.

26,591

Apt number



Staple check o

File this original scannable cover sheet with both pages of your tex return



New York State Department of Taxation and Finance Resident Income Tax Return (short form) New York State • New York City • Yonkers

				MEN (O)	K State • INBV	A LOIY ()	ty w Tollike	19			_		_
	Important Your	nust ente	r your socia	security number(s)	in the boxes to	o the right							
P R	Your first name and middle initial							▼ Your soci	ocial security number		er		
Î	VINCENT			MACK					250-19	250-19-4024			
Ť	Spouse's first na	me and n	niddle mitial	Spouse's last name	9					▼ Spouse's SSN			
Q	TWINTIN			HAMILTON ge 13) (number and street or fural route) Apartment number			102-98	102-98-0877					
R	Mailing address (see instr	uctions, pa				New York St	New York State cty of residence					
T Y	1146 ROG	ers A	VENUE		44	-	PVT		• KING	ļ			
P E	City, village, or po	st office		e-~p	State		ZIP code		School distri	ctname	3		
	BROOKLYN				NY		14,22,6		BROO	KLYI	J		
Perm	anent home addr	ess (see	instruction	s, page 13) (himbé	rand streeto	r ruitel rou	b)t/Anartme	រាស្រីumber	School distri				
								7	code numbe	r		0'	71
City,	village, or post offic	e		State	ZIPCode				r's date of death Sp	ouse's	date	ofde	eath
				NATION		er v	Mich	mation •	•				
(A) Filing	①	Single				14/200	abbassiby (sakte					
v	status -				(C)	Were you a New York City residence for all of 2008? (Part-year residence)							
	mark an	② X		ing joint return				oor (Fair-yearie om 1T-201, see p		Yes	Х	No	
	X ın	_	(enter sp	ouse's social security nu	mber above)	(-)		•					
	one box.	3		ing separate return		(D)		e claimed as a de					
		•	(enter sp	ouse's social security nu	mber above)		(see page	taxpayer's feder	ai return?	Yes		No	Х
Stag	ole check noney order e	④	Head of he	ousehold (with qualif	lying gerson)	度(E)	1363 8	2 digit special co	ondition code				
her	e ´				間例問			applicable (see p				•	
		⑤	Qualifying	widow(er) with dep	andent child	颶	_if applicab	le, also enter you	r second 2- digit				
(1	3) Have you und	еперопе	d vour tax de	ue on pastretums?	a Am		Specialicor	dition code num	ber			:	
,,	To correct this	without	enalty, visit	us at www nystax.g	OV								
		_											_

Forh	nelp completing your return, see the combined instructions, Form IT- 150 and 201		Dollare
1	Wages, salanes, tips, etc	1	26,591.
2	Taxable interest income	<u>2</u>	
3	Ordinary dividends	3.	
4	Capital gain distributions	DECEMBE 4	
5	Taxable amount of IRA distributions If received as a beneficiary, markan X in the box	5	
6	Taxable amount of pensions and annuties: if feceived as a peneliciary, markan x in the box	6 7 8	
7	Unemployment compensation	7	
8	Taxable amount of social security benefits (also enter on line 17 below)?	題 8	
9	Add lines 1 through 8	9	26,591.
10	Total federal adjustments to income (see page 15) Identify:	10.	
11	Federal adjusted gross income (subtract line 10 from line 9)	11	26,591.
12	Interest income on state and local bonds and obligations (but not those of NYS or its local government)	ents) 12.	
13	Public employee 414(h) retirement contributions from your wage and tax statements (see page 16)	13	
14	Other (see page 16) Identify	14	
15	Add lines 11 through 14	15	26,591.
16	Pensions of NYS and local governments and federal government (see page 17)		
17	Taxable amount of social security benefits (from line above)		
18	Pension and annuity income exclusion (see page 18)		
19	Other (see page 19) Identify:		
20	Add lines 16 through 19	20.	
21	New York adjusted gross income (subtract line 20 from line 15)	21	26,591
22	New York standard deduction (see page 21) 22.	15,000	
23	Dependent exemptions (not the same as total federal exemptions, see page 21) 23		
24	Add lines 22 and 23	24	15,000
25	Taxable income (subtract line 24 from line 21)	25	11,591

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Dollars IT-150 (2008) (page 2) 11,591 26 Taxable income (enter the amount from line 25 on page one) 463 27 27 New York State tax on line 26 amount (see page 22 and Tax Computation on page 52) 45. 28 28 New York State (NYS) household credit (from table 1, 2, or 3 on pages 22 and 23) 418 29 29 Subtract line 28 from line 27 (if line 28 is more than line 27, leave blank) 336 30 30 New York City (NYC) resident tax (see page 23) 31 31 NYC household credit (from table 4, 5, or 6 on pages 23 and 24) 336 32. Subtract line 31 from line 30 (if line 31 is more than line 30, leave blank) 33 Yonkers resident income tax surcharge (from Yonkers worksheet on page 24) 33 34 34 Yonkers nonresident earnings tax (attach Form Y- 203) 0 35 Sales or use tax (See the instructions beginning on page 25. Do not leave line 35 blank.) Voluntary contributions (whole dollar amounts of ly see page 26 Missing/Exploited Children Fund 36b Rese Prostate Cancer Research Fund 36 Olympic Fund 36f ines 36a th rough 36g) 754 37 37 Add line 29 and lines 32 through 36 38 Empire State child credit (attach Form IT- 213) 39 NYS/NYC child and dependent care credit (attach Form IT-216) Forms IT-2 and/or IT 1099-R must NYS earned income credit (attach Form IT- 215 or Form IT- 209) 40 be completed and attached to your 41 return instead of the wage and 41 NYS noncustodial parent earned income credit (attach Form IT-209) tax statements provided by your 42 42 Real property tax credit (attach Form IT- 214) employer Staple them to the top of this page 43 College tuition credit (attach Form IT- 272) 43 290. 44 NYC school tax credit See the Step 11 Instructions on page 35 for the proper assembly of 45 NYC earned income credit (attach Form ITyour return and attachments 877. Total New York State tax withheld 46 47 Total New York City tax withheld 48 Total Yonkers tax withheld Total estimated tax payments / Amount paid with Form IT- 370 49 49 1.167 50 Add lines 38 through 49 50 413 51 51 Total amount overpaid (If line 50 is more than line 37, subtract line 37 from line 50) 413. Refund 52 Amount of line 51 that you want refunded to you Complete line 56 Amount of line 51 that you want applied to your 2009 53 estimated tax (see instructions) 54 Total amount you owe (if line 50 is fese than line 37, subtract line 50 54 from line 37) Complete line 56 Estimated tax penalty (include this amount in line 54 or red the ove Owe - Electronic funds withdrawal Account information (see page 31) 56 Electronic funds withdrawal effective date Routing number Checking Savings 56b Accountnumber 56c Account type (complete the following) Third-party Designee's phone number Print designee's name Personal identification number (PIN) designee? (see inst.) 718-434-5238 PREPARER 04024 Yes X No Email ▼ Paid preparer's use only ▼ Taxpayer(s) sign here ▼ Preparer's signature signature MILLICENT PASCALL dentification no 8401 Me Ave Your occupation Firm's name (or yours, if self employed) HRB TAX GROUP INC CHEF Mark an X if self employed Spouse's signature and occupation (if joint return) Address 1597 FLATBUSH AVE Date 12-10-2011 HOUSEWIFE ▼ Daytime phone number BROOKLYN NY 11210 347-586-1453 Date Email Email

Mail your completed return and any attachments to STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001 For information about private delivery services, see page 38

Please file this original scannable return with the Tax Department



New York State Department of Taxation and Finance

Summary of W-2 Statements

New York State ● New York City ● Yonkers

Do not detach or separate the W-2 Records below File Form IT-2 as an entire page. See instructions on page 2

Taxpayer's first name and middle initial Taxpayer's last name

VINCENT MACK

Spouse's first name and middle initial Spouse's last name HAMILTON

TWINTIN

▼ Your social security number 250-19-4024

▼ Spouse's social security number

102-98-0877

Boxc Employer's name and full address (including ZIP code)

Box 12c Amount

Box 12d Amount

W-2 Record 1

95-3783088

This W-2 record is for

(mark an X in one box)

CHEESECAKE FACTORY 26950 AGOURAGROAD

Box 2a Amou

HILLS ox 15 State

CA 91301

NY

Box 16 State wages, tips etc (for NYS) 26,591

Box 17 NY State income tax withheld

877

Box 18 Local wages, tips, etc.

Box 19 Local income tax withheld

26,591

Locality a Locality b

Locality a

Locality b

Box 20 Locality name

Locality a NYC

Locality b

Box 8 Allocated tips

Box 9 Advance EIC payment

Boxb Employer ID number (EIN)

Taxpayer X Spouse

Box 1 Wages, tips, other compensation

26,591

Box 10 Dependent care benefits

Box 11 Nonqualified plans

Box 14c Amount

Description

Code

Code

Corrected (W-2c)

Do not detach

Boxc Employer's name and full address (including ZIP code)

Box 12a

W-2 Record 2

Box b Employer ID number (EIN)

This W-2 record is for (mark an X in one box)

Taxpayer Spouse 5

Box 1 Wages, tips, other compensation

Box 12d Amount

Code

Locality a

Locality b

Box 18 Local wages, tips, etc.

Box 19 Local income tax withheld

5; State Box 16 State wages, tips, etc (for NYS)

Box 17 NY State income tax withheld

Box 8 Allocated tips

Box 13

Amount

Statutory employee

Locality a Locality b

Box 10 Dependent care benefits

Box 9 Advance EIC payment

โดนกโ

Description

Locality a Locality b

Box 11 Nonqualified plans

Box 14a

mount

pjion

Corrected (W- 2c)

Box 20 Locality name



Please file this original scannable form with the Tax Department. If you or your paid preparer use software to produce this form, it might have a two-dimensional (2-D) barcode on the bottom of this page. It will appear as a rectangular-shaped object with very small black boxes and white spaces. This barcode will be used to efficiently process your entries on this form

1021081029

APARTMENT LEASE

Landlord and Tenant agree to lease the Premises at the rent and for the term stated

 PREMISES:
 1146 Rogers Ave
 UNIT:
 2

 Brooklyn, NY 11226
 TENANT:
 Twintin Hamilton

 LANDLORD:
 Erica Allard
 Vincent Mack

 Date of Lease
 01/01/2013
 YEARLY
 11400 00

 Lease Term
 1 Year
 Monthly Rent \$ 950 00

 Commencement Date
 01/01/2013
 Security Deposit \$ 950 00

 Termination Date
 01/01/14
 Broker's Fee \$ 950 00

1 Use and Occupancy-

The Unit may only be used strictly for residential purposes and may only be occupied by Tenant and Tenant's spouse and children

2 Inability to Give Possession

The failure of Landlord to give Tenant possession of the Unit on the Commencement Date shall not create liability for Landlord. In the event that possession of the Unit is not delivered on the Commencement Date, Monthly Rent hereunder shall begin on the date that possession of the Unit is delivered to Tenant and shall be prorated for that portion of the month in which possession is delivered.

3 Rent

Tenant shall pay Monthly Rent in full on the first day of each month of the Lease Monthly Rent shall be paid in advance with no notice being required from Landlord Tenant shall not deduct any sums from the Monthly Rent unless Landlord consents thereto in writing

Upon signing this Lease, Tenant shall pay Landlord the first Monthly Rent due and the Security Deposit. The entire amount of rent due for the Lease Term is due upon signing this Lease, however, Landlord consents to the Tenant paying same in monthly installments provided there exists no defaults by Tenant under the terms of this Lease.

Additional Rent may include, but is not limited to any additional insurance premiums and/or expenses paid by Landlord which are chargeable to Tenant as stated hereinafter. Additional Rent is due and payable with the Monthly Rent for the next month after Tenant receives notice form Landlord that Additional Rent is due and payable.

4 Condition of Unit

Tenant acknowledges that Tenant is accepting the Unit in its "as is" condition. Tenant further acknowledges that Tenant has thoroughly inspected the Unit and has found the Unit to be in good order and repair and that the appliances, if any, are in good operating condition. Tenant further states that Tenant knows how to operate the appliances and shall do so in accordance with the manufacturer's instructions.

5. Security

The Security Deposit is due upon the Tenant signing this Lease. The Security Deposit shall not be used for the payment of Monthly Rent unless agreed to, in writing, by Landlord and Tenant. Landlord shall deposit the Security Deposit in a bank insured by the FDIC and same will accrue interest if mandated by law. Within ten (10) days after Tenant surrenders possession of the Unit at the expiration of the Lease Term, Landlord shall return the Security Deposit, less any cost of repairs as authorized by this Lease, to Tenant at an address Tenant provides

6 Services and Utilities

Tenant is responsible fro paying all electric, gas, water, telephone and any other utilities allocated to the Unit Use of a dishwasher, clothes washer and dryer machines, freezer, air purifier, portable heater, air conditioner or similar appliances is prohibited without Landlord's written consent

Landlord will supply (a) heat, in such quantity and for such time as mandated by law, (b) hot and cold water, (c) air conditioning, if already existing in the Unit, (d) garbage removal from the Premises (the "Services") If the Services are temporarily interrupted due to an accident, emergency and/or repairs, Tenant's obligation to pay rent, in full, shall not be affected thereby

Landlord will also supply a refrigerator, stove/oven, dishwasher, window air conditioning unit, clothes washer and clothes dryer (the "Appliances") Any damage to the Appliances which is caused by the willful and/or negligent acts of Tenant may be repaired by Landlord, the cost of which shall be Additional Rent

7 Furnishings

The Unit is being delivered (furnished) (unfurnished) If furnished, Landlord has given an inventory of the furnishings which inventory has been signed by Tenant and Landlord Tenant acknowledges that said furnishings are in good condition and Tenant accepts same in "as is" condition

8 Repairs and Alterations

Tenant shall maintain all appliances, equipment, furniture, furnishings and other personal property included under this Lease and, upon the surrender of the Unit on the Termination Date, Tenant shall surrender same to Landlord in the same condition as received, reasonable wear and tear excepted. Tenant shall make all repairs which become necessary due to Tenant's acts and/or negligence. If Tenant does not make such repairs, Landlord may do so, the cost of which shall be Additional Rent. In the event that Tenant defaults under the terms of this Paragraph 9, Landlord may make necessary repairs or replacement, the cost of which shall be deducted from the Security Deposit.

Tenant shall not make any alterations, additions, modifications and/or changes to the Unit during the Lease Term

9 Maintenance of Unit

Tenant shall maintain the Unit in a neat, clean and presentable condition

10 Pets

Pets of any kind or nature (shall) (shall not) be allowed in the Unit

11 Damage, Fire or Other Catastrophe

In the case of fire damage or other damage to the Unit not caused by Tenant, Tenant shall give Landlord immediate notice of same. Upon receipt of such notice, Landlord may either (a) repair the Unit or (b) terminate

NZ

the Lease If Landlord makes in the Unit, Landlord shall have a reasonable time in which to do so if the damage to the Premises or the Unit renders the Unit uninhabitable, Landlord shall give notice to Tenant, after repairs are made, of the date on which the Unit may be reoccupied Monthly Rent for the period that Tenant can not occupy the Unit because of the damage shall be foreigned.

In the event that Landlord terminates this Lease because of the damage, Landlord shall give Tenant three (3) days notice of Landlord's intent to so terminate, in which event, Monthly Rent shall be due for the period up to the date the Premises or the Unit incurred the damage

Notwithstanding the provisions of Section 227 of the New York Real Property Law, if the building in which the Unit is situated is substantially damaged by fire or other catastrophe (the "Occurrence"), Landlord has absolute right to demolish, renovate or rebuild the Landlord may cancel this Lease, in such Premises event, upon thirty (30) days written notice to Tenant of Landlord's intent, which notice shall include the date on which the Lease terminates, which shall, in no event, be less than thirty (30) days from the date of said notice By canceling this Lease in accordance with the terms of this Paragraph, Landlord is not obligated to repair, renovate Monthly Rent and Additional or rebuild the Premises Rent shall be paid by Tenant up to the date of the Occurrence

12 Liability

Landlord shall not be liable for any loss, damage or expense to any person or property except if such loss is caused by the willful acts of Landlord

Tenant shall be liable for the acts of Tenant, Tenant's family, guests and/or invitees. Landlord's cost and expense in repairing any such damage or from any claim resulting from such acts shall be billed as Additional Rent and shall be paid by Tenant to Landlord.

13 Landlord's Entry

Except in an emergency, for the purposes of repair, inspection, extermination, installation or repair of any system, utility or appliance or to do any work deemed necessary by Landlord, Landlord may enter the Unit on reasonable notice and at reasonable times. Upon giving such notice, Landlord may also enter the Unit to show the Unit to prospective purchasers, lenders or other persons deemed appropriate and necessary by Landlord. During the last three (3) months of the Term of this Lease, Landlord may enter the Unit to show the Unit to prospective tenants.

14 Assigning or Subletting

This Lease may not be assigned by Tenant nor shall Tenant sublet the Unit

15 Subordination

This Lease and Tenant's rights hereunder are subject and subordinate to all existing and future leases for the land on which the Premises stand, to all mortgages on said leases and/or the Premises and/or the land and all renewals, modifications and extensions thereof Upon request by Landlord, Tenant shall execute any certificate to this effect

17 Keys, Locks

Tenant shall give Landlord keys to all locks for the Unit Tenant shall not change any locks or add any locks to the Unit without obtaining Landlord's consent, and if given, Tenant shall provide keys to Landlord for these locks

18 Signs

Tenant shall not place any signs on the Premises or upon the grounds on which the Premises stand or in the Unit so as to be seen from outside the Unit

Landiord shall have the right to place or cause to be placed on the Premises and/or upon the grounds on which the Premises stand or in or on the Unit, "For Rent" and/or "For Sale" signs

Tenant shall, to win cost and expense, comply promptly with all laws, rules, ordinances and directions of governmental and/or municipal authorities, insurance carriers and/or homeowners' associations

20 Tenant's Defaults, Landlord's Remedies

- A Landlord must give Tenant notice of default (except for a default in the payment of Monthly Rent and/or Additional Rent) and Tenant, upon receipt of such notice must cure the default within the time stated hereinafter
- 1 a default under Paragraphs 8, 9, 10, 11, 12, 14, 17 or 21 of this Lease, ten (10) days,
- 2 a default under Paragraph 30 of this Lease, thirty (30) days
- B In the event that Tenant fails to cure a default within the time stated therefore, Landlord may terminate this Lease. In such event, Landlord shall give Tenant notice stating the date upon which this Lease shall terminate, such date being not less than three (3) days after the date of such notice at which time this Lease shall then terminate. Tenant shall be responsible for Monthly Rent and Additional Rent as set forth in this Lease up to the date of termination.
- C if this Lease is terminated or Tenant vacates the Unit prior to the Termination Date, Landlord may enter the Unit and remove Tenant and any person or property and/or commence summary proceedings for eviction The aforesaid actions are not the sole remedies of Landlord
- $\,{\rm D}\,$ If this Lease is cancelled or Landlord takes back the Unit
- 1 Monthly Rent and Additional Rent for the unexpired portion of the Term immediately becomes due and payable. In addition, any cost or repair expended by Landlord shall be the obligation of Tenant and shall be deemed Additional Rent.
- 2 Landford may re-rent the Unit and anything in it for any term and at any rental and any cost in connection therewith shall be borne by Tenant which may include, but is not limited to the cost of repairs, decorations, preparation for renting, broker's fees, advertising costs and attorney's fees. Any rent recovered by Landford for the re-renting of the Unit shall reduce the amount of money that Tenant owes to Landford.

21 Landlord's Rules

Tenant shall comply with these rules (the "Rules") at all times of there is a change in the rules, Landlord will give Tenant notice of same Landlord shall not be liable to Tenant for another Tenant's violation of the Rules The rights afforded under the following Rules are for the sole benefit of Landlord

- (a) the quiet enjoyment of other tenants shall not be interfered with,
- (b) sounds, odors and lights which are annoying to other tenants are not allowed,
- (c) floors within the Unit must be covered over 70% of the area of each room except for the bathroom and kitchen,
 - (d) all posted rules must be followed,
 - (e) smoking is not permitted in the Unit or hallways,
- (f) All flammable or dangerous items may not be kept or stored in the Unit,
- (g) no one is allowed access to or the enjoyment of the roof,
- (h) nothing shall be placed on or attached to the fire escapes, windows, doors or in the hallways or common areas,
- (i) elevators, if any, are to be used by tenants and their guests only. Bicycles are not allowed in the elevators. Tenants and their guests are not to leave any garbage, trash and/or debris in the elevators,
- (j) moving of furniture in and out of the Unit must be scheduled with the Landlord,
- (k) all deliveries must be made by means of the service entrance, if any,
- (I) laundry machines, if provided, may be used at tenants' risk and cost, may only be used at reasonable hours and all instructions for their use must be strictly followed,

(m), cleaning of the exterior of the windown from the

tenant may not leave any carriages/strollers, bicycles, boxes, cartons and/or any items in hallways,

(p) tenant shall use its best efforts to conserve energy and water,

(q) hot plates or means of cooking other than the stove are not permitted

22 Warranty of Habitability

Landlord warrants that the Unit and Premises are suitable for living and that they are free from any condition that is dangerous to health, life and/or safety

23. Limitation of Recovery

Should Tenant obtain a judgment or other remedy from a court of competent jurisdiction for the payment of money by Landlord, Tenant is limited to the Landlord's interest in the Premises for the collection of same

Construction and Demolition

Construction and/or demolition may be done in or near the Premises and if same interferes with the ventilation, view and/or enjoyment of the Unit, Tenant's obligations under this Lease shall, in no way, be affected

25 Demolition of Premises

Should Landlord deem it necessary to demolish the Premises, Landlord may terminate this Lease upon six (6) months written notice to Tenant provided such notice is given to all other tenants in the Premises In such event, Tenant shall surrender the Unit to Landlord upon such date as set forth in the notice

Terraces and Balconies

If there is a terrace or balcony as an adjunct to the Unit, such terrace or balcony is subject to the terms of this Lease

Tenant shall keep the terrace or balcony clean, clear of snow, ice, garbage and other debris. No alteration or additions may be made to the terrace or balcony Tenant's property may not be stored on the terrace or balcony Cooking on the terrace or balcony is prohibited

Tenant shall maintain the terrace or balcony in good condition and make all repairs at Tenant's cost, except those of a structural nature which is the responsibility of Landlord

Common Recreational Areas

If applicable, Landlord may give Tenant use of any playground, pool, parking or other areas, the use of which will be at Tenant's own risk and Tenant shall pay any charge imposed by Landlord for such use Landlord's permission to use these areas may be revoked at any

28 Landlord's Employees

The employees of Landlord shall not perform any work for Tenant at Tenant's request Such employees may not do any personal chores of Tenant

29 Bankruptcy

Should Tenant file a voluntary petition in bankruptcy or an involuntary petition is filed against Tenant, or should Tenant assign any property fro the benefit of creditors or should a trustee/receiver be appointed of Tenant and/or Tenant's property, Landlord can cancel this Lease upon thirty (30) days written notice to Tenant

This Lease has been entered into as of the Date of Lease

LANDLORD

Erica Allard

Erca Allard

given under this Lease shall be in Any notice to writing addressed to the party at the addresses set forth herein by certified mail or overnight courier service Notice by Landlord to one named Tenant shall be deemed given to all Tenants and occupants of the Unit Each party hereto shall accept notices sent by the other Any change of address by one party must be given, by notice, to the other Notice shall be deemed given when posted or delivered to the overnight courier service

31 Waiver of Jury Trial, Set-Off or Counterclaim

The parties hereto waive trial by jury in all matters except for personal injury or property damage claims. In a summary proceeding for eviction, Tenant waives Tenant's right to any set-off and/or counterclaim

32 Broker

Tenant states that Ena Cadesca is the sole Broker who showed the Unit to Tenant Tenant shall hold harmless and indemnify Landlord fro any monies expended by Landlord should Tenant's statement herein be untrue

33 Inability of Landlord to Perform

If Landlord is unable to perform any of its obligations to be performed hereunder due to governmental orders, labor strife or inability to secure goods or materials, through no fault on the part of Landlord, this Lease shall not be terminated or cancelled and such mability shall not impact upon Tenant's obligations hereunder

34 Illegality

Should any part of this Lease be deemed illegal, the remaining portions of this Lease shall not be affected thereby and shall remain in full force and effect

35 Non-Disturbance

So long as Tenant pays the Monthly Rent and Additional Rent and there exists no defaults under any of the terms of this Lease, Tenant may peacefully occupy the Unit for the Lease Term

36 Non-Waiver

Any failure by Landlord to insist upon Tenant's full compliance with the terms of this Lease and/or to enforce such terms shall not be deemed to be a waiver of Landlord's rights to insist upon or so enforce the terms of this Lease at a future date

37. Paragraph Headings

Paragraph headings are for reference only

38 Effectiveness

This Lease shall become effective as of the date when Landlord delivers a fully executed copy hereof to Tenant or Tenant's attorney

Amendments

This Lease may only be changed or amended in a writing signed by the parties hereto

Surrender of Premises

On the Termination Date, Tenant shall deliver the Unit to Landlord vacant, in good condition and broom clean Prior to such delivery, Tenant shall have vacated the Unit, removed Tenant's property, repaired all damages caused by Tenant and return the Unit in the same condition as received, reasonable wear and tear excepted

TENANT Twintin Hamilton Twente Hanutton

APARTMENT LEASE

Landlord and Tenant agree to lease the Premises at the rent and for the term stated

PREMISES:	1146 Rogers Ave	UNIT: 2		
	Brooklyn, NY 11226	TENANT:	Twintin Hamilton	
LANDLORD:	Erica Allard		Vincent Mack	
Date of Lease	01/01/2012	YEARLY	11040 00	
Lease Term	1 Year	Monthly Rent \$ 920 00		
Commencem	ent Date 01/01/2012	Security Deposit \$ 920 00		
Termination [Date _01/01/13	_ Broker's Fee \$ 920 00		

1 Use and Occupancy-

The Unit may only be used strictly for residential purposes and may only be occupied by Tenant and Tenant's spouse and children

2. Inability to Give Possession

The failure of Landlord to give Tenant possession of the Unit on the Commencement Date shall not create liability for Landlord. In the event that possession of the Unit is not delivered on the Commencement Date, Monthly Rent hereunder shall begin on the date that possession of the Unit is delivered to Tenant and shall be prorated for that portion of the month in which possession is delivered.

3 Rent

Tenant shall pay Monthly Rent in full on the first day of each month of the Lease Monthly Rent shall be paid in advance with no notice being required from Landlord Tenant shall not deduct any sums from the Monthly Rent unless Landlord consents thereto in writing

Upon signing this Lease, Tenant shall pay Landlord the first Monthly Rent due and the Security Deposit. The entire amount of rent due for the Lease Term is due upon signing this Lease, however, Landlord consents to the Tenant paying same in monthly installments provided there exists no defaults by Tenant under the terms of this Lease.

Additional Rent may include, but is not limited to any additional insurance premiums and/or expenses paid by Landlord which are chargeable to Tenant as stated hereinafter Additional Rent is due and payable with the Monthly Rent for the next month after Tenant receives notice form Landlord that Additional Rent is due and payable

4 Condition of Unit

Tenant acknowledges that Tenant is accepting the Unit in its "as Is" condition. Tenant further acknowledges that Tenant has thoroughly inspected the Unit and has found the Unit to be in good order and repair and that the appliances, if any, are in good operating condition. Tenant further states that Tenant knows how to operate the appliances and shall do so in accordance with the manufacturer's instructions.

5 Security

The Security Deposit is due upon the Tenant signing this Lease. The Security Deposit shall not be used for the payment of Monthly Rent unless agreed to, in writing, by Landlord and Tenant. Landlord shall deposit the Security Deposit in a bank insured by the FDIC and same will accrue interest if mandated by law. Within ten (10) days after Tenant surrenders possession of the Unit at the expiration of the Lease Term, Landlord shall return the Security Deposit, less any cost of repairs as authorized by this Lease, to Tenant at an address Tenant provides.

6 Services and Utilities

Tenant is responsible fro paying all electric, gas, water, telephone and any other utilities allocated to the Unit. Use of a dishwasher, clothes washer and dryer machines, freezer, air purifier, portable heater, air conditioner or similar appliances is prohibited without Landlord's written consent.

Landlord will supply (a) heat, in such quantity and for such time as mandated by law, (b) hot and cold water, (c) air conditioning, if already existing in the Unit, (d) garbage removal from the Premises (the "Services") If the Services are temporarily interrupted due to an accident, emergency and/or repairs, Tenant's obligation to pay rent, in full, shall not be affected thereby

Landlord will also supply a refrigerator, stove/oven, dishwasher, window air conditioning unit, clothes washer and clothes dryer (the "Appliances") Any damage to the Appliances which is caused by the willful and/or negligent acts of Tenant may be repaired by Landlord, the cost of which shall be Additional Rent

7 Furnishings

The Unit is being delivered (furnished) (unfurnished) If furnished, Landlord has given an inventory of the furnishings which inventory has been signed by Tenant and Landlord Tenant acknowledges that said furnishings are in good condition and Tenant accepts same in "as is" condition

8 Repairs and Alterations

Tenant shall maintain all appliances, equipment, furniture, furnishings and other personal property included under this Lease and, upon the surrender of the Unit on the Termination Date, Tenant shall surrender same to Landlord in the same condition as received, reasonable wear and tear excepted. Tenant shall make all repairs which become necessary due to Tenant's acts and/or negligence. If Tenant does not make such repairs, Landlord may do so, the cost of which shall be Additional Rent. In the event that Tenant defaults under the terms of this Paragraph 9, Landlord may make necessary repairs or replacement, the cost of which shall be deducted from the Security Deposit.

Tenant shall not make any alterations, additions, modifications and/or changes to the Unit during the Lease Term

9 Maintenance of Unit

Tenant shall maintain the Unit in a neat, clean and presentable condition

10 Pets

Pets of any kind or nature (shall) (shall not) be allowed in the Unit

11 Damage, Fire or Other Catastrophe

In the case of fire damage or other damage to the Unit not caused by Tenant, Tenant shall give Landlord immediate notice of same. Upon receipt of such notice, Landlord may either (a) repair the Unit or (b) terminate

1 <

/he Lease If Landlord makes pairs to the Unit, Landlord shall have a reasonable time in which to do so If the damage to the Premises or the Unit renders the Unit uninhabitable, Landlord shall give notice to Tenant, after repairs are made, of the date on which the Unit may be reoccupied Monthly Rent for the period that Tenant can not occupy the Unit because of the damage shall be forgiven

In the event that Landlord terminates this Lease because of the damage, Landlord shall give Tenant three (3) days notice of Landlord's intent to so terminate, in which event, Monthly Rent shall be due for the period up to the date the Premises or the Unit incurred the damage

Notwithstanding the provisions of Section 227 of the New York Real Property Law, if the building in which the Unit is situated is substantially damaged by fire or other catastrophe (the "Occurrence"), Landlord has the absolute right to demolish, renovate or rebuild the Premises Landlord may cancel this Lease, in such event, upon thirty (30) days written notice to Tenant of Landlord's intent, which notice shall include the date on which the Lease terminates, which shall, in no event, be less than thirty (30) days from the date of said notice By canceling this Lease in accordance with the terms of this Paragraph, Landlord is not obligated to repair, renovate or rebuild the Premises Monthly Rent and Additional Rent shall be paid by Tenant up to the date of the Occurrence

12 Liability

Landlord shall not be liable for any loss, damage or expense to any person or property except if such loss is caused by the willful acts of Landlord

Tenant shall be liable for the acts of Tenant, Tenant's family, guests and/or invitees. Landlord's cost and expense in repairing any such damage or from any claim resulting from such acts shall be billed as Additional Rent and shall be paid by Tenant to Landlord.

13 Landlord's Entry

Except in an emergency, for the purposes of repair, inspection, extermination, installation or repair of any system, utility or appliance or to do any work deemed necessary by Landlord, Landlord may enter the Unit on reasonable notice and at reasonable times. Upon giving such notice, Landlord may also enter the Unit to show the Unit to prospective purchasers, lenders or other persons deemed appropriate and necessary by Landlord. During the last three (3) months of the Term of this Lease, Landlord may enter the Unit to show the Unit to prospective tenants.

14. Assigning or Subletting

This Lease may not be assigned by Tenant nor shall Tenant sublet the Unit

15 Subordination

This Lease and Tenant's rights hereunder are subject and subordinate to all existing and future leases for the land on which the Premises stand, to all mortgages on said leases and/or the Premises and/or the land and all renewals, modifications and extensions thereof Upon request by Landlord, Tenant shall execute any certificate to this effect

17 Keys, Locks

Tenant shall give Landlord keys to all locks for the Unit Tenant shall not change any locks or add any locks to the Unit without obtaining Landlord's consent, and if given, Tenant shall provide keys to Landlord for these locks

18 Signs

Tenant shall not place any signs on the Premises or upon the grounds on which the Premises stand or in the Unit so as to be seen from outside the Unit

Landlord shall have the right to place or cause to be placed on the Premises and/or upon the grounds on which the Premises stand or in or on the Unit, "For Rent" and/or "For Sale" signs

19 Compliance with Authorities

Tenant shar, at its own cost and expense, comply promptly with all laws, rules, ordinances and directions of governmental and/or municipal authorities, insurance carriers and/or homeowners' associations

20 Tenant's Defaults, Landlord's Remedies

A Landlord must give Tenant notice of default (except for a default in the payment of Monthly Rent and/or Additional Rent) and Tenant, upon receipt of such notice must cure the default within the time stated hereinafter

- 1 a default under Paragraphs 8, 9, 10, 11, 12, 14, 17 or 21 of this Lease, ten (10) days,
- 2 a default under Paragraph 30 of this Lease, thirty (30) days
- B In the event that Tenant fails to cure a default within the time stated therefore, Landlord may terminate this Lease. In such event, Landlord shall give Tenant notice stating the date upon which this Lease shall terminate, such date being not less than three (3) days after the date of such notice at which time this Lease shall then terminate. Tenant shall be responsible for Monthly Rent and Additional Rent as set forth in this Lease up to the date of termination.
- C If this Lease is terminated or Tenant vacates the Unit prior to the Termination Date, Landlord may enter the Unit and remove Tenant and any person or property and/or commence summary proceedings for eviction. The aforesaid actions are not the sole remedies of Landlord.
- D If this Lease is cancelled or Landlord takes back the Unit
- 1 Monthly Rent and Additional Rent for the unexpired portion of the Term immediately becomes due and payable. In addition, any cost or repair expended by Landlord shall be the obligation of Tenant and shall be deemed Additional Rent.
- 2 Landlord may re-rent the Unit and anything in it for any term and at any rental and any cost in connection therewith shall be borne by Tenant which may include, but is not limited to the cost of repairs, decorations, preparation for renting, broker's fees, advertising costs and attorney's fees. Any rent recovered by Landlord for the re-renting of the Unit shall reduce the amount of money that Tenant owes to Landlord

21 Landlord's Rules

Tenant shall comply with these rules (the "Rules") at all times of there is a change in the rules, Landlord will give Tenant notice of same of Landlord shall not be liable to Tenant for another Tenant's violation of the Rules. The rights afforded under the following Rules are for the sole benefit of Landlord.

- (a) the quiet enjoyment of other tenants shall not be interfered with,
- (b) sounds, odors and lights which are annoying to other tenants are not allowed,
- (c) floors within the Unit must be covered over 70% of the area of each room except for the bathroom and kitchen,
 - (d) all posted rules must be followed,
 - (e) smoking is not permitted in the Unit or hallways,
- (f) All flammable or dangerous items may not be kept or stored in the Unit,
- (g) no one is allowed access to or the enjoyment of the roof.
- (h) nothing shall be placed on or attached to the fire escapes, windows, doors or in the hallways or common areas.
- (i) elevators, if any, are to be used by tenants and their guests only. Bicycles are not allowed in the elevators. Tenants and their guests are not to leave any garbage, trash and/or debris in the elevators,
- (j) moving of furniture in and out of the Unit must be scheduled with the Landlord,
- (k) all deliveries must be made by means of the service entrance, if any,
- (I) laundry machines, if provided, may be used at tenants' risk and cost, may only be used at reasonable hours and all instructions for their use must be strictly followed.
- (m) cleaning of the exterior of the windows from the outside is strictly forbidden,

00

- (n) if parking is provided, impro-, parked vehicles may be immediately removed at terral cost,
- (0) tenant may not leave any carriages/strollers, bicycles, boxes, cartons and/or any items in hallways,
- (p) tenant shall use its best efforts to conserve energy and water,
- (q) hot plates or means of cooking other than the stove are not permitted

22 Warranty of Habitability

Landlord warrants that the Unit and Premises are suitable for living and that they are free from any condition that is dangerous to health, life and/or safety

Limitation of Recovery

Should Tenant obtain a judgment or other remedy from a court of competent jurisdiction for the payment of money by Landlord, Tenant is limited to the Landlord's interest in the Premises for the collection of same

24. Construction and Demolition

Construction and/or demolition may be done in or near the Premises and if same interferes with the ventilation, view and/or enjoyment of the Unit, Tenant's obligations under this Lease shall, in no way, be affected

25 Demolition of Premises

Should Landlord deem it necessary to demolish the Premises, Landlord may terminate this Lease upon six (6) months written notice to Tenant provided such notice is given to all other tenants in the Premises In such event, Tenant shall surrender the Unit to Landlord upon such date as set forth in the notice

Terraces and Balconies

If there is a terrace or balcony as an adjunct to the Unit, such terrace or balcony is subject to the terms of this Lease

Tenant shall keep the terrace or balcony clean, clear of snow, ice, garbage and other debris. No alteration or additions may be made to the terrace or balcony Tenant's property may not be stored on the terrace or balcony Cooking on the terrace or balcony is prohibited

Tenant shall maintain the terrace or balcony in good condition and make all repairs at Tenant's cost, except those of a structural nature which is the responsibility of Landlord

Common Recreational Areas

If applicable, Landlord may give Tenant use of any playground, pool, parking or other areas, the use of which will be at Tenant's own risk and Tenant shall pay any charge imposed by Landlord for such use Landlord's permission to use these areas may be revoked at any tıme

28. Landlord's Employees

The employees of Landlord shall not perform any work for Tenant at Tenant's request Such employees may not do any personal chores of Tenant

29 Bankruptcy

Should Tenant file a voluntary petition in bankruptcy or an involuntary petition is filed against Tenant, or should Tenant assign any property fro the benefit of creditors or should a trustee/receiver be appointed of Tenant and/or Tenant's property, Landlord can cancel this Lease upon thirty (30) days written notice to Tenant

LANDLORD

Erica Allard

Enca Mard

This Lease has been entered into as of the Date of Lease

Any notice t given under this Lease shall be in writing addressed to the party at the addresses set forth herein by certified mail or overnight courier service Notice by Landlord to one named Tenant shall be deemed given to all Tenants and occupants of the Unit Each party hereto shall accept notices sent by the other Any change of address by one party must be given, by notice, to the other Notice shall be deemed given when posted or delivered to the overnight courier service

Waiver of Jury Trial, Set-Off or Counterclaim

The parties hereto waive trial by jury in all matters except for personal injury or property damage claims. In a summary proceeding for eviction, Tenant waives Tenant's right to any set-off and/or counterclaim

Tenant states that Ena Cadesca is the sole Broker who showed the Unit to Tenant Tenant shall hold harmless and indemnify Landlord fro any monies expended by Landlord should Tenant's statement herein be untrue

33 Inability of Landlord to Perform

If Landlord is unable to perform any of its obligations to be performed hereunder due to governmental orders, labor strife or inability to secure goods or materials, through no fault on the part of Landlord, this Lease shall not be terminated or cancelled and such inability shall not impact upon Tenant's obligations hereunder

34 Illegality

Should any part of this Lease be deemed illegal, the remaining portions of this Lease shall not be affected thereby and shall remain in full force and effect

35 Non-Disturbance

So long as Tenant pays the Monthly Rent and Additional Rent and there exists no defaults under any of the terms of this Lease, Tenant may peacefully occupy the Unit for the Lease Term

36 Non-Waiver

Any failure by Landlord to insist upon Tenant's full compliance with the terms of this Lease and/or to enforce such terms shall not be deemed to be a waiver of Landlord's rights to insist upon or so enforce the terms of this Lease at a future date

Paragraph Headings

Paragraph headings are for reference only

Effectiveness

This Lease shall become effective as of the date when Landlord delivers a fully executed copy hereof to Tenant or Tenant's attorney

Amendments

This Lease may only be changed or amended in a writing signed by the parties hereto

Surrender of Premises

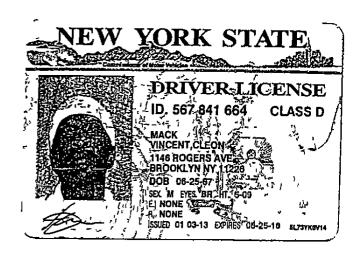
On the Termination Date, Tenant shall deliver the Unit to Landlord vacant, in good condition and broom clean Prior to such delivery, Tenant shall have vacated the Unit, removed Tenant's property, repaired all damages caused by Tenant and return the Unit in the same condition as received, reasonable wear and tear excepted

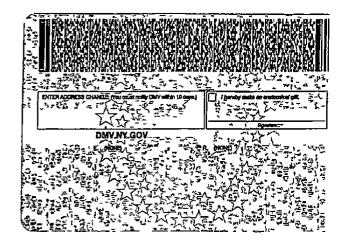
TENANT

Twintin Hamilton

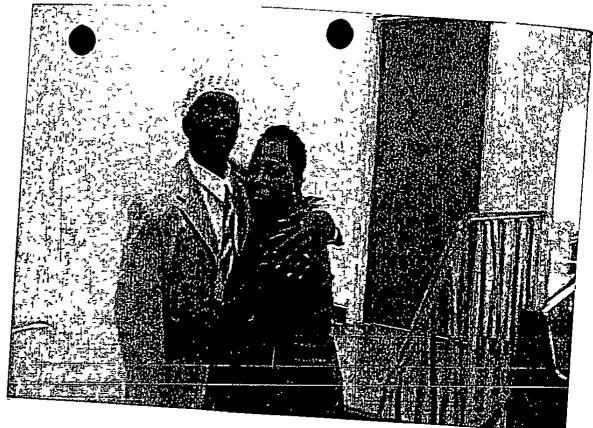
Vincent Mack

Lincent Harc





F



WEDDING DAY 2008



RELAXING IN THE BACK YARD AT APARTMENT

G





IN BACKYARD AT APARTMENT 2010



AFTER WEDDING CELEBRATION



DINNER DATE AT RED LOBSTER 2010



OMB No 1615-0038 Expires 09/30/05

4-751, Petition to Remove Conditions on Residence

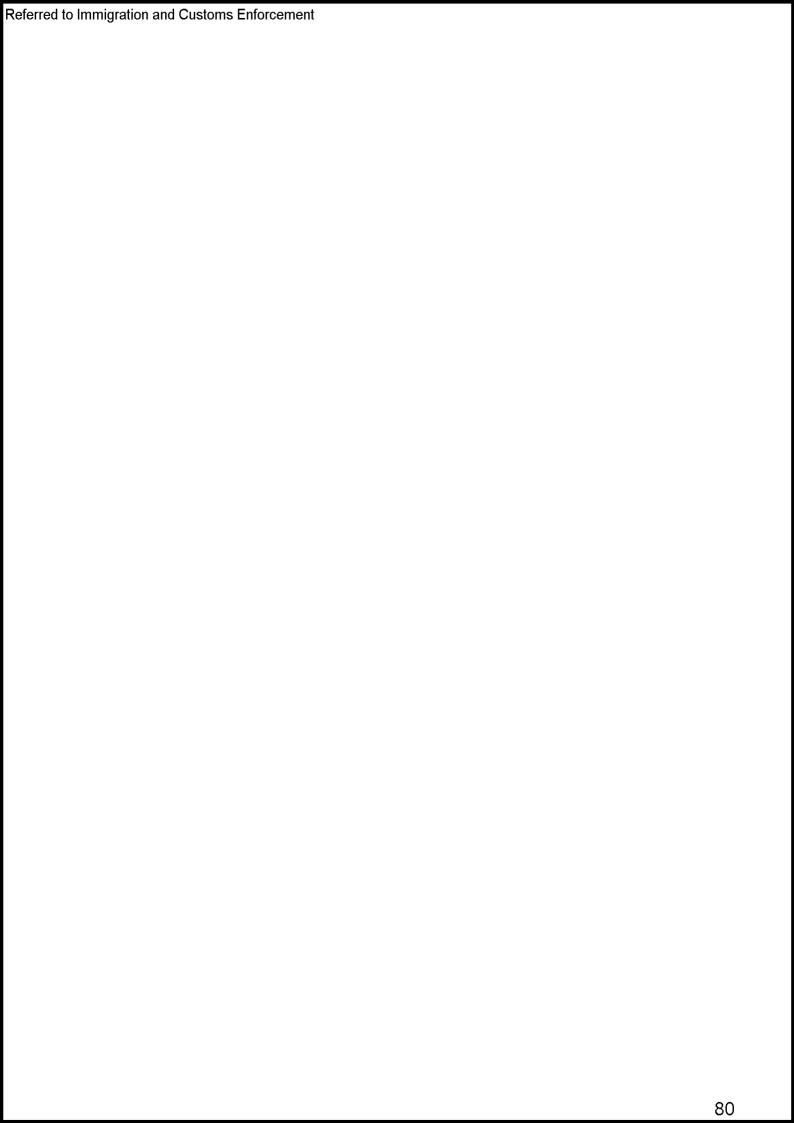
Part 1. Information about you. Family Name (Last Name) Given Name (First Name) Full Middle Name	Returned Receipt Date
	Date
	[]
HAMILTON TWINTIN	L
Address (Street Number and Name) Apt #	Date
1146 ROSERS AVE	Resubmitted - \$
C/O (In Care Of)	Date \$ 22
BROOKLSU N. 4	Date S
City State/Province	Reloc Sent S
USA 11226	Date Reloc Sent Date Reloc Rec'd Date Reloc Rec'd Date Date Reloc Rec'd Date Date
Country Zip/Postal Code	2 5
	Date N CO
Mailing Address, if different than above (Street Number and Name) Apt. #	Refor Reca
<u> </u>	Date 0
C/O (In Care Of)	Date SZ FACE
	Petitioner W
City State/Province	Interviewed
Country Zip/Postal Code	on 11112 01
	Remarks 821-0
Date of Birth (mm/dd/yyvy) Country of Birth Country of Citizenship	
Alten Registration Number (#A) Social Security # (if any)	
087-413-592 102 98 0877	
Conditional Residence Expires on (mm/dd/yvvy) Daytime Phone # (Area/Country Codes)	
8 21-11 347-586-1453	
Part 2, Basis for petition. (Check one.)	
a My conditional residence is based on my marriage to a U S citizen or permanent resident, and we are filing this petition together	Action Block
b lam a child who entered as a conditional permanent resident and I am unable to be included in a joint petition to remove the conditional basis of are alien's permanent residence (Form	15 VI H/ T = 2-0 P/
1-751) filed by my parent(s)	& DENIED N
OR My conditional residence is based on my marriage to a U S citizen or permanent resident, but i am	S 111 7.2 2002
unable to file agoint petition and I request a waiver because (Check one)	a NEC ON SUS
e My spouse is deceased	1 - Jah Salle.
dI entered into the marriage in good faith but the marriage was terminated through divorce/annulment	
e -1 am a conditional resident spouse who entered a marriage in good faith and during the	To Be Completed by Attorney or Representative, if any
marriage L was battered by or was the subject of extreme cruelty by my U S citizen or permanent resident spouse or parent	Fill in box if G-28 is attached
f I am a conditional resident child who was battered by or subjected to extreme cruelty by my U S citizen or conditional resident parent(s)	to represent the applicant
g The termination of my status and removal from the United States would result in an extreme hardship	ATTY State License #

Form I-751 (Rev 10/26/

scred un 67113/157

Part 3. Additional infor-	mation	ngl~ ut you.			-		
1 Other Names Used (including i	malden r	State of the State					
λ							
2 Date of Marriage (mm/dd/yyyy)) 3	Place of Marriage)	If your spouse is	deceased, give th	e date of de	ath (mm/dd/vyyy)
108/27/08		BROOKIS	3N	<u></u>			
5 Are you in removal, deportatio	n or resc	ission proceedings	?			Yes	
6 Was a fee paid to anyone other		-				Yes	N₀
7 Since becoming a conditional r fined or imprisoned for breaking							
committed any crime for which	h you we	re not arrested?				Yes	No
8 If you are married is this a diffi obtained?						Yes	H No
9 Have you resided at any other a addresses and dates)	address s	ince you became a	permanent resider	tt' (If yes attach a li	st of all	∏ Yes	[☑ No
10 Is your spouse currently serving States?	g with or	employed by the	US government a	nd serving outside th	e United	☐ Yes	I No
If you answered "Yes" to any of the					per Place your	name and A	lien Registration
Number (A#) at the top of each she	<u>_</u>						
Part 4. Information abo	ut the	<u> </u>		whom you gair		iditional	residence.
Family Name		First Nar			Middle Name		
MACK Address		\ <u>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </u>	NCENT		ChEO	<u>N</u>	
1146 ROSERS	- 4	UE			***		
Date of Birth (mm/dd/vyyy)			curity # (if any)		A# (if any)		
06/25/87	7	25	0194021	4	(50	\mathcal{M}	
Part 5. Information abo	ut you	r children. I	ist all your c	uldren. Attach	other sheet(s) if nece	ssary
Name (First/Middle/Last)	Date of	Birth (min/dd/yyyy)	A # (if any)	If in US, give	address/immigra	ition status	Living with you
NICHOLAS HAPITLITON	12	/23/77					Yes No
NICOLA HAMILTON	08/	29/82			<u>-</u>	·	Yes No
NYRON HAMILTON	02/	22/85	,				Yes No
KELWYN SILNETTE		22/90			· · · · · · · · · · · · · · · · · · ·		Yes No
		<u> </u>		***************************************			Yes No
			lties in the instru st also sign belov	ctions before comp	leting this secti	on If you	checked block
I certify, under penalty of perjury of correct. If conditional residence was where the marriage took place and my records that the U.S. Citizenshi	of the law as based of was not	s of the United Stron a marriage, I fur	ates of America, the other certify that the procuring an immi	at this petition and the e marriage was enter- gration benefit I also	ed in accordance authorize the re	with the lav	vs of the place
Signature		Print Na	me		Date (mm/c	id/yyyy)	
1/Ela-		VII	2 Cout	1111+CK		10/11	
Signature of Spouse		Print Na	me		Date (mm/c	id/yyyy)	
NOTE If you do not completely f for the requested benefit and this po	fill out th	is form or fail to s	ubmit any required	documents listed in	the instructions,	O/ // you may not	be found eligible
Part 7. Signature of pers			, if other that	above.			
I declare that I prepared this petitio		equest of the abov	e person and it is b		on of which I ha	ve knowledį	ge
Signature		Print Na		<u> </u>	Date (mm/a	d/yyyv)	
C Nama and Address				Nautuma Dhama N			
Firm Name and Address				Daytime Phone Nui (Area/Country Code:			
			ļ	E-Mail Address	<u> </u>		
			1	(If anv)			
<u> </u>							









26 Federal Plaza New York, NY 10278



Twintin Hamilton 1126 Rogers Avenue Brooklyn, NY, 11226 A87413592 EAC1129400026 December 3, 2012



DENIAL OF PETITION TO REMOVE CONDITIONS ON RESIDENCE (I-751)

Dear Ms Hamilton

A review of the records of the United States Citizenship and Immigration Services (USCIS) indicates that you obtained status as a conditional permanent resident on August 21, 2009, based on your marriage to your spouse, Vincent Mack a citizen of the United States, on July 7, 2008

Section 216 of the Immigration and Nationality Act, as amended, concerns conditional resident status. An alien is accorded permanent resident status for two years on a conditional basis when he or she is approved on the basis of a qualifying marriage of less than two years duration, to a citizen or permanent resident of the United States. So that USCIS can review the bona-fides of the marriage, an I-751 Petition to Remove Conditions on Residency must be filed jointly with the citizen spouse, in the ninety day period preceding the second anniversary of the grant of Conditional Residence.

On July 21, 2011, you submitted Form I-751, Petition to Remove the Conditions on Residence (EAC1129400026) under Part 2a, a joint petition with your spouse. You were scheduled for interview on November 19, 2012 and you appeared together with your spouse.

In order to satisfy the requirements under Part 2a, the conditional resident alien must establish that the marriage upon which his or her status was based

- Was entered into in accordance with the laws of the place where the marriage took place,
- Has not been judicially annulled or terminated, other than through the death of a spouse, and
- Was not entered into for the purpose of procuring an alien's admission as an immigrant, and
- No fee was or other consideration was given (other than to an attorney for assistance in preparation for a lawful petition) for the filing of a petition for the filing of a petition under section 204(a) or subsection (d) or (p) of section 214 with respect to the alien spouse or alien son or daughter

To assist you with providing the necessary evidence of a good faith marriage, the appointment letter asked you to present documentary evidence of a joined life. Such evidence should include, but is not limited to joint leases, rent receipts, telephone bills, gas bills, electric bills, bankbooks, credit cards, credit card bills, recent photos, health insurance policies, life insurance policies with proof of premium payments, mail received at all addresses, W-2 statements in both of your names, certified tax returns, I-551 card and birth certificate or proof of U S citizenship of petitioner, birth certificates of all children born of the marriage. Evidence should also vary and reflect the duration of the marriage

Rev 06-01-11



DURATION OF MARRIAGE

You testified that the marriage was entered into on August 27, 2008 and was still ongoing as of November 19, 2012

EVIDENCE PRESENTED

- a lease for a rental apartment at 1146 Rogers Avenue beginning in January 2011 and ending in January 2012 The lease is signed by the landlord, Erica Allard, the tenant Twintin Hamilton and has only the printed name of Vincent Mack
- A letter Deposit Account Balance Summary from Chase Bank dated 11/17/2012 requested by Twintin Hamilton listing Vincent Cleon Mack as the secondary joint,
- A copy 2011 joint federal tax return for Vincent Mack and Twintin Hamilton
- Two affidavits -one from Michael George and the other from Adeline McIntosh testifying to the bona fides of the marriage

DISCUSSION

The question of whether the marriage was entered into solely to procure an immigration benefit for the alien is a matter of intent. A good faith marriage is entered into with the expectation that the parties involved are creating a life together, sharing the day-to-day responsibilities, celebrating important moments, and preparing for their future. In other words, it is a relationship entered into with intent to carry out long-term expectations of a good faith marriage. This evidence may include documentation relating to the degree to which the financial assets and liabilities of the parties were combined, documentation concerning the length of time during which the parties cohabited after the marriage and after the alien obtained permanent residence, and other pertinent evidence.

In <u>Lutwak v United States</u>, 344 U S 604 (1953), the Supreme Court held that the conduct of the parties after marriage is relevant to their intent at the time of marriage. Evidence to establish intent can take many forms, including, but not limited to proof that the beneficiary has been listed as a spouse on income tax returns, bank accounts, testimony or other evidence regarding the wedding ceremony, shared residence, health insurance and other instances of a shared life

The testimony provided at the November 19, 2012 interview by your and Mr Mack provided very little proof your marriage bona fides. Mr Mack could not identify Ms McIntosh. Mr Mack could not identify Erica Allard, your landlord, even though his printed name appears on the lease. Mr Mack did not sign this lease. Mr Mack did not know how much you were paying to rent this apartment. Mr Mack only knew the names of three of your four children, all of whom reside outside your marital home. You were not able to give a plausible explanation in regards to Mr Mack's job in Long Island. You stated that he sometimes stays at a cousin's house in Queens and that cousin picks him up. You were not able to adequately explain how Mr Mack travels back and forth from work. Mr Mack's New York State driver's license states that his address is 90-18 210 Street, Queens Village, NY. Neither you nor your husband was able to explain why this address was never updated. What is most disturbing is that, on several occasions during the course of the interview, you were telling him answers to questions specifically directed to him and I observed you signaling him by repeatedly striking his knee.





CONCLUSION

The documentation and testimony which you presented failed to show USCIS that you entered this marriage with the expectation that you would share a life together with your spouse. You failed to provide sufficient evidence that the marriage through which you obtained conditional permanent resident status was entered into in good faith and not solely to evade the immigration laws of the United States Accordingly, the Form I-751 petition must be, and is hereby, denied

In accordance with the provisions of Section 216(c)(3)(C) of the INA, the permanent resident status previously accorded you, and all rights and privileges which you derived from that status, are terminated as of the date of this denial, December 3, 2012

If you believe the law was inappropriately applied or the analysis used in reaching the decision was inconsistent with the information provided or with precedent decisions or if you have new or additional information that you wish us to consider, you may file a motion to reopen or reconsider (Form 1-290B) pursuant to 8 C F R § 103 5

Title 8, Code of Federal Regulations, Section 103 5 states in pertinent part

A motion to reopen must state the new facts to be proved in the reopened proceeding and be supported by affidavits or other documentary evidence

Title 8, Code of Federal Regulations, Section 103 5 states in pertinent part

A motion to reconsider must state the reasons for reconsideration and be supported by any pertinent precedent decisions to establish that the decision was based on an incorrect application of law or Service policy. A motion to reconsider a decision on an application or petition must, when filed, also establish that the decision was incorrect based on the evidence or record at the time of the initial decision.

Any motion to reopen or reconsider must be filed with the USCIS Chicago Lockbox facility, within thirty (30) days of this decision, in writing and signed by the affected party or the attorney or representative of record, with the appropriate filing fee. Any motion should be mailed to USCIS Chicago Lockbox facility at USCIS, P.O. Box. 805887, Chicago, IL 60680-4120. More information may be found at USCIS website at www.uscis.gov

In accordance with the provisions of Section 216(c)(3)(C) of the INA, the permanent resident status previously accorded you, and all rights and privileges which you derived from that status, are terminated as of November 27, 2012

Sincerely,

Andrea J Quarantyllo
District Director

New York District

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Cc



NOTICE OF HEARING IN REMOVAL PROCEEDINGS
IMMIGRATION COURT
26 FEDERAL PLZ 12TH FL ,RM1237
NEW YORK, NY 10278

RE HAMILTON, TWINTIN FILE A087-413-592

DATE ()-13-13

TO

Clement Francis Esq Francis, Clement A 822 Clarkson Avenue Brooklyn, NY 11203

Please take notice that the above captioned case has been scheduled for a Master/Individual hearing before the Immigration Court on the scheduled for a at the scheduled for a

26 FEDERAL PLZ 12TH FL ,RM1237, 14th FL COURTROOM #6 NEW YORK, NY 10278

You may be represented in these proceedings, at no expense to the Government, by an attorney or other individual who is authorized and qualified to represent persons before an Immigration Court—Your hearing date has not been scheduled earlier than 10 days from the date of service of the Notice to Appear in order to permit you the opportunity to obtain an attorney or representative—If you wish to be represented, your attorney or representative must appear with you at the hearing prepared to proceed—You can request an earlier hearing in writing

Failure to appear at your hearing except for exceptional circumstances may result in one or more of the following actions

- 1) You may be taken into custody by the Department of Homeland Security and held for further action
- 2) Your hearing may be held in your absence under section 240(b)(5) of the Immigration and Nationality Act An order of removal will be entered against you if the Department of Homeland Security established by clear, unequivocal and convincing evidence that a) you or your attorney has been provided this notice and b) you are removable

IF YOUR ADDRESS IS NOT LISTED ON THE NOTICE TO APPEAR, OR IF IT IS NOT CORRECT, WITHIN FIVE DAYS OF THIS NOTICE YOU MUST PROVIDE TO THE IMMIGRATION COURT NEW YORK, NY THE ATTACHED FORM EOIR-33 WITH YOUR ADDRESS AND/OR TELEPHONE NUMBER AT WHICH YOU CAN BE CONTACTED REGARDING THESE PROCEEDINGS EVERYTIME YOU CHANGE YOUR ADDRESS AND/OR TELEPHONE NUMBER, YOU MUST INFORM THE COURT OF YOUR NEW ADDRESS AND/OR TELEPHONE NUMBER WITHIN 5 DAYS OF THE CHANGE ON THE ATTACHED FORM EOIR-33 ADDITIONAL FORMS EOIR-33 CAN BE OBTAINED FROM THE COURT WHERE YOU ARE SCHEDULED TO APPEAR IN THE EVENT YOU ARE UNABLE TO OBTAIN A FORM EOIR-33, YOU MAY PROVIDE THE COURT IN WRITING WITH YOUR NEW ADDRESS AND/OR TELEPHONE NUMBER BUT YOU MUST CLEARLY MARK THE ENVELOPE "CHANGE OF ADDRESS " CORRESPONDENCE FROM THE COURT, INCLUDING HEARING NOTICES, WILL BE SENT TO THE MOST RECENT ADDRESS YOU HAVE PROVIDED, AND WILL BE CONSIDERED SUFFICIENT NOTICE TO YOU AND THESE PROCEEDINGS CAN GO FORWARD IN YOUR ABSENCE

A List of Free Legal Service Providers has been given to you For information regarding the status of your case, call toll free 1-800-898-7180 OR 240-314-1500

Alien Number 087-413-592

Alien Name HAMILTON, TWINTIN

LIMITATIONS ON DISCRETIONARY RELIEF FOR FAILURE TO APPEAR

- You have been scheduled for a removal hearing, at the time and place set forth on the attached sheet Failure to appear for this hearing other than because of exceptional circumstances beyond your control** will result in your being found ineligible for certain forms of relief under the Immigration and Nationality Act (see Section A below) for a period of ten (10) years after the date of entry of the final order of removal
- () 2 You have been scheduled for an asylum hearing, at the time and place Failure to appear for this hearing set forth on the attached notice other than because of exceptional circumstances beyond your control** will result in your being found ineligible for certain forms of relief under the Immigration and Nationality Act (see Section A Below) for a period of ten (10) years from the date of your scheduled hearing
- () 3 You have been granted voluntary departure from the United States pursuant to section 240B of the Immigration and Nationality Act, and remaining in the United States beyond the authorized date will result in your being found ineligible for certain forms of relief under the Immigration and Nationality Act (see Section A Below) for ten (10) years from the date of the scheduled departure Your Voluntary departure bond, if any, will also be breached Additionally, if you fail to voluntarily depart the United States within the time period specified, you shall be subject to a civil penalty of not less than \$1000 and not more than \$5000 **the term "exceptional circumstances" refers to circumstances such as serious illness of the alien or death of an immediate relative of the alien, but not including less compelling circumstances
- THE FORMS OF RELIEF FROM REMOVAL FOR WHICH YOU WILL BECOME INELIGIBLE ARE
 - 1) Voluntary departure as provided for in section 240B of the Immigration and Nationality Act,
 - Cancellation of removal as provided for in section 240A of the 2) Immigration and Nationality Act, and
 - 3) Adjustment of status or change of status as provided for in Section 245, 248 or 249 of the Immigration and Nationality Act

This written notice was provided to the alien in English the contents of this notice must be given to the alien in his/her native

language, or in a language he/she und Date Dec 18, 2013	erstands by the Immigration Judge
Immigration Judge	or Court Clerk
TO [] ALIEN 3[] ALIEN C/O Custodi	DERSONAL SERVICE (P) al Officer [] ALLEN'S ATT/REP (] DHS

NOTICE OF HEARING IN REMOVAL PROCEEDINGS

IMMIGRATION COURT 26 FEDERAL PLZ 12TH FL , RM1237

NEW YORK, NY 10278

HAMILTON, TWINTIN RE FILE A087-413-592

TO

HAMILTON, TWINTIN 1146 ROGERS AVENUE BROOKLYN, NY 11226

Please take notice that the above captioned case has been scheduled for a /Individual hearing before the Immigration Court on

26 FEDERAL PLZ 12TH FL , RM1237, 14th FL COURTROOM #6 NEW YORK, NY 10278

You may be represented in these proceedings, at no expense to the Government, by an attorney or other individual who is authorized and qualified to represent persons before an Immigration Court Your hearing date has not been scheduled earlier than 10 days from the date of service of the Notice to Appear in order to permit you the opportunity to obtain an attorney or representative If you wish to be represented, your attorney or representative must appear with you at the hearing prepared to proceed You can request an earlier hearing in writing

Failure to appear at your hearing except for exceptional circumstances may result in one or more of the following actions

- 1) You may be taken into custody by the Department of Homeland Security and held for further action
- 2) Your hearing may be held in your absence under section 240(b)(5) of the Immigration and Nationality Act An order of removal will be entered against you if the Department of Homeland Security established by clear, unequivocal and convincing evidence that a) you or your attorney has been provided this notice and b) you are removable

IF YOUR ADDRESS IS NOT LISTED ON THE NOTICE TO APPEAR, OR IF IT IS NOT CORRECT, WITHIN FIVE DAYS OF THIS NOTICE YOU MUST PROVIDE TO THE IMMIGRATION COURT NEW YORK, NY THE ATTACHED FORM EOIR-33 WITH YOUR ADDRESS AND/OR TELEPHONE NUMBER AT WHICH YOU CAN BE CONTACTED REGARDING THESE PROCEEDINGS EVERYTIME YOU CHANGE YOUR ADDRESS AND/OR TELEPHONE NUMBER, YOU MUST INFORM THE COURT OF YOUR NEW ADDRESS AND/OR TELEPHONE NUMBER WITHIN 5 DAYS OF THE CHANGE ON THE ATTACHED FORM EOIR-33 ADDITIONAL FORMS EOIR-33 CAN BE OBTAINED FROM THE COURT WHERE YOU ARE SCHEDULED TO APPEAR IN THE EVENT YOU ARE UNABLE TO OBTAIN A FORM EOIR-33, YOU MAY PROVIDE THE COURT IN WRITING WITH YOUR NEW ADDRESS AND/OR TELEPHONE NUMBER BUT YOU MUST CLEARLY MARK THE ENVELOPE "CHANGE OF ADDRESS " CORRESPONDENCE FROM THE COURT, INCLUDING HEARING NOTICES, WILL BE SENT TO THE MOST RECENT ADDRESS YOU HAVE PROVIDED, AND WILL BE CONSIDERED SUFFICIENT NOTICE TO YOU AND THESE PROCEEDINGS CAN GO FORWARD IN YOUR ABSENCE

A List of Free Legal Service Providers has been given to you information regarding the status of your case, call toll free 1-800-898-7180 Timmle Mc WI

OR 240-314-1500

87

U.S. Department of Justice Executive Office for Immigration Review Immigration Court

OMB#1125-0006

Notice of Entry of Appearance as Attorney or Representative Before the Immigration Court

(Type of prmf) NAME AND ADDRESS O	F REPRESENTED PART	ľΥ	ALIEN (A) NUMBER (S) (List number(s) of all parties represented in this case)	
_ TWINTIN _		HAMILTON		
(Fust)	(Middle Initial)	(Last)	ļ	
			A 087 413 592	
1146 ROGERS A	VE			
(Number and Street)		(Apt No)	For disciplinary case, enter docket number	
BROOKLYN	NY	11776		
(City)	(State)	(Zip Code)		
NAME OF ATTORNEY O ADDRESS CLEMENT FRAN		ADDRESS, FAX & PHON	IE NUMBERS, & E-MAIL	
322 CLARKSON AUG		na (7.9) 1102 2262	Evals 402 2212	
SEE CHRESON AU	: OKOOKTAN WA II	Check here if no		
Please check one of the following				
following state(s), possession(s), territory(ies) commonwealth(s), or the District of Columbia (use additional space on reverse side if necessary) and I am not subject to any order disbarring, suspending, or otherwise restricting me in the practice of law (if subject to such an order explain on levelse)				
אוווא	ame of Court	Bar Nun	nber (if applicable)	
NYS Appellate Division - 151 Department 3060811				
I am an accredited represe	ntative as defined in 8 C F R §	1292 1(a)(4) with the following re	ecognized organization	
I am a law student or law	graduate of an accredited U.S. la	w school as defined in 8 C F R §	1292 1(a)(2)	
I am a reputable individua	l as defined in 8 C F R § 1292 I	I(a)(3)		
I am an accredited foreign	government official as defined	ın 8 C F R § 1292 1(a)(5)		
I am a person who was authorized to practice on December 23, 1952, under 8 C F R § 1292 I(b)				
I hereby enter my appearance as attorney or representative for and at the request of, the party named above I have read and understand the statements provided on the reverse side of this form that set forth the regulations and conditions governing appearances and representation before the Immigration Court I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct				
SIGNATURE OF ATTORNE	Y OR REPRESENTATIVE	EOIR ID NUMBE	R DATE	
X Hemman	~~~		7/31/13	

	Indicate type of appearance
Primary A	ttorney/Representative Non-primary Attorney/Representative
On behalf of Attorney	
	I am providing pro bono representation Check one yes no
	Proof of Service
(Name) Clement Fra	inuited or delivered a copy of the foregoing Form EOIR-28 on (Date) 73113
to the DHS (U.S. Immigra	ution and Customs Enforcement - ICE) at 25 Federal Plaza NY NY 10278
X Lemel	——————————————————————————————————————
Signatui	e of Attorney or Representative

APPEARANCES An appearance shall be filed on a Form EOIR-28 by the attorney or representative appearing in each case before an Immigration Judge (see 8 C F R § 1003 17). When an appearance is made by a person acting in a representative capacity, his/her personal appearance or signature constitutes a representation that, under the provisions of 8 C F R part 1003, he/she is authorized and qualified to represent individuals and will comply with the EOIR Rules of Professional Conduct in 8 C F R § 1003 102. Thereafter, substitution or withdrawal may be permitted upon the approval of the Immigration Judge of a request by the attorney or representative of record in accordance with 8 C F R § 1003 17(b). Please note that appearances for limited purposes are not permitted. See Matter of Velusquez, 19 I&N Dec. 377, 384 (BIA 1986). A separate appearance form (Form EOIR-27) must be filed with an appeal to the Board of Immigration Appeals (see 8 C F R § 1003 38(g)).

AVAILABILITY OF RECORDS - During the time a case is pending, a party to a proceeding or his/her attorney or representative will be permitted to examine the Record of Proceeding in the Immigration Court having administrative control over the Record of Proceeding, in accordance with the standard procedures of the Court

FREEDOM OF INFORMATION ACT - This form may not be used to request records under the Freedom of Information Act or the Privacy Act. The manner of requesting such records is in 28 C F R §§ 16 1-16 11 and appendices. For further information about requesting records from EOIR under the Freedom of Information Act, see How to File a Freedom of Information Act (FOIA) Request With the Executive Office for Immigration Review available on EOIRs website at http://www.justice.gov/eoir

PRIVACY ACT NOTICE - The information requested on this form is authorized by 8 U S C §§ 1229a, 1362 and 8 C F R § 1003 17 in order to enter an appearance to represent a party before the Immigration Court. The information you provide is mandatory and required to enter an appearance. Failure to provide the requested information will result in an inability to represent a party or receive notice of actions in a proceeding. EOIR may share this information with others in accordance with approved routine uses described in EOIRs system of records notice, EOIR-001, Records and Management Information System, and Practitioner Complaint-Disciplinary Files.

CASES BEFORE EOIR - Automated information about cases before EOIR is available by calling 1-800-898-7180 or (240) 314-1500

ADDITIONAL INFORMATION

Under the Paperwork Reduction Act a person is not required to respond to a collection of information unless it displays a valid OMB control number. We try to create forms and instructions that are accurate can be easily understood and which impose the least possible burden on you to provide us with information. The estimated average time to complete this form is six (6) minutes. If you have comments regarding the accuracy of this estimate or suggestions for making this form simpler, you can write to the Executive Office for Immigration Review. Office of the General Counsel, 5107 Leesburg Pike, Suite 2600. Falls Church. Virginia 22041



In removal proceedings under section 240 of the Immigration and Na	tionality Act:
Subject ID . 346476079	File No A087 413 592
DOB: 11/20/1955	Event No: NYC1305000294
In the Matter of	
Twintin HAMILTON	
Respondent 1146 ROGERS AVENUE . BROOKLYN NEW YORK 11226	currently residing at
(Number, street, city and ZIP code)	(Area code and phone number)
☐ 1 You are an arriving alien	
2 You are an alien present in the United States who has not been admitted or paro	led
3 You have been admitted to the United States, but are removable for the reasons	stated below
The Department of Homeland Security alleges that you 1. You are not a citizen or national of the United States;	
2. You are a native of TRINIDAD AND TOBAGO and a citizen of	TRINIDAD AND TOBAGO;
 You were admitted to the United States at New York, NY o as a nonimmigrant visitor; 	n or about December 21, 2003
4. On August 21, 2009 your status was adjusted to that of a conditional basis;	permanent resident on a
5. Your status was terminated on December 3, 2012 because y	our Petition to Remove
Conditions on Residence, Form I-751, was denied.	3 3
	MAY 20 Yoak,
	AH CC
On the basis of the foregoing, it is charged that you are subject to removal from the United	west product
provision(s) of law	2 5
Section 237(a)(1)(D)(i) of the Immigration and Nationality A after admission or adjustment as an alien lawfully admitted conditional basis under Section 216 or 216A of the Act your such respective section.	for permanent residence on a
This notice is being issued after an asylum officer has found that the respondent has or torture	demonstrated a credible fear of persecution
☐ Section 235(b)(1) order was vacated pursuant to ☐8CFR 208 30(f)(2) ☐8CFR 2	235 3(b)(5)(iv)
OU ARE ORDERED to appear before an immigration judge of the United States Departs 26 Pederal Plaza 12 Floor Room 1237 New York NEW YORK US 10278	nent of Justice at
(Complete Address of Immigration Court including Room Number if	any)
1 July 31, 2013 at 09 00 A M to show why you should not be remo	wed from the United States based on the
370	0
(Signature and Title of Issuit	
ate May 17, 2013 New York, My	

See reverse for important information

(City and State)

Form I-862 (Rev 08/01/07)

Notice to Respondent

Warning Any statement you make may be



against you in removal proceedings



Alten Registration This copy of the Notice to Appear served upon you is evidence of your alien registration while you are under removal proceedings. You are required to carry it with you at all times

Representation If you so choose, you may be represented in this proceeding, at no expense to the Government, by an attorney or other individual authorized and qualified to represent persons before the Executive Office for Immigration Review, pursuant to 8 CFR 3 16 Unless you so request, no hearing will be scheduled earlier than ten days from the date of this notice, to allow you sufficient time to secure counsel. A list of qualified attorneys and organizations who may be available to represent you at no cost will be provided with this notice.

Conduct of the hearing At the time of your hearing, you should bring with you any affidavits or other documents, which you desire to have considered in connection with your case. If you wish to have the testimony of any witnesses considered, you should arrange to have such witnesses present at the hearing.

At your hearing you will be given the opportunity to admit or deny any or all of the allegations in the Notice to Appear and that you are inadmissible or removable on the charges contained in the Notice to Appear. You will have an opportunity to present evidence on your own behalf, to examine any evidence presented by the Government, to object, on proper legal grounds, to the receipt of evidence and to cross examine any witnesses presented by the Government. At the conclusion of your hearing, you have a right to appeal an adverse decision by the immigration judge.

You will be advised by the immigration judge before whom you appear of any relief from removal for which you may appear eligible including the privilege of departure voluntarity. You will be given a reasonable opportunity to make any such application to the immigration judge

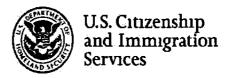
Failure to appear You are required to provide the DHS, in writing, with your full mailing address and telephone number. You must notify the Immigration Court immediately by using Form EOIR-33 whenever you change your address or telephone number during the course of this preceeding. You will be provided with a copy of this form. Notices of hearing will be mailed to this address. If you do not submit. Form EOIR-33 and do not otherwise provide an address at which you may be reached during proceedings, then the Government shall not be required to provide you with written notice of your hearing. If you fail to attend the hearing at the time and place designated on this notice, or any date and time later directed by the Immigration Court, a removal order may be made by the immigration judge in your absence, and you may be arrested and detained by the DHS.

Mandatory Duty to Surrender for Removal If you become subject to a final order of removal, you must surrender for removal to one of the offices listed in 8 CFR 241 16(a) Specific addresses on locations for surrender can be obtained from your local DHS office or over the internet at http://www.ice.gov/about/dro/contact.htm You must surrender within 30 days from the date the order becomes administratively final, unless you obtain an order from a Federal court, immigration court, or the Board of Immigration Appeals staying execution of the removal order. Immigration regulations at 8 CFR 241 1 define when the removal order becomes administratively final. If you are granted voluntary departure and fail to depart the United States as required, fail to post a bond in connection with voluntary departure, or fail to comply with any other condition or term in connection with voluntary departure, you must surrender for removal on the next business day thereafter. If you do not surrender for removal as required, you will be ineligible for all forms of discretionary relief for as long as you remain in the United States and for ten years after departure or removal. This means you will be ineligible for asylum, cancellation of removal, voluntary departure, adjustment of status, change of nonimmigrant status, registry, and related waivers for this period. If you do not surrender for removal as required, you may also be criminally prosecuted under section 243 of the Act.

Request for Prompt Hearing To expedite a determination in my case, I request an immediate hearing. I waive my right to a 10-day period prior to appearing before an immigration judge Before (Signature of Respondent) Date (Signature and Title of Immigration Officer) Certificate of Service This Notice To Appear was served on the respondent by me on May 20, 2013, in the following manner and in compliance with section 239(a)(1)(F) of the Act. n person by certified mail, returned receipt requested by regular mail Attached is a credible fear worksheet Attached is a list of organization and attorneys which provide free legal services The alien was provided oral notice in the language of the time and place of his or her hearing and of the consequences of failure to appear as provided in section 240(b)(7) of the Act. ISO (Signature of Respondent if Personally Served) (Signature and Title of officer)

Form I-862 Page 2 (Rev 08/01/07)

U S Department of Homeland Security 26 Federal Plaza, Room 4-130 New York, NY 10278



Twintin Hamilton

1146 Rogers Avenue Brooklyn, NY 11226 File # A87413592 Rec # EAC1129400026

Date January 2013

NOTICE OF DECISION

Your Notice of Appeal or Motion (Form I-1290B) is dismissed for the following reason.

SEE ATTACHMENT

Sincerely,

Andrea J Quarantillo
District Director
New York District

AJQ jam

CC

ATTACHMENT

On January 22, 2013, you filed a motion to reopen and reconsider The motion is dismissed

8 CFR 103 5 states in pertinent part

- (a) (2) Requirements for a motion to reopen. A motion to reopen must state the new facts to be provided in the reopened proceedings and be supported by affidavits or other documentary evidence. A motion to reopen an application or petition due to abandonment must be filed with evidence that the decision was in error
- (a) (3) Requirements for a motion to reconsider. A motion to reconsider must state the reasons for reconsideration and must be supported by any precedent decisions to establish that the decision was based on an incorrect application of law or Service policy. A motion to reconsider a decision on an application or petition must, when filed, also establish that the decision was incorrect based on the evidence or record at the time of the initial decision.

On January 22, 2013, you filed a motion to reopen and reconsider the denial of your I-751 Application (EAC1129400026) to remove conditions on residence. The I-751 application to remove conditions was denied based on your failure provide evidence that you entered your marriage in good faith and that it was a bona fide marriage from the time you were granted conditional residence on August 21, 2009. The initial evidence submitted with your I-751 Application to Remove Conditions included two affidavits. Your spouse Mr. Mack was not able to identify Ms. McIntosh, one of the affiants. The Service determined that the affidavits you submitted were insufficient to prove the bona fides of your marriage. You also presented a lease for your apartment. Mr. Mack did not sign this lease and, during the interview conducted on November 19, 2012, Mr. Mack was not able to state the correct amount of the monthly rent. You also submitted a letter from your bank, dated 11/17/2012 requesting that Mr. Mack's name be added to your account. The letter in itself does not help prove the bona fides of your marriage as it was written two days before your interview. Finally the only other evidence you presented of the bona fides was a joint tax return for the year 2011. You could not explain why you did not file join taxes in 2009 and 2010.

As a courtesy, in response to your motion, the Service conducted an investigation of your spouse's address. This current search of public records clearly shows that the Mr. Mack has not been living at your marital residence.

While you stated your case passionately and eloquently, the service must defer to the law In Lutwak v United States, 344 U S 604 (1953), the Supreme Court held that the conduct of the parties after marriage is relevant to their intent at the time of marriage. Evidence to establish intent can take many forms, including, but not limited to proof that the beneficiary has been listed as a spouse on income tax returns, bank accounts, testimony or other evidence regarding the wedding ceremony, shared residence, health insurance and other instances of a shared life. Your lack of the above mentioned documentation leads the service to conclude that you have not met the threshold of establishing your burden of proof

Therefore, for the reasons stated above, your Motion to Reopen or Reconsider is dismissed and the denial of your Form I 751, EAC1115900301, is upheld in accordance with the above cited regulation

APP I290B

MSC1390505553

APP 1290B

MSC1390505553

TWINTIN HAMILTON 1146 ROGERS AVE BROOKLYN, NY 11226

TWINTIN HAMILTON 1146 ROGERS AVE BROOKLYN, NY 11226

TWINTIN HAMILTON 1146 ROGERS AVE BROOKLYN, NY 11226

APP 1290B

1900462

1013008394010

U.S. Citizenship and Immigration Services

<u> </u>	<u> </u>			
In the Matter of Twa	ntin Hamilton	File No	umber A - 874	13592
START HERE - Please T	ype or Print (Use black ink)		For USC	CIS Use Only
	About Petitioner/Applicat	•	Returned	Receipt
	torney/Representative filing appe		D-4:	
Family Name	Given Name	Middle Name	Date	
Hamilton	Twintin		Date	,
Name of Business/Organiz	ation (if applicable)		Resubmitted	<u> </u>
			Tresson in the	ζ.
Mailing Address - Street	Number and Name	Apt #	Date	39
1146 Rogers Ave	•)
C/O (in care of)			Date	55 Ap.
		·	Reloc Sent	53
City	State or Province	Zip/Postal Code	Date	.90B
Brooklyn	NA	11226	Date	,
Country	Daytime Pho	ne # (Area/Country Code)	Date	72
USA	(347) 5	86-1453	Reloc Rec'd	2/2
Fax # (Area/Country Code) E-Mail Addre	ess (if any)		, 25 I
()			Date	ω
I am an attorney or re	presentative If you check this b	ox, you must provide the	D	,
following information about the person or organization for whom you are				
appearing (NOTE You must attach a Form G-28, Notice of Entry of Appearance				
as Attorney or Representative) Family Name Given Name Middle Name				
<u> </u>				3 2013
Complete Name of Busines	ss/Organization/School (if application)	able) W	MAR A E	2 / 1 / 2 / 1 2 / 2 1 2 / 2 2 2 2 2 2 2 2 2
L A # (if any)	Dautimo Dho	 ne # <i>(Area/Country Code)</i>	CHINO:	
X # (IJ UNY)	Daytinic Filo	He # (Area/Courilly Code)	danc Imm	
Fax # (Area/Country Code,	E-mail Addre	see (st am)	Talamak	במשליון י
()	L-IIIAII AGUIC	iss (ly unly)	70,761	~ 11/19/2012
	About the Appeal or Motion			
_ ·	nt you are filing an appeal, it may		notion before it is fo	orwarded to the AAO
A. \square I am filing an appeal My brief and/or additional evidence is attached				
B I am filing an appeal My brief and/or additional evidence will be submitted to the AAO within 30 days				
C 🔲 lam filing an app	peal No supplemental brief and/	or additional evidence will be s	ubmitted	
D 🖾 I am filing a motion to reopen a decision My brief and/or additional evidence is attached				
E I am filing a motion to reconsider a decision. My brief is attached				
F. I am filing a moti	ion to reopen and a motion to rec	onsider a decision My brief an	d/or additional evid	lence is attached
		TOTAL CONTRACTOR		om I-290B (Rev 04/21/10) Y



In the Matter of Twintin Hamilton

File Number A - 87413592

Part 2. Information About the Appeal or Motion

(Continued)

Information on the relating application/petition

Application/Petition Form #

Receipt #

Date of Denial (mm/dd/yyyy)

USCIS Office Where Decision Issued

I-290B

EAC1129400026

12/18/2012

NEW YORK OFFICE

Part 3. Basis for the Appeal or Motion

Motion to Reopen The motion must state new facts and must be supported by affidavits and/or documentary evidence

Motion to Reconsider. The motion must be supported by citations to appropriate statutes, regulations, or precedent decisions

Appeal. Provide a statement explaining any erroneous conclusion of law or fact in the decision being appealed

I am appealing this case because I know with all my heart that my husband love me very, However, my husband Vincent very much and vice versa and nothing can ever change that has a little drinking problems, at time when he drinks, he acts like an absent minded person loosing his logical sense My husband Vincent Mack is under a lot stress lately due to financial situation by not been able to hire a lawyer to appear in front of the He was very nervous and preoccupied at the time of the Immigration Officer with me After the proceedings my husband is seek with interview due to that fact alone depression, blaming himself for failing of his responsibilities as a husband not been able to shield and protect me by the Immigration proceedings I, myself felt wasted, discussed and out of place. In the name of our Lord Jesus and the Holy \$pirit I am hoping with all my heart you will reconsider my case because I am at mercy and I also want you to know that any thing that you can to help, especially myself in this situation will be I been living in this great City of America for over 9 years, I greatly appreciate became very accustoms to this life style and I can not bear to be deported and face the Again, I am pleading with you and beg you to give my uncertainty back home again husband and I another chance to have another interview to prove once and for all my marriage with my husband Vincent Mack is 100% real and we are a lovely couple who loves one another so very much I want to be here with my husband, before him I was alone in this world. My husband was the first and the only person to give an opportunity to know what love is about, to have someone to talk and listen to and to build a life together, After all these trying to have our first house here in America made us so very proud years working so tiredly to fit in this great City of America, now to find out that it might not be possible at all will be very devastated to both of us and would probably affected my psycho-logically for years to come I am crying for your help so needlessly to give me and my husband a second chance to prove that our love is real

att 4. Signature of a cison rining the Appendiction of this of their Authorized Representative	Part 4. Signature of Person Filing the Appeal/Motion or His or Her Authorized Represe
--	---

Signature

Printed Name

Date (mm/dd/yyyy)

Wmtr Ma

MINTIN HAMILITON

Make sure your appeal or motion is complete before filing



Form I 290B (Rev 04/21/10) Y Page 2

Twintin Hamilton 1146 Rogers Ave Brooklyn, NY 11226 Tel 347-586-1453

January 15, 2013

USCIS P O BOX 805887 CHICAGO, IL 60680-4120

To Whom It May Concern

Enclosed are following supporting documents in response to the motion to reopen my case are as follow

Life Insurance for both myself and my husband

Bank Account / statement

Utility Bill from Selectel Inc

An update Drivers License with current address

3 Years of Taxes

Please find that these information are sufficient to grant a decision in my favor

Thank you, in advance may God bless and your family

Sincerely Yours,

Twintin Hamilton

Notary Public

Subscribed and sworn to before me

This

157 day of January

2011

CADESCA GERVEUS
Blowley Public, State of New Yeak
No. 01 CASCATUS
Quelified in Kinga County
Orientesion Expires

1/3/2015



164 20th Street Brooklyn NY, 11232 718 832-9409 Office 866 898-1862 Fax

To whom it may concern:

Policy number: 3478142659

Primary Insured: Vincent Mack Spouse Insured: Twintin Hamilton

Address: 1146 Rogers Ave Brooklyn, NY 11226

Coverage amount \$25,000 Coverage amount \$20,000

Effective 12/19/12, the following person(s). Vincent Mack and Twintin Hamilton have been insured with National Benefit Life Insurance Company (Primerica)

Primerica Agent: Fitzgerald Squire 347 753-3377



Deposit Account Balance Summary

01/11/2013

Requestor information
TWINTIN HAMILTON
1146 ROGERS AVE
BROOKLYN, NY 11226-7108

	Sum	mary of Depos	t Account	
Account Number	Account Type	Open Date	Current Balance	Avg Balance (12 mos)
851171207	Chase Checking	, 08/31/2009	\$256 86	\$302 00
	O	ustomer Inform	nation	
TWINTIN HAMILTON		P	rimary Joint Or	
VINCENT CLEON MA	ACK	S	econdary Joint Or	
		(
	<u> </u>			_

Deposit Account Balance Summary request completed by

CHRISTINE OFFOEGBU (718) 284-5157 Nostrand JPMorgan Chase Bank, N A
Nostrand Ave
1462 Sectrand Ave
Brooklyn, NY 11226
NY1-2348

PLEASE NOTE THAT THE INFORMATION PROVIDED IN THIS LETTER WILL BE THE ONLY INFORMATION RELEASED BY JPMorgan Chase, N.A.

This letter is written as a matter of business courtesy, without prejudice and is intended for the confidential use of the addressee only. No consideration has been paid or received for the issuance of this letter. The sources and contents of this letter are not to be divulged and no responsibility is to attach to this bank or any of its officers, employees or agents by the issuance or contents of the letter which is provided in good faith and in reliance upon the assurances of confidentiality provided to this bank. Information and expressions of opinion of any type contained herein are obtained from the records of this bank or other sources deemed reliable, without independent investigation, but such information and expressions are subject to change without notice and no representation or warranty as to the accuracy of such information or the reliability of the sources is made or implied or vouched in any way. This letter is not to be reproduced, used in any advertisement or in any way whatsoever except as represented to this bank. This bank does not undertake to notify of any changes in the information contained in this letter. Any reliance is at the sole risk of the addressee.

25 012213 A0S-805887



SELECTEL INC

Account Summary

Account No Customer Name Due Date 83001430 TWINTIN HAMILTON 12/30/2009

Custom Service/Billing Inquiries 1-877-218-5744 or www.selectelco com

Transaction Summary Previous Balance 37 93 Balance Forward 37 93 Finance Charge 0 57 Current Charges 0 00 Amount Due 38 50

ightharpoonup total due:

38.50

Please detach and return this portion with your payment to SelecTel Inc. Please put your account number on your payment

⊶667**7**10



PO Box 489 Arlington, NE 68002

SELECTEL INC

=2108948-j=667810 sep277-1-1

Check here to change address and make changes in the space available below

TWINTIN HAMILTON
VINCENT MACK
1146 ROGERS AVE FLR 2
BROOKLYN, NY 11226-7108

Monthly Statement

Account No 83001430
Invoice Date 12/5/2009
Due Date 12/30/2009
Total Amount Due 38 50
Amount Paid

This bill was mailed on 12/5/2009. A late payment charge of 1.5% or \$5 (whichever is greater) will apply to any amounts not received by 12/30/09.

SelecTel Inc PO Box 489 Arlington, NE 68002-0489

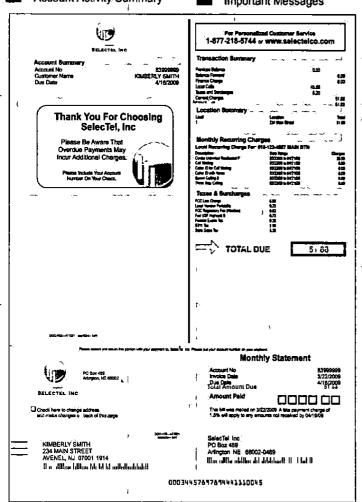
How To Read Our Bill

Remittance Stub to be returned with your payment

Monthly Recurring Charges and Long Distance Detail

Account Activity Summary

Important Messages



About Your Bill

Your Monthly Bill

Full month charges for your service plan, features, specialized calling services, and line charges are billed one month in advance. You won't experience any unpleasant surprises with your first bill. The only time you'll see any partial month charges on your bill is when you add features or other services during your regular billing cycle.

Taxes and Surcharges

Various regulated taxes, fees and surcharges will appear on your bill. SelecTel will apply only those taxes, fees and surcharges approved, mandated or regulated by federal, state, county and local governmental authorities and agencies.

Payment Options









If you want to make a payment by phone, call our Customer Service representatives on or before your bill's due date. You can pay over the phone with a valid credit card or eCheck. There is no charge for this service. If you've registered for SelecTel's AutoPayment program, your credit card will be charged or your checking account will be debited each month.

Billing Questions

If you have questions about particular charges on our bill or any billing questions in general, just call Customer Service Or, you can email your questions to questions@selectelco com and you will receive a prompt response

CHANGE OF ADDRESS:

Please print the information below and check the box on the reverse upper left corner

Address			
City			
County	t		
State/Zip Code			
Home Phone			
Business Phone			





Bank of America, N.A PO Box 25118 Tampa, FL 33622 5118 Combined Statement
Page 1 of 8 009523190967
Statement Period
11 29 12 through 12 27 12
B 18 0 A P PA 18
Number of checks enclosed 0

ան 01/07 0 0487 882 1 091 037889 #201 AV 0 350

VINCENT CLEON MACK TWINTIN HAMILTON 1146 ROGERS AVE BROOKLYN, NY 11226-7108

Our Online Banking service allows you to check balances, track account activity and more With Online Banking you can also view up to 18 months of this statement online and even turn off delivery of your paper statement.

Enroll at www bankofamerica com

Costomer Service Information www.benkufumerico.com For additional information or service, you cony sail: 1.500.402.1000 Castomer Service 1.500.204.400 (2010) There Sail 1.500.604.000 (2010) There Sail 1.500.604.000 (2010) There Sail 1.500.604.000 (2010) There Sail 1.500.604.000 (2010) There Sail

Your Statement Summary

Account	Account	Statement	Balance (\$)
Name	Number	Date	
Bank Deposit Accounts ** MyAccess Checking Regular Savings	0095 2319 0967	12-27	105 31
	0095 2318 9210	12-27	558 70

Total Deposit Account Balance \$864.01

^{**} Banking products such as checking and savings accounts are offered by Bank of America, N.A., member FDIC Bank of America credit cards are usued and administered by FIA Card Services, N.A.

VINCENT CLEON MACK TWINTIN HAMILTON Combined Statement
Page 2 of 8 009523190967
Statement Period
11 29 12 through 12 27 12
B 18 0 A P PA 18
Number of checks enclosed 0

Deposit Accounts

Human Rights Campaign 1.800.696.6346 - Customer Service MyAccess Checking

VINCENT CLEON MACK TWINTIN HAMILTON

Your Account at a Glance

Account Number	XXXX	XXXX 0967
Beginning Balance on 11-29-12	\$	54 06
Deposits and Other Additions	+	1,795 00
ATM and Debit Card Subtraction	s -	1,689 09
Service Charges and Other Fees	, - .	47 00
Other Subtractions	-	7 66
Ending Balance on 12-27-12	\$	105.31

Help to avoid Overdraft & NSF

Set up Alerts through Online Banking and receive messages by email or text to inform you when your balance is low. Set up Overdraft Protection to automatically transfer available funds to your account from a linked savings, credit card, or second checking account to help cover items that would overdraw your account. You can set up both services via Online Banking at bankofamerica com, by visiting a banking center, or by calling the toll-free number on your statement for details. Changes generally take effect after 2 business days, but can take up to 10 business days, depending on the type of account you've chosen to link for Overdraft Protection service.

MyAccess Checking Additions and Subtractions

Date Posted	Amount(\$)	Resulting Balances(\$)	Transactions
11-29	8 25-	45 81	CheckCard 1127 Lirrnytickets 877-547-7876 NY 24610432333004020222631
11-29	0 75-	45 06	Keep The Change Transfer To Acct 9210 For 11/29/12
12-03	150 00 +	195 06	Columbus Data 12/03 #000355780 Fr Sav 310 BEACH 54Th St Far Rockaway NY
12-03	60 00+	255 06	Laundry Land 12/03 #000242905 Fr Sav 32 25 BEACH Chann Far Rockaway NY
12-03	10 00-	245 06	CheckCard 1130 Mta Mvm 169Th Street 718-330-1234 NY 24610432336004058629878
12-03	5 75-	239 31	CheckCard 1201 Lirrnytickets 877-547-7876 NY 24610432337004019328700
12 03	5 75-	233 56	CheckCard 1201 Lirrnytickets 877-547-7876 NY 24610432336004025262480
12-03	0 50-	233 06	Keep The Change Transfer To Acct 9210 For 12/03/12
12-05	50 00 +	283 06	Chase 12/05 #000758627 Fr Sav 16110 Jamaica Ave Jamaica NY
12-05	132 00-	151 06	CheckCard 1204 Wu 3990231074 800-525-3403 MO 24387752339004053117753
12-05	23 95-	127 11	CheckCard 1204 Wu 5571084748 800-525-3403 MO 24387752339004053122910
12-05	0 05-	127 06	Keep The Change Transfer To Acct 9210 For 12/05/12

JPMorgan Chase Bank, N A P O Box 659754 San Antonio TX 78265-9754

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00067875 DRE 802 141 36312 NNNNNNNYNNN T 1 000000000 18 0000 TWINTIN HAMILTON OR VINCENT CLEON MACK 1146 ROGERS AVE BROOKLYN NY 11226-7108

CUSTOMER SERVICE INFORMATION

Web site	Chase com
Service Center	1-800-935-9935
Deaf and Hard of Hearing	1-800-242-7383
Para Espanol	1-877-312-4273
International Calls	1-713-262-1679

CHECKING SUMMARY

Chase Checking

Beginning Balance	AMOUNT \$352 21
Deposits and Additions	1,317 50
ATM & Debit Card Withdrawals	- 1,566 71
Electronic Withdrawals	- 92 77
Ending Balance	\$10,23

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
11/30	Partners IN Care Payroll PPD ID 1133885148	\$45.06
12/03	Deposit 1105584547	40 00
12/07	Partners IN Care Payroll PPD ID 1133885148	146 00
12/14	Partners IN Care Payroll PPD ID 1133885148	338 99
12/17	ATM Check Deposit 12/15 Card 8199	283 85
12/17	Deposit 1103881502	50 00
12/18	ATM Check Deposit 12/18 Card 8199	8 35
12/21	Partners IN Care Payroll PPD ID 1133885148	300 95
12/24	ATM Check Deposit 12/22 Card 8199	104 30
Takel Da	months and fieldsham	04 047 50

Total Deposits and Additions

\$1,317 50

ATM & DEBIT	CARD WITHD	RAWALS
-------------	------------	--------

DATE	DESCRIPTION		AMOUNT
11/29	ATM Withdrawal 11/29	1462 Nostrand Avenue Brooklyn NY Card 8199	\$140 00
11/30	ATM Withdrawal 11/30	1462 Nostrand Avenue Brooklyn NY Card 8199	200 00
12/07	ATM Withdrawal 12/07	750 New York Ave Brooklyn NY Card 8199	140 00
12/10	Card Purchase With Pin 12/0	98 Rite Aid Corp Brooklyn NY Card 8199	3 88
12/10	Card Purchase With Pin 12/0	8 Walgreens 3000 Church Brooklyn NY Card 8199	5 43
12/10	Card Purchase With Pin 12/0	8 Mta Vending Machines 718-330-1234 NY Card 8199	5 00





DATE	DESCRIPTION		AMOUNT
Ĩ2/10	ATM Withdrawal	12/10 1462 Nostrand Avenue Brooklyn NY Card 8199	20 00
12/10	Card Purchase Wit	h Pin 12/10 The Meat Place Brooklyn NY Card 8199	7 05
12/11	Card Purchase Wit	h Pin 12/11 Duane Reade 1833 Nostr Brooklyn NY Card 8199	3 80
12/14	ATM Withdrawal	12/14 1462 Nostrand Avenue Brooklyn NY Card 8199	100 00
12/17	ATM Withdrawal	12/15 2125 Nostrand Ave Brooklyn NY Card 8199	50 00
12/17	ATM Withdrawal	12/15 1462 Nostrand Avenue Brooklyn NY Card 8199	300 00
12/17	Card Purchase Wit	h Pin 12/15 Cookies DE982 Flatbush Brooklyn NY Card 8199	10 88
12/17	ATM Withdrawal	12/16 1462Nostrand Ave@Churchst Brooklyn NY Card 8199	40 00
12/17	ATM Withdrawal	12/17 1462Nostrand Ave@Churchst Brooklyn NY Card 8199	60 00
12/17	Card Purchase Wit	h Pin 12/17 Associated Supermarket Brooklyn NY Card 8199	6 45
12/18	Card Purchase Wit	h Pin 12/18 Associated Supermarket Brooklyn NY Card 8199	5 00
12/18	Card Purchase Wit	h Pin 12/18 C Town Brooklyn NY Card 8199	7 63
12/18	ATM Withdrawal	12/18 1833 Nostrand Ave Brooklyn NY Card 8199	20 00
12/19	ATM Withdrawal	12/19 1462 Nostrand Avenue Brooklyn NY Card 8199	20 00
12/21	Card Purchase	12/20 Popeye's Roslyn NY Card 8199	674
12/21	ATM Withdrawal	12/21 391 Eastern Parkway Brooklyn NY Card 0091	20 00
12/21	ATM Withdrawal	12/21 1462 Nostrand Avenue Brooklyn NY Card 8199	240 00
12/24	ATM Withdrawal	12/22 2125 Nostrand Ave Brooklyn NY Card 8199	60 00
12/24	ATM Withdrawal	12/22 5136 Flatbush Ave Brooklyn NY Card 8199	60 00
12/24	Card Purchase	12/22 Master Wok - Kings Pla Brooklyn NY Card 8199	14 85
12/24	ATM Withdrawal	12/24 2125 Nostrand Ave Brooklyn NY Card 8199	20 00
Total /	ATM & Debit Card W	ithdrawals	\$1,566 71

ELE	ELECTRONIC WITHDRAWALS								
DATE	DESCRIPTION			AMOUNT					
11/29	Capital One	Phone Pymi	PPD ID 9541719986	\$30 00					
12/17	Nat Ben Life (CO Ins Prem	PPD ID 1231618791	37 77					
12/19	Georb Phone	Payment	Twintin Hamilto Tel ID 2003318907	25 00					
Total E	Electronic With	drawals		\$92 77					

A monthly Service Fee was **not** charged to your Chase Checking account. Here are the two ways you can avoid this fee during any statement period.

- Have direct deposits totaling \$500 00 or more
 (Your total direct deposits this period were \$1,163 79 Note some deposits may be listed on your previous statement)
- QR have at least 5 debit card purchases during your statement period

(b)(6)

1040EZ	Joint Filers With No Dependents (99) 2010	OMB No 1545 0074
Address, and SSN	P R R P P P P P P P P P P P P P P P P P	Your social security number 250-19-4024 Spouse's social security no 102-98-0877
	BROOKLYN, NY 11226	Make sure the SSN(s) above are correct
Presidential	R L	Checking a box below will not change your tax or refund
(see page 9)	Check here if you or your spouse if a joint return, want \$3 to go to this fund	You X Spouse
Income Attach	1 Wages, salaries and tips This should be shown in box 1 of your Form(s) W 2 Attach your Form(s) W-2	1 30,614.
Form(s) W- 2 here	2 Texable interest if the total is over \$1,500 you cannot use Form 1040EZ	2
Enclose but do not attach any payment	3 Unemployment compensation and Alaska Permanent Fund dividends (see page 11)	3
	4 Add lines 1 2 and 3 This is your adjusted gross Income	4 30,614.
You may be entitled to a large deduction if you file Form 1040A o	or You Spouse	
1040 See Before You Begin on page 4	S18 700 if married filing jointly See page 2 for explanation	5 18,700.
page 4	6 Subtract line 5 from line 4. If time 5 is larger than line 4 enter-0-	<u>▶ 6</u> 11,914.
Payments,	7 Faderal income tax withheld from Form(s) W 2 and 1099	7 2,238.
Credits, and Tax	Making work pay credit (see worksheet on page 2)	8 800.
	9a Earned income credit (EIC) (see page 13)	9a
		7
	10 Add lines 7,8, and 9a These are your total payments and credits	▶ 10 3,038.
	11 Tax Use the amount on line 6 above to find your tax in the tax table on pages 27	
Defined	through 35 of the instructions. There enter the tax from the table on this line. 12a If line 10 is larger than line 11, subtract line 11 from line 10. This is your refund.	11 1,193.
Refund Have it directly	If Form 8888 is attached check here >	▶12a 1,845.
deposited ¹ See page 18 and fill in 12b, 12c and 12d or		ings
Form 8888	▶ d Account number XXXXXXXXXXXXXXX	
Amount You Owe	13 Ir line 11 is larger than line 10 subtract line 10 from line 11 This is the amount you owe For details on how to pay see page 19	<u>▶ 13</u>
Third Party Designee	Designee's name Phone no	Personal ID number 34-5238 (PIN) > 29515
Sign Here	Under penalties of perjury, I declare that I have examined this return, and to the best of my knowl accurately lists all amounts and sources of income I received during the tax year. Declaration of placed on all information of which the preparer has any knowledge.	edge and belief, it is true, correct and
Joint return? See page 6	Your signature Date Your occupation	Daytime phone number
Keep a copy for your records		<i>\(\(\(\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
Paid	Print/Type preparer's name Preparer's signature Date	Check if PTIN self-employed P00065329
Preparer Use Only	Firm'sname ► HRB TAX GROUP INC	m's EIN ► 43 - 1871840
	Firm's add ess ► BROOKLYN, NY 11210 closure, Pri /acy Act, and Paperwork Reduction Act Notice, see page 36	one no (718) 434-5238 Form 1040EZ (2010)
	FD1040EZ-1V12	107

Department of the Treasury

al Revenue Service

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Worksheet		ııs workshe	-							-			•			• .	• •	
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your records)	-	e, enter S9 (-															
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for Line 8 -	<i>a</i> 0,0,0,0,	roa bogiii				jointly in	\ '	,				-			•			
Making	1a	Importa				on page		~									~-	
Work Pay	7-4	a Form V	N-2 (b)	your wa	ages incl	lude pay	for work	perform	ned whi	ile an ir	imate in	ape	enal ins	titution	or (c)) vou re	eceived	1
Credit	a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section									tion 45	i7 plan							
		$\overline{}$	and you	rspouse	e if filing	jointly) h	ave 2010	0 wage	s of more	e than	\$6 451	(\$12	903 if r	named	i filing	jointly)	?	
		X Yes				3 Enter 8			ırrıed filir	ng join	tly) on li	ne 4	and go	to line	5			
		No				come (see		tions)			1a _				_			
	b			bat pay	include	ed on line	1a (see											
Use this worksheet to	_	instruction		1		1	- 1	b —	7 ~	_	`	·						
figure the amount	2	Multiply	- (,	- 1	1	\ '	11/	,	2	- -			_			
to enter on line 8	3	Enter \$4	1	ŧ	_		f ,	1 /		. /	/3,				_			
If you cannot be claimed as a	4			/	· ./	3 (unles		ſ	Yes"on	line 1a					4	·	80	0.00
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(keep a copy for your records)	9	Subtract	line 8 fro	om line 4	4 ffzero	orless e	enter - 0-	7							9) <u></u>	8.0	0.00
	Did you (or your spouse, if filing jointly) receive an economic recovery payment in 2010? You may have received this payment in 2010 if you did not receive an economic recovery payment in 2009 bit																	
						efits sup												
		veterans	disabilit	ty comp		n or pens												
		2009 (se	e instruc	tions)														
		X No	Enter	()- on li	ine 10 ai	nd go to i	line 11											
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						-												
Mailing Return	Mailvo	our return b	y April 1	18, 2011	Mailitt	to the ade	dress sh	own on	the last	page	of the m	struc	tions					

Form 1040EZ	Department of the Treasure (remail Revenue Service Income Tax Return for Single and Joint Filers With No Dependents (99) 2009	OMB No 15	45 007	
Label A (See page 9) B Use the IRS E label	VINCE NT MACK TWINTIN HAMILTON 1146 RODGERS AVE	Your social security number 250-19-4024 Spouse's social security no 102-98-0877		
Otherwise E please print R or type E	BROOKLYN, NY 11226	You must enter your SSN(s) above	e 🛦	
Presidential Election		Checking a box below v change your tax or refun		
Campaign (see page 9)	Check here if you or your spouse if a joint return, want \$3 to go to this fund	You S	pouse	
Income Attach	1 Wages salaries, and ups This should be shown in box 1 of your Form(s) W 2 Attach your Form(s) W-2		615	
Form(s) W- 2 here	2 Taxable interest If the total is over \$1 500, you cannot use Form 1040EZ	2	_,	
Enclose, but do not attach,	3 Unemployment compensation in excess of \$2,400 per recipient and			
any payment	Alaska Permanent Fund dividends (see page 11)	3		
_ -	4 Add lines 1 2 and 3 This is your adjusted gross income	4 23,	615	
You may benefit from filing Form 1040A or 1040 See Before You	If someone can claim you (or your spouse if a joint return) as a dependent check the applicable box(es) below and enter the amount from the separate worksheet. You If no one can claim you (or your spouse if a joint return), enter \$9 350 if single, \$18 700 if married filling jointly /See page 2 for explanation			
Begin on page 4	S18 700 if married filling jointly /See page 2 for explanation / / 6 Subtract line 5 from line 4_Liline 5 is larger than line 4, enter-0-/	5 18,	700	
	This is your taxable Income	▶ 6 _ 4,	915	
Payments, Credits,	7 Federal income tax withheld from Form(s) W_2 and 1099	7 1,	846	
and Tax	8 Making work pay credit (see worksheet on page 2)	8	800	
	9a Earned income credit (EIC) (see page 13)	9a		
	b Nontaxable combat pay election /9b			
	10 Add lines 7,8, and 9a! These are your total payments and credits 11 Tax. Use the amount on line 6 above to find your tax in the tax table on pages 27	▶ 10 2,	646	
	through 35 of the instructions. Then, enter the tax from the table on this line	11	493	
Refund Have it directly	12a If line 10 is larger than line 11 subtract line 11 from line 10. This is your refund If Form 8888 is attached check here. ▶ □		_	
deposited! See page 18 and fill		▶ 12a 2,	<u> 153.</u>	
in 12b, 12c and 12d or	▶ Ib Fouting number 021000322 ▶ c Type X Checking Savings			
Form 8888	d Account number 009523190967			
Amount you owe	13 If line 11 is larger than line 10, subtract line 10 from line 11. This is the amount you owe. For details on how to pay, see page 19.	▶ 13		
Third party designee	Designee's name Phone no	Complete the following Personal ID nu - 5991 (PIN) > 295		
Sign here	Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge accurately lists all amounts and sources of income I received during the tax year. Declaration of prepa based on all information of which the preparer has any knowledge.	and belief, it is true, correct	t and	
Joint return? See page 6	Your signature Date Your occupation	Daytime phone num	ber	
Keep a copy for	- For Information Only - CHIEF Spouse's signature If a joint return, both must sign Date Spouse's occupation		יווווו	
your records	Spouse's signature If a joint return, both must sign Date Spouse's occupation Do Not File HOMEMAKER			
Paid preparer's	Preparer's signature Date Check if 3/25/2010 self employed	Preparer's SSN or P P00209948		
higherer 2	Firm's rame (or) HPR TAY CRAID TMC	3-1971940		

Phone no (718) 434-5238 Form 1040EZ (2009)

Worksheet for Line 5 -	Use this worksheet to figure the amount to enter on line 5 if someone can claim you (or your spouse if married filing jointly) as a dependent even if that person chooses not to do so. To find out if someone can claim you as a dependent see Pub. 501 A Amount if any from line 1 on page f.
Dependents who checked one or both boxes	# 300 00 Enter total A B. Minimum standard deduction C Enter the larger of line A or line B here D Maximum standard deduction If single, enter \$5,700; if married filing jointly enter \$11,400 E Enter the smaller of line C or line D here. This is your standard deduction. E Exemption amount If single, enter 0 If married filing jointly and —, If married filing jointly and —, The both you and your spotting can be stripped as dependents enter. Or
	— only one of you can be claimed as a dependent enter \$3 650.
-	Add lines E and F Enter the total here and on line 5 on page 1 If you did not check any boxes on line 5, enter on line 5 the amount shown below that applies to you Single enter \$9 350 This is the total of your standard deduction (\$5,700) and your exemption (\$3,650) Married filing jointly, enter \$18,700 This is the total of your standard deduction (\$11 400) your exemption (\$3,650), and your spouse's exemption (\$3,650)
Worksheet for Line 8 - Making work pay credit	Before you begin If you can be claimed as a dependent on some one else's return you do not qualify for this credit If married filting jointly include your spouse's amounts with yours when completing this worksheet 1a. Important See the Instructions on page 12 if (a) you received a taxable scholarship or fellowship grant not reported on Form W 2, (b) your wages include pay for work performed while an inmate in a penal institution, or (c) you received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan
Use this worksheet to figure the amount to enter on line 8 if you cannot be claimed as a dependent on another person s return	Do you (and your spouse if filing jointly) have 2009 wages of more than \$6 451 (\$12,903 if married filing jointly)? X Yes
(keep a copy for your records)	No Enter -0- on line 10 Yes Enter the total of the economic recovery payments received by you (and your spouse if filing jointly) 10 0.00 Making work pay credit Subtract line 10 from line 9 if zero or less, enter -0- Enter the result here and on Form 1040EZ, line 8
NA I:	

Mailing return

Mail your return by April 15, 2010. Use the envelope that came with your booklet. If you do not have that envelope or if you moved during the year, see the back cover for the address to use

r 1111/111	•	dividual income	17	2011	OMB No 154	15-0074	JRS Use Oni	v Do nai wr	ite or sta	ple in this space	
		11 or other tax year beginning		2011 end		20				te instructions	
Your first name and	initial		Last name						 	unty number	
VINCENT	1		MACK					2	50-	19-4024	
if a joint return spor	uses first na	eme and initial	Last name							security number	
TWINTIN			HAMILTON	J				1	02-	98-0877	
•		eet) If you have a P O box see inst	ructions				Aptno			ure the SSN(s) a	
1146 RC	GERS	AVE and ZIP code If you have a foreign a				_			and or	n line 6c are corre	ect
		and cir code ir you have a loreign a		aces delow (seo	ŕ					al Election Campaign	
BROOKLY Foreign country name			NY Foreign	province/county	1122		postal code	jointly v	vant \$3 t	ou or your spouse if file to go to this fund. Chec	cking
			1 3/3/9/1	or or in our occurry		l Greigh	postal code	a box be refund	llw wolk	not change your tax or	
1	Single			4	Head of hou	sehold (with	gualifying per	son) (See in	struction		ouse
Filing	⊢	ed filing jointly (even if only	one had income)	- ال		ig person is a					
Status 3		filing separately Enter spouse s SS	·	•	Cilio s haine) lielo					
Check only one box	_	name here		5	Qualifyin	g widow(ei	r) with dep	endent c	nıld		
	6a	X Yourself If someone	can claim you as a	dependent, d			,		1	Boxes checked	
Exemptions	þ	XSpouse	·	, .					}	on 6a and 6b No of children	2
	c	Dependents		(2) Depend		(3) Depen		(4) If child age 17 qua	lifying	on 60 who:	-
	(1) First na	me Last name	·	social security	number	relationship 	to you	for child tax (see instru	credit ctions)	 Irved with you did not live with 	
If more then four	KELWYN	SINNE	TTE	329-95-	8673	SON]	you due to divorce or separation	i
dependents see]	(see instructions)	_
instructions and								[<u>]</u>	Dependents on 6c not entered above	·
check here		T-1-1		<u> </u> _					<u>J</u>	Add numbers	
	<u>d</u>	Total number of exemption		<u> </u>				 -		abovo	3
Income	, 8a	Wages salaries, tips etc Taxable interest Attach S						├ ─	_	45,6	<u>>¤⊤</u>
	h	Tay-evempt interest Do i	•		8ь			<u> </u>	a		
Attach Form(s) W-2 here Also	9a	Ordinary dividends Attac			_ 02				a l		
attach Forms	þ	Qualified dividends	•	1	9b	j		-	-		
W-2G and	10	Taxable refunds credits of	or offsets of state a	ind local incol	·		•	1	0		
1099-R if tax	11	Alimony received .						1	1		
was withheld	12	Business income or (loss) Attach Schedule C or C-EZ						1	2		
If you did not	13	Capital gain or (loss) Atta	ch Schedule D if re	equired If not	required o	heck here	>		3		
get a W 2	14	Other gains or (losses)	itach Form 4797		•			1	4		
see instructions	15a	IRA distributions	15a	·,		xable amo		15	ib	····	
_	16a	Pensions and annuities	16a			xable amo		<u> </u>	ib		
Enclose but do not attach any	17	Rental real estate royaltie		corporations	trusts etc	Attach So	chedule E	<u> </u>	7		
payment Also	18 19	Farm income or (loss) At Unemployment compensation				•		-	8		
please use	20a	Social security benefits	20a		1 ь та	xable amo	unt	20	9		
Form 1040-V	21	Other income	[Aabic aiiiQ	UIR	2			
	22	Combine the amounts in t	he far right col for I	ines 7 throug	h 21 This i	s your tota	l income	$\overline{}$		45,6	. R 1
A -lass - A - 3l	23	Educator expenses			23			- -	-	30,0	, U <u>T</u>
Adjusted	24	Certain business expenses of rese	rvists performing artists	and					1		
Gross Income		fee basis government officials. Atta	ch Fam 2106 or 2106 E	Z	24						
mcome	25	Health savings account de	duction Attach Fo	rm 8889	25						
	26	Moving expenses Attach	Form 3903		26			11+	£ (
	27	Deductible part of self emp	=		E 27						
	28	Self-employed SEP, SIMP		lans	28			1.			
	29	Self-employed health insur			29		_	- 1			
	30	Penalty on early withdrawa	. -		30						
	31a	Alimony paid b Recipient	s 55NF		31a						
	32 33	IRA deduction Student loan interest dedu	ction		32			,	ī		
	34 34	Tuition and fees Attach Fo			33						
	35	Domestic production activi		ach Form 890				\dashv			
	36	Add lines 23 through 35			- []				<u> </u>		

Subtract line 36 from line 22. This is your adjusted gross income

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions

45,681 Form 1040 (2011)

37

EEA

Form 1040 (201)VII	NCENT MACK TWINTIN HAI	NOTLIM			<u> 250</u>)-19-4024 Page 2
Tax and	38	Amount from line 37 (adjusted gross income)		_		38	45,681
Credits	39a	Check Y You were born before January 2		nd } Total boxes		ļ	
Standard]	if Spouse was born before Januar	•			Ì	
Deduction for -	Ь	If your spouse itemizes on a separate return or you were a du			b 🔛 📗		
People who	40	Itemized deductions (from Schedule A) or you	our standard dedu	ction (see left margin)	Ļ	40	<u>11,600</u>
check any	41	Subtract line 40 from line 38			L	41	34,081
box on line 39a or 39b or	42	Exemptions Multiply \$3 700 by the number of			L	42	11,100
who can be claimed as a	43	Taxable income Subtract line 42 from line 4	$\overline{}$			43	22,981
dependent	44	Tax (see instructions) Check if any from a	Form(s) 8814 b	Form 4972 C962 a	ection	44	2,596
see	45	Alternative minimum tax (see instructions)	Attach Form 6251	•	[_	45	
 All others 	46	Add lines 44 and 45			▶ _	46	2,596
Single or	47	Foreign tax credit Attach Form 1116 if require	d	47		- 1	
Married filing separately	48	Credit for child and dependent care expenses. Atlach Form 2	441	48		Į	
\$5,800	49	Education credits from Form 8863 line 23		49			
Married filing	50	Retirement savings contributions credit. Attach	Form 8880	50			
jointly or Qualifying	51	Child tax credit (see instructions)	1	51		i	
widow(er) \$11 600	52	Residential energy credits. Attach Form 5695		52		İ	
Head of	53	Other credits from Form a 3800 b 8801	c 🗍	53			
household	54	Add lines 47 through 53 These are your total	credits		 }-	54	
\$8,500	55	Subtract line 54 from line 46 If line 54 is more		-0-	▶□	55	2,596
	56	Self-employment tax Attach Schedule SE				56	2,330
Other	57	Unreported social security and Medicare tax fr	om Form a	4137 b 8919	<u> </u>	57	
Taxes	58	Additional tax on IRAs other qualified retireme	L-		, -	58	
	59 a	Household employment taxes from Schedule I	- ·	M 1 01111 0022 11 10051100	⊢	59a	
		First-time homebuyer credit repayment Attach		ured	 	59b	
	60	Other taxes Enter code(s) from instructions	. i omi o loo ii loqu		<u> </u>	60	
	61	Add lines 55 through 60 This is your total tax				61	2,596
Doumante	62	Federal income tax withheld from Forms W 2 :		62 3	55	~` +	
Payments	63	2011 estimated tax payments and amount applied from 2010 i		63	195	ľ	
If you have a	64a	Earned income credit (EIC)	ecom	64a		- !	
qualifying child attach	- -	Nontaxable combal pay election 64b		044		- 1	
Schedule EIC	65	Additional child tax credit Attach Form 8812				- 1	
L	66			65		- 1	
	67	American opportunity credit from Form 8863 in First-time homebuyer credit from Form 5405 in		66			
			ine iu	67			
	68	Amount paid with request for extension to file	-t1-1	68		- }	
	69 70	Excess social security and tier 1 RRTA tax with Credit for federal tax on fuels. Attach Form 41		69		- !	
				70		- 1	
	71	Credits from Form a 2439 b 8839 c		71			
Defend	72	Add lines 62 63 64a and 65 through 71 Thes				72	<u>3,155</u>
Refund	73	If line 72 is more than line 61 subtract line 61			_ — ⊱	73	559
	74a	Amount of line 73 you want refunded to you			——————————————————————————————————————	74a	559
Direct deposit?	b	Routing number X X X X X X X X	 	<u> </u>	ngs	- 1	
instructions	► d	Account number XXXXXXXXXX		$\mathbf{x} \mathbf{x} \mathbf{x} \mathbf{x} \mathbf{x}$			
	75	Amount of line 73 you want applied to your 2012 estimated		75			
Amount	76	Amount you owe Subtract line 72 from line 6	1 For details on ho	ì	ns ▶ _	76	
You Owe	77	Estimated tax penalty (see instructions)		77			
Third Party	Do yo	ou want to allow another person to discuss this r	return with the IRS	(see instructions)?	XYes	Com	plete below No
Designee	Design		Phone	Person	al identificat	tion	
	name	Marc Augustin		-629-0312\umber			1 1 2 0 3
Sign	Under p	enaities of per _l ury. I declare that I have examined this return all I fue correct, and complete. Declaration of preparer (other tha	nd accompanying schedu	les and statements and to the	best of my l	knowie	idge and belief
Here			1		nas any kr	lowied	,
Joint return? See instructions	Your si		Date	Your occupation			Daytime phone number
Keep a copy	940		<u>03-28-201</u>				
for your		s signature. If a joint return both must sign	Date	Spouse's occupation			Identity Protection PIN (see inst.)
records	808			HHA			
	Preper	ar's signature		Date	Check (PTIN
Paid				03-28-2012	seif emplo	yed	P00170242
Preparer	PantiT	rce preparer's name Marc Augustin	<u> </u>				
Use Only	Firms	TOTAL TOTAL			Firm s EIN	<u>. </u>	11-3351518
,	Firm s a	VIZ BUSC ASIA D					_
ee		Brooklyn, NY 11	203		Phone no	7:	18-629-0312
EEA							Form 1040 (2011) 112
							112

APARTMENT LEASE

Landlord and Tenant agree to lease the Premises at the rent and for the term stated.

PREMISES. 1146 Rogers Ave	UNIT: 2	<u> </u>
Brooklyn, NY 11226	TENANT: Twintin Hamilton	
LANDLORD: Erica Allard	Vincent Mack	اَنَّا بــــــــــــــــــــــــــــــــــــ
Date of Lease <u>01/01/2013</u>	YEARLY 11400 00	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Lease Term 1 Year	Monthly Rent \$ 950 00	(† <u>.</u>
Commencement Date 01/01/2013	Security Deposit \$ 950 00	1 0
Termination Date 01/01/14	Broker's Fee \$ 950 00	בי פי ני

1 Use and Occupancy-

The Unit may only be used strictly for residential purposes and may only be occupied by Tenant and Tenant's spouse and children

2 Inability to Give Possession

The failure of Landlord to give Tenant possession of the Unit on the Commencement Date shall not create liability for Landlord. In the event that possession of the Unit is not delivered on the Commencement Date, Monthly Rent hereunder shall begin on the date that possession of the Unit is delivered to Tenant and shall be prorated for that portion of the month in which possession is delivered.

3 Rent

Tenant shall pay Monthly Rent in full on the first day of each month of the Lease Monthly Rent shall be paid in advance with no notice being required from Landlord Tenant shall not deduct any sums from the Monthly Rent unless Landlord consents thereto in writing

Upon signing this Lease, Tenant shall pay Landlord the first Monthly Rent due and the Security Deposit. The entire amount of rent due for the Lease Term is due upon signing this Lease, however, Landlord consents to the Tenant paying same in monthly installments provided there exists no defaults by Tenant under the terms of this Lease.

Additional Rent may include, but is not limited to any additional insurance premiums and/or expenses paid by Landlord which are chargeable to Tenant as stated hereinafter. Additional Rent is due and payable with the Monthly Rent for the next month after Tenant receives notice form. Landlord that Additional Rent is due and payable.

4 Condition of Unit

Tenant acknowledges that Tenant is accepting the Unit in its "as is" condition. Tenant further acknowledges that Tenant has thoroughly inspected the Unit and has found the Unit to be in good order and repair and that the appliances, if any, are in good operating condition. Tenant further states that Tenant knows how to operate the appliances and shall do so in accordance with the manufacturer's instructions.

5 Security

The Security Deposit is due upon the Tenant signing this Lease. The Security Deposit shall not be used for the payment of Monthly Rent unless agreed to, in writing, by Landlord and Tenant. Landlord shall deposit the Security Deposit in a bank insured by the FDIC and same will accrue interest if mandated by law. Within ten (10) days after Tenant surrenders possession of the Unit at the expiration of the Lease Term, Landlord shall return the Security Deposit, less any cost of repairs as authorized by this Lease, to Tenant at an address Tenant provides

6 Services and Utilities

Tenant is responsible fro paying all electric, gas, water, telephone and any other utilities allocated to the Unit. Use of a dishwasher, clothes washer and dryer machines, freezer, air punfier, portable heater, air conditioner or similar appliances is prohibited without Landford's written consent.

Landlord will supply (a) heat, in such quantity and for such time as mandated by law, (b) hot and cold water, (c) air conditioning, if already existing in the Unit, (d) garbage removal from the Premises (the "Services") if the Services are temporarily interrupted due to an accident, emergency and/or repairs, Tenant's obligation to pay rent, in full, shall not be affected thereby

Landlord will also supply a refrigerator, stove/even, dishwasher, window air conditioning unit, clothes washer and clothes dryer (the "Appliances") Any damage to the Appliances which is caused by the willful and/or negligent acts of Tenant may be repaired by Landlord, the cost of which shall be Additional Rent

7 Furnishings

The Unit is being delivered (furnished) (unfurnished) If furnished, Landlord has given an inventory of the furnishings which inventory has been signed by Tenant and Landlord. Tenant acknowledges that said furnishings are in good condition and Tenant accepts same in "as is" condition.

8 Repairs and Alterations

Tenant shall maintain all appliances, equipment, furniture, furnishings and other personal property included under this Lease and, upon the surrender of the Unit on the Termination Date, Tenant shall surrender same to Landlord in the same condition as received, reasonable wear and tear excepted. Tenant shall make all repairs which become necessary due to Tenant's acts and/or negligence. If Tenant does not make such repairs, Landlord may do so, the cost of which shall be Additional Rent. In the event that Tenant defaults under the terms of this Paragraph 9, Landlord may make necessary repairs or replacement, the cost of which shall be deducted from the Security Deposit.

Tenant shall not make any alterations, additions, modifications and/or changes to the Unit during the Lease Term

9 Maintenance of Unit

Tenant shall maintain the Unit in a neat, clean and presentable condition

10 Pets

Pets of any kind or nature (shall) (shall not) be allowed in the Unit

11 Damage, Fire or Other Catastrophe

In the case of fire damage or other damage to the Unit not caused by Tenant, Tenant shall give Landlord immediate notice of same. Upon receipt of such notice, Landlord may either (a) repair the Unit or (b) terminate

the Lease If Landlord makes repairs to the Unit, Landlord shall have a reasonable tirm in which to do so If the damage to the Premises or the Unit renders the Unit uninhabitable, Landlord shall give notice to Tenant, after repairs are made, of the date on which the Unit may be reoccupied Monthly Rent for the period that Tenant can not occupy the Unit because of the damage shall be forgiven

In the event that Landlord terminates this Lease because of the damage, Landlord shall give Tenant three (3) days notice of Landlord's intent to so terminate, in which event, Monthly Rent shall be due for the period up to the date the Premises or the Unit incurred the damage

Notwithstanding the provisions of Section 227 of the New York Real Property Law, if the building in which the Unit is situated is substantially damaged by fire or other catastrophe (the "Occurrence"), Landlord has the absolute right to demolish, renovate or rebuild the Premises. Landlord may cancel this Lease, in such event, upon thirty (30) days written notice to Tenant of Landlord's intent, which notice shall include the date on which the Lease terminates, which shall, in no event, be less than thirty (30) days from the date of said notice. By canceling this Lease in accordance with the terms of this Paragraph, Landlord is not obligated to repair, renovate or rebuild the Premises. Monthly Rent and Additional Rent shall be paid by Tenant up to the date of the Occurrence.

12 Liability

Landlord shall not be liable for any loss, damage or expense to any person or property except if such loss is caused by the willful acts of Landlord

Tenant shall be liable for the acts of Tenant, Tenant's family, guests and/or invitees. Landlord's cost and expense in repairing any such damage or from any claim resulting from such acts shall be billed as Additional Rent and shall be paid by Tenant to Landlord.

13 Landiord's Entry

Except in an emergency, for the purposes of repair, inspection, extermination, installation or repair of any system, utility or appliance or to do any work deemed necessary by Landlord, Landlord may enter the Unit on reasonable notice and at reasonable times. Upon giving such notice, Landlord may also enter the Unit to show the Unit to prospective purchasers, lenders or other persons deemed appropriate and necessary by Landlord. During the last three (3) months of the Term of this Lease, Landlord may enter the Unit to show the Unit to prospective tenants.

14. Assigning or Subletting

This Lease may not be assigned by Tenant nor shall Tenant sublet the Unit

15. Subordination

This Lease and Tenant's rights hereunder are subject and subordinate to all existing and future leases for the land on which the Premises stand, to all mortgages on said leases and/or the Premises and/or the land and all renewals, modifications and extensions thereof Upon request by Landlord, Tenant shall execute any certificate to this effect

17 Keys, Locks

Tenant shall give Landlord keys to all locks for the Unit Tenant shall not change any locks or add any locks to the Unit without obtaining Landlord's consent, and if given, Tenant shall provide keys to Landlord for these locks

18. Signs

Tenant shall not place any signs on the Premises or upon the grounds on which the Premises stand or in the Unit so as to be seen from outside the Unit

Landlord shall have the right to place or cause to be placed on the Premises and/or upon the grounds on which the Premises stand or in or on the Unit, "For Rent" and/or "For Sale" signs

19. Compliance with Authorities

Tenant shall this own cost and expense, comply promptly with all structures, ordinances and directions of governmental and/or municipal authorities, insurance carriers and/or homeowners' associations

20 Tenant's Defaults, Landlord's Remedies 🕏

A Landlord must give Tenant notice of default (except for a default in the payment of Monthly Rent and/or Additional Rent) and Tenant, upon receipt of such notice must cure the default within the time stated hereinafter

- I a default under Paragraphs 8, 9: 10, 11, 12, 14, 17 or 21 of this Lease, ten (10) days,
- 2 a default under Paragraph 30S of this Lease, thirty (30) days
- B In the event that Tenant fails to cure a default within the time stated therefore, Landlord may terminate this Lease. In such event, Landlord shall give Tenant notice stating the date upon which this Lease shall terminate, such date being not less than three (3) days after the date of such notice at which time this Lease shall then terminate. Tenant shall be responsible for Monthly Rent and Additional Rent as set forth in this Lease up to the date of termination.
- C If this Lease is terminated or Tenant vacates the Unit prior to the Termination Date, Landlord may enter the Unit and remove Tenant and any person or property and/or commence summary proceedings for eviction. The aforesaid actions are not the sole remedies of Landlord.
- D If this Lease is cancelled or Landlord takes back the Unit
- I Monthly Rent and Additional Rent for the unexpired portion of the Term immediately becomes due and payable. In addition, any cost or repair expended by Landlord shall be the obligation of Tenant and shall be deemed Additional Rent.
- 2 Landlord may re-rent the Unit and anything in it for any term and at any rental and any cost in connection therewith shall be borne by Tenant which may include, but is not limited to the cost of repairs, decorations, preparation for renting, broker's fees, advertising costs and attorney's fees. Any rent recovered by Landlord for the re-renting of the Unit shall reduce the amount of money that Tenant owes to Landlord.

21 Landlord's Rules

Tenant shall comply with these rules (the "Rules") at all times. If there is a change in the rules, Landlord will give Tenant notice of same. Landlord shall not be liable to Tenant for another Tenant's violation of the Rules. The rights afforded under the following Rules are for the sole benefit of Landlord.

- (a) the quiet enjoyment of other tenants shall not be interfered with,
- (b) sounds, odors and lights which are annoying to other tenants are not allowed,
- (c) floors within the Unit must be covered over 70% of the area of each room except for the bathroom and kitchen.
 - (d) all posted rules must be followed,
 - (e) smoking is not permitted in the Unit or hallways,
- (f) All flammable or dangerous items may not be kept or stored in the Unit,
- (g) no one is allowed access to or the enjoyment of the roof,
- (h) nothing shall be placed on or attached to the fire escapes, windows, doors or in the hallways or common areas,
- (i) elevators, if any, are to be used by tenants and their guests only. Bicycles are not allowed in the elevators. Tenants and their guests are not to leave any garbage, trash and/or debris in the elevators,
- (i) moving of furniture in and out of the Unit must be scheduled with the Landlord,
- (k) all deliveries must be made by means of the service entrance, if any,
- (i) laundry machines, if provided, may be used at tenants' risk and cost, may only be used at reasonable hours and all instructions for their use must be strictly
- (m) cleaning of the exterior of the windows from the outside is strictly forbidden,

- (n) if parking is provided, impropary parked vehicles may be immediately removed at tenar co-(o) tenant may not leave cost.
- any baby carriages/strollers, bicycles, boxes, cartons and/or any items in hallways,
- (p) tenant shall use its best efforts to conserve energy and water.
- (q) hot plates or means of cooking other than the stove are not permitted

22 Warranty of Habitability

Landlord warrants that the Unit and Premises are suitable for living and that they are free from any condition that is dangerous to health, life and/or safety

23 Limitation of Recovery

Should Tenant obtain a judgment or other remedy from a court of competent jurisdiction for the payment of money by Landlord Tenant is limited to the Landlord's interest in the Premises for the collection of same

24 Construction and Demolition

Construction and/or demolition may be done in or near the Premises and if same interferes with the ventilation, view and/or enjoyment of the Unit, Tenant's obligations under this Lease shall, in no way, be affected

25 Demolition of Premises

Should Landlord deem it necessary to demolish the Premises, Landlord may terminate this Lease upon six (6) months written notice to Tenant provided such notice is given to all other tenants in the Premises. In such event, Tenant shall surrender the Unit to Landlord upon such date as set forth in the notice

26 Terraces and Balconies

If there is a terrace or balcony as an adjunct to the Unit, such terrace or balcony is subject to the terms of this Lease

Tenant shall keep the terrace or balcony clean, clear of snow, ice, garbage and other debris. No alteration or additions may be made to the terrace or balcony Tenant's property may not be stored on the terrace or balcony Cooking on the terrace or balcony is prohibited

Tenant shall maintain the terrace or balcony in good condition and make all repairs at Tenant's cost, except those of a structural nature which is the responsibility of Landlord

27 Common Recreational Areas

If applicable, Landlord may give Tenant use of any playground, pool, parking or other areas, the use of which will be at Tenant's own risk and Tenant shall pay any charge imposed by Landlord for such use Landlord's permission to use these areas may be revoked at any

28 Landlord's Employees

The employees of Landlord shall not perform any work for Tenant at Tenant's request Such employees may not do any personal chores of Tenant

29 Bankruptcy

Should Tenant file a voluntary petition in bankruptcy or an involuntary petition is filed against Tenant, or should Tenant assign any property fro the benefit of creditors or should a trustee/receiver be appointed of Tenant and/or Tenant's property, Landlord can cancel this Lease upon thirty (30) days written notice to Turant

30 Notices

This Lease has been entered into as of the Date of Lease

LANDLORD Erica Allard

Erica Alarrad

Any notice to a given under this Lease shall be in writing addressed the party at the addresses set forth the party at the addresses set forth herein by certified mail or overnight courier service Notice by Landlord to one named Tenant shall be deemed given to all Tenants and occupants of the Unit Each party hereto shall accept notices sent by the other Any change of address by one party must be given, by notice, to the other Notice shall be deemed given when posted or delivered to the overnight courier service

31 Walver of Jury Trial, Set-Off or Counterclaim

The parties hereto waive trial by jury in all matters except for personal injury or property damage claims. In a summary proceeding for eviction, Tenant waives Tenant's right to any set-off and/or counterclaim

32 Broker

Tenant states that Ena Cadesca is the sole Broker who showed the Unit to Tenant Tenant shall hold harmless and indemnify Landlord fro any monies expended by Landlord should Tenant's statement herein be untrue

33. Inability of Landlord to Perform

If Landlord is unable to perform any of its obligations to be performed hereunder due to governmental orders labor strife or inability to secure goods or materials, through no fault on the part of Landlord, this Lease shall not be terminated or cancelled and such inability shall not impact upon Tenant's obligations hereunder

34 Illegality

Should any part of this Lease be deemed illegal, the remaining portions of this Lease shall not be affected thereby and shall remain in full force and effect

35 Non-Disturbance

So long as Tenant pays the Monthly Rent and Additional Rent and there exists no defaults under any of the terms of this Lease, Tenant may peacefully occupy the Unit for the Lease Term

36 Non-Waiver

Any failure by Landlord to insist upon Tenant's full compliance with the terms of this Lease and/or to enforce such terms shall not be deemed to be a waiver of Landlord's rights to insist upon or so enforce the terms of this Lease at a future date

37. Paragraph Headings

Paragraph headings are for reference only

38. Effectiveness

This Lease shall become effective as of the date when Landlord delivers a fully executed copy hereof to Tenant or Tenant's attorney

Amendments

This Lease may only be changed or amended in a writing signed by the parties hereto

40 Surrender of Premises

On the Termination Date, Tenant shall deliver the Unit to Landlord vacant, in good condition and broom clean Prior to such delivery, Tenant shall have vacated the Unit, removed Tenant's property, repaired all damages caused by Tenant and return the Unit in the same condition as received, reasonable wear and tear excepted

Twintin Hamilton

Vincent Mack
VINCENT MACK

TWINTON HAMILTON
1146 ROGERS AVE
BROOKLYN, HY 11226

USCIS P.O. BOC 805887 Chicago, IL 60680-4120

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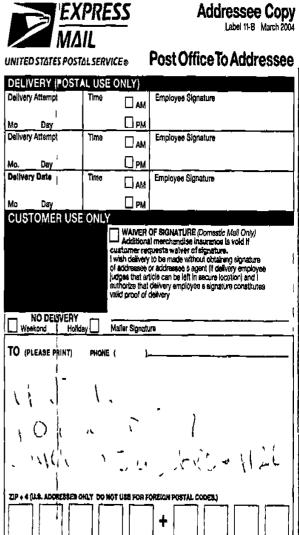
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Department of Homeland Security

U.S. Citizenship and Immigration Services

Cover Sheet

Record of Proceeding

NOTE: This is a permanent record of the U S Citizenship and Immigration Services Any part pf this record that is removed must be returned after it has served its purpose

Instructions

- 1. Place a separate cover sheet on the top of each Record of Proceeding
- 2. Each Record of Proceeding must be fastened on the inner left side of the file jacket in chronological order
- 3. Any person temporarily removing any part of this record must make, date and sign a notation to this effect that must be retained in this record, below the cover sheet. The signer is responsible for replacing the removed material as soon as it has served its purpose.
- 4 See AM 2710 for detailed instructions

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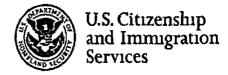
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M-175 (Rev 02/28/05) Y

GLO U.S. GOVERNMENT PRINTING OFFICE 2009-351 548/86088



26 Federal Plaza New York, NY 10278



Twintin Hamilton 1126 Rogers Avenue Brooklyn, NY, 11226 A87413592 EAC1129400026 December 3, 2012

DENIAL OF PETITION TO REMOVE CONDITIONS ON RESIDENCE (I-751)

Dear Ms Hamilton

A review of the records of the United States Citizenship and Immigration Services (USCIS) indicates that you obtained status as a conditional permanent resident on August 21, 2009, based on your marriage to your spouse, Vincent Mack a citizen of the United States, on July 7, 2008

Section 216 of the Immigration and Nationality Act, as amended, concerns conditional resident status. An alien is accorded permanent resident status for two years on a conditional basis when he or she is approved on the basis of a qualifying marriage of less than two years duration, to a citizen or permanent resident of the United States. So that USCIS can review the bona-fides of the marriage, an I-751 Petition to Remove Conditions on Residency must be filed jointly with the citizen spouse, in the ninety day period preceding the second anniversary of the grant of Conditional Residence.

On July 21, 2011, you submitted Form I-751, Petition to Remove the Conditions on Residence (EAC1129400026) under Part 2a, a joint petition with your spouse. You were scheduled for interview on November 19, 2012 and you appeared together with your spouse.

In order to satisfy the requirements under Part 2a, the conditional resident alien must establish that the marriage upon which his or her status was based

- Was entered into in accordance with the laws of the place where the marriage took place,
- Has not been judicially annulled or terminated, other than through the death of a spouse, and
- Was not entered into for the purpose of procuring an alien's admission as an immigrant, and
- No fee was or other consideration was given (other than to an attorney for assistance in preparation for a lawful petition) for the filing of a petition for the filing of a petition under section 204(a) or subsection (d) or (p) of section 214 with respect to the alien spouse or alien son or daughter

To assist you with providing the necessary evidence of a good faith marriage, the appointment letter asked you to present documentary evidence of a joined life. Such evidence should include, but is not limited to joint leases, rent receipts, telephone bills, gas bills, electric bills, bankbooks, credit cards, credit card bills, recent photos, health insurance policies, life insurance policies with proof of premium payments, mail received at all addresses, W-2 statements in both of your names, certified tax returns, I-551 card and birth certificate or proof of U.S. citizenship of petitioner, birth certificates of all children born of the marriage. Evidence should also vary and reflect the duration of the marriage.



You testified that the marriage was entered into on August 27, 2008 and was still ongoing as of November 19, 2012

EVIDENCE PRESENTED

- a lease for a rental apartment at 1146 Rogers Avenue beginning in January 2011 and ending in January 2012 The lease is signed by the landlord, Erica Allard, the tenant Twintin Hamilton and has only the printed name of Vincent Mack
- A letter Deposit Account Balance Summary from Chase Bank dated 11/17/2012 requested by Twintin Hamilton listing Vincent Cleon Mack as the secondary joint,
- A copy 2011 joint federal tax return for Vincent Mack and Twintin Hamilton
- Two affidavits—one from Michael George and the other from Adeline McIntosh testifying to the bona fides of the marriage

DISCUSSION

The question of whether the marriage was entered into solely to procure an immigration benefit for the alien is a matter of intent. A good faith marriage is entered into with the expectation that the parties involved are creating a life together, sharing the day-to-day responsibilities, celebrating important moments, and preparing for their future. In other words, it is a relationship entered into with intent to carry out long-term expectations of a good faith marriage. This evidence may include documentation relating to the degree to which the financial assets and liabilities of the parties were combined, documentation concerning the length of time during which the parties cohabited after the marriage and after the alien obtained permanent residence, and other pertinent evidence

In <u>Lutwak v United States</u>, 344 U S 604 (1953), the Supreme Court held that the conduct of the parties after marriage is relevant to their intent at the time of marriage. Evidence to establish intent can take many forms, including, but not limited to proof that the beneficiary has been listed as a spouse on income tax returns, bank accounts, testimony or other evidence regarding the wedding ceremony, shared residence, health insurance and other instances of a shared life

The testimony provided at the November 19, 2012 interview by your and Mr Mack provided very little proof your marriage bona fides. Mr Mack could not identify Ms McIntosh. Mr Mack could not identify Erica Allard, your landlord, even though his printed name appears on the lease. Mr Mack did not sign this lease. Mr Mack did not know how much you were paying to rent this apartment. Mr Mack only knew the names of three of your four children, all of whom reside outside your marital home. You were not able to give a plausible explanation in regards to Mr Mack's job in Long Island. You stated that he sometimes stays at a cousin's house in Queens and that cousin picks him up. You were not able to adequately explain how Mr Mack travels back and forth from work. Mr Mack's New York State driver's license states that his address is 90-18 210 Street, Queens Village, NY. Neither you nor your husband was able to explain why this address was never updated. What is most disturbing is that, on several occasions during the course of the interview, you were telling him answers to questions specifically directed to him and I observed you signaling him by repeatedly striking his knee.

CONCLUSION

The documentation and testimony which you presented failed to show USCIS that you entered this marriage with the expectation that you would share a life together with your spouse. You failed to provide sufficient evidence that the marriage through which you obtained conditional permanent resident status was entered into in good faith and not solely to evade the immigration laws of the United States Accordingly, the Form 1-751 petition must be, and is hereby, denied

In accordance with the provisions of Section 216(c)(3)(C) of the INA, the permanent resident status previously accorded you, and all rights and privileges which you derived from that status, are terminated as of the date of this denial, December 3, 2012

If you believe the law was inappropriately applied or the analysis used in reaching the decision was inconsistent with the information provided or with precedent decisions or if you have new or additional information that you wish us to consider, you may file a motion to reopen or reconsider (Form I-290B) pursuant to 8 C F R § 103 5

Title 8, Code of Federal Regulations, Section 103 5 states in pertinent part

A motion to reopen must state the new facts to be proved in the reopened proceeding and be supported by affidavits or other documentary evidence

Title 8, Code of Federal Regulations, Section 103 5 states in pertinent part

A motion to reconsider must state the reasons for reconsideration and be supported by any pertinent precedent decisions to establish that the decision was based on an incorrect application of law or Service policy. A motion to reconsider a decision on an application or petition must, when filed, also establish that the decision was incorrect based on the evidence or record at the time of the initial decision.

Any motion to reopen or reconsider must be filed with the USCIS Chicago Lockbox facility, within thirty (30) days of this decision, in writing and signed by the affected party or the attorney or representative of record, with the appropriate filing fee. Any motion should be mailed to USCIS Chicago Lockbox facility at USCIS, P O Box 805887, Chicago, IL 60680-4120. More information may be found at USCIS website at www.uscis.gov

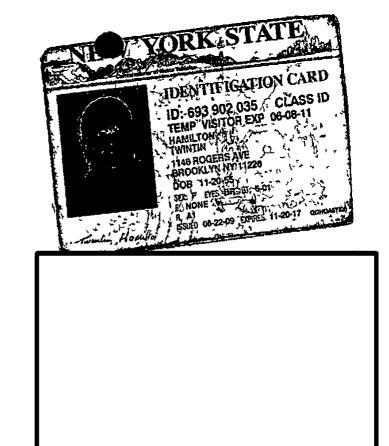
In accordance with the provisions of Section 216(c)(3)(C) of the INA, the permanent resident status previously accorded you, and all rights and privileges which you derived from that status, are terminated as of November 27, 2012

Andrea J Quarantelo
District Director
New York District

AJQ jam

Since

Cc



(b)(6)





DEPARTMENT OF HOMELAND SECURITY United States Citizenship and Immigration Services.

26 Federal Plaza
New York, New York 10278
. 1) 11
A 087413542

having been informed of my rights to be represented by counsel of my own choice and at my own expense, and fully understanding the same herewith waive said rights and request to proceed without counsel

Stenature of Petitioner

Signature of Beneficiary

Interpreter's signature, if other the English used.

Interpreter's signature





START HERE - Please type or print in black ink.	For USCIS Use Only
Part 1. Information about you.	Returned Receipt
Family Name (Last Name) Given Name (First Name) Full Middle Name	Date
HAMILTON TWINTIN	But
Address (Street Number and Name) Apt #	Date Resubmitted
1146 ROSERS AUG	27.7
C/O (in Care Of)	Date 50
BROOKLYN N. Y	Date on the contract of the co
City State/Province	Reloc Sent
USA III226 Country Zip/Postal Code	Date 8
Zipi ostal code	Date N Co
Mailing Address, if different than above (Street Number and Name) Apt #	Reloc Rec'd
	Date Reloc Sent Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date
C/O (In Care Of)	283 ER
1/.	Date 5
City State/Province	Pétitioner linterquewed
10	on 11110 012
Country Zıp/Postal Code	Remarks A COLO
11	O 8 21 9
Date of Birth (mm/dd/yyvy) Country of Birth Country of Citizenship	
\$1/20/55 TRINIDAD TRINIDAD	
Alien Registration Number (#A) Social Security # (if any)	
087-413-592 102 98 0877	
Conditional Residence Expires on (mm/dd/yyyy) Daytime Phone # (Area/Country Codes)	,
8-21-11 347-586-1453	
Part 2, Basis for petition. (Check one.)	
My conditional residence is based on my marriage to a U.S. citizen or permanent resident, and we are filing this petition together	Action Block
b I am a child who entered as a conditional permanent resident and I am unable to be included	of Homeland
in a joint petition to remove the conditional basis of are alien's permanent residence (Form 1-751) filed by my parent(s)	DENIED
OR	SA TOTAL STATE OF THE STATE OF
My conditional residence is based on my marriage to a U S citizen or permanent resident, but I are unable to file agoint petition and I request a waiver because (Check one)	IS DEC US 2972
My.spouse is decrased	- I walle of I
d entered into the marriage in good faith but the marriage was terminated through divorce/	() () () () () () () () () ()
e Ham a conditional resident spouse who entered a marriage in good faith and during the marriage was battered by or was the subject of extreme cruelty by my U S citizen or	Attorney or Representative, if any
permanent resident spouse or parent	Fill in box if G-28 is attached to represent the applicant
f 1 am a conditional resident child who was battered by or subjected to extreme cruelty by my U.S. citizen or conditional resident parent(s)	
The termination of my status and removal from the United States would result in an extreme hardship	ATTY State License #

Part 3. Additional information about you	•		·	
1 Other Names Used (including maiden name				
Χ				
2 Date of Marriage (mm/dd/yyyy) 3 Place of Marria	ige 4	If your spouse is decea	ased give the date of d	eath (mm/dd/vyyy)
108/27/08 BROOK	150			
5 Are you in removal, deportation or rescission proceeding	ıgs?		Yes	
6 Was a fee paid to anyone other than an attorney in conn			Yes	☑ No
7 Since becoming a conditional resident have you ever b			i	
fined or imprisoned for breaking or violating any law or committed any crime for which you were not arrested?	r ordinance (excludin	g traine regulations) or	Yes	☑ No
8 If you are married is this a different marriage than the obtained?	one through which co	nditional residence status	was Yes	No No
9 Have you resided at any other address since you becam addresses and dates)	e a permanent residen	t ^o (If ves attach a list of a	all Yes	☑ No
10 Is your spouse currently serving with or employed by the States?	ne US government a	nd serving outside the Un	ited Yes	□ No
If you answered "Yes" to any of the above, provide a detail	ed explanation on a se	parate sheet(s) of paper		
Number (A#) at the top of each sheet and give the number of			Time your name and r	men registration
Part 4. Information about the spouse or p	arent through	whom you gained	your conditiona	l residence.
Family Name First N		Mıd	dle Name	
MACK	INCENT		CLEON_	
Address				
1146 ROSERS AUE				
	Security # (if any)		(if any)	
06/25/87 123	50194021	<u> </u>	(5C)1	
Part 5. Information about your children.	List all your cl	ildren. Attach oth	er sheel(s) if nec	essary
Name (First/Middle/Last) Date of Birth (mm/dd/yy)	y) A # (if any)	If in U.S. give addr	ess/immigration status	Living with you?
NICHOLAS HAMILTON 12/23/77	7			Yes No
NICOLA HAMILTON 08/29/82	-			Yes No
NYRON HAMILTON 02/22/85	•		- " .	Yes No
KELWYN SILWETTE 10/22/90				Yes No
				Yes No
Part 6. Signature. Read the information on per "a" in Part 2 your spouse n			g this section If you	checked block
I certify under penalty of perjury of the laws of the United correct. If conditional residence was based on a marriage, I where the marriage took place and was not for the purpose my records that the U.S. Citizenship and Immigration Serv Signature Print N	States of America, the further certify that the of procuring an immigues needs to determine	at this petition and the evi e marriage was entered in gration benefit. I also auth	accordance with the la norize the release of any	ws of the place
1/21/a V	In CENT	MACK	6/30/ 11	•
Signature of Spouse Print N	Name.		Date (mm/dd/yyyy)	
NOTE If you do not completely fill out this form or fail to		documents listed in the in	6/30/// nstructions you may no	ot be found eligible
for the requested benefit and this petition may be denied	- Fathautha	e have	_	
Part 7. Signature of person preparing for			Fushrah I hava kaasi 144	
I declare that I prepared this petition at the request of the ab Signature Print I			Date (mm/dd/yyyy)	ige
Firm Name and Address		Daytime Phone Number		
		(Area/Country Codes)		
		E-Mail Address (If anv)		
<u></u>				 .

Form I-751 (Rev 10/26/05) Y Page 2

APARTMENT LEASE



Landlord and Tenant agree to lease the Premises at the rent and for the term stated

PREMISES:	1146 Rogers Ave	UNIT: 2	
	Brooklyn, NY 11226	TENANT-	Twintin Hamilton
LANDLORD:	Erica Allard		Vincent Mack
Date of Lease	01/01/2012	YEARLY	11040 00
Lease Term	1 Year	Monthly Re	ent \$ 920 00
Commencem	ent Date <u>01/01/2012</u>	Security Do	eposit \$ 920 00
Termination D	Date 01/01/13	Broker's Fe	ee \$ 920 00

1. Use and Occupancy-

The Unit may only be used strictly for residential purposes and may only be occupied by Tenant and Tenant's spouse and children

2 Inability to Give Possession

The failure of Landlord to give Tenant possession of the Unit on the Commencement Date shall not create liability for Landlord. In the event that possession of the Unit is not delivered on the Commencement Date, Monthly Rent hereunder shall begin on the date that possession of the Unit is delivered to Tenant and shall be prorated for that portion of the month in which possession is delivered.

3 Rent

Tenant shall pay Monthly Rent in full on the first day of each month of the Lease Monthly Rent shall be paid in advance with no notice being required from Landlord Tenant shall not deduct any sums from the Monthly Rent unless Landlord consents thereto in writing

Upon signing this Lease, Tenant shall pay Landlord the first Monthly Rent due and the Security Deposit. The entire amount of rent due for the Lease Term is due upon signing this Lease, however, Landlord consents to the Tenant paying same in monthly installments provided there exists no defaults by Tenant under the terms of this Lease.

Additional Rent may include, but is not limited to any additional insurance premiums and/or expenses paid by Landlord which are chargeable to Tenant as stated hereinafter. Additional Rent is due and payable with the Monthly Rent for the next month after Tenant receives notice form. Landlord that Additional Rent is due and payable.

4 Condition of Unit

Tenant acknowledges that Tenant is accepting the Unit in its "as is" condition. Tenant further acknowledges that Tenant has thoroughly inspected the Unit and has found the Unit to be in good order and repair and that the appliances, if any, are in good operating condition. Tenant further states that Tenant knows how to operate the appliances and shall do so in accordance with the manufacturer's instructions.

5. Security

The Security Deposit is due upon the Tenant signing this Lease. The Security Deposit shall not be used for the payment of Monthly Rent unless agreed to, in writing, by Landlord and Tenant. Landlord shall deposit the Security Deposit in a bank insured by the FDIC and same will accrue interest if mandated by law. Within ten (10) days after Tenant surrenders possession of the Unit at the expiration of the Lease Term, Landlord shall return the Security Deposit, less any cost of repairs as authorized by this Lease, to Tenant at an address Tenant provides

6 Services and Utilities

Tenant is responsible fro paying all electric, gas, water, telephone and any other utilities allocated to the Unit. Use of a dishwasher, clothes washer and dryer machines, freezer, air purifier, portable heater, air conditioner or similar appliances is prohibited without Landlord's written consent.

Landlord will supply (a) heat, in such quantity and for such time as mandated by law, (b) hot and cold water, (c) air conditioning, if already existing in the Unit, (d) garbage removal from the Premises (the "Services"). If the Services are temporarily interrupted due to an accident, emergency and/or repairs, Tenant's obligation to pay rent, in full, shall not be affected thereby

Landlord will also supply a refrigerator, stove/oven, dishwasher, window air conditioning unit, clothes washer and clothes dryer (the "Appliances"). Any damage to the Appliances which is caused by the willful and/or negligent acts of Tenant may be repaired by Landlord, the cost of which shall be Additional Rent.

7 Furnishings

The Unit is being delivered (furnished) (unfurnished) If furnished, Landlord has given an inventory of the furnishings which inventory has been signed by Tenant and Landlord Tenant acknowledges that said furnishings are in good condition and Tenant accepts same in "as is" condition

8 Repairs and Alterations

Tenant shall maintain all appliances, equipment, furniture, furnishings and other personal property included under this Lease and, upon the surrender of the Unit on the Termination Date, Tenant shall surrender same to Landlord in the same condition as received, reasonable wear and tear excepted. Tenant shall make all repairs which become necessary due to Tenant's acts and/or negligence. If Tenant does not make such repairs, Landlord may do so, the cost of which shall be Additional Rent. In the event that Tenant defaults under the terms of this Paragraph 9, Landlord may make necessary repairs or replacement, the cost of which shall be deducted from the Security Deposit.

Tenant shall not make any alterations, additions, modifications and/or changes to the Unit during the Lease Term

9 Maintenance of Unit

Tenant shall maintain the Unit in a neat, clean and presentable condition

10 Pets

Pets of any kind or nature (shall) (shall not) be allowed in the Unit

11 Damage, Fire or Other Catastrophe

In the case of fire damage or other damage to the Unit not caused by Tenant, Tenant shall give Landlord immediate notice of same. Upon receipt of such notice, Landlord may either (a) repair the Unit or (b) terminate

the Lease If Landlord makes regards to the Unit, Landlord shall have a reasonable time which to do so If the damage to the Premises or the Unit renders the Unit uninhabitable, Landlord shall give notice to Tenant, after repairs are made, of the date on which the Unit may be reoccupied Monthly Rent for the period that Tenant can not occupy the Unit because of the damage shall be forgiven

In the event that Landlord terminates this Lease because of the damage, Landlord shall give Tenant three (3) days notice of Landlord's intent to so terminate, in which event, Monthly Rent shall be due for the period up to the date the Premises or the Unit incurred the damage

Notwithstanding the provisions of Section 227 of the New York Real Property Law, if the building in which the Unit is situated is substantially damaged by fire or other catastrophe (the "Occurrence"), Landlord has the absolute right to demolish, renovate or rebuild the Premises. Landlord may cancel this Lease, in such event, upon thirty (30) days written notice to Tenant of Landlord's intent, which notice shall include the date on which the Lease terminates, which shall, in no event, be less than thirty (30) days from the date of said notice. By canceling this Lease in accordance with the terms of this Paragraph, Landlord is not obligated to repair, renovate or rebuild the Premises. Monthly Rent and Additional Rent shall be paid by Tenant up to the date of the Occurrence.

12 Liability

Landlord shall not be liable for any loss, damage or expense to any person or property except if such loss is caused by the willful acts of Landlord

Tenant shall be liable for the acts of Tenant, Tenant's family, guests and/or invitees. Landlord's cost and expense in repairing any such damage or from any claim resulting from such acts shall be billed as Additional Rent and shall be paid by Tenant to Landlord.

13 Landiord's Entry

Except in an emergency, for the purposes of repair, inspection, extermination, installation or repair of any system, utility or appliance or to do any work deemed necessary by Landlord, Landlord may enter the Unit on reasonable notice and at reasonable times. Upon giving such notice, Landlord may also enter the Unit to show the Unit to prospective purchasers, lenders or other persons deemed appropriate and necessary by Landlord. During the last three (3) months of the Term of this Lease, Landlord may enter the Unit to show the Unit to prospective tenants.

14 Assigning or Subletting

This Lease may not be assigned by Tenant nor shall Tenant sublet the Unit

15 Subordination

This Lease and Tenant's rights hereunder are subject and subordinate to all existing and future leases for the land on which the Premises stand, to all mortgages on said leases and/or the Premises and/or the land and all renewals, modifications and extensions thereof Upon request by Landlord, Tenant shall execute any certificate to this effect

17 Keys, Locks

Tenant shall give Landlord keys to all locks for the Unit Tenant shall not change any locks or add any locks to the Unit without obtaining Landlord's consent, and if given, Tenant shall provide keys to Landlord for these locks

18 Signs

Tenant shall not place any signs on the Premises or upon the grounds on which the Premises stand or in the Unit so as to be seen from outside the Unit

Landlord shall have the right to place or cause to be placed on the Premises and/or upon the grounds on which the Premises stand or in or on the Unit, "For Rent" and/or "For Sale" signs

19 Compliance with Authorities

Tenant shall, at its own cost and expense, comply promptly with all law ules, ordinances and directions of governmental and/or municipal authorities, insurance carriers and/or homeowners' associations

20 Tenant's Defaults, Landlord's Remedies

A Landlord must give Tenant notice of default (except for a default in the payment of Monthly Rent and/or Additional Rent) and Tenant, upon receipt of such notice must cure the default within the time stated hereinafter

1 a default under Paragraphs 8, 9, 10, 11, 12, 14, 17 or 21 of this Lease, ten (10) days,

2 a default under Paragraph 30 of this Lease, thirty (30) days

B In the event that Tenant fails to cure a default within the time stated therefore, Landlord may terminate this Lease. In such event, Landlord shall give Tenant notice stating the date upon which this Lease shall terminate, such date being not less than three (3) days after the date of such notice at which time this Lease shall then terminate. Tenant shall be responsible for Monthly Rent and Additional Rent as set forth in this Lease up to the date of termination.

C If this Lease is terminated or Tenant vacates the Unit prior to the Termination Date, Landlord may enter the Unit and remove Tenant and any person or property and/or commence summary proceedings for eviction The aforesaid actions are not the sole remedies of Landlord

 $\,{\rm D}\,$ If this Lease is cancelled or Landlord takes back the Unit

- I Monthly Rent and Additional Rent for the unexpired portion of the Term immediately becomes due and payable. In addition, any cost or repair expended by Landlord shall be the obligation of Tenant and shall be deemed Additional Rent.
- 2 Landlord may re-rent the Unit and anything in it for any term and at any rental and any cost in connection therewith shall be borne by Tenant which may include, but is not limited to the cost of repairs, decorations, preparation for renting, broker's fees, advertising costs and attorney's fees. Any rent recovered by Landlord for the re-renting of the Unit shall reduce the amount of money that Tenant owes to Landlord.

21 Landlord's Rules

Tenant shall comply with these rules (the "Rules") at all times of there is a change in the rules, Landlord will give Tenant notice of same of Landlord shall not be liable to Tenant for another Tenant's violation of the Rules. The rights afforded under the following Rules are for the sole benefit of Landlord.

- (a) the quiet enjoyment of other tenants shall not be interfered with,
- (b) sounds, odors and lights which are annoying to other tenants are not allowed,
- (c) floors within the Unit must be covered over 70% of the area of each room except for the bathroom and kitchen,
 - (d) all posted rules must be followed,
 - (e) smoking is not permitted in the Unit or hallways,
- (f) All flammable or dangerous items may not be kept or stored in the Unit,
- (g) no one is allowed access to or the enjoyment of the roof,
- (h) nothing shall be placed on or attached to the fire escapes, windows, doors or in the hallways or common areas.
- (i) elevators, if any, are to be used by tenants and their guests only. Bicycles are not allowed in the elevators. Tenants and their guests are not to leave any garbage, trash and/or debris in the elevators,
- (j) moving of furniture in and out of the Unit must be scheduled with the Landlord,
- (k) all deliveries must be made by means of the service entrance, if any,
- (I) laundry machines, if provided, may be used at tenants' risk and cost, may only be used at reasonable hours and all instructions for their use must be strictly followed.
- (m) cleaning of the exterior of the windows from the outside is strictly forbidden.

(n) if parking is provided, imp rly parked vehicles may be immediately removed at ten it's cost,

tenant may not leave any baby carriages/strollers, bicycles, boxes, cartons and/or any items in hallways,

(p) tenant shall use its best efforts to conserve energy and water,

(q) hot plates or means of cooking other than the stove are not permitted

22 Warranty of Habitability

Landlord warrants that the Unit and Premises are suitable for living and that they are free from any condition that is dangerous to health, life and/or safety

Limitation of Recovery

Should Tenant obtain a judgment or other remedy from a court of competent jurisdiction for the payment of money by Landlord, Tenant is limited to the Landlord's interest in the Premises for the collection of same

Construction and Demolition

Construction and/or demolition may be done in or near the Premises and if same interferes with the ventilation, view and/or enjoyment of the Unit, Tenant's obligations under this Lease shall, in no way, be affected

Demolition of Premises

Should Landlord deem it necessary to demolish the Premises, Landlord may terminate this Lease upon six (6) months written notice to Tenant provided such notice is given to all other tenants in the Premises. In such event, Tenant shall surrender the Unit to Landlord upon such date as set forth in the notice

Terraces and Balconies

If there is a terrace or balcony as an adjunct to the Unit, such terrace or balcony is subject to the terms of this Lease

Tenant shall keep the terrace or balcony clean, clear of snow, ice, garbage and other debris. No alteration or additions may be made to the terrace or balcony Tenant's property may not be stored on the terrace or balcony Cooking on the terrace or balcony is prohibited

Tenant shall maintain the terrace or balcony in good condition and make all repairs at Tenant's cost, except those of a structural nature which is the responsibility of Landlord

27. Common Recreational Areas

If applicable, Landlord may give Tenant use of any playground, pool, parking or other areas, the use of which will be at Tenant's own risk and Tenant shall pay any charge imposed by Landlord for such use permission to use these areas may be revoked at any

28 Landlord's Employees

The employees of Landlord shall not perform any work for Tenant at Tenant's request Such employees may not do any personal chores of Tenant

Bankruptcy

Should Tenant file a voluntary petition in bankruptcy or an involuntary petition is filed against Tenant, or should Tenant assign any property fro the benefit of creditors or should a trustee/receiver be appointed of Tenant and/or Tenant's property, Landlord can cancel this Lease upon thirty (30) days written notice to Tenant

30 Notices

This Lease has been entered into as of the Date of Lease

LANDLORD Erica Allard

Erica Allard

CADESCA GERVEUS
Notary Public, State of New
No 01 CA6087673
Qualified in Kings

Any notice the given under this Lease shall be in ng addresse to the party at the addresses set forth writing addresse herein by certified mail or overnight courier service Notice by Landford to one named Tenant shall be deemed given to all Tenants and occupants of the Unit Each party hereto shall accept notices sent by the other Any change of address by one party must be given, by notice, to the other Notice shall be deemed given when posted or delivered to the overnight courier service

31 Waiver of Jury Trial, Set-Off or Counterclaim

The parties hereto waive trial by jury in all matters except for personal injury or property damage claims. In a summary proceeding for eviction, Tenant waives Tenant's right to any set-off and/or counterclaim

32 Broker

Tenant states that Ena Cadesca is the sole Broker who showed the Unit to Tenant Tenant shall hold harmless and indemnify Landlord fro any monies expended by Landlord should Tenant's statement herein be untrue

33 Inability of Landlord to Perform

If Landlord is unable to perform any of its obligations to be performed hereunder due to governmental orders, labor strife or inability to secure goods or materials, through no fault on the part of Landlord, this Lease shall not be terminated or cancelled and such inability shall not impact upon Tenant's obligations hereunder

34 illegality

Should any part of this Lease be deemed illegal, the remaining portions of this Lease shall not be affected thereby and shall remain in full force and effect

Non-Disturbance

So long as Tenant pays the Monthly Rent and Additional Rent and there exists no defaults under any of the terms of this Lease, Tenant may peacefully occupy the Unit for the Lease Term

36 Non-Waiver

Any failure by Landlord to insist upon Tenant's full compliance with the terms of this Lease and/or to enforce such terms shall not be deemed to be a waiver of Landlord's rights to insist upon or so enforce the terms of this Lease at a future date

Paragraph Headings

Paragraph headings are for reference only

Effectiveness

This Lease shall become effective as of the date when Landlord delivers a fully executed copy hereof to Tenant or Tenant's attorney

39 Amendments

This Lease may only be changed or amended in a writing signed by the parties hereto

40 Surrender of Premises

On the Termination Date, Tenant shall deliver the Unit to Landlord vacant, in good condition and broom clean Prior to such delivery, Tenant shall have vacated the Unit, removed Tenant's property, repaired all damages caused by Tenant and return the Unit in the same condition as received, reasonable wear and tear excepted

TENANT

Twintin Hamilton

Vincent Mack



Deposit Account Balance Summary

11/17/2012

Requestor information
TWINTIN HAMILTON
1146 ROGERS AVE
BROOKLYN, NY 11226-7108

Account Number	Account Type	Open Date	Current Balance	Avg Balance (12 mos
851171207	Chase Checking	08/31/2009	\$197 82	\$316 00
	C	ustomer Inform	mation	<u> </u>
TWINTIN HAMILTON		P	nmary Joint Or	
VINCENT CLEON MA	ICK	S	econdary Joint Or	
··········	_			

Deposit Account Balance Summary request completed by

KILLMARA K DAWSON (718) 284-5096 Nostrand JPMorgan Chase Bank, N.A Nostrand Ave 1462 Nostrand Ave, Brooklyn, NY 11226 NY1-2348

PLEASE NOTE THAT THE INFORMATION PROVIDED IN THIS LETTER WILL BE THE ONLY INFORMATION RELEASED BY JPMorgan Chase, N.A.

This letter is written as a matter of business courtesy without prejudice and is intended for the confidential use of the addressee only. No consideration has been paid or received for the issuance of this letter. The sources and contents of this letter are not to be divulged and no responsibility is to attach to this bank or any of its officers, employees or agents by the issuance or contents of the letter which is provided in good faith and in reliance upon the assurances of confidentiality provided to this bank. Information and expressions of opinion of any type contained herein are obtained from the records of this bank or other sources deemed reliable, without independent investigation, but such information and expressions are subject to change without notice and no representation or warranty as to the accuracy of such information or the reliability of the sources is made or implied or vouched in any way. This letter is not to be reproduced, used in any advertisement or in any way whatsoever except as represented to this bank. This bank does not undertake to notify of any changes in the information contained in this letter. Any reliance is at the sole risk of the addressee.

7 1 1 1 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		the Treasury Internal Revenue Se	(/	0044						
		<u>dıvidual Income</u>	lax Return		No 1545-0074		-Do no	t write or stap	le in this space	
Your first name and it		1 or other tax year beginning	Last name	2011 ending		20	_		Instructions	
	i ii yezi						104	r eoczał secu	•	
VINCENT If a joint return spous	A A First An	me and initial	MACK Lest name	············			-		9-4024 security number	
	36 8 18 31 EE	ing mic fillisi	}	_			Spx		•	
TWINTIN	vor prod etro	et) If you have a P O box, see just	<u> HAMILTON</u>	·		Apt no	_		98-0877	
_1146 RO	GERS	AVE				Десть	1		are the SSN(s) at line 6c are corre	
City town or post offi	ico state a	nd ZIP code. If you have a foreign e	address also complete sp	paces below (see instruct	ioua)	_		Presidentia	Bection Compagn	
BROOKLY	N		NY	1	1226				i, or your spouse if filing go to this fund. Check	
Foreign country name			Foreign	province/county	For	eign postal code	ab	ı iliw woled xo	not change your tax or	
							refu	and [You Sp	ouse
Filing Status Check only one box.	Marned	ed filing jointly (even if only filing separately Enter spouse a SS name here	•	the chil	qualifying persor Is name here	with qualifying persons a child but not y	our de	pendent ente		
Exemptions	6a	X Yourself If someone	can claim you as a	dependent, do no	t check box	6a		· }	Boses checked on 6a and 6b	2
exomptions .	b	X Spouse		<u> </u>	• • • • •	<u> </u>		,	_ No. of children	
	С	Dependents		(2) Dependent's	1 1	ependent's riship to you	ece 17	hild under qualifying	on 6c who: lived with you	1
9	1) First nar	ne Last nam	0	social security number	Leigno	uzusp to you	for chi (596 i	d tax credit natructions)	_ 🛡 did not live with	
If more than four	KELWYN	SINNE	TTE	329-95-867	SON				or separation	ı
dependents see		<u> </u>							(see instructions)	
instructions and		1000							Dependents on Sc not entered above	_
check here				<u> </u>	<u>1</u>		<u> </u>		Add numbers - on lines	
	d	Total number of exemption	ons claimed					•	abovo ►	3
Income	7	Wages salaries, tips, etc	Attach Form(s) W	/-2				7	45,6	81
moonie	8a	Taxable interest Attach	Schedule B if requi	red .				8a		
Attach Form(s)	þ	Tay-exempt interest Do	not include on line	Ba Ba	8b			4443H		
W-2 here Also	9a	Ordinary dividends Attac	ch Schedule B if re	quired				9a		
attach Forms	b	Qualified dividends .		• • •	9b			7		
W-2G and	10	Taxable refunds, credits	or offsets of state a	and tocal income to	ixes			10		
1099-R if tax was withheld	11	Alimony received			• • •			11		
Mas Miniifin	12	Business income or (loss) Attach Schedule	C or C-EZ				12		
If you did not	13	Capital gain or (loss) Atta	ach Schedule D if r	equired If not requ	ured check i	nere 🕨		13		
get a W-2	14	Other gains or (losses)	Attach Form 4797					14		
see instructions	15a	IRA distributions	. 15a		b Taxable	amount .		15b		
	16a	Pensions and annuities.			b Taxable	amount .		16b		
Enclose but do	17	Rental real estate royalti	es partnerships S	corporations, trus	ts, etc. Attac	h Schedule E		17		
not attach any	18	Farm income or (loss) A						18		
payment Also	19	Unemployment compens	ation					19		
please use Form 1040-V	20a	Social security benefits			b Taxable	amount .		20b		
FC1111 1040-4	21	Other income	· · · · · · · · · · · · · · · · · · ·		•		•	21		
	22	Combine the amounts in	the far night col for	lines 7 through 21	This is you	total income	•	22	45,6	SR 1
	23	Educator expenses			23			19.3		, , , ,
Adjusted	24	Certain business expenses of res		and				[m. 7]		
Gross		fee-basis government officials. At	tach Form 2106 or 2106-	EZ	24			4.51		
Income	25	Health savings account d		,	25			12.3		
	26	Moving expenses Attacl			26					
	27	Deductible part of self-en	•		27			157		
	28	Self-employed SEP SIM	· ·		28					
	29	Self-employed health insi	· · · · · · · · · · · · · · · · · · ·	-	29			_		
	30	Penalty on early withdraw		• •	30					
	30 31a	Alimony paid b Recipier		• • • • •	31a					
	31a	IRA deduction			32	.		ન _{ા વ્ય} ાગ		
	33	Student loan interest ded	uction	• • •	33					
	33 34		• • •	•	34			ግ/ሄሩ የነ		
		Turtion and fees Attach I						11/2		
	35 36	Domestic production acti		kacıı Folm 8903	35			7		
	36	Add lines 23 through 35 Subtract line 36 from line			• • • •	• •		36	45.6	20.3
	37	Still mon de san cascique	: ZZ INIS IS VOUT AC	musumu arass irci	JITH			1 3/	ወካ 6	ואר

Form 1040 (2011)VIN	CENT MACK & WINTIN HAM	LTON		25	0-19-4024 Page 2
Tax and	38	Amount from line 37 (adjusted gross income) .		••••	38	45,681
Credits	39a	Check You were born before January 2, 19	· —	3 Total boxes		
Standard	1	if Spouse was born before January 2	1947 Blind	checked ▶39a		
Deduction	b	If your spouse itemizes on a separate return or you were a dual-		. ▶ 39b		
for - People who	40	Itemized deductions (from Schedule A) or your	standard deducti	on (see left margin)	40	11,600
check any	41	Subtract line 40 from line 38			41	34,081
box on line 39a or 39b or	42	Exemptions Multiply \$3,700 by the number on it		• • • • • • • •	42	11,100
who can be claimed as a	43	Taxable income Subtract line 42 from line 41_	If line 42 is more th	nan line 41, enter -0	43	22,981
dependent	44	Tax (see instructions) Check if any from a	Form(s) 8814 b	Form 4972 C962 elec	tion 44	2,596
see	45	Alternative minimum tax (see instructions) Att	ach Form 6251		. 45	
All others	46	Add lines 44 and 45			▶ 46	2,596
Single or	47	Foreign tax credit Attach Form 1116 if required	· · · · · · · ·	47		
Married filing separately,	48	Credit for child and dependent care expenses. Attach Form 2441	<u> </u>	48		
\$5,800	49	Education credits from Form 8863, line 23		49		
Married filing jointly or	50	Retirement savings contributions credit Attach F	form 8880 .	50		!
Qualifying	51	Child tax credit (see instructions)	<u> </u>	51		
widow(er) \$11,600	52	Residential energy credits Attach Form 5695 .	<u></u> L	52		
Head of	53	Other credits from Form a 3800 b 8801 c		53		
household, \$8,500	54	Add lines 47 through 53 These are your total cr		• • • • • • •	. 54	<u> </u>
40,000	55	Subtract line 54 from line 46 If line 54 is more the	an line 46 enter -0)	▶ 55	2,596
Other	56	Self-employment tax Attach Schedule SE .	•••••		56	
Taxes	57	Unreported social security and Medicare tax from	nForm a ∐4	137 b ∐8919	. 57	
Tunoo	58	Additional tax on IRAs, other qualified retirement	plans, etc Attach	Form 5329 if required	. 58	
	59 a	Household employment taxes from Schedule H	•		. 59a	<u> </u>
	þ	First-time homebuyer credit repayment. Attach F	om 5405 if require	ed	59t)
	60	Other taxes Enter code(s) from instructions	<u> </u>		60	
	61	Add lines 55 through 60 This is your total tax	<u> </u>		▶ 61	2,596
Payments -	62	Federal income tax withheld from Forms W-2 an	· —	62 3,1	55	
If you have a	63	2011 estimated tax payments and amount applied from 2010 ret	<u> </u>	63		
qualifying ,	_64a	Earned income credit (EIC)	• •	64a		
child attach Schedule EIC	b	Nontaxable combat pay election 64b				
Ochedale Elo	65	Additional child tax credit Attach Form 8812 .	- '' '' ⊢	65		
	66	American opportunity credit from Form 8863, lin		66		
	67	First-time homebuyer credit from Form 5405 lin	<u> </u>	67		
	68	Amount paid with request for extension to file	· · · · ⊢	68	•	
	69	Excess social security and tier 1 RRTA tax within	· · · · · · · · · · · · · · · · · · ·	69		
	70	Credit for federal tax on fuels Attach Form 413	: · · · · ⊢	70	· · · · ·	!
	71	Credits from Form a 2439 b 8839 c		71		
Defend	72	Add lines 62, 63, 64a and 65 through 71 These	****		▶ 72	
Refund	73	If line 72 is more than line 61, subtract line 61 fr		-	\neg	
	74a	Amount of line 73 you want refunded to you If			74	<u>559</u>
Direct deposit? See	D	Routing number X X X X X X X X X X X X X X X X X X X			igs	
instructions	75	[1 +-1 +-1	<u> </u>			
Amount	76	Amount of line 73 you want applied to your 2012 estimated to Amount you owe Subtract line 72 from line 61			ns▶ 76	
You Owe	77	Columnted to a smaller (see a section of the section of	I	77	15 /6	
100 0110		bu want to allow another person to discuss this re			V Voc. C	omplete below No
Third Party	-			,		
Designee	Design	Marc Augustin	Phone no ▶ 718 –	Persona 629-031 <i>2</i> humber	l identification	▶ 11203
Sign		penalties of perjury 1 declare that I have examined this return and				1 The state of the
Here		e true correct and complete Declaration of preparer (other than				
Joint return? See	e Your s	grature	Date	Your occupation		Daytime phone number
instructions	-	024	3-28-2012	CHEFF		
Кеер а сору			Date	Spouse s occupation	_	Identity Protection PIN (see inst.
for your records	808	377		нна		
		rer's signature		Date	Check	r PTIN
Band				03-28-2012	self-employs	P00170242
Paid	Pant	ype preparers name Marc Augustin	·			
Preparer	Fums		vices Inc		Firms EIN	► 11-3351518
Use Only	Firms	address ► 612 East 43rd S				
		Brooklyn, NY 11			Phone no	718-629-0312

Resident Income Tax Return

New York State ● New York City ● Yonkers

For the full year January 1, 2011, through December 31, 2011, or fiscal year beginning

For help completing your return, see the instructions for Form IT-201 and ending

You must enter your date(s) of birth and social security number(s) below

			ou must enter your a						
	name and mick	die instigi		for a joint return, er	rter spouse s nam	e on line	below)	Your date of birth	Your social security no
VINC			MACK					06-25-1967	250-19-4024
	first name end	undigle autre)	Spouse a last na					Spouse s date of birth	▼ Spouse s social sec no
TWIN	TIN		HAMILTO	N				11-20-1955	102-98-0877
	-		e 13) (number and street or r	ural route)		Ap	ertment number	New York	State county of residence
1146	ROGERS	AVE						• K	ING
-	ge or post offic	: 9		ode .	Country	(if not U	nuted States)	School dis	trict name
BROO	KLYN		NY 1	1226				\$ B	ROOKLYN
Permane	nt home addres	sa (eeo instruc	tions, page 13) (number and	street or rural (oute))		Apartment numbe	School distriction	
City villa	ge or post offic	2 5	State	ZIP code			Taxpayer	a date of death	Spouse a date of death
			ŅY			Deced		;	
						(D)	E-file this return	Most taxpayers must	поw e-file (see page 12)
	Filing status -	(1)	Single			(E)		spouse maintain living during 2011 (see page 14)?	Yes X No
	nark an	(2) X	Married filing joint	return					
	K in	(4) ·A	(enter spouse a socia		oove)			r of days spent in NYC in 2011 y spent in NYC is considered i	
(one box	(3)	Marned filing sepa (enter spouse a socia		00V8)	(F)	NYC residents residents only	and NYC part-year (see page 14)	
	h	(4)	Head of household	i (with qualifyin	ig person)		(1) Number of mont	ha you lived in NYC in 2011	• 12
Staple co								ha your spouse lived in	
order he	ire —	(5)	Qualifying widow(r) with depend	lent child		NYC in 2011		1 2
(B			our deductions on income tax return?	Yes	No X	(G)	Enter your 2-ch	aracter special condi see page 14)	tion code •
(C			ed as a dependent er's federal return?	Yes	No X		If applicable, a special condition	lso enter your second n code	2-character
Fed	eral inco	me and	adjustments	your inco	ome items and	d total		ney appear on your fed	I through 18 below enter eral return (see page 15) Dottars
1.)	Nages, sala	ines tips	etc					1	45,681
2 1	Taxable inte	rest Incom	10					2	•
3 (Ordinary div	idends						3	
4.1	Taxable refu	ınds credi	ts, or offsets of state a	nd local incom	e taxes (also	enter c	on line 25)	4	
	Alimony reci						5	5	
6 8	Business inc	come or lo	ss (attach a copy of fe	deral Schedule	C or C-EZ, F	orm 10	040)	6	
7 (Capital gain	or loss (if	required, attach a cop	y of federal Sci	hedule D For	m 1040))	7	
		-	attach a copy of feder				•	8	
	-		distributions If recen	-	ciary, mark a	n X in t	he box	9	
			nsions and annuities. I		-			10	
		•	erinerships S corporations; t					11	
		•	attach a copy of federa		•			12	
	Јлетр јоут				•			13	
		-	cial security benefits (a	lso enter on lin	ie 27)			14	
	Other Incom				,			15	
	Add lines 1 t		.*	J				16	45,681
		-	nts to income (see page	15) Identify				17	•
	_	•	· · · · ·	-					



18

45,681

18 Federal adjusted gross income (subtract line 17 from line 16)

Dollars

ICENT	MACK	&	TWINTIN	HAMILTON	250-19-4024
comp	outatio	n, (credits, an	d other taxes (see page 29)	

Tax	computation, credits, and other taxes (see page 29)			
38	Taxable Income (from line 37 on page 2)		38	29,681
39	New York State tax on line 38 amount (see page 29 and Tax Computa	tion on pages 60 and 61)	39	1,337
40	New York State household credit	, •		•
	(from table 1 2 or 3 on page 29)	40		
41	Resident credit (attach Form IT-112-R or IT 112-C			
	or both see page 30)	41		
42	Other New York State nonrefundable credits			
	(from Form IT 201-ATT line 7 attach form)	42		
43	Add lines 40, 41, and 42		43	
44	Subtract line 43 from line 39 (if line 43 is more than line 39 leave blant	k)	44	1,337
45	Net other New York State taxes (from Form IT-201-ATT, line 30 attack	h form)	45	
46	Total New York State taxes (add lines 44 and 45)		46	1,337
47 48 49 50 51	New York City resident tax on line 38 amount (see page 30) New York City household credit (from table 4 5 or 6 on page 30) Subtract line 48 from line 47 (if line 48 is more than line 47 feave blank) Part-year New York City resident tax (attach Form IT-360 1) Other New York City taxes (from Form IT 201-ATT line 34 littach form)	47 48 49 50 51	914 914	See Instructions on pages 30, 31 and 32, to compute New York City and Yonkers taxes,
52	Add lines 49, 50 and 51	52	914	credits, and tax
53	NY City nonrefundable credits (from Form IT-201-ATT		243	surcharges
	tine 10 strach form)	53		
54	Subtract line 53 from line 52 (if line 53 is more than	"		
	line 52 leave blank)	54	914	
55	Yonkers resident income tax surcharge (see page 32)	65		
56	Yonkers nonresident earnings tax (attach Form Y-203)	56		
57	Part-year Yonkers resident income tax surcharge (ettach Form IT-360 1)	57		•
58	Total New York City and Yonkers taxes / surcharges (add lines 54	through 57)	58	914
59	Sales or use tax (See the instructions on page 33 Do not leave line	59 blank)	59	0

Voluntary contributions (whole dollar amounts only see page 34)

60a	Return a Gift to Wildlife	60a
60b	Missing/Exploited Children Fund	60b
60¢	Breast Cancer Research Fund	60c
60d	Alzheimer's Fund	60d
60e	Olympic Fund (\$2 or \$4 see page 34)	600
60f	Prostate Cancer Research Fund	60f
60g	9/11 Memorial	60g
60h	Volunteer Firefighting & EMS Recruitment Fund	60h

60	Total voluntary contributions (add lines 60a through 60h)	60

61	Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary	
	contributions (add lines 46, 58, 59, and 60)	

61 2,251



▼ Enter your social security number		
250-19-4024 '		Dollara
ne (from line 18 on the front page)	19	45,681
1		
ge 15)		
cal bonds and obligations (but not those of NY State or its local governments)	20	
nent contributions from your wage and tax statements (see page 16)	21	
gs program distributions (see page 16)	22	
ı	23	
•	24	45,681

Sta	ndard deduction or itemized deduction (see page 25)			
33	New York adjusted gross income (subtract line 32 from line 24)		33	45,681
32	Add lines 25 through 31		32	
31	Other (see page 21) Identify	31		
30	New York's 529 college savings program deduction/earnings	30		
29	Pension and annuity income exclusion (see page 20)	29		
28	Interest income on U.S. government bonds	28		
27	Taxable amount of social security benefits (from line 14)	27		
26	Pensions of NYS and local governments and the federal government (see page 20)	26		
25	Taxable refunds credits or offsets of state and local income taxes (from line 4)	25		

34	Enter your standard deduction (from table be	elow)	or yo	ur itemized ded	uction	(from v	vorksheet		
	below) Mark an X in the appropriate box	•	X	Standard	or	:	Itemized	34	15,000
35	Subtract line 34 from line 33 (if line 34 is more	thar	n line 3	33 leave blank)				35	30,681
36	Denember exemptions (not the same as total	facto	ral ev	amntione eaa no	no 28	١		16	1.000

36	Dependent exemptions (not the same as total federal exemptions see page 28)	36	1,000
37	Taxable income (subtract line 36 from line 35)	37	29,681

New York State standard deduction table

New York State Itemized deduction worksheet

	ng status	Standard deduc		а	Medical and dental expenses (federal Sch. A, line 4)	а	
(fro	m the front page)	(enter on line 34 abor	və)	b	Taxes you paid (federal Sch. A, line 9)	ь	
				C	Interest you paid (federal Sch. A. line 15)	C	
(1)	Single and you marke	ed		đ	Gifts to chanty (federal Sch. A. line 19)	ď	
	item C Yes	\$ 3	3 000	0	Casualty and theft losses (federal Sch. A, line 20)	Ð	
				f	Job expenses/misc deductions (federal Sch A line 27)	f	
{1}	Single and you marke	e d		9	Other misc deductions (federal Sch. A. line 28)	g	
	item C No	7	7,500	h	Enter amount from federal Schedule A, line 29	h	
				ì	State local and foreign incomo taxes (or general sales tax		
(2)	Marned filing joint ret	um 1:	5,000		if applicable) and other subtraction adjustments (see pg. 26)	i	
				j	Subtract line i from line h	j	
(3)	Married filing separat	ө		k,	Addition adjustments (see page 26)	k	
	return	7	7 500	1	Add lines j and k	1	
				m	Itemized deduction adjustment (see page 27)	m	
(4)	Head of household (v	vith		n	Subtract line m from line I	n	6
	qualifying person)	10	0,500	0	College tuition itemized deduction (see Form IT 272)	0	
				р	New York State itemized deduction		
(5)	Qualifying widow(er)	with		٠	(add lines n and o enter on line 34 above)	P	
	dependent child	15	5 000		,	•	

∢ or ▶

Enter your social security number

250-19-4024

62 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (from line 61 on page 3)

Colean

62

2,251

Third - party designee? (see instr.) /es X No Paid pre Preparer's signature Firm a name (or yours if self-e TENELUS TAX SE Address 612 EAST 43RD BROOKLYN, NY 1	mployed) ERVICES IN	Pre 109 ▼ Pre C P00 • Em 11-	03-28-20 03-28-20 eparer's NYTPRIN 8251.7 eparer's PTIN or \$ 170242 eployer (dentification 3351518 k en X if	I SSN	Your signature Your occupa Spouse s sig	ire	CHEFF	nust sign here int return) Oaytime phone	numbe
designee? (see instr.) Yes X No Paid pre Preparer's signature Firm a name (or yours if self-e TENELUS TAX SE	mployed) CRVICES IN	Date ▶ Pre 109 ▼ Pre C P00	03-28-20 sparer's NYTPRIN 82517 sparer's PTIN or \$ 170242 uployer identificati	I SSN	Yaur occupa	ire ition • (CHEFF	·	
designee? (see instr.) Yes. X. No Paid pre Preparer's signature Firm a name (or yours if self-e	parer must cor	Date ▶ Pro 109 ▼ Pre C P00	03-28-20 eparer's NYTPRIN 82517 eparer's PTIN or 8 170242	I SSN	Yaur occupa	ire ition • (CHEFF	·	
designee? (see instr.) Yes. X. No Paid pre Preparer's signature. Firm a name (or yours if self-e	parer must cor	Date ▶ Pre 109 ▼ Pre	03-28-2 oparer's NYTPRIN 82517 oparer's PTIN or S	1	Yaur occupa	ire ition • (CHEFF	·	
designee? (see instr.) Yes X No Paid pre Preparer's signature.	parer must cor	Dete ▶ Pro 109	03-28-2 sparer's NYTPRIN 82517	1	•	ire		ust sign nere v	
designee? (see instr.) Yes X No Paid pre Preparer's signature		Date ▶ Pre	03-28-2 oparer's NYTPRIN		Your signatu	•	, (-,	ust sign nerv	
designee? (see instr.) Yes X No Paid pre Preparer's signature		Date	03-28-2		Your signatu	•	, (- ,	inaraidii iloin	
designee? (see instr.) Yes X No ▼ Paid pre		•	· -	01 2	Va	•	ý (-)	inaraidii iloto 1	
designee? (see instr.) Yes X No			, <u> </u>				vers) m	IIIDI DIAN BAM V	
designee? (see instr.)			7.07						
		LUS@OPTONLINE	NET			. 10		1120	
Third - party	MARC AUGU					-	629 - 03		
	Print designee s na	mė				Designee	s phone nur	mber Personal iden	dication
82b Account number	•		82c	Account	type •	C	hecking	Saving	s
82a Routing number	•		Elec	trònic fun	ds withdraw	al effective of	date		
		posit or electronic funds refund) would come fro			-	US mark	an X in th	his box (see pg 39)	•
Account Informat		nant ar alastrania filadi			30)				
	•	e 77 see page 38)		81				t	
		emount in line 80 or							
		idrawal mark this box	and fill in	line 82			80		66
		is than line 62, subtrac							
mount you owe			=					choices.	
	tax (see instruc	ctions):		79				about your three refund	•
79 Amount of line 7								See page 71 for information	,
Mark one refund	**	doposit (fill in line 82)	- or -	cord	- cr -	check	78		
On and the second of the	# - !	direct		dobit		papor			
78 Amount of line 7	7 to be refunde	d							
· ·		nore than line 62 subtr	act line 62 fro	m line 76)		77		
Your refund / amo		•							
76 Total payments							76	1	, 58
	=	mount paid with Form I	IT-370	75 ⁻					
74 Total Yonkers ta	x withheld			74					
73 Total New York	City tax withheld	1		73		2	248		
72 Total New York	State tax withhe	ld		72		1,2	214	four-page rotum and all affactments.	
		n IT 201-ATT. line 18 attach fo	-	71				the proper assembly of you	
	-	h Form IT-215 or IT-20		70				See Step 11 on page 41 for	
	•	plete (F) on page 1, se	se page 35)	69		1	25	this page 4	
68 College tuition cr		**		68				applicable forms) to the top	
	•	·		67				Staple them (and any other	
67 Real property tax		No. 1		66				your return (see page 37).	
66 NYS noncustodia	•	(attach Form IT 215 or IT 209)	•	65				Forms (T-2, IT-1099-R, and IT-1099-U) and attach them	
65 NYS earned inco	ind dependent c	are credit (attach Form	IT-216)	64				l'applicable, complete	
66 NYS noncustodia	(63					

See instructions for where to mail your return



Summary of W-2 Statements

New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below File Form IT-2 as an entire page. See instructions on the back

Texpayer's first name and middle initial

Texpayer's last name

VINCENT

MACK

Should a security number

250-19-4024

▼ Should a security number

Spouse s first name and middle initial

Spouse s last name

TWINTIN

HAMILTON

102-98-0877

W-2	nacic Employers name a	nd full eddines	is (including ZIP code)							
***	CHEESECAKE FA	ACTORY	RESTAURANTS	INC						
Record 1	26950 AGOURA	RD			AGOURA HILLS			CA	91301	
		Box 12a	Amount:	•	Code	Box 15	State	Box 16	State wages	tips, etc. (for NYS)
Box b Employer identif	ication number (EIN)						NY			25,667
95-3783088		Box 125	Amount		Code			Box 17	New York St	ate income tax w/held
This W-2 record is for										844
(mark en X in one bo	(xx)	Box 12c	Amount	▼	Code			Bax 18	Local wages	tips etc (see instr.)
Taxpayer X	Spouse						Locality a			
Box 1 Wages tips oth	er compensation	Box 12d	Amount	▼	Code		Locality b			
2	25,667							Bax 19	Local income	e tax withheld
Box 8 Allocated ups							Locality a			
		Bax 13	Statutory employee				Locality b			
		Box 14a	Amount	▼	Description					Box 20 Locality nam
									Locality a	
Box 10 Dependent car	e benefits	Box 140	Amount	▼.	Description				Locality b	
Sex 11 Nonqualified pl	lains	Bax 14c	Amount	▼	Description					
										Corrected (W 2c)
- 3	Brown Employer's name at		ss (including ZIP code)							
W-2	NEW PARTNERS	INC	ss (including ZIP code)		NEW	VODE				10001 0000
W-2		INC Y 9FL				YORK			NY	
W-2 Record 2	NEW PARTNERS 1250 BROADWA	INC	is (including ZIP code) Amount	▼	NEW Code	YORK Box 15	State	Box 16		tips etc. (for NYS)
W-2 Record 2 Box b Employer Identif	NEW PARTNERS 1250 BROADWA	INC Y 9FL Bux 12a	Amount	_	Code		State NY		State wages	tips etc. (for NYS) 15,030
W-2 Record 2 Box b Employer Identif 13-3885148	NEW PARTNERS 1250 BROADWA	INC Y 9FL		*					State wages	tips etc. (for NYS) 15,030 ate income tax w/held
W-2 Record 2 Box b Employer identif 13-3885148 This W-2 record is for	NEW PARTNERS 1250 BROADWA	INC Y 9FL Box 12a	Amount Amount	▼	Code			Box 17	State wages	tips etc. (for NYS) 15,030 ate income tax w/held 287
W-2 Record 2 Box b Employer identif 13-3885148 This W-2 record is for (mark an X in one bo	NEW PARTNERS 1250 BROADWA Scatton number (EIN) DX)	INC Y 9FL Bux 12a	Amount	_	Code	Bax 15	NY	Box 17	State wages	tips etc. (for NYS) 15,030 site income tax w/held 287 tips etc. (see instr.)
Record 2 Box b Employer identif 13-3885148 This W-2 record is for (mark en X-in one by Taxpayer	NEW PARTNERS 1250 BROADWA Contraction number (EIN) DX) Spouse X	INC Y 9FL Boox 12a Boox 12b Boox 12c	Amount Amount	▼	Code Code	Bax 15	NY Locality a	Box 17	State wages	tips etc. (for NYS) 15,030 ate income tax w/held 287
W-2 Record 2 Box b Employer identif 13-3885148 This W-2 record is for (mark en X in one both Taxpayer Box 1 Wages tips oth	NEW PARTNERS 1250 BROADWA ication number (EIN) Spouse X ier compensation	INC Y 9FL Box 12a	Amount Amount	▼	Code	Bax 15	NY	Bax 17	State wages New York St Local wages	tips etc. (for NYS) 15,030 site income tax w/held 287 tips etc. (see instr.) 15,030
W-2 Record 2 Box b Employer identiff 13-3885148 This W-2 record is for (mark en X in one both Taxpayer Box 1 Wages tips oth	NEW PARTNERS 1250 BROADWA Contraction number (EIN) DX) Spouse X	INC Y 9FL Boox 12a Boox 12b Boox 12c	Amount Amount	▼	Code Code	Bax 15	NY Locality a Locality b	Bax 17	State wages	tips etc. (for NYS) 15,030 site income tax w/held 287 tips etc. (see instr.) 15,030 e tax withheld
W-2 Record 2 Box b Employer identiff 13-3885148 This W-2 record is for (mark en X in one both Taxpayer Box 1 Wages tips oth	NEW PARTNERS 1250 BROADWA ication number (EIN) Spouse X ier compensation	INC Y 9FL Boox 12a Boox 12b Boox 12c	Amount Amount Amount	▼	Code Code	Bax 15	NY Locality a Locality b	Bax 17	State wages New York St Local wages	tips etc. (for NYS) 15,030 site income tax w/held 287 tips etc. (see instr.) 15,030
W-2 Record 2 Box b Employer identiff 13-3885148 This W-2 record is for (mark en X in one both Taxpayer Box 1 Wages tips oth	NEW PARTNERS 1250 BROADWA ication number (EIN) Spouse X ier compensation	INC Y 9FL Box 12a Box 12b Box 12c Gox 12d	Amount Amount Amount Statutory employee	▼	Code Code Code	Bax 15	NY Locality a Locality b	Bax 17	State wages New York St Local wages	tips etc. (for NYS) 15,030 site income tax w/held 287 stips etc (see instr.) 15,030 e tax withheld 191
W-2 Record 2 Box b Employer identif 13-3885148 This W-2 record is for (mark en X in one both Taxpayer Box 1 Wages tips oth	NEW PARTNERS 1250 BROADWA ication number (EIN) Spouse X ier compensation	INC Y 9FL Boox 12a Boox 12b Boox 12c	Amount Amount Amount	▼	Code Code	Bax 15	NY Locality a Locality b	Bax 17	New York St Local wages	tips etc. (for NYS) 15,030 site income tax w/held 287 tips etc (see instr.) 15,030 e tax withheld 191 Box 20 Locality name
W-2 Record 2 Box b Employer identiff 13-3885148 This W-2 record is for (mark en X in one box Taxpayer Box 1 Wages tips oth 1 Box 8 Allocated tips	NEW PARTNERS 1250 BROADWA fication number (EIN) EX) Spouse X ser compensation .5,030	INC Y 9FL Box 12a Box 12b Box 12c Box 12d Box 13 Box 14a	Amount Amount Amount Amount Statutory employee Amount	▼	Code Code Code Code	Bax 15	NY Locality a Locality b	Bax 17	New York St Local wages Local income	tips etc. (for NYS) 15,030 site income tax w/held 287 stips etc (see instr.) 15,030 e tax withheld 191
W-2 Record 2 Box b Employer identif 13-3885148 This W-2 record is for (mark en X in one bo Taxpayer Box 1 Wages tips oth	NEW PARTNERS 1250 BROADWA fication number (EIN) EX) Spouse X ser compensation .5,030	INC Y 9FL Box 12a Box 12b Box 12c Gox 12d	Amount Amount Amount Statutory employee	▼	Code Code Code	Bax 15	NY Locality a Locality b	Bax 17	New York St Local wages	tips etc. (for NYS) 15,030 site income tax w/held 287 tips etc (see instr.) 15,030 e tax withheld 191 Box 20 Locality name
W-2 Record 2 Box b Employer identiff 13-3885148 This W-2 record is for (mark en X in one box Taxpayer Box 1 Wages tips oth 1 Box 8 Allocated tips	NEW PARTNERS 1250 BROADWA ication number (EIN) Spouse X ser compensation .5,030	INC Y 9FL Box 12a Box 12b Box 12c Box 12d Box 13 Box 14a	Amount Amount Amount Amount Statutory employee Amount	▼	Code Code Code Code	Bax 15	NY Locality a Locality b	Bax 17	New York St Local wages Local income	tips etc. (for NYS) 15,030 site income tax w/held 287 tips etc (see instr.) 15,030 e tax withheld 191 Box 20 Locality name



New York State Department of Taxation and Finance

Summary of W-2 Statements

New York State ● New York City ● Yonkers

Do not detach or separate the W-2 Records below File Form IT-2 as an entire page. See instructions on the back

Taxpayer's first name and middle initial

Taxpayer's last name

VINCENT

MACK

Spouse s first name and middle initial Spouse s tast name

TWINTIN HAMILTON

▼ Your social security number 250-19-4024

▼ Spouse a social security number

102-98-0877

								_			
	Box c Employer's n	ame end full addre	ss (including ZIP code)	•				_			
W-2	MF-MC HOME	E HEALTH	CARE AGENCY	INC							
Record 1	1810 JRERG	OME AVE	1		BROO	KLYN			NY	1123	35
		Box 12a	Amount	▼	Code	Box 15	State	Bax 16	State wages	ups etc. (for NYS)
Box b Employer identif	ication number (EIN)	,					NY		•	4,9	•
33-1199241		Box 12b	Amount .		Códe			Bax 17	New York St	-	
This W-2 record is for										1	83
(mark an X in one bo	OX)	Bex 12c	Amount	▼	Code			Box 18	Local wages		
Taxpayer	Spouse X					1	Locality a			4,9	
Box 1 Wages tips oth	er compensation	Bax 12d	. (Amount.	▼	Code		Locality b			-, -	•
	4,984							8cx 19	Local incom	e tax withbe	eld
Box 8 Allocated tips	•		1				Locality a				57
		Box 13	Statutory employee				Locality b			·	
		Box 14a	Amount	•	Description		, _			Bax 20	Locality nam
			1						Locality a	NY	Locum, Inc.
Box 10 Dependent can	e benefits	Bax 14b	Amount	▼	Description				Local ty b		
			• • • • • • • • • • • • • • • • • • • •	·	0 000 0000				2002.19		
Box 11 Nonqualified pi	ians	Box 14c	Amount	₩	Description.						
				-						Corrected (W 2n)
Do not detach	Box c Employer's n	ame and full addre	ss (including ZIP code)								
W-2											
Record 2											
		Bax 12a	Amount	▼	Code	Box 15	State	Bax 16	State wages	tips etc. (for NYS)
Box b. Employer identif	ication number (EIN)								-		-•
		Bax 12b	Amount	▼	Code			Bax 17	New York Si	ate income	tax w/haid
This W-2 record is for											
(mark an X in one bo	ox)	Bax 12c	Amount	▼	Code			Acce 18	Local wages	ins atc (see metr)
Taxpayer	Spouse	_,	.,		·=/*/==		Locality a			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
Box 1 Wages tips oth		Bax 12d	Amount		Code		Locality b				
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Box 8 Allocated tips							Locality a				~
, -		Box 13	Statutory employee				Locality b				
		Bax 14a	Amount	_	Description		LOCALITY D			Bex 20	Locality nam
			, argua is	•	Secondardi.				I analos -	.uu. 20	cocasty riam
Dry (f) Deserted	a hasefia	P 4.5-	Amount	~	Deservations				Locality a		
Box 10 Dependent car	e benefits	Bax 14b	Amount	•	Description				Locality b		
				▼	•				•		
Box 10 Dependent carr Box 11 Nonqualified pi		Box 14b	Amount	▼	Description				Locality b	Corrected (···

Applicant/Petitioner A #	Application/Petition
A087413592	Petition to Remove Conditions on Residence (Form I-751)
Notice Date	Response due by
August 24, 2012	November 19, 2012

TWINTIN HAMILTON 1146 ROGERS AVE BROOKLYN NY 11226

E 5490 X



A087413592

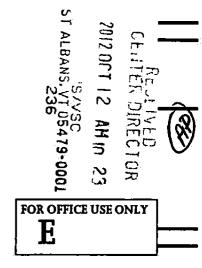
Applicant/Petitioner HAMILTON TWINTIN			
Doueficiary			·
Receipt Number EAC1201850846(CRI89)	No.	 4	المنية أمرر

RFE

IMPORTANT: THIS NOTICE CONTAINS YOUR UNIQUE NUMBER AND MUST BE SUBMITTED IN THE ORIGINAL WITH THE REQUESTED EVIDENCE.

- 1 US Citizenship and Immigration Services (USCIS) requires additional evidence to process your form Please provide the evidence listed on the attached page(s)
- 2 Your response must be received in this office on or before **November 19, 2012** 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. You will not be granted an extension of time to submit the requested evidence
- 3 You must submit all requested evidence at the same time If you submit only some of the requested evidence, USCIS will consider it a request for a decision on the record [8 CFR 103 2(b)(11)]
- 4 You will be notified separately about any other applications or petitions you have filed
- 5 From the date this office receives your submission, it will take a minimum of 14 days to process your form. If you have not heard from USCIS within 6° days, you may contact the USCIS National Customer Service Center (NCSC) at 1-800-375-5283. If you are hearing impaired, please call the NCSC TDD at 1-800-767-1833.
- 6 Mail this notice and your response to

U S CITIZENSHIP AND IMMIGRATION SERVICES
VERMONT SERVICE CENTER
75 LOWER WELDEN STREET
ST ALBANS, VT 05479-0001



A087413592 EAC1201850846(CRI89)

U.S. Citizenship and Immigration Services (USCIS) is in receipt of the evidence you submitted in support of your Petition to Remove Conditions on Residence (Form I-751). It is noted, however, that a review of the evidence submitted does not establish that the marriage between you and your spouse was entered into in "good faith." Therefore, you are requested to comply with the following

Submit copies of documents indicating that the marriage upon which you were granted conditional status was entered into in "good faith" and was not for the purpose of circumventing immigration laws. These documents should demonstrate the circumstances of the relationship from the date of the marriage to the present date, and any circumstances surrounding the end of the relationship, if it has ended. Examples include, but are not limited to

Documentation of children resulting from the relationship, such as

- birth certificates of children born to you and this spouse the birth certificate must be issued by the appropriate civil authority showing timely registration, date and place of birth, and parents' names,
- adoption decrees of children adopted by you and/or this spouse,
- documentation showing legal guardianship of stepchildren,
- school records listing the stepparent as a contact or guardian,
- medical records listing the stepparent as a contact or guardian

Documents showing joint ownership and/or occupancy of your communal residence, such as

- mortgage contracts these should indicate the date the mortgage was procured and show both spouses as
 responsible parties,
- deeds these should list both spouses as joint owners in the properties,
- leases these should list both spouses and any children as joint occupants

Financial records showing joint ownership of assets and joint responsibility for liabilities such as

- joint savings and checking account statements these should list both spouses as joint owners of the
 accounts, they should also show financial transactions that establish the account is active and has been
 utilized over the period of the marriage,
- joint installments or other loans showing both spouses names and the dates the loans were procured and/or paid off, they should also indicate that the loan is currently in good standing,
- joint tax returns these must be issued by the federal or state authority through whom you filed, they should be official transcripts or be stamped by the issuing authority,
- joint health insurance policies showing coverage for each spouse and/or child(ren),
- life insurance policies that show the other spouse as the beneficiary these should contain proof that the insurance policy is paid up-to-date,
- joint utility bills showing that both spouses reside at the same address, they should indicate the date of each bill and cover the period of the marriage if possible
- home-owner's or renter's insurance showing both spouses names and residence,
- automobile insurance policies showing coverage for both spouses,
- titles to jointly owned property such as automobiles, vacation homes, time shares and recreational vehicles,
- lease agreements for jointly leased property showing both spouses names and dates of lease agreement,
- automobile registrations showing both spouses names and addresses,
- affidavits written by third parties who have personal knowledge of the bona fides of the marital relationship

FOR OFFICE USE ONLY

A087413592 EAC1201850846(CRI89)

Other documents you consider relevant to establish that your marriage was not entered into in order to evade U S immigration laws

Affidavits sworn to or affirmed by at least two people who have known both of you since your conditional residence was granted and have personal knowledge of your marriage and relationship

Affidavits should be supported, if possible, by one or more types of documentary evidence listed above. Each affidavit must contain the full name and address, date and place of birth of the person making the affidavit, and his or her relationship to the petitioner, beneficiary, or indicated spouse, if any. The affidavit must contain complete information and details explaining how the person acquired his or her knowledge of the marriage. (Such persons may be required to testify before an immigration officer as to the information contained in the affidavit.)

You may submit either the original documents or legible photocopies of the originals, including copies of the front and back of each document. If you choose to submit original documents, they will not be returned to you

If you submit a document in any language other than English, you must include a full English translation. The translator must certify that the translation is complete and accurate, and that he or she is competent to translate from the foreign language to English. Official extracts are acceptable, but only if they contain all the information necessary to make a decision on a case. Only extracts prepared by an authorized official, the "keeper of record," are acceptable. A summary of a document prepared by a translator is unacceptable.

Please note that your failure to respond to this request may result in the termination of your conditional resident status and your possible removal from the United States

Do not send copies of documents previously submitted

NOTE The receipt number listed above is for your biometric appointment record, therefore, please include your A-file number on all correspondence

FOR OFFICE USE ONLY

ſ	Michael George	
L	October 8, 2012	l
	Re	<u>Affida</u>
	USCIS AND IMMIGRATIVE Vermont Service Center 75 Lower Welden Street St Albans, VT 05479-0001	
	To Whom It May Concern	
	I, Micheal George, born Ma ertiff Mack for at least 6 years	arch 4, 1966 resu ied that I known
	een 1 11 1 1	

(b)(6)

larch 4, 1966 residing and living a fied that I known Mrs Hamilton Twintin and Mr Vincent C

Affidavit

This couple is like love bird, and very much in love Both are very pleasant and resourceful people I looked up to them and very often seeking for advice

Mrs Hamilton and Mr Vincent are become a very personal friend of mine and I am very proud to call them my friend and mentor

If you have any questions concerning them please, feel free to contact me at the above address

Sincerely yours,

Michael George
Michael George

Notary Public

Subscribed and sworn to before me This Standay of Color, 2012

CADESCA GERVEUS
Notery Public, State of New York
No 01 CA6087663
Qualified in Kings County
ommission E pires

(b)(6)

Adeline McIntosh

October 8, 2012

Re

Affidavit

USCIS AND IMMIGRATION SERVICES Vermont Service Center 75 Lower Welden Street St Albans, VT 05479-0001

To Whom It May Concern

I, Adeline McIntosh, born October 20, 1956 living and residing at the above address certified that I knew Mrs Hamilton Twintin for over 30 years

In fact, I am a very good friend of both couples, Mrs Hamilton and Mr Vincent who have been living together for several years before they both got married to each other

Mrs Hamilton is a very respectful friend of mine who always come to the same church that I go too on Sundays Mrs Hamilton and Mr Vincent are very helpful and respectful people who I looked up too in the neighborhood They are very happy and always seemed to be enjoying life to the fullest of the best of my knowledge

Mrs Hamilton and Mr Vincent are very likable people, who are very self righteous and down to earth people I am very please of having both of them as my friends

If you have any questions concerning them please, feel free to contact me at the above address

Sincerely yours,

Adeline one Into

Subscribed and sworn to before me

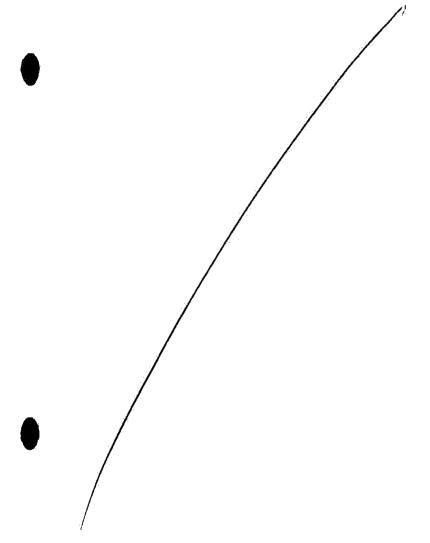
day of Charge

CADESCA GERVEUS Notary Public, State of New York No 01 CA6087663



15179 UUV

Handishaladadadadadadadada



7 4 N 4 N		of the Treasury Ternal Reven						
		Idual Income Tax Return			lse Only-Do not write o			<u>space</u> MB No 1545-0074
A		en 1-Dec 31 2010 or other tax year beg Spouse's Name (if Joint Return)		2010 end	ing _20 a, and ZIP Code	, 		social security numbe
· IISI		T C MACK	Tionio Addio	ss Ony, out	5, 810 ZII 0005			250-19-4024
		N HAMILTON				j	Spou	se's social security no
Otherwise E	16 D	OGERS AVE				}		
A4 1 1 1		YN NY 11226				L	A :	You must enter your SSN(s) above ▲
Presidential	Ж	11/1/1/1/1/20		· · · · · · · · · · · · · · · · · · ·	· - · · · · · · · · · · · · · · · · · ·			ing a box below will not e your tax or refund
	nle Ch	eck here if you or your spouse	if filma jointly wa	nt \$3 to an to th	nis fund (see Instruction	e) ►		You Spouse
Election of the	1	Single	ir ming jointly, wa	4		_		erson) (See instruction
Filing Status	2	Married filing jointly (even if	only one had inco	ome)	•	-		not your dependent, en
Check only	3	Married filing separately En	=	•	this child's name here			
one box		and full name here	•	5	Qualifying widow(er) w	nth dep	endent	child (see instructions)
Exemptions	6a	X Yourself If someone c	an claim you as a	dependent, do	not check box 6a			Boxes checked on
	b	X Spouse						6a and 6b
If more than	C	Dependents	(2)	Dependent's	(3) Dependent's relationship to	(4)V flying i for chill credit (si	af gual- chaid	No of children — on 6c who
four depen- (1) F	irst nam	ne Last name	soci	al security no	you	credit (s	d tax ee insl)	•lived with you
dents see							4	 did not live with you due to divorce or separation
instr and						-	 	(see instr) Dependents on 6c
check						-	+	not entered above
here 🕨 📗			<u></u>			LL	<u> </u>	Add numbers
<u>a rotain</u>		f exemptions claimed	(-\ 145 O					on lines above
Income	•	Wages salaries tips etc Atta	ich ram(s) vv-2	· -			7	30,614.
A	8a	Taxable interest. Attach Sche	dula R if required				8a	16.
Attach Form(s) W-2 here		Tax-exempt interest. Do not	•	1	8ь			
Also attach Forms				·	55		9a	
W-2G and 1099-R if tax	ь	Qualified dividends (see Instru	•	1	9b		 ••	
was withheld	10	Taxable refunds, credits, or of	•	local income ta	xes (see instructions)		10	
	11	Alimony received			,		11	
	12	Business income or (loss) Att	ach Schedule C d	or C-EZ			12	
If you did not get a W-2,	13	Capital gain or (loss) Attach S	Schedule D if requ	uired If not req	uired check here 🕨		13	
see instructions	14	Other gains or (losses) Attack	n Form 4797				14	
	15a	IRA distributions	5a	t	Taxable amount (see	Inst.)	15b	
	16a	<u></u>	6a		Taxable amount (see	-	16b	
	17	Rental real estate, royalties, pa		porations, trust	s etc. Attach Schedule	9 E	17	
Enclose but do	18	Farm income or (loss) Attach					18	
not attach, any	19	Unemployment compensation	· 1	1	Tavabla amavai (aaa)	19	
payment Also, please use	20a	Social security benefits 2			Taxable amount (see	insi)	20b	
Form 1040-V	21 22	Other income List type and a Combine the emounts in the fa	•		21 This is wourtetal is		21	30,630
	23	Educator expenses	ii ngitt column tor		23	ICOIII6	22	30,030
Adjusted	24	Certain business expenses of	recenilete nerform	. –			-	
Gross	2-7	and fee-basis gov officials Al		•	24		1	
Income	25	Health savings account deduct			25		1	
	26	Moving expenses Attach Form			26		1	
	27	One-half of self-employment ta		—	27		1	
	28	Self-employed SEP, SIMPLE,		_	28		1	
	29	Self-employed health insurance	•	<u> </u>	23]	
	30	Penalty on early withdrawal of	•		30]	
	31a	Alimony paid b Redpients SSN	·	3	1a		Į ļ	
	32	IRA deduction (see instructions	5)	_ [_:	32		<u> </u>	
	33	Student loan-interest deduction		' -	33		∫	
	34	Tuition and fees Attach Form		. }-	34			
	35	Domestic production activities		Form 8903 [:	35		ا ۱	
	36	Add lines 23 through 31a and 3	•	tod arner Inc-	mo		36	30,630
	37	Subtract line 36 from line 22	i ina ia your aujus	ran Aroas iuco	ing.		31	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions

Form **1040** (2010

Form 1040 (2010)			25 0-19-	<u>·4</u> 024	
	38.	Amount from line 37 (etc. sted gross income)		38	30,630.
Tax and	39a	Check You were born before Jan 2 1946, Blind Total box	(es		
Credits		if Spouse was born before Jan 2, 1946, Blind checked	▶ 39a	-	
	b	If your spouse itemizes on a separate return or you were a dual-status allen.	<u> </u>	1	
			▶ 39b 🏻		
	40	Itemized deductions (from Schedule A) or your standard deduction (see ins		40	11,400.
	41	Subtract line 40a from line 38	•	41	19,230.
	42	Exemptions Multiply \$3,650 by the number on line 6d		42	7,300
	43	Taxable income Subtract line 42 from line 41 If line 42 is more than line 41,	enter -0-	43	11,930.
	44		orm 4972	44	1,193.
	45	Alternative minimum tax (see instructions) Attach Form 6251	••••	45	
	46	Add lines 44 and 45		46	1,193
	47	Foreign tax credit. Attach Form 1116 if required 47	•	 	
	48	Credit for child and dependent care expenses Affaich Form 2441 48		1 1	
	49	Education credits from Form 8863, line 23		1	
	50	Retirement savings contributions credit. Attach Form 8880 50		1	
	51	Child tax credit (see Instructions) 51		1	
	52	Residential energy credits Attach Form 5695 52		i	
	53	Other credits from Form a 3800 b 8801 c 53	·- -	1	
	54	Add lines 47 through 53 These are your total credits		54	
	55	Subtract line 54 from line 46 If line 54 is more than line 46, enter -0-		55	1,193.
Other	56	Self-employment tax Attach Schedule SE		56	
		Unreported social security and Medicare tax from Form a 4137 b	8919	57	
Taxes	57 50			58	
	58	Additional tax on IRAs other qualified retirement plans, etc. Attach Form 5329	in tedmiso	-	
	59	a Forms(s) W-2, box 9 b Schedule H c Form 5405, line 16		59 60	1,193.
	60	Add lines 55 through 59 This is your total tax	2,238.	- 60	1,190.
Payments	61	Federal income tax withheld from Forms W-2 and 1099	2,230.	1	
•	62	2010 estimated tax payments and amount applied from 2009 return 62	800.	-	
If you have a	ጊ ⁶³	Making work pay and government retiree credits Attach Schedule M	000.	1	
qualifying child, attach Schedule	1 .	Earned Income credit (EIC) NQ 64a		1.	
EIC	t	pay election C+S			
	J 65	Additional child tax credit Attach Form 8812 65		۱,	
	66	American opportunity credit from Form 8863, line 14		<u> </u>	
	67	First-time homebuyer credit from Form 5405, line 10		ا , ا	
	68	Amount paid with request for extension to file (see Inst) 68			
	69	Excess social security and tier 1 RRTA tax withheld (see inst.) 69		- 1	
	70	Credit for federal tax on fuels Attach Form 4136			
	71	Credits from Form a 2439 b 8839 c 8801 d 8885 71		- <u>-</u>	2 020
	72	Add lines 61 62 63 64a and 65 through 71 These are your total payments	<u> </u>	72	3,038 1,845
Refund	73	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount	_		1,845.
Direct deposit? See instructions	74a	Amount of line 73 you want refunded to you if Form 8888 is attached, check routing number 021000322		74a	1,045.
and fill in 74b			Savings		
74c, and 74d or Form 8888	• •				
		Amount of line 73 you want applied to your 2011 estimated tax ▶ 75	Total B		
Amount You Owe	76	Amount you owe Subtract line 72 from line 60 For details on how to pay, see	Inst. •	76	
	. 77	Estimated tax penalty (see instructions) 77	<u> </u>	<u> </u>	NI N
)O you w Xesionee's	ant to allow another person to discuss this return with the IRS (see instructions)	? ∐ Yes P		ete the following X No
	esignee's ame		R	mber (P	(N) • 1
U.9	Inder penal elief they t	ties of perjury. I declare that I have examined this return and accompanying schedules and statements and return correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of	o to the best or my which preparer ha	is any kno	wiedgę
	our sigr	ature Date Your occupation		l Da	yume phone number
See instr		CHEF		34/	-586-1456
Keep a copy / s	Spouse's	signature if a joint return both must sign Date Spouse's occupation	1		
records					
		ННА		<u>.l.,</u>	
Print	ype pre	parer's name Preparer's signature Date	Che	xx 📙	If PTIN
Paid			sott	employed	<u> </u>
Preparer's Firms	ame I	·	Firm's	EIN	
Use Only Firms	iddress I	•	Phon	on e	
BCA HELDINES				_	Form 1040 (2010)

SCHEDULE M (Form 1040A,or 1040)

Making Work Pay Credit

OMB No 1545-0074

2010

Attachment

Department of the Treasury Internal Revênue Service

Name(s) shown on return

► Attach to Form 1040A or 1040

VINCENT C MACK & TWINTIN HAMILTON

See separate instructions

Sequence No 166 Your social security number 250-19-4024

CAUTION

To take the making work pay credit, you must include your social security number (if filling a joint return, the number of either you or your spouse) on your tax return. A social security number does not include an identification number issued by the IRS. Only the Social Security Administration issues social security numbers



You cannot take the making work pay credit if you can be claimed as someone else's dependent or if you are a nonresident alien

WINE			
		47.1	
mpor	tant. Check the "No" box on line 1a and see the instructions if	**************************************	
	(a) You have a net loss from a business	7,7	
	(b) You received a taxable scholarship or fellowship grant not reported on a Form W-2,	72	
	(c) Your wages include pay for work performed while an inmate in a penal institution,	10	
	(d) You received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental	21	
	section 457 plan or	55.5	
	(e) You are filing Form 2555 or 2555-EZ	7.3	
		The test of the time of the	
1 a	Do you (and your spouse if filing jointly) have 2010 wages of more than \$6,451 (\$12,903 if married filing jointly)?	<u> </u>	
	Yes Skip lines 1a through 3 Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5	3 f.	
	No Enter your earned income (see instructions)		
	12		
ь	Nontaxable combat pay included on line 1a	15 h	
_	(see instructions)	[業]	
	(See instructions)	> ⁽⁴⁾	
2	Multiply line 1a by 6 2% (062)	7 2	
_	Wildidply line to by 6 2 % (602)	- F3	
2	Fator \$400 (\$200 days and \$1 as south)	200	
3	Enter \$400 (\$800 if married filing jointly)		
	Fatantha a college of the O a three O College or the college BY and a college of the		800
4	Enter the smaller of line 2 or line 3 (unless you checked "Yes" on line 1a)	4 cira	800
_	5-1-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	1	
5	Enter the amount from Form 1040, line 38*, or Form 1040A, line 22 5 30, 630.	-34	
_	150,000	3	
6	Enter \$75 000 (\$150,000 if married filing jointly) 6 150,000.	_[\$\frac{1}{2}	
7	Is the amount on line 5 more than the amount on line 6?	35.4	
	No Skip line 8 Enter the amount from line 4 on line 9 below	<u> </u>	
	Yes Subtract line 5 form line 5	- [- [- [- [- [- [- [- [- [- [
_	44 to 1 to 1 to 1 to 1 to 1 to 1 to 1 to		
8	Multiply line 7 by 2% (02)	8	
	Calculated a Africa Lond III and a long and a		800.
9	Subtract line 8 from line 4 If zero or less enter -0-	9	800.
		200	
10	Did you (or your spouse If filing jointly) receive an economic recovery payment in 2010? You may have received	BARTHAN TO THE STREET OF THE S	
1	this payment in 2010 if you did not receive an economic recovery payment in 2009 but you received social security	723	
	benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension	12.5	
	benefits in November 2008 December 2008 or January 2009 (see instructions)		
	No Enter -0- on line 10 and go to line 11	122	
	Yes Enter the total of the payments you (and your spouse, if filing jointly) received in 2010 Do	331	
	not enter more than \$250 (\$500 if married filing jointly)	10	
		}	
11	Making work pay credit Subtract line 10 from line 9 If zero or less enter -0- Enter the result here and on		000
	Form 1040 line 63 or Form 1040A line 40	11	800

*If you are filing Form 2555 2555-EZ or 4563 or you are excluding income from Puerto Rico, see Instructions

Schedule M (Form 1040A or 1040) 2010

Form 1040EZ	Department of the Treasury Internal Revenue Service Income Tax Return for Single and Joint Filers With No Dependents (99) 2009	oN EMO	1545-0074
Label A	VINCE NT MACK	Your social security 250-19-4024	
(See page 9) B Use the IRS E [abel	TWINTIN HAMILTON 1146 RODGERS AVE	Spouse's social sect 102-98-0977	
Otherwise, E please print R	BROOKLYN, NY 11226	You must enter your SSN(3) abo	
or type E	1	Checking a box pelo	w will not
Election Campaign (see page 9)	Check here if you, or you wouse to office turn, want sape go to this	change your tax or re	suno Spouse_
Income	1 Wages, salaries, and the This shoult be shown to be an experience For the W-2 Attach your Form(s)	1 23	, 615
Attach Form(s) W-2 here	2 Taxable Interest If the total is over \$1,500, you cannot use Form 1040EZ.	2	
Enclose, but do not attach,	3 Unemployment compensation in excess of \$2,400 per recipient and	3	
any payment.	Alaska Permanent Fund dividends (see page 11) 4 Add lines 1, 2, and 3 This is your adjusted gross income		3,615.
You may benefit from filing Form 1040A	5 If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below applicable to account from the apparatory rksheet.		_
or 1040 See Before You Begin on page 4	\$18,700 if married fill be controlly as a sage 2 for explanation	518	700
	6 Subtract line 5 from line will have is larger than line 4, shield. This is your taxable income	▶ 64	,915
Payments, Credits, and Tax	7 Federal Income tax withheld from Form(s) W-2 and 1099 8 Making work pay credit (see worksheet on page 2)	7 1	,846 800
	9a Earned Income credit (EIC) (see page 13)	9a	
	b Nontaxable company elections 10 Add lines 7 ayand 9a 7 felia are you eletal payment and credits	···	,646.
	11 Tax. Use the mount on thin 8 above to find your tax in the tax table on project 27 through 3 and the muchon of a rest to the tax from the table of the life.	11	493
Refund Have it directly	12a If line 10 is larger than line 11, subtract line 11 from line 10 This is your refund If Form 8888 is attached, check here▶ ☐	<u>▶ 12a</u> 2	,153.
deposited See page 18 and fill in 12b 12c, and 12d or Form 8888	▶ b Routing number 021000322	ngs	
Amount you owe	d Account number 009523190967 13 If line 11 Is larger than line 10, games and 100 pm (fig 11 This projection in the amount you owe For decision how to pay, see page 1937)	▶ 13	
Third party designee	Do you want to allow another person the person that turn with the IF3 a V 1 150 20)? X Ye Designee's name	a Complete the following Person of ID 77-5991 (PIN) • 29	
Sign here	Under penalties of perjury. I declare that I have examined this return, and the best of my knowle accurately lists all amounts and sources of income I received during the tax year. Declaration of probased on all information of which the preparer has any knowledge.	dge and belief it is true, come eparer (other than the par	ect, and yer) is
Joint return? See page 6	Your signature - For Information Only - Date 'Your occupation CHIEF'	Daytime p:) e n	umber
Keep a copy for your records	Spouse's signature if a joint return, both must sign Do Not File Date Spouse's occupation HOMEMAKER		
Paid	Preparer's signature Date 3/25/2010 Check If self-employe	Preparers SN o	_
preparer's use only	address, and ZIP code BROOKLYN, NY 11210 Pho	',,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5238
	sure, Privacy Act, and Paperwork Reduction Act Notice, see page 36 FD1040EZ-1WV 1.2 mght 1998 2010 HRG Yax Group Inc	For 1040	EZ (2009)

New York State Department of Taxation and Finance

2009

IT-150

Х

Nο

Resident Income Tax Return (short form)

New York State● New York City ● Yonkers

Important: You must enter your social security number(s) in the boxes to the right. Your first name and middle initial Your last name (for a joint return, enter spouse's name on line below) ▼ Your social security number VINCE NT MACK 250-19-4024 Spouse's first name and middle initial Spouse's last name ▼ Spouse's SSN 102-98-0877 TWINTIN HAMILTON Mailing address (see Instructions, page 12) (number and street or rural route) Certment number New York State cty of residence 1146 RODGERS AVE KINC City, village, or post office ZIP code State School district name BROOKLYN BROOKLYN Permanent home address (see instructions, p School district 071 code numbe ? City, village, or post office Texpayer's date of death Spouse's date of death

(A) Filling status mark an 2 X Married filing joint return
(enter spouse s social security number above)

X in
One box: 3 Married filing separate return
(enter spouse's social security number above)
or money order
here

4 Head of housejio o (with subtry box soon).

Gualifying widov(er) with depth identify the

(C) Were you a New York City resident for all of 2009? (Part-year residents must file Form IT-201, see page 13.) Yes X No.
(D) Can you be claimed as a dependent

on another texpayer's federal return?

(stappage 133 Yes

Enth tour 2 digit special condition code

if ap 1 (digit special condition code

if ap 1 (digit special condition code)

If a digitable, also enter your second 2- digit

(B) Choose direct deposit to avoid paper check refund delays

Forh	elp completing your return, see the combined instructions for Form IT- 150 and IT- 201		Dollars
1	Wages, salaries, tips, etc.	1	23,615.
2	Taxable interest income	2	
3	Ordinary dividends	3	
4	Capital gain distributions	GONERY 4	
5	Taxable amount of IRA distribution if received a bendinary, mark differ the rox	5.	
6		6	
7	Taxable amount of pensions and simuitles: A peived as at eneficiar an area in the box Unemployment compensation in excess of \$2,000 per explant Taxable amount of social security for this (also below from 17 below)	7	
8	Taxable amount of social security (also be to the fine 17 below)	8	
9	Add lines 1 through 6	9	23,615.
10	Total federal adjustments to income (see page 14) identify	10	
11	Foderal adjusted gross income (subtract line 10 from line 9)	11	· 23,615.
12	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	12	
13	Public employee 414(h) retirement contributions from your wage and tax statements (see page 15)	13	
14	Other (see page 15) Identify	14	
15	Add lines 11 through 14	15	(23,615.
16	Pensions of NYS and local governments and federal government (see 1989 16)		(
17	Taxable amount of social security benefits (from life autore)		
18	Pension and annulty income exclusion (see page 19)		
19	Other (see page 17) Identify		1
20	Add lines 16 through 19	20	
21	New York adjusted gross income (subtract line 20 from line 15)	21	23,615.
22	New York standard deduction (see page 19) 22.	15,000.	
23	Dependent exemptions (not the same as total federal exemptions, see page 19) 23.		
24	Add lines 22 and 23	24	15,000.
25	Taxable Income (subtract line 24 from line 21)	25	8,615.



Labe	E 1040			of the Treasury - Internal Reve	~~	08 (00) IBO		Only Do not water as		a la thia			
Name Spouse's Name of Joint Rehm Home Address City, State and ZIP Code Your seed Face currity number 250-19-4024 Spouse's Name of Joint Rehm Home Address City, State and ZIP Code Spouse's Received Security in 22-98-0877 102-98-0877												£45_0074	
Income State Income In		Δ						····	,			^ -	
TWINTIN HAMILTON Spouse social accurate year of the community of the c		ы		-	n) rionie	Address City, St	318 3	ilid Zir Gode		TOUT		-	
102-98-0317 You used stellar promotions 1146 ROGERS AVE 1102-98-0317 You used stellar promotions 1146 ROGERS AVE 1126- 1146 ROGERS AVE 1126- 1146 ROGERS AVE 1146 ROGERS A	Use the	11								Spou		~	
Special Companies 1146 ROCERS AVE		H - · · - ·										•	
Presidential Election Campaign P Check here if you, or your spouse if filing portify went \$3 to go to this fund (see instructions) P Filing Status 2 Thing Status 2 Married filing separately Enter spouse's SSN above on both and morne) Check only 3 Married filing separately Enter spouse's SSN above on both to the control of the qualifying person is a child but not your dependent, enter this child's name there is child south provided in the child (s-e instructions) Exemptions 6a Mill Touriself if someone can claim you as a dependent do not check box (s) Exemptions 6a Mill Touriself is someone can claim you as a dependent do not check box (s) Capitality medium (s) Married filing separately Enter spouse's SSN above and the provided separately in the child (s-e instructions) Exemptions If more (t) First nume Last name Capitality medium (s) Vages, salanes taps, atc. Attach Form(s) W-2 Income Attach Attach Forms Vages, salanes taps, atc. Attach Schedule B if required Formity W-2 hare Attach Forms Vages, salanes taps, atc. Attach Schedule B if required I Toul Author of the child of the child (see instructions) If you did not go a w-2 Saland of the child of	please print	R 1146	5 R	OGERS AVE									
Presidential Election Campaign ► Check here of you, or your spouse of filing jointly, want \$3 to go to this fund (see instructions) ► ▼ You	ortype.	E Broo	ok <u>l</u> y	yn NY 11226-									
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Filting Status 2 Check only 3 Married filing pinntly (even If only one had income) Check only 3 Married filing separately Enter spouse's SSN above to this child's name here ▶ Check only 5 Married filing separately Enter spouse's SSN above One box. and fill name here ▶ ■ Yourself If some one can delin you as a dependent on ort check box 6a ■ Spouse Dependents If more (1) First name If more (1) First name Last name Social security no Last name Social security no Social secu	Election Ca	mpaign I	► Ch	eck here if you, or your spous	e if filing join	tly want \$3 to go to					 -		
Check only 3 Married filing separately Enter spouse's SSN above and full name here > Quelifying sedow(ar) with dependent child (sre instructions) and full name here > Quelifying sedow(ar) with dependent child (sre instructions) and full name here > Quelifying sedow(ar) with dependent child (sre instructions) by Spouse Dependents (2) Dependents (3) Dependents (4) Tiggue to the full name bear of the full name here > Quelifying sedow(ar) with dependent child (sre instructions) and full name here > Quelifying sedow(ar) with dependent child (sre instructions) and full name here > Quelifying sedow(ar) with dependent child (sre instructions) and full name here > Quelifying sedow(ar) with dependent child (sre instructions) and full name here > Quelifying sedow(ar) with dependent child (sre instructions) and full name here > Quelifying sedow(ar) with dependent child (sre instructions) and full name here > Quelifying sedow(ar) with dependent child (sre instructions) and full name here > Quelifying sedow(ar) with dependent child (sre instructions) and full name here > Quelifying sedow(ar) and full name here > Quelifying sedow(ar) and full name here > Quelifying sedow(ar) and full name here > Quelifying sedow(ar) and full name here > Quelifying sedow(ar) and full name here sedow(ar)				⊣ •		4 _	-4	•	_	•	-		
and full name here South	_		_ F	⊣ 3, , (-					child but	not your o	dependent, (enter
Exemptions 6e Vourself If someone can claim you as a dependent do not check box 6a Spoulab Spoulab Capbendents	•		3		inter spouse	s SSN above	-		_			· lastrista-	
If more (1) First name Last name social security in social secur		\DC			ann alaim ia	3 			on de	pendent -		_	
If more (1) First name	Exemput	1112			can dann yo	a as a debellaeirtor	n Hot	CHECK BOX 08			•		
than four dependence of the property of the p						(2) Denendent's	Т	(3) Dependent's	(4)	i guel-	No of	children	
than four dependence of the property of the p	If more (1	I) First na	_	•					for c) cnikt nikt tax 'see inst)			0
d Total number of exemptions claimed d Total number of exemptions claimed 7 Wages, selanes tips, etc. Attach Form(s) W-2 Income 8a Taxable Interest. Attach Schedule B if required Form(s) W-2 hare Also attach Forms W-25 and 1099-R if tax was withhold 10 Taxable interest. Attach Schedule B if required 5 Capital dividends (see instructions) 11 Allmony received 11 Sou did not get a W-2 see instructions 12 Business income or (loss) Attach Schedule D if required If not required, check here 13 Capital gain or (loss) Attach Schedule D if required If not required, check here 14 Allmony received 15 Capital gain or (loss) Attach Schedule D if required If not required, check here 16 Pensions and annuities 17 Rental real estate, royaltes, partnerships, S corporations, trusts etc. Attach Schedule E 18 Farm momen or (loss) Attach Schedule F 19 Unemployment compensation 19 Unemployment compensation 19 Unemployment compensation 20 Departnerships 8a Default attach any 9a W-26 and 9a W	than						1	1			did not i	ive with	
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Total number of exemptions claimed	. •						<u> </u>	· _					0
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Attach Sa Taxable Interest. Attach Schedule B if required Sa Taxable Interest. Do not include on line 8a Sb	<u>d</u>	Total nun									on line	s above 🕨	2
Satisfies Sat	•		7	Wages, salanes tips, etc. Al	ttach Form(s)	W-2		·		┥.	Ì	06 50	,
b Tax-exempt interest. Do not include on line 8a 8b 9a 9a 9a 9a 9a 9a 9a 9	income		•	To the Interest Attack Oct	and to Differ					· 	 	26,59	<u> </u>
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trops-R if tax was withheld 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 11 Allmony received 12 Business income or (loss) Attach Schedule C or C-EZ get a W-2 see instructions 13 Capital gain or (losses) Attach Schedule D if required if not required, check here 14 Other gains or (losses) Attach Form 4787 15a IRA distributions 16a Pensions and annuities 17 Rental real estate, royalties, partnerships, S corporations, trusts etc Attach Schedule E 18 Farm income or (loss) Attach Schedule F 19 Unemployment compensation 20a Social security benefits 20b Income 21 Other income List type and amount (see instr) 22 Add the emounts in the far right column for lines 7 through 21 Thill is youtotal income 23 Educator expenses (see instructions) 24 Certain business expenses of feser-nats performing artists, and fee-basis gov officials Attach Form 2106 or 2106-EZ leaths savings account deduction Attach Schedule SE 25 Self-employed SEP, SIMPLE and qualified plans 26 Moving expenses Attach Form 3903 27 One-half of self-employment tax Attach Schedule SE 28 Self-employed health insurance deduction (see instr) 30 Penalty on early withdrawal of savings 31 Allmony proceived 10 Internal (see instructions) 32 IRA deduction (see instructions) 33 Student Ioan Interest deduction Attach Schedule SE 34 Allmony paid b Replemet's SN ▶ 35 India (ines 23 through 31 and 32 through 35 36 Add lines 23 through 31 and 32 through 35 37 Subtract line 36 from line 22 This is youradjusted gross Income 28 Internal (ines 24 This is youradjusted gross Income) 36 Add lines 23 through 31 and 32 through 35 37 Subtract line 36 from line 22 This is youradjusted gross Income 29 Internal (ines 24 This is youradjusted gross Income)	٠.			•			QL.	! 		92			
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For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

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		38	Amount from line 37 (adjusted gross	income)				3	8	26,591
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Qualifying widow(er)		51	Retirement savings contributions cred			- +	··			
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Other		58	Unreported social security and Medic			<u></u>	b ∐ 8919	5	 -	
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		61	Add lines 56 through 60 This is your		_	<u> </u>		_▶ 6	¹	868.
_		62	Federal income tax withheld from For		-	_62 <u> </u>	2,632	<u>•</u>		
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		67	Amount paid with request for extension		–	67				
		68	Credits from Form a 2439 b 41	<u>, , , , , , , , , , , , , , , , , , , </u>	8885	68				
		69	First-time homebuyer credit. Attach F			_6:				
		70	Recovery rebate credit (see workshee	et in the instruction	ons)	70	868			
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or Form 8888		74_	Amount of line 72 you want applied to your 2	2009 estimated	tax 🕨	74	 			
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LEASE AGREEMENT

The Landlord and Tenant agree to lease the Apartment at the Rent and for the Term stated on these terms: LANDLORD: Franklin Hamblin Wakes TENANT: TWIN FIN Hamblon Waxant Address for Notices 11 46 Rogens Aug Srooklyn Writzza Brooklyn Brooking in my 11226

Lease date: Term Yearly Rent 4 20 16 beginning January 4 Januany 20 1 **Monthly Rent** ending Januani 20 12 Security

Rider Additional terms on

Apartment (and terrace, if any).

page(s) initialed at the end by the parties is attached and made a part of this Lease

Use The Apartment must be used only as a private Apartment to live in and for no other reason. Only a party signing this Lease and the spouse and children of that party may use the Apartment.

Failure to give possession

Landlord shall not be liable for failure to give Tenant possession of the Apartment on the beginning date of the Term Rent shall be payable as of the beginning of the Term unless Landlord is unable to give possession. Rent shall then be payable as of the date possession is available. The ending date of the Term will not change

Rent, added rent

The rent payment for each month must be paid on the first day of that month at Landlord's address. Landlord need not give notice to pay the rent. Rent must be paid in full and no amount subtracted from it. The first month's rent is to be paid when Tenant. signs this Lease Tenant may be required to pay other charges to Landlord under the terms of this Lease. They are to be called "added rent." This added rent is payable as rent, together with the next monthly rent due. If Tenant fails to pay the added rent on time, Landlord shall have the same rights against Tenant as if Tenant failed to pay rent. Payment of rent in installments is for Tenant's convenience only. If Tenant defaults, Landlord may give notice to Tenant that Tenant may no longer pay rent in installments. The entire rent for the remaining part of the Term will then be due and payable.

Security

Tenant has given Security to Landlord in the amount stated above If Tenant fully complies with all of the terms of this Lease, Landlord will return the Security after the Term ends If Tenant does not fully comply with the terms of this Lease, Landlord may use the Security to pay amounts owed by Tenant, including damages If Landlord sells or leases the Building, Landlord may give the Security to the buyer or lessee Tenant will look only to the buyer or lessee for the return of the Security

Landlord will supply (a) heat as required by law, and (b) hot and cold water for bathroom and kitchen sink Stopping or reducing of service(s) will not be reason for Tenant to stop paying rent, to make a money claim or to claim eviction. Damage to the equipment or appliances supplied by Landlord caused by Tenant's act or neglect, may be repaired by Landlord at Tenant's expense. The repair cost will be added rent cost will be added rent
Tenant must pay for all electric, gas, telephone, water, sewerage and other utility services used in the coatment and arrange

for them with the public utility company

Landlord may stop service of the plumbing, heating, elevator, air cooling or electrical systems, because of accident, emergency, repairs, or changes until the work is complete. If unable to supply any service because of labor trouble, Government order, lack of fuel supply or other cause not controlled by Landlord, Landlord is excused from supplying that service. Service shall resume when Landlord is able to supply it

Repairs

Tenant must take good care of the Apartment and all equipment and fixtures in it. Tenant must, at Tenant's cost, make all repairs and replacements whenever the need results from Tenant's act or neglect. If Tenant fails to make a needed repair or replacement, Landlord may do it. Landlord's expense will be added rent.

Alterations

Tenant must obtain Landlord's prior written consent to install any panelling, flooring, "built in" decorations, partitions, railings or make alterations or to paint or wallpaper the apartment Tenant must not change the plumbing, ventilating, air conditioning, electric or heating systems. If consent is given, the alterations and installations shall become the property of Landlord when completed and paid for, and shall remain with and as part of the Apartment at the end of the Term Landlord has the right to demand that Tenant remove the alterations and installations before the end of the Term Landlord has the right to demand that before the end of the Term Landlord is not required to do or pay for any work unless stated in this Lease

Fire, accident, defects, damage

The activities, defective condition if the Apartment can not be used because of fire or other casualty, Tenant is not required to pay rent for the time the Apartment is unusable if part of the Apartment cannot be used. Tenant must pay rent for the usable part. Landlord shall have the right to decide which part of the Apartment is usable Landlord need only repair the damaged structural parts of the Apartment Landlord is not required to repair or replace any equipment, fixtures, furnishings or decorations unless originally installed by Landlord Landlord is not responsible for delays due to settling insurance claims, obtaining estimates, labor and supply problems or any other cause not fully under Landlord's control

If the fire or other casualty is caused by an act or neglect of Tenant or guest of Tenant, or at the time of the fire or casualty Tenant is in default in any term of this Lease, then all repairs will be made at Tenant's expense and Tenant must pay the full rent with

no adjustment The cost of the repairs will be added rent

Landlord has the right to demolish or rebuild the Building if there is substantial damage by fire or other casualty. Even if the Apartment is not damaged, Landlord may cancel this Lease within 30 days after the fire or casualty by giving Tenant notice of Landlord's intention to demolish or rebuild. The Lease will end 30 days after Landlord's cancellation notice to Tenant. Tenant must deliver the Apartment to Landlord on or before the cancellation date in the notice and pay all rent due to the date of the fire or casualty If the Lease is cancelled Landlord is not required to repair the Apartment or Building

Liability

Landlord is not leable for loss expense or damage to any person or property, unless due to Landlord's negligence Tenant must pay for damages suffered and money spent by Landlord relating to any claim arising from any act or neglect of Tenant is responsible for all acts of Tenant's family, employees, guests or invitees

10. Landlord may enter

Landlord may at reasonable times, enter the Apartment to examine, to make repairs or alterations, and to show it to possible buyers, lenders or tenants

11. Assignment and sublease

Tenant must not assign this Lease or sublet all or part of the Apartment or permit any other person to use the Apartment If Tenant does, Landlord has the right to cancel the Lease as stated in the Default section

12. Subordination

This Lease and Tenant's rights, are subject and subordinate to all present and future (a) leases for the Building or the land on which it stands, (b) mortgages on the leases or the Building or land, (c) agreements securing money paid or to be paid by a lender, and (d) terms, conditions, renewals, changes of any kind and extensions of the mortgages or leases or Lender agreements. Tenant must promptly execute any certificate(s) that Landlord requests to show that this Lease is so subject and subordinate. Tenant authorizes Landlord to sign these certificate(s) for Tenant

13. Condemnation

If all of the Apartment or Building is taken or condemned by a legal authority, the Term, and Tenant's rights shall end as of the date the authority takes title to the Apartment or Building If any part of the Apartment or Building is taken, Landlord may cancel

this Lease on notice to Tenant. The stice shall set a cancellation date not less that stage lays from the date of the notice. If the Lease is cancelled, Tenant must deliver the Apartment to Landlord on the cancellation date agether with all rent due to that date. The entire award for any taking belongs to Landlord Tenant gives Landlord any interest Tenant may have to any part of the award Tenant shall make no claim for the value of the remaining part of the Term

14. Tenant's duty to obey laws and regulations

Tenant must, at Tenant's expense, promptly comply with all laws, orders, rules, requests, and directions, of all governmental authorities, Landlord's insurance premiums. Board of Fire Underwriters, or similar groups. Tenant may not do anything which may increase Landlord's insurance premiums. If Tenant does, Tenant must pay the increase as added rent.

15. Tenant's defaults and Landlord's remedies

A Landlord may give 5 days written notice to Tenant to correct any of the following defaults

Failure to pay rent or added rent on time

Improper assignment of the Lease, improper subletting all or part of the Apartment

Improper conduct by Tenant or other occupant of the Apartment.

Failure to fully perform any other term in the Lease

B If Tenant fails to correct the defaults in section A within the 5 days, Landlord may cancel the Lease by giving Tenant a written 3 day notice stating the date the Term will end. On that date the Term and Tenant's rights in this Lease automatically end and Tenant must leave the Apartment and give Landlord the keys Tenant continues to be responsible for rent, expenses, damages and losses

C If the Lease is cancelled, or rent or added rent is not paid on time, or Tenant vacates the Apartment, Landlord may in addi-

tion to other remedies take any of the following steps

Use dispossess, eviction or other lawsuit method to take back the Apartment, and To the extent permitted by law, enter the Apartment and remove Tenant and any person or property

D If the Lease is ended or Landlord takes back the Apartment, rent and added rent for the unexpired Term becomes due and payable Landlord may re-rent the Apartment and any thing in it for any Term Landlord may re-rent for a lower rent and give allowances to the new Tenant Tenant shall be responsible for Landlord's cost of re-renting Landlord's cost shall include the cost of repairs, decorations, broker's fees, attorney's fees, advertising and preparation for renting Tenant shall continue to be responsible for rent, expenses, damages and losses. Any rent received from the re-renting shall be applied to the reduction of money Tenant owes Tenant waives all rights to return to the Apartment after possession is given to the Landlord by a Court

16. Waiver of jury, counterclaim, setoff

Landlord and Tenant waive trial by a jury in any matter which comes up between the parties under or because of this Lease (except for a personal injury or property damage claim) In a proceeding to get possession of the Apartment, Tenant shall not have

the right to make a counterclaim or setoff 17. Notices

Any bill, statement or notice must be in writing. If to Tenant, it must be delivered or mailed to the Tenant at the Apartment. If to Landlord it must be mailed to Landlord's address. It will be considered delivered on the day mailed or if not mailed, when left at the proper address. A notice must be sent by certified mail. Landlord must send a written notice to Tenant if Landlord's address is changed 18. No waiver, illegality

Landlord's acceptance of rent or failure to enforce any term in this Lease is not a waiver of any of Landlord's rights. If a term in this Lease is illegal, the rest of this lease remains in full force

19. Bankruptcy, insolvency

If (1) Tenant assigns property for the benefit of creditors, (2) Tenant files a voluntary petition or an involuntary petition is filed against Tenant under any bankruptcy or insolvency law, or (3) a trustee or receiver of Tenant or Tenant's property is appointed, Landlord may give Tenant 30 days notice of cancellation of the Term of this Lease If any of the above is not fully dismissed within the 30 days, the Term shall end as of the date stated in the notice. Tenant must continue to pay rent, damages, losses and expenses without offset

20. Rules

Tenant must comply with Landlord's Rules Notice of Rules will be posted or given to Tenant Landlord need not enforce Rules against other Tenants Landlord is not liable to Tenant if another tenant violates the Rules Tenant receives no rights under the Rules 21. Representations

Tenant has read this Lease All promises made by the Landlord are in this Lease. There are no others

22. Landlord unable to perform

If due to labor trouble, government order, lack of supply, Tenant's act or neglect, or any other cause not fully within Landlord's reasonable control Landlord is delayed or unable to (a) carry out any of the Landlord's promises or agreements, (b) supply any service to be supplied, (c) make any required repair or change in the Apartment or Building, or (d) supply any equipment or appliances, this Lease shall not be ended or Tenant's obligations affected

23 End of term

At the end of the Term, Tenant must leave the Apartment clean and in good condition, subject to ordinary wear and tear, remove all of Tenant's property and all Tenant's installations and decorations, repair all damages to the Apartment and Building caused by moving, and restore the Apartment to its condition at the beginning of the Term 24. Space "as is

Tenant has inspected the Apartment and Building Tenant states they are in good order and repair and takes the Apartment "as is" 25. Quiet enjoyment and habitability

Subject to the terms of this Lease, as long as Tenant is not in default Tenant may peaceably and quietly have, hold, and enjoy the Apartment for the Term Landlord states that the Apartment and Building are fit for human living and there is no condition dangerous to health, life or safety

26. Landlord's consent

If Tenant requires Landlord's consent to any act and such consent is not given, Tenant's only right is to ask the Court to force Landlord to give consent Tenant agrees not to make any claim against Landlord for money or subtract any sum from the rent because such consent was not given

27. Legal fees

The successful party in a legal action or proceeding between Landlord and Tenant for non-payment of rent or recovery of ossession of the Apartment may recover reasonable legal fees and costs from the other party 28. Lease binding on

This Lease is binding on Landlord and Tenant and those that lawfully succeed to their rights or take their place

29. Landlord

Landlord means the owner, or the lessee of the Building, or a lender in possession. Landlord's obligations end when Landlord's interest in the Building is transferred. Any acts Landlord may do may be performed by Landlord's agent or employees.

The Paragraph headings are for convenience only 30. Paragraph headings

This Lease may be changed only by an agreement in writing signed by and delivered to each party.

This Lease is effective when Landlord delivers to Tenant a copy signed by all parties. 31. Changes

32. Effective date

Signatures Landlord and Tenant have signed this Lease as of the date at the top

Ener Alund

Twente damiton

1199SEIU United Healthcare Workers East

310 West 43rd Street New York NY 10036



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Change Service Requested



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Twintin Hamilton

1146 Rogers Ave

Brooklyn, NY 11226

11226\$7108 CO47



Rene R Ruiz James Scordato Clauvice St. Hilaire John Seales Rona Shapiro Allan Sherman Patricia Smith Greq Speller Katherine Taylor Clare Thompson Kathy Tucker Antoinette Turner Nelson Valdez Laurie Vallone Mary Whitten Fernando Wilson

GENERAL COUNSEL Daniel J. Ratner

Daine Williams

Cynthia Wolff

Gladys Wrenick

CHIEF FINANCIAL OFFICER & DIRECTOR OF ADMINISTRATION Michael Cooperman

*Acting

if we don't stand up now, there may be nothing len to stand up for in the future

The corporate elite and the right wing will try to divide and pit working people against each other non-union vs. union, private-sector workers vs. public sector workers, older workers vs. newer ones, skilled vs. unskilled, native born vs. immigrant workers. This is how they plan to break the union movement in this country. We must not let that happen

1199 SEIU has a long and historic legacy as a leader in the social justice movement.

With the future of the labor movement and working-class families hanging in the balance, we must stand strong and united to fight this battle.

In Solidarity,

George Gresham

President

1199 SEIU United Healthcare Workers East

NEW YORK CITY
PRINCIPAL
HEADQUARTERS
310 West 43rd St

310 West 43rd St New York NY 10036 (212) 582 1890 www 1199seiu org ALBANY 155 Washington Ave Albany NY 12210 (518) 396-2300

HICKSVILLE 100 Duffy Ave Suite 3 West Hicksville NY 11801 (516) 542 1115 BALTIMORE 611 North Eutaw Street Baltimore MD 21201 (410) 332 1199

GSTON own Street Kingston NY 12401 (845) 339 1900 BOSTON 150 Mt. Verpon Street, 3rd Fl Dorchester: MA 02125 (617) 284 1199

NEW JERSEY \$55 Route 1 South 3rd Fl Iselin NJ 08830 (732) 287 8113 BUFFALO 974 Kenmore Ave Buffalo NY 14216 (716) 982 0540

ROCHESTER 225 W Broad St Rochester NY 14608 (585) 244-0830 FLORIDA 14645 MW 77th Avenue Ste #201

Miami Lakes FL 33014 (305) 623 3000

SYRACUSE 404 Oak St Suite 120 Syracuse NY 13203 (315) 424-1743 GOUVERNEUR 95 E Main St. 2nd Fl Gouverneur NY 13642 (315) 287 9013

WHITE PLAINS 99 Church St White Plains NY 10601 (914) 997-6780

(914) 99 H 780 150





This is your First United American Life coverage. Read carefully.

37-2450511 Vincent Mack 1146 Rogers Ave Brooklyn NY 11226

• 158



Dear Policyholder:

Congratulations! Vincent Mack is now insured with First United American Life Insurance Company

You have already paid the introductory premium for the first month. You will receive a statement for your second premium payment within the next few days. Be sure to make this second payment on time.

Now that your policy has been delivered, it is good until the first policy anniversary after your 80th birthday -- as long as the premiums are paid when due

Please take a moment and verify the application information you provided You will find a copy of the application at the back of your policy if everything is correct, sign your application and put this policy in a safe place if any information is wrong, please correct, sign, and return the corrected application Or call (315) 451–2544 and ask one of our customer service representatives for assistance

You have joined many other Americans who rely on First United American's strength, integrity and personal service Thank you for entrusting First United American with this important part of your financial planning

Very truly yours,

Mark McAndrew

Mark Milndren

President

P.S Help us help you Always give us your policy number when making changes or requesting information

Beneficiary Designated is:
Twintin Hamilton

37-2450511 Vincent Mack 1146 Rogers Ave Brooklyn NY 11226

FIRST UNITED AMERICAN LIFE INSURANCE COMPANY

First United American Life Insurance Company cares about protecting its policyholders' privacy in the process of providing the products and services you requested, we will collect, use and share certain information you or other persons provided. This Privacy Policy explains what information we collect and how we use that information. The policy also explains how we protect the security and confidentiality of your information.

Collection of Information

We collect and retain the information necessary for us to provide the products and services you requested in that process we may collect non-public information from you as a result of your completion of an insurance application or other forms, information about your transactions and experience with us, or from a consumer reporting agency such as the Medical Information Bureau We may also collect personal information about you from other persons or entities

Sharing Information

We may share information with certain non-affiliated companies or individuals, including providers inquiring about benefits, family or legal representatives acting on your behalf, and to comply with legal or regulatory requirements. We may also share information about you with non-affiliated entities that contract with us to perform marketing and administrative services. We may also disclose your information to our affiliated companies. We may also disclose your information to our affiliated companies. The information disclosed without your authorization will be only as much as is reasonably necessary to accomplish the intended purpose.

Your Right To Access

You can request to be informed as to the nature and substance of personal information we collect about you You can also request that we correct, amend, or delete any such information

Internal Protection of Information

We restrict access to non-public personal information about you to those employees who need to know that information to provide the products and services you requested. We maintain physical, electronic and procedural safeguards to comply with federal regulations to guard this information

Disclosure of Our Privacy Policy

We are sending you this Notice for informational purposes and may amend this Privacy Policy at any time and will update it as required. We post our current privacy notice at, "www.unitedamerican.com/first_ua.htm"

N3315

FIRST UNITED AMERICAN LIFE INSURANCE COMPANY * SYRACUSE NEW YORK APPLICATION FOR X \$30,000 LIFE INSURANCE

=	Mama	Vincen	Mack		Sav	вл 🗓	E []	Buthdata	06/25/67		
	Street	t Address	1146 Rogers Ave			Tele	Number	(347) 5	B6-1453		
	City_	Brooklyn	Twintin Hamilto		St	ate	NY		Zip Code	11226	
	Name	of Beneficiary	Twintin Hamilto	n .			Rela	tionship	Wife		
	E-Ma	ıi Address									
	Please	e answer the fo	llowing questions A "yes"	response does r	not aut	omatic	ally make y	ou ineligible f	or coverage	YES	NO
1			red currently disabled due quire the use of a wheelcha		ed to	a hosp	ital or nurs	ing facility or	does the		X
2	In the	a past 3 years	has the Proposed Insured L	een diagnosed o	r treat	ed by	a member d	of the medical	profession for		
	(a) C	ancer coronar	, artery disease, or any dis	ease or disorder	of the	heart	brain or liv	er?			X
			disease or kidney failure, m alcohol abuse, or diabetes		menta	or ne	rvous disor	der chronic o	bstructive lung		X
	(c) A	cquired Immui	e Deficiency Syndrome (Al	DS) or AIDS Refe	ited Co	mpiex	(ARC)?				X
3		the Proposed I surgery?	nsured have any chronic illi	ness or condition	n which	requi	res periodio	: medical care	or may require		X
	Please	e provide detai	s to any "Yes" answer					_			
										_	
	IF	ADDITIONAL S	PACE IS NEEDED, ATTACH	THE INFORMAT	ION R	EQUES	TED ON A	SEPARATE SH	EET OF PAPER		
4	Is the	insurance app	lied for intended to replace	, in whole or par	rt, any	existin	g insurance	or annuity?			X
thuthos p I D a	ne Med inited A nat I or ompani tation, hotogra AM EN ATE Th oplicati	dical Information American Life Information The an authorization of request a Boston, Massa aphic copy of the ISAPLICATION on be declined.	AND AUTHORIZATION I have a Bureau or other institution is urance Company any such it representative of mine in copy of the information in chusetts 02112 or calling (als authorization will be as vinitial PREMIUM AND UNDIN IS APPROVED IN THE Hambount paid will be refeation WILL BE ATTACHEE	n or person that information for ay request a cope the Medical Info 617) 425-3660 alid as the origin DERSTAND THA OME OFFICE OF unded	has ar the pur py of the rmation I acknowled I THE FIRST	rpose (this au n Bure owledg INSUR UNITE	rds or know of determini thorization au s files by e receipt o ANCE APPL D AMERICA	viedge of me on my my eligibility from First Un y writing them if the Medical (IED FOR WILL	or my health, to ty for insurance ited American Li at MIB PO BO Information Bure BECOME EFFEC	give to I under ife Insu IX 105 lau Not	First rstand rance Essex ice A
D	ate	02/09/11	This application with check		WNER	SIGN	ATURE / RI		TO PROPOSED II	VSURE	D
70	658NY		Make check payabl						1940		

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

FIRST UNITED AMERICAN LIFE INSURANCE COMPANY P O. BOX 3125 SYRACUSE, NEW YORK 13220-3125

POLICY NUMBER 37-2450511

INSURED NAME Vincent Mack

ISSUE AGE : 43

POLICY TYPE RENEWABLE TERM LIFE INSURANCE

POLICY YEAR	ANNUAL PREMIUM	BEGINNING OF YEAR DEATH BENEFIT	END OF YEAR CASH SURRENDER VALUE
1	286 01	30,000	\$0.00
2	310 98	30,000	\$0 00
3	310 98	30,000	\$0.00
4	383 22	30,000	\$0.00
5	383 22	30,000	\$0.00
6	383 22	30,000	\$0 00
7	383 22	30,000	\$0.00
8	383 22	30,000	\$0 00
, 9	516 54	30,000	\$0 00
10	516 54	30,000	\$78 66
11	516 54	30,000	\$186 60
12	516 54	30,000	\$282 00
13	516 54	30,000	\$362 16
14	661 02	30,000	\$498 00
15	661 02	30,000	\$621 18
16	661.02	30,000	\$731 52
+ 17	661 02	30,000	\$825 18
18	661 02	30,000	\$895 62
19	927 66	30,000	\$1,070 82
, 20	927 66	30,000	\$1,216 50

COST COMPARISON INDEXES

	NET PAYMENT	SURRENDER
10 YEAR	12 55	12 35
20 YEAR	16 06	14 89

An explanation of the intended use of these indexes is provided in The Life Insurance Buyer's Guide Any questions regarding this Policy Summary should be directed to the company shown above

PREPARED:

02/17/11



Deposit Account Balance Summary

07/12/2011

Requestor information
TWINTIN HAMILTON

1146 ROGERS AVE BROOKLYN, NY 11226-7108

Summary of Deposit Account								
Account Number	Account Type	Open Date	Current Balance	Avg Balance (12 mos				
851171207	Chase Checking	08/31/2009	\$1,763 32	\$310 00				
-	C	Customer Inform	nation					
TWINTIN HAMILTON		Pr	mary Joint Or					
VINCENT CLEON MA	ACK	Se	econdary Joint Or	·				
								
								
······			-					

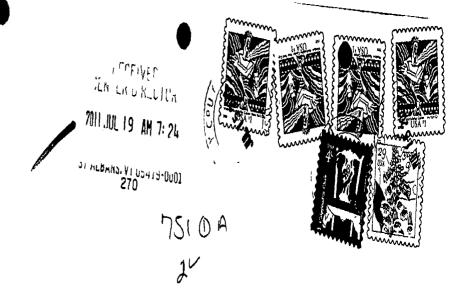
Deposit Account Balance Summary request completed by

JA\$ON C MANN (212) 244-4287 Broadway and 32nd

JPMorgan Chase Bank, N.A 1260 Broadway New York, NY 10001 (212) 736 - 0336 BA

PLEASE NOTE THAT THE INFORMATION PROVIDED IN THIS LETTER WILL BE THE ONLY INFORMATION RELEASED BY JPMorgan Chase, N.A.

This letter is written as a matter of business courtesy without prejudice and is intended for the confidential use of the addressee only. No consideration has been paid or received for the issuance of this letter. The sources and contents of this letter are not to be divulged and no responsibility is to attach to this bank or any of its officers employees or agents by the issuance or contents of the letter which is provided in good faith and in reliance upon the assurances of confidentiality provided to this bank. Information and expressions of opinion of any type contained herein are obtained from the records of this bank or other sources deemed reliable, without independent investigation, but such information and expressions are subject to change without notice and no representation or warrantly as to the accuracy of such information of the reliability of the sources is made or implied or vouched in any way. This letter is not to be reproduced used in any advertisement or in any way whatsoever except as represented to this bank. Thus bank does not undertake to notify of any changes in the information contained in this letter. Any reliance is at the sole risk of the addressee.



USCIS VERMONT SERVICE CENTER
75 LOWER WELDEN STREET
ST RIBANS V. T 05479-0001







Cover Sheet

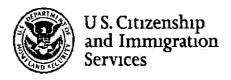
Record of Proceeding

NOTE: This is a permanent record of U S Citizenship and Immigration Services

Instructions

- 1. Place a separate cover sheet on the top of each closed Record of Proceeding
- 2. Each Record of Proceeding must be fastened on the inner left side of the file jacket in chronological order
- 3. Any person temporarily removing any part of this record must insert a page describing the section removed, sign and date it, and place it in this record below this cover sheet. The signer is responsible for returning the removed material as soon as it no longer needs to be outside the record.
- 4. See Records Operations Handbook Part II-24 Record of Proceeding (ROP) Assembling A-Files for details

U S repartment of Homeland Security 26 Feueral Plaza, Room 4-437 New York, NY 10278



08/21/09

Twinter Hamilton 1146 Rogers Av Brooklyn, NY 11226

A-number 87413592 I-485 Receipt # MSC-0915412903

NOTICE OF APPROVAL

Dear Applicant

Congratulations! Your Application to Register Permanent Residence or Adjust Status (I-485) has been approved

You should be receiving your Permanent Residence Card through the mail within the next 60 days. If you need proof of your Permanent Residence Status, you may come into the office for your passport to be stamped. The ADIT stamp will provide you with temporary evidence of your lawful permanent resident status and allow you to work and be re-admitted to the United States following travel outside of the United States.

You must make an INFOPASS appointment to receive the ADIT stamp. To make an INFOPASS appointment, please access our website at www.uscis.gov. When you come for your appointment, bring this letter with you, a printout of the appointment notice confirmation, and your passport and/or photo identification to 26 Federal Plaza, New York City, Room 1-102. The ADIT stamp will be issued by the Customer Service Unit on

- An unexpired or expired passport, if you have one, or
- The arrival portion of the Form I-94, Arrival/Departure Record

Examples of proper photo identification are

- State issued driver's license
- U S Government issued identification

Please note that the Customer Service Unit, not the unit or officer who conducted your interview, will issue the ADIT stamp Please direct any questions you may have to the Customer Service Unit

Sincerely,

Andrea J Quarantillo District Director New York District

CC Clemont Francis 822 Clarkson Av Brooklyn, NY 11203

US Department of Justice Immigration and Naturalization Service

Notice of Entry of Appearance as Attorney or Representative

Appearances - An appearance shall be filed on this form by the attorney or representative appearing in each case. Thereafter, substitution may be permitted upon the written withdrawal of the attorney or representative of record or upon notification of the new attorney or representative. When an appearance is made by a person acting in a representative capacity his personal appearance or signature shall constitute a representation that under the provisions of this chapter he is authorized and qualified to represent. Further proof of authority to act in a representative capacity may be

or his attorney or representative shall be permitted to examine the record of proceeding in a Service office. He may in conformity with 8 CFR					
103 10 obtain copies of Service records or information therefrom	and copies of documents or transc	unts of evidence filmishe	nny wint o Crit		
103 10 obtain copies of Service records or information therefrom and copies of documents or transcripts of evidence furnished by him. Upon request, he/she may in addition be loaned a copy of the testimony and exhibits contained in the record of proceeding upon giving his/her receipt for					
such copies and pledging that it will be surrendered upon final disp					
shall not be furnished free on loan however they shall be made av	allable for copying or purchase of	copies as provided in 8 (CFR 103 10		
In re	Date 08.	16-09			
THINTON HAMILTON M	File No A O	87 413 59	~		
I hereby enter my appearance as attorney for (or re					
Name	☐ Petitioner	Applie			
THINTON HAMILTON MACK	Beneficiary_		_		
Address (Apt. No) (Number & Street)	(City)	(State)	(Zip Code)		
1146 ROGERS AVE	BROOKLYN	NY	11226		
Name	Petitioner	Appli	cant		
VINCENT CLEON MACK	☐ Beneficiary		 		
Address (Apt. No) (Number & Street)	(City)	(State)	(Zip Code)		
1146 ROGERS AVE	BROOKLYN	- 47	11226		
(heck Applicable Hem(s) below					
I I am an attorney and a member in good standing of the bar of	of the Supreme Court of the United	States or of the highest	court of the following		
State territory insular possession or District of Columbia					
NEW YORK COURT	Name of Court	d am not under a court o	r administrative agency		
order suspending enjoining, restraining, disbarring or otherwi					
2 I am an accredited representative of the following named united States and which is so recognized by the Board	religious charitable social servi	e or similar organizatio	on established in the		
3 I am associated with					
the attorney of record previously filed a notice of appearan	ice in this case and my appearant	e is at his request. (If vo	u check this item also		
check item 1 or 2 whichever is appropriate)	appoint	~ is at this reduces (if)o			
4 Others (Explain Fully)	· · · · · · · · · · · · · · · · · · ·				
					
SIGNATURE	COMPLETE ADDRESS				
<u> </u>					
- lesses du cons	800 C/ 084C	N AVE BROOKL			
NAME (Type or Print)	TELEPHONE NUMBER	A AIR IOKODEL	AM INA HYDE		
CLEMENT A. FRANCIS	710 402	5·2293			
PURSUANT TO THE PRIVACY ACT OF 1974 I HEREBY CO					
ATTORNE) OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND					
NATURALIZATION SERVICE SYSTEM OF RECORDS					
CLEMENT A FRANCIS					
(Name of Attorney or Representative)					
THE ABOVE CONSENT TO DISCLOSURE IS IN CONNECTION WITH THE FOLLOWING MATTER					
Name of Person Consenting Sig	gnature of Person Consenting	//	Date		
IMINTON HAMILTON TO	very Llam	710-	8-16-09		
(NOTE Execution of this box is required under the Privacy Act of 1974					
lawfully admitted for permanent residence)	- where the beison being represented	is a chizen di lite United Ste	ज्ञ भार का। ब्राइत		

This form may not be used to request records under the Freedom of Information Act or the Privacy Act. The manner of requesting such records is contained in 8CFR 103 10 and 103 20 Et SEQ

1-485 5432679 0543267902

I-485

MSC-09-154-12903

I-485

MSC-09-154-12903

I-485

MSC-09-154-12903

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MSC-09-154-12903

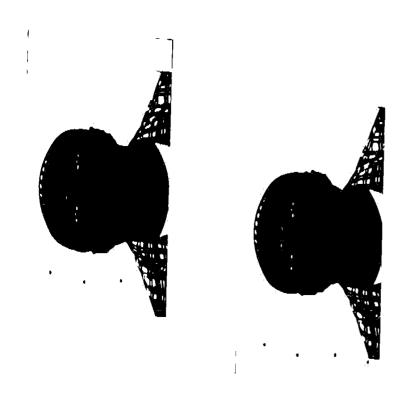
02/27/2009

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TWINTIN HAMILTON 1146 ROGERS AVE BROOKLYN, NY 11226

TWINTIN HAMILTON 1146 ROGERS AVE BROOKLYN, NY 11226

TWINTIN HAMILTON 1146 ROGERS AVE BROOKLYN, NY 11226





OMB No 1615-0023, Expires 09/30/08 1-485, Application to Register

Permanent Residence or Adjust Status

Department of Homeland Security U S Citizenship and Immigration Services

START HER	E - Please type o	or print in black ink.	-, .		For U	SCIS Use Only	V
	rmation about y			•	Returned	Receipt	13
Family Name		Given Name	Middle Name	•	*		
HAMILTON		TWINTEN		. !			
Address- C/O	ane N	ال. عاد			Resubmitted		
Street Number	Pers A		Apt #	•	140241111102	,	1
and Name		/	1.4	i		600	9
City BRO	oklyn		/		Reloc Sent	 	- 8 8 기
N. Y	/	Zip Code 11226	V				1 -A
Date of Birth (mm/	dd/yyyy) Country of B	BIRTH TRENIDA	0	_	_	. 803	1 9
11/20/5:	Country of C	Citizenship/Nationality TRI	NIDAD	_	Reloc Rec'd	1-485	
U S Social Securit	y #	A # (if any)	87413592			I 	
Date of Last Arriva	l (mm/dd/yyyy)	1.94#	483370		Assissant	1- MINITERIES NO. 154-	
Current USCIS Sta	tus	Expires on (mm/a	ld/yyyy)	-	Applicant Interviewed		Ţ
	<u> </u>	06/1	8/2004	٠,	7/27/2009		Ī
Part 2. Application type. (Check one)				Section of Law		10	
		nanent resident status because			Sec, 209(b), l		5
an immigrant petition giving me an immediately available immigrant visa number 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 /mmediately available visa number, if approved)				Sec 13, Act of Sec 245, IN/	A 11/2/66	4 ,4	
b iv my spouse	or parent applied for a	djustment of status or was grant t allows derivative status for sp		idence	Sec 2 Act of Other	11/2/60	77.55
or I am the	` '	United States citizen whom I ma ance(e) (Attach a copy of the fi e)			Country Charg	AD	1
		e asylum status as the spouse of	child of a person grante	d	Eligibility Unde		
e 🗌 lamanat		ment dmitted or paroled into the Unit sysically present in the United S			Special Immi	Sa Petition Principal Alien grant	e e
· · · · · · · · · · · · · · · · · · ·		inmarried child of a Cuban desc	· .	am/=	Other.	_	للد
residing w	ith that person, and wa	s admitted or paroled into the U systically present in the United S	nited States after January	, 1(U S ★	Preference Action Block	n neland securit	*
g I have con	tinuously resided in the	United States since before Jan	uary 1, 1972	*	Acron pinck		
been term	nated, and I have been	(for example, I was admitted as physically present in the U S for separate piece of paper		on) it	AUG	2 1 2009	以
				0678 Hmmigrafion Servic	★ es		
I am already a pe	rmanent resident and	am applying to have the date	I was granted perman	ent			
	_	illy arrived in the United State or date is later, and <i>(Check or</i>	-	r	Attorney o	ne Completed by The Representative, if any G-28 is attached to represe	ent the
ı 🔲 I am a nat	ive or citizen of Cuba a	and meet the description in (e) a	boye	1	□ applicant	•	
	usband, wife of minor	unmarried child of a Cuban, and	l meet the description in	(f)	VOLAG#		
above	//	N Comments			ATTY State Licen	se#	

Part 3. Processing information,				
A City/Town/Village of Birth		Current Occupation		
POINT FORTIN,	TRINIDAD .	•	· · · · · · · · · · · · · · · · · · ·	
Your Mother's First Name		Your Father's First N		
AGNES		LAWRE	NCE	
Give your name exactly as it appears on your Ar		-94)		
	IDLTON			
Place of Last Entry Into the United States (City/S			ou last enter? (Visitor student exchi	
JFK INTERNATIO	NAL HIKPORT	anen crewman tem	porary worker without inspection,	eic)
Were you inspected by a U S Immigration Offic	er? Yes No			
Nonimmigrant Visa Number	en en en en en en en en en en en en en e	Consulate Where Vi		
200022368100	04	US EMI	209 RESAS	
Date Visa Was Issued (mm/dd/yyyy) 10/08/2000 Gend	er Male Female	Marital Status	Married Single Divorced	Widowe
Have you ever before applied for permanent resi	dent status in the US?	No Yes	If you checked "Yes," give date an	d place of
		film	g and final disposition	
B List your present husband/wife, all of your so	ns and daughters (If you have r	one write "none ' If	additional space is needed use sens	ırate naper):
Family Name	Given Name	Middle 1		
SINNETTE	KELWYN	NA		4
Country of Birth	Relationship	A	Applying with yo	
TRINIDAD	SON	#	Yes T	:No
Family Name	Given Name	Middle 1		•
HAMILTON	AUSUSTINE		A	ファ
Country of Birth	Relationship	- 10 ·	Applying with yo	<u> </u>
TRINIDAD	DA STATE S	I	Yes 🔽	No
Family Name	Given Name	Middle 1		
HAMILTON	NICOLA		ے بہا ہ	187
Country of Birth	Relationship		Applying with yo	<u> </u>
TRINIDAD	DAUGHTER	#	Yes =	No
Family Name	Given Name	Middle 1		
HAMILTON		Middle		
Country of Birth	NURON Relationship	// / A	Applying with yo	<u> </u>
TRINIDAD	Sol	#	'** -	No
		34-131-1		_
Family Name	Given Name	Mıddle 1	nitial Date of Birth (mn	vaavyyyy)
Course CD at	n ti t			
Country of Birth	Relationship	A #	Applying with yo	
]		Yes	No
C List your present and past membership in or a in the United States or in other places since y				
name(s) of organization(s), location(s), dates				
separate piece of paper				
				
				
	<u>. </u>			

Part 3 Processing information. (Continued)



"V	hat A	swer the following questions (If your answer is "Yes" on any one of these questions, explain on a separate piece of pare the General Filing Instructions? Initial Evidence" to determine what documentation to include with your application necessarily mean that you are not entitled to adjust status or register for permanent residence)		("Yes")
1	Have	you ever, in or outside the United States		90588 78508
	a	knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested?	☐ Yes	No SJ
	b	been arrested, cited, charged, indicted, fined or imprisoned for breaking or violating any law or ordinance, excluding traffic violations?	Yes	No th
	c	been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action?	Yes Yes	No [3]
	d	exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States?	Yes	D № 9
2	Have state, the fu	you received public assistance in the United States from any source, including the United States government or any county, city or municipality (other than emergency medical treatment), or are you likely to receive public assistance in ture?	☐ Yes	No 77
3	Have	you ever-		177/
	a,	within the past ten years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future?	Yes	No S
	b	engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling?	Yes	D No.
	c	knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the United States illegally?	Yes	D No S
	đ	illicitly trafficked in any controlled substance, or knowingly assisted, abetted or colluded in the illicit trafficking of any controlled substance?	☐ Yes	No.5
4	funds organ	you ever engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or for, or have you through any means ever assisted or provided any type of material support to any person or ization that has ever engaged or conspired to engage in sabotage, kidnapping, political assassination, hijacking or any form of terrorist activity?	Yes	No 51 5
5	Do yo	ou intend to engage in the United States in		
	a.	espionage?	☐ Yes	N ₀
	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. VI
6	Have	you ever been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party?	☐ Yes	No The
7	Germ	ou, during the period from March 23, 1933 to May 8, 1945, in association with either the Nazi Government of any or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, or otherwise participate in the persecution of any person because of race, religion, national orgin or political opinion?	Yes	. (3)
8		you ever engaged in genocide, or otherwise ordered, incited, assisted or otherwise participated in the killing of any a because of race, religion, nationality, ethnic origin or political opinion?	☐ Yes	No No
9		you ever been deported from the United States, or removed from the United States at government expense, excluded the past year, or are you now in exclusion, deportation, removal or recission proceedings?	Yes	□ No
10	fraudu		1 1 2 2 2 2	I A No.
11	Have	you ever left the United States to avoid being drafted into the U.S. Armed Forces?	Yes	□ No ,
	have r	you ever been a J nonummigrant exchange visitor who was subject to the two-year foreign residence requirement and tot yet complied with that requirement or obtained a waiver?	☐ Yes	No No
13	Are y	ou now withholding custody of a U S citizen child outside the United States from a person granted custody of the child?	Yes	☑ No ✓
		u plan to practice polygamy in the United States?	☐ Yes	/ \ /

Part 4. Signature.

(Read the information on penalties in 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 (Act), 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. I understand and acknowledge that, under section 265 of the Act, I am required to provide USCIS with my current address and written notice of any change of address within ten 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 old, but not yet 26 years old, who is required to register with the Selective Service System. "I understand that my filing this adjustment of status application with U.S. Citizenship and Immigration Services 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 age 26"

Applicant's Certification

I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is all true and correct. 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	Print Your Name	Date	Daytime Phone Number
Twenty Hans	After TWINTIN HAMILTON	02/07/09	(718) 607-464
	etely fill out this form or fail to submit required docui this application may be denied	nents listed in the instructions	you may not be found eligible for
The requested document und t	ты аррисанов тау ое иетеи	-	
Part 5. Signature of	person preparing form, if other than	above. (sign below)	
I declare that I prepared th	is application at the request of the above person a	id it is based on all informati	on of which I have knowledge
Signature	Print Your Full Name	Date	Phone Number (Include Area Code)
		-	()
Firm Name		E-Mail Address	(if any)
and Address			



AOS 805887 Feb 12, 09 Feb 17, 09 10:50

179

REPUBLICOF TRINIDAD AND TOBAGO CORRESPONDED TO THE PROPERTY OF

1433839922

Given Name(s) TWINTIN

Transfer Date of Britis - 20th November, 1955

Other Name(s). -

Place of Birth' POINT FORTEN MATERNIT

POINT FORTIN

Name of Mother. AGNÉS HAMÍLTON

Mother's Former Surname

Mother's Prev. Surnage(s) " *****

Mother's PIN"

Occupation'

Informant's Name and Relationship to

AGNES HAMILTON

MOTHER -

Registration Date 30th DECEMBER.

Name of Registrar

Exercise Point Forth District

Rotey No 372

ISSUED UNDER MY HAND AND SEAL OF OFFICE

day of SEPTEMBER 20 08

CERTIFIED TRUE AND CORRECT EXTRACT FROM THE REGISTER OF BIRTHS, HELD BY REGISTRAR GENERAL'S DEPARTME MINISTRY OF LEGAL AFFAIRS

REGISTRAR GENERAL

B 2008 2

THE CITY OF NEW YORK OFFICE OF THE CITY CLERK

MARRIAGE LICENSE BUREAU

License Number

B 2008-8172

Certificate of Marriage Registration

This Is To Certify That VINCENT CLEON MACK

residing at 90 18 210TH STREET QUEENS VILLAGE NY 11428 United States

born on 06/25/1967 at BEAUFORT South Carolina United States

and TWINTIN HAMILTON

residing at 1146 ROGERS AVENUE, BROOKLYN NY 11226 United States

born on 11/20/1955 POINT FORTIN Trinidad and Tobago

Were Married

08/27/2008 The Office of the City Clerk

On By MARIE LENNON at 210 Joralemon Street

Brooklyn NY 11201

United States

as shown by the duly registered license and certificate of marriage of said persons on file in this office

CERTIFIED THIS DATE AT THE CITY CLERK'S OFFICE

Brooklyn N Y August 27,

20

80

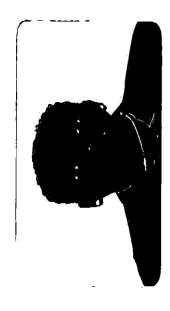
PLEASE NOTE Facsimile Signature and scal are printed pursuant to Section 11-A Domestic Relations Law of New York

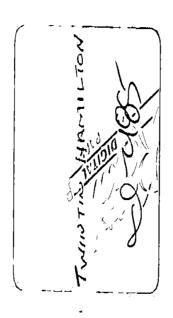


Hector L Diaz/ City Clerk of the City of New York

CET F

				•		,	1		¥		193
1	AH Nº	191264					1			037354	
REI	PUBLIO OF T	RINIDAD AND T	OBAGO		birth in the (city of	San Ferna	ndo so	uthen	istuit	···
No.	When Born	Name (if any)	Sex	Nate and Surname of Father	Name and Maiden name of Mother	Rank or Profession of Father	Signature, description and residence of informant	When registered	Signature of Register	Baptismal name if added after registration of Birth	Number of house or locality where born
532	1 .	Kelwyn Hector	boy	Sinette	Twintin	17/6/2	Twintin Hamilton Heater Sinnell Capale-Ville Point Fortin	b	, , , , , , , , , , , , , , , , , , ,		General Hospital San Fernando
Ent.	I, 17 No. 532	1	2β.	CHAIR HAYNES cer a thorised by ntered at Page 193	astrar General of Trundad Register of Births	with Tonaga &	990 In Witness v	whereoff have h the confidence of the confidence	ereunto serny Ha	- Will	•







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

G-325A,	Biographic	Information

(First Name) HAMILTON (First Name) TWI	(Middle Name) NTIN	Male Birth D	Date (mm/dd/vyy) C	itizenship/Na RTんて			14 (Ham)
All Other Names Used (Including names by previo		City and Country of	f Birth	LOLDAD	US So	cial Security #	(If am)
	First Name Law REIVCE D ASNES	TRINIDA TRINIDA	0 -	1 _	_	of Residence	
Husband or Wife (If none Family Name MACA So state) (For wife give maiden name	" VINCE	(mm/dd/yyys)	City and Country of B	orth Date of	Marriage 1/08	BROOK N. Y	1920
Former Husbands or Wives (If none so state) First Na Family Name (For wife give maiden name)	me Birth Date (mm/dd/yyyy	Date and Place of M	Marriage Date ar	nd Place of Fo	rmination	of Marriage	
NA -							
Applicant's residence last five years List	present address first.			ŀ	rom	<u>"io</u>	
Struct and Number	City	Province or State	Country	Month	Year	Month	Year
1146 ROSERS	BROOKLYA	<u> </u>	U.S.A	11	3ء	Present	Lime
	+	-				 -	
	 	_					
		6-345					
	1						
Applicant's last address outside the Unite Street and Number			Country		om Year	To	
Street and Stumber	City	Province or State	Country	Month	1 ear	Month	Year
Applicant's employment last five years (I	f none, so state) List	present employment	first	Fi	om	ro	
Full Name and Addres	s of Employer		Occupation (Specify)	Month	Year	Month	Yuar
/	/			-		Present	l ime
			— <i>—</i>	4-14	/	ļ	
	////					 	
	· · · · · · · · · · · · · · · · · · ·			+ -			
Show below last occupation abroad if not s	shown above (Includ	e all information requ	uested above)	<u> </u>		<u>l_</u>	*
· · · · · · · · · · · · · · · · · · ·	· <u></u> `		<u> </u>	Τ		T	
The Common bound of the Common	cation for Signatur	re of Applicant	. 1	• []		Date	10
This form is submitted in connection with an appli Naturalization (Other (Specify)) Status as Permanent Resident		Mentin	HOM		1 0	12/07/	69 L
Naturalization (Other (Specify) Status as Pennanent Resident	our native alphabot is in	Other than Roman letters	Write vour name in v	our natist all		2/07/	04
Naturalization Other (Specify) Status as Pennanent Resident	·		<u> </u>		shahet belo		04
Naturalization Other (Specify) Status as Pennanent Resident Submit all copies of this form	provided by law for kr	owingly and willfully fa	isifying or concealin	g a material	fact.	DN .	04
Naturalization Other (Specify) Status as Pennanent Resident Submit all copies of this form Penalties Severe penalties are	provided by law for kr	iowingly and willfully fa	isifying or concealin	g a material	fact.	DN .	

(1) ident

See Instructions on Page 5

Form G 325A (Rev. 07/14/06)Y

REPUBLICOF TRINIDAD AND TOBAGO COMMENTAL AND TOBAG

1125/101.115/11 11 11/2/2/2/ AL A TO TOEAGO TEMMO () () 2/ 70 Date of Byrth 20th NOVEMBER, 1955 Given Name(s) TVINTIN Other Name(s) Place of Birth' POINT FORTIN MATERNITY HOSPITA POINT PORTIN . F' TO TIME GOING THEFT TO THE COLOR /- Name of Father Name of Mother ACNES HAMILTON Mother's Former Surname Mother's Prev Surname(s) ***** Nother's PIN /Occupat;on Informant's Name and Relationship to ment's Name and Relationship to Child AGNES HAMILTON nother 30th DECEMBER. ration District. Point fourth District Registration Date C A JÖSEPH Name of Registrar CERTIFIED THUE AND CORRECT EXTRACT FROM THE HEGISTER AEGISTRAR GENERAL of births, Held by registrar général's départment MINISTRY OF LEGAL AFFAIRS

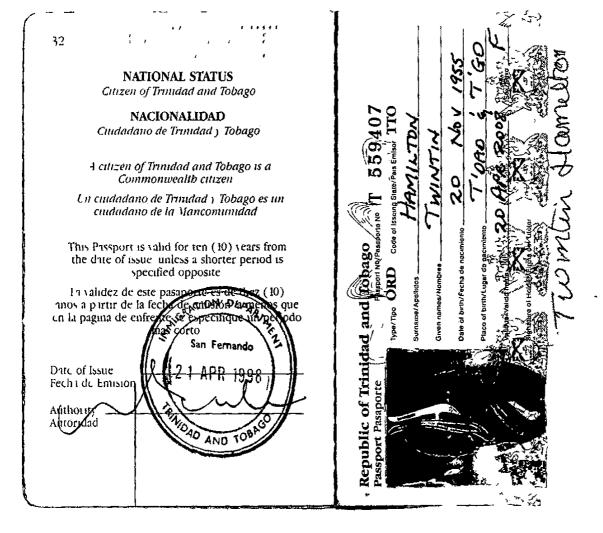
(\$\$)

188784833 10	ADMITTER
Naturalization Service	DEC 2 1 2003
I-94 Departure Record I4.Family Name	UNE 18, 2004
HAMILTON,	
15.First (Green) Name TW//M/T/W	16.Buth Date (Day/Mo/Yr) 2.0 11 55
17 Country of Cituzenship	

Departure Number	
188784833 10	US IMMIGRATION NYC
	ADMITTER
Immigration and Naturalization Service	DEC 2 1 2003
I-94 Departure Record	CEASS_BZ
71.	ne 18, 2004
14.Family Name	ne 18, any
HAMILTON,	,
13.First (Green) Name	16.Birth Date (Day/Mo/Yr)
1 41,1,11,11,11	<u>, , </u>
17 Country of Cituzenship	
	

Warning - A nonimmigrant who accepts u deportation	nauthorized employment is subject to		
Important - Retain this permit in your poss- leave the U.S. Failure to do so may delay y	ession you must surrender it when you your entry into the U.S. in the future		
You are authorized to stay in the U.S. only remain past this date, without permissio violation of the law	until the date written on this form. To in from immigration authorities, is a		
Surrender this permit when you leave the i - By sea or air, to the transportation line Across the Canadian border, to a Cana - Across the Mexican border, to a U S	c edian Official		
Students planning to reenter the U S with see "Arrival-Departure" on page 2 of Form Record of C	1-20 prior to surrendering this permit		
Port:	Departure Record		
Date:			
Carrier			

Flight #/Ship Name:



RECEIVED OF WINTIN A VINCOST MACK

SIS No Mundred FIA FUDOLLARS & 850 M

FOR RENT OF 1146 Rogy Hue

FROM 11-09 TO 5-1-09

BY Encor Williams

190

NO Date 5-1-09

RECEIVED OF TWINTIN: VINCENT MOCK

POR RENT OF 1-416 ROGU AV

FROM 5-1-09

TO 6-1-09

BY SILCON WILLIAM

191



JPMorgan Chase Bank N A P O Box 260180 Baton Rouge LA 70826 0180 July 08: 2009 through August 07: 2009 Account Number 000000984048192

laallaalla kalalaalaalaalaalla kalaalaalaala kalaalaala

00013041 DRE 802 141 22009 YYNNN T 1 000000000 05 0000

TWINTIN HAMILTON OR VINCENT CLEON MACK 1146 ROGERS AVE BROOKLYN NY 11226-7108

CUSTOMER SERVICE INFORMATION

Web site	Chase com
Service Center	1-800-788-7000
Hearing Impaired	1-800-242-7383
Para Espanol	1-877-312-4273
International Calls	1-713-262-1679



Welcome to Expanded Banking!

You now have full banking access at 900 more branches all former WaMu branches in Florida, Georgia, New York, New Jersey, Connecticut, Illinois, and Texas are now Chase branches

Many also have new expanded hours to serve you, with later hours on Fridays and Saturdays when you need them most. Watch your statements for branch availability in more states coming later this fall

Welcome to Chase Get Ready for Better Banking

Please see the enclosed guide to your new statement. Chase is committed to bringing you

Continued Value

Get the great features and service you've come to expect. Our bankers are happy to speak with you and find a solution that fits your needs

Greater Control

Watch over your finances anytime, anywhere with mobile and online banking. You can also reduce clutter by choosing paperless statements

More Convenience

With Chase, you have free access to over 14,000 Chase and WaMu ATMs, as well as access to over 5,000 branches by year end

We value you as a Chase customer Please call us at 1-800-788-7000 if you have questions

CHECKING SUMMARY

Chase Free Extra Checking

	AMOUNT
Beginning Balance	\$257 77
Deposits and Additions	2,945 66
ATM & Debit Card Withdrawals	- 2,777 21
Ending Balance	\$426 22





July 08, 2009 through August 07, 2009 000000984048192 **Account Number**

	_		n on this state			ep 1 Balance	\$
ate	Amount	Date	Amount	Date	Amount	_ _	
					, -	-	
						Step 2 Total	2
List and	total all chec		e Idrawals, debi	t card purcha		Step 2 Total Step 3 Total her withdrawa	\$ \$ als
ist and ot show		ks, ATM with	idrawals, debi	t card purcha		Step 3 Total her withdrawa	\$
ist and of show eck Numb	total all chec n on this sta	iks, ATM with tement	Check Nu	·	ses and ot	Step 3 Total her withdrawa	\$
List and iot show heck Numb	total all chec in on this sta per or Date	iks, ATM with tement	Check Nu	mber or Date	ses and ot	Step 3 Total her withdrawa	\$

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS. Call or write us at the phone number or address on the front of this statement (non-personal accounts contact Customer Service) if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information.

Your name and account number

· The dollar amount of the suspected error

A description of the error or transfer you are unsure of, why you believe it is an error, or why you need more information. We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details see the Account Rules and Regulations or other applicable account agreement that governs your account.



JPMorgan Chase Bank, N.A. Member FDIC





TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		\$257 77
07/13	07/12/2009 ATM-Nchgnohsny4914 2700 E Tremont Avenue Bronx NY	360 00	617 77
07/13	07/12/2009 ATM-Nchg Ny4914 2700 E Tremont Avenue Bronx NY	- 20 00	5 97 77
07/13	07/12/2009 POS 130 Livingst 130 Livingston St 5th 212-Metrocard NY	- 10 00	587 77
07/13	ATM-Nchgnohgny4887 1462Nostrand Ave@Churcbrooklyn NY	700 00	1,287 77
07/13	Mc-Berto Kid S Fashion Brooklyn NY	- 42 68	1,245 09
07/15	ATM-Nchg Ny4887 1462Nostrand Ave@Churcbrooklyn NY	- 20 00	1,225 09
07/16	ATM-Nchg Ny4887 1462Nostrand Ave@Churcbrooklyn NY	- 300 00	925 09
07/16	Mc-Qvc 354422062501 3Of3 800-367-9444 PA	- 15 99	909 10
07/17	Mc-Qvc 354117390101 4OI5 800-367-9444 PA	- 8 72	900 38
07/17	Mc-Qvc 354123970301 4Of5 800-367-9444 PA	- 9 66	890 72
07/20	07/18/2009 ATM-Nchggl1Jny4915 2700 E Tremont Avenue Bronx NY	655 00	1,545 72
07/20	07/18/2009 ATM-Nchg Ny4915 2700 E Tremont Avenue Bronx NY	- 100 00	1,445 72
07/20	07/18/2009 ATM-Nchg Ny4915 2700 E Tremont Avenue Bronx NY	- 400 00	1,045 72
07/20	Mc-Hsn*Hsn 878606300 1Of2 800-284-3900 FL	- 35 89	1,009 83
07/20	Mc-Hsn*Hsn 878606441 10f2 800-284-3900 FL	- 35 89	973 94
07/20	Mc-Hsn*Hsn 878663649 800-284-3900 FL	- 32 68	941 26
07/21	POS 130 Livingst 130 Livingston St 5th 212-Metrocard NY	- 27 00	914 26
07/21	ATM-Nchg Ny4887 1462Nostrand Ave@Churcbrooklyn NY	- 200 00	714 26
07/21	Mc-Qvc 354497330101 3Of5 800-367-9444 PA	- 5 78	708 48
07/22	Mc-Ashley Stewart #107 Brooklyn NY	7 25	715 73
07/22	Mc-Shopnbc* 61543579 800-676-5523 MN	- 12 15	703 58
07/22	Mc-Ashley Stewart #107 Brooklyn NY	- 49 00	654 58
07/22	Mc-Ashley Stewart #107 Brooklyn NY	- 29 25	625 33
07/22	Mc-Ashley Stewart #107 Brooklyn NY	- 29 00	596 33
07/27	ATM Withdrawal 07/25 1462 Nostrand Avenue Brooklyn NY Card 8014	- 400 00	196 33
07/27	ATM Withdrawal 07/27 184-01 Hillside Aven Jamaica Est NY Card 8014	- 100 00	96 33
07/28	07/27/2009 Deposit 544185839	700 00	796 33
07/28	Card Purchase 07/25 Hsn*Hsn 880357366 1O 800-284-390 FL Card 8014	- 42 28	754 05
07/28	Card Purchase With Pin 07/28 130 Livingston St 5T 212-Metroca NY Card 8014	- 27 00	727 05
07/28	Card Purchase 07/26 Qvc 355200201101 1of 800-367-944 PA Card 8014	- 27 00	700 05
07/28	Card Purchase 07/26 Hsn*Hsn 873732010 2O 800-284-390 FL Card 8014	- 9 45	690 60
07/28	Card Purchase 07/26 Qvc 354861030901 2of 800-367-944 PA Card 8014	- 7 79	682 81
07/29	ATM Withdrawal 07/29 2125 Nostrand Ave Brooklyn NY Card 8014	- 360 00	322 81
08/03	Card Purchase Return 07/30 Qvc 354861030901 Cre 800-367-944 PA Card 8014	7 79	330 60
08/03	Card Purchase Return 07/30 Qvc 354861030901 Cre 800-367-944 PA Card 8014	7 79	338 39
08/03	Deposit 515141884	445 00	783 39
08/03	ATM Withdrawal 08/01 2725 East Tremont Ave Bronx NY Card 8014	- 300 00	483 39
08/05	Card Purchase Return 08/04 Hsn*Hsn 878606300 1O 800-284-390 FL Card 8014	35 89	519 28



CHASE •



July 08 2009 through August 07 2009
Account Number 00000984048192

TRA	SACTION DE	TAIL (continued)	·		
DATE 08/05	DESCRIPTION Card Purchase Retu Card 8014	rn 08/04 Hsn*Hsn 878606441 1O 800-	284-390 FL	amount 26 94	BALANCE 546 22
08/05	ATM Withdrawal 8014	08/05 883 Flatbush Avenue Brooklyn	NY Card	- 100 00	446 22
08/05	ATM Withdrawal 8014	08/05 883 Flatbush Avenue Brooklyn	NY Card	- 20 00	426 22
	Ending Balance				\$426 22





PO BOX 660022 DALLAS TX 75266-0022

> 109441 **HSP**

> > **This Statement Covers**

From 04/08/09 Through 05/07/09

Need assistance? To reach us anytime ଲୋ 1-800-788-7000 or visit us at wamu com

TWINTIN HAMILTON VINCENT CLEON MACK 1146 ROGERS AVE **BROOKLYN NY 11226-7108** And Dan Harbela India landra Hillanda India la Harabill

Your Free Checking Detail Information

TWINTIN HAMILTON VINCENT CLEON MACK Account Number: 098-404819-2 Washington Mutual Bank, FA

	Your Account at a Gland
Beginning Balance	\$61.79
Checks Paid	\$0.00
Other Withdrawals	-\$984 64
Deposits	+\$1,030 00
Ending Balance	\$107.15

Date	Description	Withdrawals (-)	Deposits (+)
04/13	MC-JEWELRY TV *57229779 865-6926000 TN	\$27 51	
04/13	MC-HSN*HSN 836534574 4OF4 800-284-3900 FL	\$24 98	
04/13	MC-HSN*HSN 858412075 800-284-3900 FL	\$30 10	
04/13	MC-QVC 354072682401 1OF3 800-367-9444 PA	\$8 38	
04/14	Overdraft Charge	\$34 00	
04/14	Overdraft Charge	\$34 00	
04/15	MC-QVC 354117390101 1OF5 800-367-9444 PA	\$8 72	
04/15	MC-QVC 354123970301-1OF5 800-367-9444 PA********	\$9 66	
04/16	Overdraft Charge —	\$34 00	
04/16	Overdraft Charge	\$34 00 -	
04/16	Customer Deposit		\$170 00
04/24	MC-HSN*HSN 861095257 800-284-3900 FL	\$35 94	
04/27	ATM-NCHGNOHSS2A04285 1462NOSTRAND AVE@CHURCBROOKLYN NY		\$500 00
04/27	Overdraft Charge	\$34 00	
04/29	POS SNEAKER Q SNEAKER Q BROOKLYN NY	\$50 00	
04/30	ATM-NCHG NY4545 2125 NOSTRAND AVE BROOKLYN NY	\$20 00	
05/01	ATM-NCHGGL1KS2C04242 2700 E TREMONT AVENUE BRONX NY		\$360 00



XAGR

HOW TO RECONCILEYOUR ACCOUNT

STEP 1

Update your account record

 Enter checks, other transactions, and service charges not recorded

STEP 2

List outstanding checks, other transactions, POP, ATM, POS, and other withdrawals

ENTER CHECK NUMBER OR DATE	AMOUNT
	Т
	•
	, ,
TOTAL OUTSTANDING CHECKS AND OTHER TRANSACTIONS STEP 3 ENTER ENDING BALANCE FPOH THIS STATEMENT ADD YOUR DEPOSITS MADE BUT NOT SHOWN	
	!
 	
	,
TOTAL OUTSTANDING CHECKS AND OTHER	
TRANSACTIONS	
CTER 2	AMOUNT
STEP 3 ENTER ENDING BALANCE	AMOUNT
FPOINTHES STATEMENT	
ADD YOUR DEPOSITS MADE BUT NOT SHOWN	•
ON THE CTATTACKY	

STEP 3	AMOUNT
ENTER ENDING BALANCE FPORTHES STATEMENT	
ADD YOUR DEPOSITS MADE BUT NOT SHOWN ON THIS STATEMENT	
LATOTAUZ	****
SUBTRACT YOUR TOTAL OUTSTANDING CHECKS / ND OTHER V 1THDRAWALS (PPOM STEP 2)	
THIS SHOULD AGREE WITH THE BALANCE IN YOUR ACCOUNT REGISTER	

IF BALANCES DO NOT AGREE.

Check addition and subtraction in your register and above

Compare your checks, other transactions, POP, ATM, POS, and other withdrawals in your register with statement.

Compare deposit receipts and entries in your register with statement.

Be sure all checks, POP, ATM, POS, and other payments and deposits are entered in your register

Be sure any interest credits are entered in the deposit section and fees entered in the debit section of your register.

NON-SUFFICIENT FUNDS

count (subject to any overdraft line of credit or overdraft transfer service that you have linked to your account), even if we paid such items/transactions in the past. Unless you request us not to do so, by calling 800 788 7000, we may, but are not obligated to, establish an overdraft limit to pay item(s)/transaction(s) in excess of your available balance and any fees related to your account. We may note on the front of this statement that an overdraft limit was established and indicate that amount. That amount is valid as of the statement date, but may change (be increased, lowered, or removed) at any time without notice, including before you actually receive your statement, due to printing and mailing time as well as our process for reviewing overdraft limits. An overdraft limit is not a line of credit. If you prefer not to have an overdraft limit, let us know and we would then generally return checks and other transactions that exceed your available balance. The best way to make sure your items/transactions are paid is to maintain sufficient available funds in your account to pay your authorized items/transactions and fees that may be due related to your account. If an item/transaction (such as a check or other transaction, like an ATM withdrawal, a point-of sale transaction, or electronic payment) is presented against insufficient available funds, we will charge a fee for each transaction, whether the Item/transaction is paid or rejected and the fee, as well as any overdraft paid, will reduce the overdraft limit amount, if any. You must deposit additional funds to pay for your overdrafts and any associated fees immediately.

OVERDRAFT LINE OF CREDIT ("ODLOC") DISCLOSURES

This information applies only to overdraft lines of credit issued to consumers primarily for personal, family, or household purposes. FINANCE CHARGES on each advance accrue from the date we make the advance until the date the advance is paid in full. This means that there is no grace period that would allow you to avoid FINANCE CHARGES on advances on your Credit Line Account.

The periodic FINANCE CHARGE on your Credit Line Account for each billing period is a function of the Daily Periodic Rate, the "Average Daily Balance" of your Credit Line Account, and the number of days in the billing period a) The "Daily Balance" of your Credit Line Account for each day will be (1) the Total Balance at the beginning of that day, plus (2) new advances or charges, minus (3) all payments and credits received that day and applied (1) to principal, (11) unpaid FINANCE CHARGES, and (11) any overlimit fees, dishonored payment fees, and late fees to the extent such fees are added to the outstanding balance of your Credit Line Account "Total Balance" means all amounts due on the Credit Line Account b) The "Average Daily Balance" is the sum of the Daily Balances for all days in the billing period divided by the number of days in the billing period c) The periodic FINANCE CHARGE for a billing period is calculated by multiplying the "Average Daily Balance" by the Daily Periodic Rate and multiplying the result by the number of days in the billing period

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In your letter, give us the following information

Your name and account number,

The dollar amount of the suspected error,

Describe the error and explain, if you can, why you believe there is an error

If you need more information, describe the item you are unsure about

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the amounts that are not in question. While we investigate your question, we cannot report you as definquent or take any action to collect the amount you question.

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WE MAY REPORT INFORMATION ABOUT YOUR ACCOUNT TO CREDIT BUREAUS LATE PAYMENTS, MISSED PAYMENTS, OR OTHER DEFAULTS ON YOUR ACCOUNT MAY BE REFLECTED IN YOUR CREDIT REPORT

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ATM/Debit Card transactions to P O Box 9017, Pleasanton, CA 94566 9020

ACH and electronified check transactions to P.O. Box 659634, San Antonio, TX 78265, and

Bill Pay and Online Banking transactions to 400 E. Main Street, MS STA2BPC, Stockton, CA 95202

We must hear from you no later than 60 calendar days after we sent you the FIRST statement on which the error or problem appeared Tellius your name and account number (if any)

Describe the error or the transfer you are unsure about (including the date) and explain as clearly as you can why you believe it is an
error or why you need more information

Tell us the dollar amount of the suspected error

For Transactions Subject to Federal Electronic Fund Transfer Act. We will investigate your claim promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error if required by law to do so, so that you will have the use of the money during the time it takes us to complete our investigation.

DEBIT MASTERCARD* CUSTOMERS

The Guide to Benefits is online at wamii com/debit (click on Compare WaMu Debit Cards) or call 800 MC ASSIST for a copy

TRANSACTION DESCRIPTIONS

ATM CHG = AUTOMATED TELLER MACHINE TRANSACTION, FEE CHARGED

ATM NCHG = AUTOMATED TELLER MACHINE TRANSACTION, NO FEE CHARGED

ATM TRANSFER = AUTOMATED TELLER MACHINE TRANSFER

ATM WDL = AUTOMATED TELLER MACHINE WITHDRAWAL

CASH AD = CASH ADVANCE TRANSACTION

MC = DEBIT MASTERCARD TRANSACTION (PIN NOT USED)

OLB = ONLINE BANKING TRANSACTION

POP = POINT OF PURCHASE TRANSACTION

POS = POINT OF SALE TRANSACTION (PIN USED)

RCK = RE PRESENTED CHECK

VISA = CHECK CARD TRANSACTION (PINNOT USED)

O1AA7782 3 03/17/09



This Statement Covers Account Number: 098-404819-2

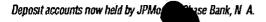
From 04/08/09 Through 05/07/09

Date	Description	Withdrawals (-)	Deposits (+)
05/01	ATM-NCHG S2C04242 2700 E TREMONT AVENUE BRONX NY	\$200 00	
05/01	MC-QVC 352865073401 5OF5 800-367-9444 PA	\$27 42	
05/04	ATM-NCHG NY4149 1462 NOSTRAND AVENUE BROOKLYN NY	\$60 00	
05/04	ATM-NCHG NY4175 5015 CHURCH AVE BROOKLYN NY	\$100 00	
05/06	ATM-NCHG NY4555 2401 RALPH AVE BROOKLYN NY	\$140.00	
05/06	MC-HSN*HSN 863652106 800-284-3900 FL	\$30 10	
05/06	MC-HSN*HSN 863682309 800-284-3900 FL	\$21 84	
05/06	MC-JEWELRY TV *57654603 865-6926000 TN	\$19 99	

Calendar Year-To-Date Overdraft/Non-Sufficient	t Funds Charge
(excluding any charges which have been waived	or refunded)
Overdraft charges	\$170,00
Non-Sufficient Funds charges	\$0 00

Overdraft/Non-Sufficient Funds Charges-this statement period Overdraft charges \$170 00 Non-Sufficient Funds charges \$0.00

Your Overdraft Limit as of the statement end date \$1,000 00 Please note that this may be changed at any time without notice (View back of statement for more information) As of the statement end date, the fee for any Non-Sufficient Funds transaction, whether paid or returned, was \$34.00 per transaction





This Statement Covers
Account Number: 098-404819-2

From 06/06/09 Through 07/07/09

Date	Description	Withdrawals (-)	Deposits (+)
06/15	ATM-NCHGNOHSNY4915 2700 E TREMONT AVENUE BRONX NY		\$360 00
06/15	ATM-NCHG NY4915 2700 E TREMONT AVENUE BRONX NY	\$200 00	
06/15	MC-QVC 354422062501 2OF3 800-367-9444 PA	\$15 99	
06/16	ATM-NCHG NY4304 1462 NOSTRAND AVENUE BROOKLYN NY	\$180 00	
06/16	MC-QVC 354117390101 3OF5 800-367-9444 PA	\$8 72	
06/16	MC-QVC 354123970301 3OF5 800-367-9444 PA	\$9.66	
06/17	POS BCF - 625 AT BCF - 625 ATLANTIC AVEBROOKLYNN NY	\$13 99	
06/17	POS BCF - 625 AT BCF - 625 ATLANTIC AVEBROOKLYNN NY	\$33 97	1
06/17	POS 1881 NOSTRAN 1881 NOSTRAND AVE BROOKLYN NY	\$8.37	
06/18	ATM-NCHG NY4304 1462 NOSTRAND AVENUE BROOKLYN NY	\$20 00	
06/19	Customer Deposit		\$360 00
06/19	Customer Withdrawal	\$200 00	2
06/22	ATM-NCHG NY4545 2125 NOSTRAND AVE BROOKLYN NY	\$40 00	
06/22	MC-QVC 354497330101 2OF5 800-367-9444 PA	\$5 78	
06/24	ATM-NCHG NY4822 1462 NOSTRAND AVENUE BROOKLYN NY	\$120 00	
06/25	MC-QVC 354861030901 1OF5 800-367-9444 PA	\$7.79	
06/26	MC-HSN*HSN 873651995 800-284-3900 FL	\$55 43	
06/26	MC-HSN*HSN 873732010 1OF2 800-284-3900 FL	\$16.67	
06/29	ATM-NCHGNOHSNY4915 2700 E TREMONT AVENUE BRONX NY		\$360 00
06/29	ATM-NCHG NY4915 2700 E TREMONT AVENUE BRONX NY	\$40 00	
07/01	ATM-NCHG NY0702 CHASE BROOKLYN, NY	\$100 00	
07/06	ATM-NCHGNOHSNY4304 1462 NOSTRAND AVENUE BROOKLYN NY		\$360 00
07/06	ATM-NCHG NY4304 1462 NOSTRAND AVENUE BROOKLYN NY	\$200 00	
07/06	ATM-NCHG NY4304 1462 NOSTRAND AVENUE BROOKLYN NY	\$20 00	
07/07 ~	ATM-NCHG NY4545 2125 NOSTRAND AVE BROOKLYN NY	\$140 00	

Calendar Year-To-Date Overdraft/Non-Sufficient Funds Charges (excluding any charges which have been waived or refunded)

Overdraft charges \$170.00

Non-Sufficient Funds charges

\$0.00

Your Overdraft Limit as of the statement end date \$1 000 00

Please note that this may be changed at any time without notice. (View back of statement for more information.)

As of the statement end date the fee for any Non-Sufficient Funds transaction whether paid or returned, was \$34 00 per transaction



5



PO BOX 660022 DALLAS TX 75266-0022

> 99003 MSP

> > This Statement Covers

From 06/06/09 Through 07/07/09

Nood assistance?
To reach us anytime
call 1-800-788-7000
or visit us at wamu.com

TWINTIN HAMILTON
VINCENT CLEON MACK
1146 ROGERS AVE
BROOKLYN NY 11226-7108

Welcome to Chase We're excited about continuing to bring you great service and now you'll also have the most branches in New York and the most ATM locations in NYC! This month you'll see more of our signs change to Chase as we prepare to merge our systems on July 25, 2009. After July 25, you can bank wherever you see the Chase sign across the U.S. (except for California, which becomes available to you later this year), branches with WaMu signs in other states will also not be able to offer banking services for your Chase account until later this year. You should have received a letter recently about your WaMu account becoming a similar account at Chase, including information about new services coming soon. If you have any questions, just stop by any of our branches or call us at 1 800 788 7000. We'll be happy to help

Your Free Checking Detail Information

TWINTIN HAMILTON VINCENT CLEON MACK

Account Number: 098-404819-2 Washington Mutual Bank, FA

Currently, fees for using non-Chase/WaMu ATMs are billed at the end of each statement cycle. After July 23, 2009 any fees for using non-Chase/WaMu ATMs will be subtracted from your account on the same day you use the non-Chase/WaMu ATM. Fees incurred on or before July 22 will be posted to your account on July 22, rather than the date of your next statement.

	Your Account at a Glance	
Beginning Balance	\$262.52	
Checks Paid	\$0.00	
Other Withdrawals	-\$1,804 75	
Deposits	+\$1,800 00	
Ending Balance	\$257.77	

		A45-14 4	
Date	Description	Withdrawals (-)	Deposits (+)
06/08	ATM-NCHGNOHSNY4448 2700 E TREMONT AVENUE BRONX NY		\$360 00
06/08	ATM-NCHG NY4448 2700 E TREMONT AVENUE BRONX NY	\$200 00	
06/08	ATM-NCHG NY4304 1462 NOSTRAND AVENUE BROOKLYN NY	\$60 00	
06/10	ATM-NCHG NY4659 391 EASTERN PKWY BROOKLYN NY	\$100 00	1
06/12	MC-QVC 354072682401 3OF3 800-367-9444 PA	\$8 38	

0 04-S-83

Page 1 of 2

Deposits are FDIC Insured

HOW TO RECONCILE YOUR ACCOUNT

STEP 1 Update your account record Enter checks, other transactions, and service charges not recorded.

STEP 2 List outstanding checks, other transactions, POP, ATM, POS, and other withdrawals

ENTER CHECK NUMBER OR DATE	AMOUNT
	·• · · · · · · · · · · · · · · · · · ·
	, ,
	- -
	<u> </u>
	· · ·
-	
	·-·
TOTAL OUTSTANDING CHECKS AND OTHER TRANSACTIONS	

_	
STEP 3	AMOUNT
ENTER ENDING BALANCE FROM THIS STATEMENT	
ADO YOUR DEPOSITS VAADE BUT NOT SHOWN ON THIS STATEMENT	+
i	
SUBTOTAL	
SUBTRACT YOUR TOTAL	
CUTSTANDING	
CHECKS AND OTHER	
WITHDRAWALS	
(FROM STEP 2)	
THIS SHOULD AGREE WITH THE RALANCE IN YOUR ACCOUNT REGISTER	

IF BALANCES DO NOT AGREE

Check addition and subtraction in your register and above.

Compare your checks, other transactions, POP ATM, POS, and other withdrawals m your register with statement.

Compare deposit receipts and entries in your register with statement.

Be sure all checks, POP, ATM, POS, and other payments and deposits are entered in your register

Be sure any interest credits are entered in the deposit section and fees entered in the debit section of your register.

NON-SUFFICIENT FUNDS OVERDRAFT REMINDER

The reserve the right not to pay any item or transaction presented against account of presented when there are insufficient available funds in your account (subject to any overdraft line of credit or overdraft transfer service that you have linked to your account), even if we paid such items/transactions in the past. Unless you request us not to do so, by calling 800 788 7000, we may, but are not obligated to, establish an overdraft limit to pay item(s)/transaction(s) in excess of your available balance and any fees related to your account. We may note on the front of this statement that an overdraft limit was established and indicate that amount. That amount is valid as of the statement date, but may change (be increased, lowered, or removed) at any time without notice, including before you actually receive your statement, due to printing and mailing time as well as our process for reviewing overdraft limits. An overdraft I not is not a line of credit. If you prefer not to have an overdraft limit, let us know and we would then generally return checks and other transactions that exceed your available balance. The best way to make sure your items/transactions are paid is to maintain sufficient available funds in your account to pay your authorized items/transactions and fees that may be due related to your account. If an item/transaction (such as a check or other transaction, like an ATM withdrawal a point-of-sale transaction, or electronic payment) is presented against insufficient available funds, we will charge a fee for each transaction, whether the item/transaction is paid or rejected and the fee, as well as any overdraft paid, will reduce the overdraft limit amount, if any You must deposit additional funds to pay for your overdrafts and any associated fees immediately

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RCK=RE-PRESENTED CHECK

VISA = CHECK CARD TRANSACTION (PIN NOT USED)

O1AA7782 - 3 - 03/17/09



Dear Policyholder

Congratulations! Vincent C Mack is now insured with First United American Life Insurance Company

You have already paid the introductory premium for the first month. You will receive a statement for your second premium payment within the next few days. Be sure to make this second payment on time.

Now that your policy has been delivered, it is good until the first policy anniversary after your 80th birthday -- as long as the premiums are paid when due

The amount of insurance will not decrease AND the premium you have established now will never be increased!

Please take a moment and verify the application information you provided You will find a copy of the application at the back of your policy. If everything is correct, sign your application and put this policy in a safe place. If any information is wrong, please correct, sign, and return the corrected application. Or call (315) 451–2544 and ask one of our customer service representatives for assistance. If it is more convenient for you, email us at cs@2701410 com and provide us with the corrected information.

You have joined many other Americans who rely on First United American's strength, integrity and personal service. Thank you for entrusting First United American with this important part of your financial planning.

Very truly yours,

Thank Mc adner

Mark McAndrew President

PS Help us help you Always give us your policy number when making changes or requesting information

Beneficiary Designated is: Estate of the Insured

37-2341010 Vincent Mack 1146 Rogers Ave Brooklyn NY 11226

FIRST UNITED AMERICAN LIFE INSURANCE COMPANY

First United American Life Insurance Company cares about protecting its policyholders' privacy. In the process of providing the products and services you requested, we will collect, use and share certain information you or other persons provided. This Privacy Policy explains what information we collect and how we use that information. The policy also explains how we protect the security and confidentiality of your information.

Collection of Information

We collect and retain the information necessary for us to provide the products and services you requested in that process we may collect non-public information from you as a result of your completion of an insurance application or other forms, information about your transactions and experience with us, or from a consumer reporting agency such as the Medical Information Bureau We may also collect personal information about you from other persons or entities

Sharing Information

We may share information with certain non-affiliated companies or individuals, including providers inquiring about benefits, family or legal representatives acting on your behalf, and to comply with legal or regulatory requirements. We may also share information about you with non-affiliated entities that contract with us to perform marketing and administrative services. We may also disclose your information to our affiliated companies. We may also disclose your information to our affiliated companies. The information disclosed without your authorization will be only as much as is reasonably necessary to accomplish the intended purpose.

Your Right To Access

You can request to be informed as to the nature and substance of personal information we collect about you You can also request that we correct, amend, or delete any such information

Internal Protection of Information

We restrict access to non-public personal information about you to those employees who need to know that information to provide the products and services you requested. We maintain physical, electronic and procedural safeguards to comply with federal regulations to guard this information.

Disclosure of Our Privacy Policy

We are sending you this Notice for informational purposes and may amend this Privacy Policy at any time and will update it as required. We post our current privacy notice at, "www.unitedamerican.com/first_ua.htm"

N3315



INSURANCE FRAUD

It Costs You Money

Some examples of insurance fraud are listed below

- * An insured or provider receives money for knowingly filing a false or inaccurate insurance claim
- * An applicant submits inaccurate or incomplete information to obtain coverage he/she may not be eligible for or to qualify for reduced premiums

Policyholders, taxpayers and consumers pay for insurance fraud through increased insurance rates, higher taxes, and increased prices for goods and services

Our Responsibility

To fight insurance fraud, we, at First United American, have teamed up with the New York Alliance Against Insurance Fraud We are also committed to cooperating with Local, State and Federal Law Enforcement entities so that more fraud can be identified

If you become aware of fraudulent activity related to any of our policies, you may contact us by calling (315) 451-2544 or writing us at:

Attention Fraud Investigations
First United American Life Insurance Company
PO Box 3125
Syracuse, NY 13220-3125

or contact the
New York Alliance Against Insurance Fraud
at
1-888-FRAUDNY
www.preventfraud.org

FIRST UNITED AMERICAN INSURANCE COMPANY

A NEW YORK STOCK COMPANY * P O BOX 3125 * SYRACUSE, NEW YORK 13220-3125

We will pay the Proceeds from this policy when We receive due proof that the Insured died while this policy was in force

The consideration for this policy is the application and the first premium

The policy is issued and accepted subject to all the provisions set forth on the following pages. We have put this policy into effect as of the date of issue Policy years, premium due dates, and policy anniversaries are measured from the date of issue

RIGHT TO RETURN Within 30 days after receiving this policy, You may return it by delivering it or mailing it to Us. Upon its return, We will consider the policy void from the start and refund the premium

Term to Age 80 - Term Life Policy - Insurance Payable at Death of Insured - Non-Participating Non-Convertible - Premiums Payable During Life To Age 80

POLICY SPECIFICATIONS PREMIUM SCHEDULE

	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
FIRST MONTH				\$1 00
THEREAFTER	\$336 00	\$17472	\$89 04	\$30 24

OWNER: The owner of this policy is the applicant unless a different owner is designated in the

application

BENEFICIARY The beneficiary shall be as designated in the application unless changed as provided in the policy

ISSUE AGE/SEX 42/M DATE OF ISSUE 07/20/09

INSURED: POLICY NUMBER Vincent C Mack 37-2341010

AMOUNT OF INSURANCE \$ 20,000

READ YOUR CONTRACT CAREFULLY This policy is a legal contract between You and First United American Life Insurance Company The contract sets forth, in detail, the rights and obligations of both You and Us IT IS, THEREFORE, IMPORTANT THAT YOU READ YOUR POLICY CAREFULLY

This LIFE INSURANCE contract provides death protection for as long as the insured lives or the policy anniversary following the insured's 80th birthday Premiums for this contract are payable as shown on the Policy Specifications page

ALPHABETIC GUIDE TO YOUR CONTRACT

	Page		Page
Actuarial Basis	(6)	Indebtedness & Repayment	(5)
Assignment	. (4)	Misstatement of Age or Sex	(3)
Basis of Calculation .	(6)	Non-Participation	. (3)
Beneficiary	(1),(4)	Options Available	(5)
Cash Loans	(4)	Ownership	(5)
Change of Plan	(3)	Payment of Proceeds	(4)
Contract (The)	(2)	Premiums	(2)
Definitions	. (2)	Reinstatement	(3)
Grace Period	(3)	Suicide Exclusion	(3)
Incontestability	(4)	Table of Loan and	.,/
•	• • • • • • • • • • • • • • • • • • • •	Nonforfeiture Values	(6,7)

When writing to Us, please include the policy number, the insured's full name, and Your current address

GENERAL PROVISIONS

DEFINITIONS

The Insured - The person whose life is insured under this policy while the policy is in force

You, Your, Owner - The current Owner of this policy, unless changed as allowed in the policy The Owner has all the rights this policy provides unless otherwise stated in the policy

We, Us, Our, Company - First United American Life Insurance Company at its Home Office in Syracuse, New York

PROCEEDS - The amount We pay when the Insured dies or the policy matures. The proceeds equal (a) the amount of insurance, minus (b) the one month premium due, if death occurs during the grace period of an unpaid premium, plus (c) a refund of premium paid for the period beyond the end of the policy month in which death occurs, if death occurs during a period for which premium has been paid, minus (d) any indebtedness on the policy.

Issue Age - The age of the insured at his or her last birthday on the Date of Application

Attained Age - The Issue Age (shown in the Policy Specifications) plus the number of years elapsed since the Date of Issue

GENDER: A personal pronoun in the masculine gender in this policy will include the feminine gender also unless the context clearly indicates the contrary

THE CONTRACT

READ YOUR POLICY CAREFULLY This policy is a legal contract. The entire contract is this policy, the attached application, and any riders or endorsements. All statements made by or on behalf of anyone covered by this policy are considered representations and not warranties. No statements can cancel this policy or be used in our defense if We refuse to pay a claim unless it is found in an attached application.

The provisions of this contract can be changed only by a written agreement signed by Our President, a Vice President, Our Secretary, or an Assistant Secretary

We are not bound by any promise or representation made by an agent or anyone else

PREMIUMS

The Policy Specifications page shows the Premium Schedule. The first premium is due by the Date of Issue. You can pay a premium before its due date. Premiums are payable at the Home Office or to an authorized agent. If You wish, You can pay premiums at annual, semi-annual, quarterly or monthly intervals. The interval can be changed by paying the correct premium for the new interval.

NYTL80 Page 2 NYTL80312

GRACE PERIOD

If You do not pay a premium by its due date, You have 31 days in which to pay it in full. We call this the grace period. The policy stays in full force during the grace period. If the insured dies during the grace period, We deduct the unpaid premium from the Proceeds.

FAILURE TO PAY PREMIUMS If you do not pay a premium by the end of its grace period, the policy will lapse. When lapsed, this policy is no longer in force, except as the Nonforfeiture Provisions provide. A premium, which is not paid when due, will be in default.

All insurance will terminate on the date of lapse if the policy has no cash value

REINSTATEMENT

If this policy has lapsed, You can reinstate it so that it provides coverage again. You have until 5 years after the due date of the unpaid premium to reinstate the policy. But You cannot reinstate it if You have surrendered it for cash. To reinstate this policy, You must

- 1) Provide proof which satisfies Us that the Insured is insurable,
- 2) Pay all overdue premiums,
- 3) Pay interest on the premiums at a yearly interest rate of 6%, compounded annually, and
- 4) Pay or reinstate any indebtedness that exists on this policy (Interest charges from the date of lapse to the date of reinstatement will be at a yearly interest rate of 6%, compounded annually)

MISSTATEMENT OF AGE OR SEX

In the event of misstatement of the insured's age or sex. We will pay the amount of insurance that the premium paid would have purchased had the age or sex been correctly stated

SUICIDE EXCLUSION

If the Insured commits suicide within two years from the Date of Issue, We only refund the amount of the premiums already paid, less indebtedness

CHANGE OF PLAN

You can change this policy to another plan of insurance that You and We agree upon at any time. The change must be according to Our rules. The amount of the new policy cannot be more than the amount of this policy at the time. You ask for the change

NONPARTICIPATION

This contract does not participate in Our surplus or earnings

INCONTESTABILITY

Unless You do not pay the premiums due, We cannot contest this policy after it has been in force during the Insured's lifetime for 2 years from the date of issue

PAYMENT OF PROCEEDS

We pay the proceeds from this policy from Our Syracuse, New York Office We first pay assignees Then We pay the Beneficiaries based on the designation in force at death. If there is no designation or surviving Beneficiary, We pay the Proceeds to the insured's estate. If a Beneficiary dies within 15 days after the Insured, but before the Proceeds are paid, unless otherwise provided, We pay the proceeds as though the beneficiary had died before the Insured Payment is made in one sum.

If benefits are payable to Your estate or to a beneficiary who cannot execute a valid release. We may pay benefits up to \$3,000 00 to someone related to you or the beneficiary by blood or marriage whom We consider to be entitled to such benefits. We will be discharged to the extent of any such payment made in good faith.

BENEFICIARY

The beneficiary is the person or party named in this policy to receive the proceeds at the Insured's death. While the Insured is alive, You can change the beneficiary as often as you like But you cannot change a beneficiary who was named without the right of revocation except with the consent of the irrevocable beneficiary.

To change a beneficiary, file a satisfactory, written request with Us. Once We receive it, the change will take effect from the date You signed your request. But the change will not affect any payment We made or action We took before You requested the change and it was recorded.

ASSIGNMENT

Only You may assign this policy We are not bound by an assignment until it has been filed with Us We are not responsible for the validity or sufficiency of an assignment. A claim made under an assignment is subject to proof and the extent of the assignee's interest. The interest of an assignee comes before that of a Beneficiary or survivor Owner. An assignee's interest also comes before election of an option. An assignment is not a transfer of ownership. An assignee cannot change the beneficiary or exercise ownership rights.

LOANS PROVISIONS-CASH LOANS

You may use this policy as security to take out a cash loan from Us. This policy must be in force and You must make Us an assignee. The amount of the loan, plus interest through that policy year, can be as much as the maximum loan available at that time. The maximum loan available is the surrender value as of the loan less interest to the next policy anniversary.

Interest on the loan is due at the rate of 8% per year Any overdue interest will be added to the loan and will bear interest at the same rate. We can defer granting a loan for the period law permits, but not beyond 6 months after. We receive your loan application. We cannot defer granting a loan to pay premiums on one of Your policies.

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NYTL80314

INDEBTEDNESS AND REPAYMENT

The nonforfeiture values and proceeds are reduced by the amount of indebtedness on or secured by this policy. You can repay all or part of any cash loans, or loan interest any time before the end of the grace period for any unpaid premium. When the total amount of indebtedness equals or exceeds the loan value, the coverage from this policy will end. But it will not end until 31 days after We mail a notice to your last known address. We also notify any assignees We have on record.

OWNERSHIP

The applicant is the Owner of this policy unless a different Owner is named in the application. You have the right during the Insured's life to receive every benefit and to exercise every right contained in the policy or allowed by Us, but if any irrevocable Beneficiary has been named, his or her written consent shall be required before you may take any action concerning this policy.

The Owner may be changed or a contingent Owner may be named or changed by filing written notice with Us. We must approve the form and may require You to present the policy for endorsement. The change will take effect the day You sign the notice but it will not effect any action taken by Us before the notice is received at the Syracuse, New York office.

If a contingent Owner and the Insured are both living when You die, the contingent Owner will become the new Owner If no successive Owner survives, then at the Owner's death, ownership shall vest in the Insured but if the Insured is a minor, his rights shall vest during his minority in the first-named Beneficiary if the first-named Beneficiary is not living, the Insured's rights shall vest during his minority in the parent or legally appointed guardian

NONFORFEITURE PROVISIONS OPTIONS AVAILABLE

These nonforfeiture options are available to You once this policy has a cash surrender value if a premium is not paid when it is due, You can choose one of these options by filing a written request with Us within 60 days after the premium due date

1 CASH SURRENDER: You can surrender this policy for its cash surrender value. The cash surrender value is the total of these.

The cash value shown in the Table of Nonforfeiture Values (or an extension of it)

MINUS all indebtedness on this policy

We can defer paying the cash value for the period the law permits, but We cannot defer beyond 6 months after the date of your written request and surrender of the policy

- 2 PAID-UP INSURANCE: You can continue this policy as non-participating paid-up insurance for a reduced amount. The new amount of insurance will be as much as the cash surrender value can buy at the net single premium rate for the Insured's then Attained Age. The new amount of insurance will be payable at the same time and under the same conditions as this policy. The insurance will start with the due date of the unpaid premium.
- 3 EXTENDED TERM INSURANCE: You can continue this policy as non-participating extended term insurance. The amount of coverage will be the total of these

The amount of insurance as of the date of lapse under this policy

MINUS all indebtedness on this policy

We will use the net cash surrender value to buy insurance for as long as possible at the net single premium rate for the insured's then Attained Age. The insurance will start with the due date of the unpaid premium. It will last for as long as the cash surrender value will allow.

We automatically continue this policy as extended term insurance if all of these apply.

- 1 A premium is not paid by the end of its grace period
- 2 One of the other nonforfeiture options has not been chosen

You do have the right to choose an option besides extended term insurance. But You must choose it within 60 days after the due date of the unpaid premium

Insurance continued as paid-up or extended term will not include additional benefits provided by riders which may be attached to this policy

You can surrender paid-up and extended term insurance at any time. The amount You will receive will be equal to the net single premium for that insurance at the insured's then Attained Age. If the surrender is within 31 days after a policy anniversary, the cash value will not be less than on the anniversary.

BASIS OF CALCULATION

For the insured's attained age, the Table of Loan and Nonforfeiture Values shows the cash value. The cash value is the total of these:

The present value of future guaranteed life insurance benefits (not including attached additional benefit supplementary agreements)

MINUS the present value of a life annuity which:

- 1 has a payment due immediately,
- 2 has annual payments equal to the nonforfeiture factors shown in the Table of Loan and Nonforfeiture values, and,
- 3 is payable during the remaining premium paying period

A statement of how cash values for this policy are calculated has been submitted to the New York State Insurance Department.

The nonforfeiture benefits provided conform to the statutory minimum required by the state in which this policy is delivered

ACTUARIAL BASIS

For this policy, We use the 2001 Commissioner's Standard Ordinary Mortality Table (Age Last Birthday Modification) to calculate these:

- 1 Present Values
- 2 Single premiums
- 3 Extended Term Insurance

In all calculations. We assume these

- 1 Interest at 5 00% a year
- 2 Annual payment of premiums
- 3 Deaths occurring at the end of policy years

TABLE OF LOAN AND NONFORFEITURE VALUES

The table on the next page shows the values available under the policy at the end of completed policy years. All values are subject to the amount of indebtedness on the policy. When you have paid premiums for part of a policy year, We adjust the values to fit the part paid for If You ask, We will supply the values for any years not shown

This policy is signed for Us by Our Secretary and President

Pary M Hutchison

President

Mark Milnohen

NYTL80

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NYTL80316R

TABLE OF LOAN AND NONFORFEITURE VALUES

This table shows the values available under the policy at the end of completed policy years. All values are subject to the amount of indebtedness on the policy. When You have paid premiums for part of the policy year, We adjust the values to fit the part paid for if You ask, We will supply the values for any years not shown

	AMOUNT OF	CASH	EXTENDED			
POLICY				JRANCE		
<u>YEAR</u>	INSURANCE	VALUE	YEARS	DAYS		
1	\$20,000	\$0 00	0	0		
2	20,000	0 00	0	0		
3	20,000	48 04	0	333		
4	20,000	213 00	0 3 5	233		
3 4 5	20,000	381 60	5	350		
6	20,000	554 88	7	248		
7	20,000	734 12	8	350		
8	20,000	918 76	8 9	358		
8 9	20,000	1,108 24	10	277		
10	20,000	1,301.36	11	114		
11	20,000	1,496 84	11	252		
12	20,000	1,693 72	11	344		
13	20,000	1,890 20	12	35		
14	20,000	2,085 32	12	62		
15	20,000	2,278 32	12	63		
16	20,000	2,470 24	12	41		
17	20,000	2,661 52	11	361		
18	20,000	2,850 44	11	291		
19	20,000	3,033 88	11	200		
20	20,000	3,208.36	11	90		

The cash surrender values are not less than those required by law The method of computation has been filed with the insurance supervisory official of the state in which this policy is delivered

All values are based on the 2001 Commissioner's Standard Ordinary Mortality Table (Age Last Birthday Modification) with interest at the rate of 5 00% per year

The mortality tables above are adjusted to age last birthday. Deaths are assumed to occur at the end of policy years

TERM TO AGE 80 - TERM LIFE POLICY - AMOUNT OF INSURANCE PAYABLE AT DEATH OF INSURED ACCORDING TO POLICY SPECIFICATIONS - PREMIUMS PAYABLE AS SHOWN IN POLICY SPECIFICATIONS - NONPARTICIPATING.

FORM NYTL80

FIRST UNITED AMERICAN LIFE ISURANCE COMPANY PO BOX 3125 SYRACUSE, NEW YORK 13220-3125

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

POLICY NUMBER

37-2341010

INSURED NAME

Vincent C Mack

ISSUE AGE/SEX

42/M

POLICY TYPE

TERM LIFE TO 80

POLICY YEAR	ANNUAL PREMIUM	BEGINNING OF YEAR DEATH BENEFIT	END OF YEAR CASH SURRENDER VALUE
1	\$309 00	\$20,000	\$0 00
	336 00	20,000	0 00
2 3	336 00	20,000	48 04
4	336 00	20,000	213 00
5	336 00	20,000	381 60
6	336 00	20,000	554 88
7	336 00	20,000	734 12
8	336 00	20,000	918 76
6 7 8 9	336 00	20,000	1,108 24
10	336 00	20,000	1,301 36
11	336 00	20,000	1,496 84
12	336 00	20,000	1,693 72
13	336 00	20,000	1,890 20
14	336 00	20,000	2,085 32
15	336 00	20,000	2,278 32
16	336 00	20,000	2,470 24
17	336 00	20,000	2,661 52
18	336 00	20,000	2,850 44
19	336 00	20,000	3,033 88
20	336 00	20,000	3,208 36

The guaranteed annual minimum interest rate is 5 00%

The policy loan annual percentage interest rate is 80% applied in arrears

COST COMPARISON INDEXES

	NET PAYMENT	SURRENDER		
10 YEAR	16 63	11 71		
20 YEAR	16 70	12 08		

An explanation of the intended use of these indexes is provided in The Life Insurance Buyer's Guide Any questions regarding this Policy Summary should be directed to the company shown above

PREPARED C1031R 07/20/09

FIRST UNITED AMERICAN LIFE INSURANCE COMPANY * SYRACUSE, NEW YORK

APPLICATION FOR X \$20,000 LIFE INSURANCE

	Name Vincent C Mack	Sex M	X F	Birthdate	06/25/67		
	Street Address 1146 Rogers Ave	Те	e Numb	er (713)	462-2352		
	City Brooklyn	State_	_ NY		_ Zıp Code	11226	<u> </u>
	Name of Beneficiary / World Home	tton M	ack	Relationship	Wife	_ _ _	
	E-Mail Address					_	
	Please answer the following questions A "yes" response does	not automa	tically ma	ake you incligible	for coverage		310
1	Is the Proposed Insured currently disabled due to illness confi	ined to a ho	snital or	nursing facility o	r does the	YES	NO
Proposed Insured require the use of a wheelchair?					X		
2	In the past 3 years has the Proposed Insured been diagnosed	or treated b	y a mem	ber of the medica	l profession for		
	(a) Cancer, coronary artery disease, or any disease or disorde	er of the hear	t, brain (or liver?			X
	(b) Chronic kidney disease or kidney failure, muscular disease, mental or nervous disorder chronic obstructive lung					r- -	_
	disease, drug or alcohol abuse, or diabetes?						X
	(c) Acquired immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)?						X
3	Does the Proposed Insured have any chronic illness or condition future surgery?	on which red	julres per	riodic medical car	e or may require		X
	Please provide details to any "Yes" answer					_	
	IF ADDITIONAL SPACE IS NEEDED, ATTACH THE INFORMA	ATION REQUI	ESTED O	N A SEPARATE S	HEET OF PAPER	_	
•	Is the insurance applied for intended to replace, in whole or pa						X
•		- · - · - · -	• • • • • • • • • • • • • • • • • • • •	•			_
T	CKNOWLEDGEMENT I have read the IMPORTANT NOTICE enci HAT THE INSURANCE APPLIED FOR WILL BECOME EFFECTIVE O F FIRST UNITED AMERICAN LIFE INSURANCE COMPANY Should COPY OF THIS APPLICATION WILL BE ATTACHED TO AND MADI	N THE DATE d the applica	THIS AF	PLICATION IS AP	PROVED IN THE H	IOME (
D	ate 07/08/09 APPLICANT -	OWNER SIG	NATURE	: / RELATIONSHIP	TO PROPOSED I	NSURE	
	his application with check or cash should be mailed in the return surance Company	envelope en	closed N	flake check payabl	e to First United A	America	n Life
41	558NY					•	IS60

first united american life insurance company



This is your First United American Life coverage. Read carefully.

37-2341010 Vincent Mack 1146 Rogers Ave Brooklyn NY 11226 (b)(6)

PAGE WITHHELD PURSUANT TO

(b)(6)

I-864 5432679 ^543267902

I-864

MSC-09-154-12903

I-864

MSC-09-154-12903

1-864

MSC-09-154-12903

VINCENT MACK 1146 ROGERS AVE BROOKLYN, NY 11226

VINCENT MACK 1146 ROGERS AVE BROOKLYN, NY 11226

VINCENT MACK 1146 ROGERS AVE BROOKLYN, NY 11226

OMB No 1615-0075 Expires 10/31/10

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

I-864, Affidavit of Supp	ort
Under Section 213A of the A	LČŤ

Part 1. Basis for filing Affidavid	of Support.	· · _ ·	<u> </u>	
11, VINCENT	MACK		,	For Government
am the sponsor submitting this affic	e box)	Use Only		
a I am the petitioner I filed or a	This I-864 is from			
b I filed an alien worker petition	the Petitioner			
my WIFE	a Joint Sponsor #			
c lane an ownership interest of which filed an alien worker pet me as my	the Substitute f			
d lam the only joint sponsor			_	5% Owner ^
e I am the I first second o	f two joint sponsors (Ch	eck appropriate box ,)	This I-864
f The original petitioner is decea immigrant's	sed I am the substitute	sponsor I am the i		does not meet the requirements of section 213A
Part 2. Information on the princ	ipal ımmigrant	· 64	, 0	meets the
2 Last Name HAMILTO	·//	X_{ℓ}	97 —	requirements of
First Name		Imigale Na	ıme - ,——	section 213A
TWINTIN				Reviewer
3 Mailing Address Street Number a	nd Name (Include Apar	tment Number)		<u>€(~</u>
	AUE .	•		TO Location 2
City State/P	'	stal Code Country		Date (mm/dd/vryr)
BROOKLYN N.	. -	26 4.5	73	
4 Country of Citizenship		of Birth (mm/dd/vyv	 [Number of Affidavits of
TRINIDAD 11/20/55				Support in file
6 Alien Registration Number (if anv)		rity Number (if any)		
A	[
Part 3 Information on the immi	grant(s) you are spoi	-		
8	immigrant named in Pai	rt 2 above	reviewed/Qu	alitied
☐Yes ☐ No (App	olicable only in cases wi			
9 I am sponsoring the following immigrant named in Part 2 ab	_		time or within six r	nonths of the principal
Name	Relationship to Sponsored Immigrant	Date of Birth (mm/dd/vvyv)	A-Number (if anv,	U S Social Security Number (if am)
* KeLWYN SINNETTE	501U	10/22/90		
b		'		
c				
d			,	
e				
10 Enter the total number of immigr	ants you are sponsoring	on this form from	Part 3, Items 8 and	19

11. Name	Last Name		For Government
	MACK		Use Only
	First Name	Middle Name	_
	VINCENT		
12. Mailing Address	Street Number and Name (Include Apartme)	nt Number)	1
	1146 ROSERS	AUE	
	City	State or Province	1
	BROOKLYN	N· 3	
	Country	Zip/Postal Code	
	U. S. A	11226	
13. Place of Residence	Street Number and Name (Include Apartmet	nt Number)	
(if different from mailing address)			
manning additionsy	City	State or Province	
(b)(6)	Covered	(ZumPosta) Codo	_
(b)(0)	Country	Zıp/Postal Code	
14 m 1 1 N 1			4
14 Laighnana Niimber	Analuda Area Code or Country and City Code	s)	
15. Country of Domici	le		1
١٨	S.A		
16. Date of Birth (mm/da	<u></u>		1
06/25/	1967		
17. Place of Birth (City		ce Country	1
3EAUFORT	S.C S.C	lusA	
18. U.S. Social Security	y Number (Required)		1
250-19	- 4024		
19. Citizenship/Resider			1
☑I am a US citi:	zen		
☐ I am a U S nati	onal (for joint sponsors only)		
🔲 I am a lawful p	ermanent resident. My alien registration	on number is A-	
	x (b), (c), (d), (e) or (f) in line 1 on Pag r permanent resident status	e 1, you must include proof of your	
20. Military Service (To	be completed by petitioner sponsors of	only)]
I am currently on a	ctive duty in the US armed services	Yes No	

Your Household Size - DO NOT CO	DUNT ANYONE TWICE		For Government Use Only
Persons you are sponsoring in			
a Enter the number you entere	ed on line 10		
 Persons NOT sponsored in this b Yourself c If you are currently married, d If you have dependent childre e. If you have any other dependent 	enter "1" for your spouse - en, enter the number here		
 f. If you have sponsored any of who are now lawful permane g OPTIONAL If you have sibling the same principal residence 	her persons on an I-864 or I-864 EZ int residents, enter the number here ngs, parents, or adult children with who are combining their income in I-864A, enter the number here		
h Add together lines and enter	the number here Household Size.	H	(b)(6)
t 6. Sponsor's income and emp	noyment.		-
		~	

24.	_	current annual household					For Government Use Only
	8.	List your income from line	23 of this form.	(b)(6)			
		Income you are using from size, including, in certain corinstructions) Please indicate	iditions, the inten	iding immigrant	•		Household Size =
		Name	Relationship	-	Current In	icome	P
		Many	Relationship		¢	icome	Poverty line for year
					\$ ———		is
							\$
					\$ 		
		· · · · · · · · · · · · · · · · · · ·			\$ 		
	c.	Total Household Income:	·		\$		
	(T	otal all lines from 24a and 24b	Will be Compared	to Poverty Guide	elines See Fo	orm 1-864P)	!
	đ	The persons listed above	e have completed	Form I-864A	I am filing al	long with this	
		form all necessary Form	-		_		:
	e	☐ The person listed above			does	s not need to	
	C	_		(Name)			
		complete Form I-864A accompanying dependent	· ·	the intending ir	mmigrant and	l has no	
			<u>-</u>	- N - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
25.	Fed	leral income tax return info	rmation.				
				h 4 1			
	۷	I have filed a Federal tax re attached the required photo- most recent tax year			•		
		My total income (adjusted g Federal tax returns for the n			EZ) as reporte	ed on my	
		Tax Year	_	Total Income	<u> </u>		
		2005 (m	ost recent)				•
		2006 0	nd most recent)			(b)(6)	
		2007 (3)	rd most recent)				
			L				
		(Optional) I have attached	· •	anscripts of my	Federal tax n	eturns for my	
		second and third most recen	i tax years				

Part 7. Use of assets to supplement income. (Optional)	For Government Use Only
If your income, or the total income for you and your household, from line 24c exceeds the Federal Poverty Guidelines for your household size, YOU ARE NOT REQUIRED to complete this Part. Skip to Part 8.	
26. Your assets (Optional) (b)(6)	¬
a. Enter the balance of all savings and checking accounts	Poverty line for year
b. Enter the net cash value of real-estate holdings (Net means current assessed value minus mortgage debt)	is
c. Enter the net cash value of all stocks, bonds, certificates of deposit, and any other assets not already included in lines 26 (a) or (b)	\$
d. Add together lines 26 a, b and c and enter the number here. TOTAL	
Assets from Form I-864A, line 12d for	
(Name of Relative)	
(Name of Relative)	
(Name of Relative) 28. Assets of the principal sponsored immigrant. (Optional)	
(Name of Relative) 28. Assets of the principal sponsored immigrant. (Optional) The principal sponsored immigrant is the person listed in line 2 a. Enter the balance of the sponsored immigrant's savings and	
(Name of Relative) 28. Assets of the principal sponsored immigrant. (Optional) The principal sponsored immigrant is the person listed in line 2 a. Enter the balance of the sponsored immigrant's savings and checking accounts b Enter the net cash value of all the sponsored immigrant's real estate holdings (Net means investment value minus	
(Name of Relative) 28. Assets of the principal sponsored immigrant. (Optional) The principal sponsored immigrant is the person listed in line 2 a. Enter the balance of the sponsored immigrant's savings and checking accounts b Enter the net cash value of all the sponsored immigrant's real estate holdings (Net means investment value minus mortgage debt) c. Enter the current cash value of the sponsored immigrant's stocks, bonds, certificates of deposit, and other assets not	The total value of all assests line 29 must equa 5 times (3 times for spouses and children of the control of th
(Name of Relative) 28. Assets of the principal sponsored immigrant. (Optional) The principal sponsored immigrant is the person listed in line 2 a. Enter the balance of the sponsored immigrant's savings and checking accounts b Enter the net cash value of all the sponsored immigrant's real estate holdings (Net means investment value minus mortgage debt) c. Enter the current cash value of the sponsored immigrant's stocks, bonds, certificates of deposit, and other assets not included on line a or b d. Add together lines 28a, b, and c, and enter the number	assests line 29 must equal 5 times (3 times for

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 1-864 if you do not want to do so But if you do not sign the Form I-864, the intending immigrant may not be able to become a permanent resident in the United States

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

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

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

What Other Consequences Are There?

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

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

Contract continued on following page.

State and U.S. Citizenship and Immigration	Services
g. Any and all other evidence submitted is true	e and correct
	2671.a
1.	02/07/09
(Sponsor's Signature)	(Date mm/dd/yyyy)
art 9. Information on preparer, if prepared	by someone other than the Sponsor.
	the United States that I prepared this affidavit of support at
e sponsor's request and that this affidavit of suppo	ort is based on all information of which I have knowledge
	.
gnature:	Date (mm/dd/yyyy)
rinted Name:	(mm/ad/yyyy)
	·
irm Name:	
ddress:	
elephone Number	
-Mail Address :	
usiness State ID # (sf any)	
	

I authorize the Social Security Administration to release information about me in its records to the Department of

What If I Do Not Fulfill My Obligations?

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

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

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

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

When Will These Obligations End?

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

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

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

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

30. I, VINCENT MACK (Print Sponsor's Name)

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

- I know the contents of this affidavit of support that I signed
- All the factual statements in this affidavit of support are true and correct
- 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,
- Each of the Federal income tax returns submitted in support of this affidavit are true copies, or are unaltered tax transcripts, of the tax returns I filed with the U.S. Internal Revenue Service, and



Sign on following page.



(b)(6)



Request Date 12-03-2008 Response Date 12-03-2008 Employee Number 99MHB Tracking Number 100035432302 AOS 805887 Feb 13

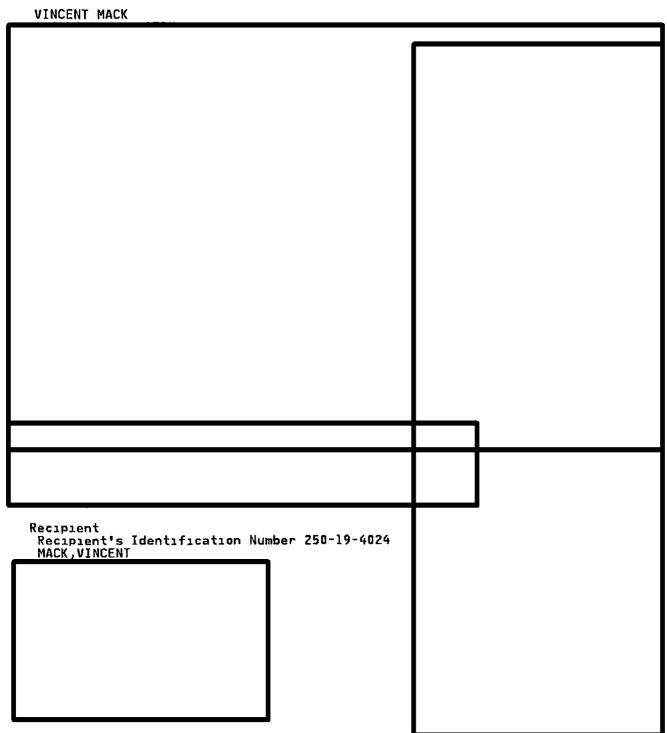
Wage and Income Transcript

SSN Provided 250-19-4024
Tax Period Requested December, 2005



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Request Date 12-03-2008 Response Date 12-03-2008 Employee Number 99MHB Tracking Number 100035432302

Wage and Income Transcript

SSN Provided 250-19-4024 Tax Period Requested December, 2006



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Employee Employee's Social Security Number 250-19-4024 VINCENT MACK	

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VINCENT MACK	

Request Date. 01-21-2009 Response Date: 01-21-2009 Employee Number: Y14DB Tracking Number: 100037603918

AUS 805887 Feb 10.09 Feb 17.

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SSN Provided. 250-19-4024 December, 2007

Wage and Income Transcript Tax Period Requested 007477 Form W-2 Wage and Tax Statement (b)(6)Employee Employee's Social Security Number.250-19-4024

(b)(6)

Tracking Number 100037603918

Employee's Social Security Number 2	50-19-4024

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

I-693, Report of Medical

Examination and Vaccination Record

BESTRONG WART IN HERES WITH THE WAYS IT. TO HE ONE THE WAY WAS A COMMON THROUGH THE REAL PROPERTY OF THE START HERE - Please type or print in CAPITAL letters (Use black ink) Information about you (The person requesting a medical examination or vaccinations must complete this part) Family Name (Last Name) Given Name (First Name) Full Middle Name TWINTIN HAMILTON Gender Home Address Street Number and Name Apt Number Female 1146 RÖGERS AVENUE ☐ Male City State Zip Code Phone # (Include Area Code) no dashes or () 718-607-4645 112226 BROOKLÝN NY Date of Birth (mm/dd/yyyy) Place of Birth (City/Town/Village) Country of Birth A-number (if any) US Social Security # (if any) TRINIDAD 11/20/1955 Applicant's Certification I certify under penalty of perjury under United States law that I am the person who is identified in Part 1 of this Form I-693, Report of Medical Examination and Vaccination Record, and that the information in Part 1 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 Date (mm/dd/yyyy) Part 2. Medical examination (The civil surgeon completes this part) Examination Date of First Date(s) of Follow-up Examination(s) if Required Examination Date of Exam Date of Exam Date of Exam 01/26/09 Summary of Overall Findings No Class A or Class B Condition Class A Conditions (see 2 through 5 below) Class B Conditions (see 2 through 6 below) Communicable Diseases of Public Health Significance A Tuberculosis (TB) Tuberculin Skin Test (TST) (Required for applicants 2 years of age and older for children under 2 years of age, see pp 11-12 of Technical Instructions at http://www.cdc.gov/ncidod/dq/civil.htm.) Date TST Applied Date TST Read Size of Reaction (mm) 01/26/09 01/29/09 00mm Chest X-Ray - Required ONLY for TST reactions of ≥ 5mm or if specific TST exception criteria met, or for an applicant with TB symptoms or immunosuppression (e g, HIV) Attach copy of X-Ray Report Date Chest X-Ray Results Date Chest X-Ray Taken Read Normal Abnormal (Describe results in remarks) Findings x No Class A or Class B TB Class B2 Pulmonary TB Class B, Other Chest Class BI Pulmonary TB Condition (non-TB) Class A Pulmonary TB Disease Class B1 Extra Pulmonary TB Class B, Latent TB Infection Remarks (Include any signs or symptoms of TB, additional tests, and therapy given, with stop and start dates and any changes)

Form 1-693 (Rev 06/05/08)N

Part 2. Medical Exami	nation (Sontinued)		
B Syphilis			
Date Screening R		cants 15 years and older) X Screening Nonreactive	
01/26/20	009	Screening Reactive, Titer I	\neg
If Reactive, Date	Confirmation Run	Confirmation Nonreactive	
		Confirmation Reactive	
Findings		<u>—</u> .	
No Class A or Cla Syphilis	ass B Syphilis, Clas (untreated)	Syphilis, Class B (with residual deficit, treated in the past year)	
Remarks (Include as	ny therapy given with doses a	nd dates)	
			ľ
<u> </u>			<u>_</u>
C HIV/AIDS			
_		r applicants 15 years and older) If Positive or Indeterminate, Confirmation Nega	itive
Date Screening R	000	Date Confirmation Run Confirmation Position	
01/20/20		ing Positive	
Findings No Class A HIV	Screen	ng Indeterminate	
Remarks (Include a	ny signs or symptoms of HIV	infection, therapy given, and any counseling, or referrals)	
D Other Class A/Class	B Conditions for Communic	cable Diseases of Public Health Significance	
Findings			
Chancroid Class	=	ea, Class A Hansen's Disease (Leprosy, Infectious) Class A	
Granuloma Ingui	inale Class A LILympho	granuloma Venereum Class A Hansen's Disease (Leprosy, Noninfectious), Cla	ss B
Remarks (Include a	any therapy given and any cou	inseling, or referrals)	
		redical	
	rders With Associated Harm		_
	rder With Associated Harmfu		
	rder Without Associated Hart		
Remarks (Include d	liagnosis with likelihood of hi	armful behavior to recur therapy given and any counseling or referrals)	
4 Drug Abuse/Drug Addic	tion		
Substance (Drug) Use	Listed in Section 202 of Con	ntrolled Substance Act Class A	
		Controlled Substance Act, But With Associated Harmful Behavior Class A	
_) Use in Remission Class B		
Remarks (Include a	ny therapy given rehabilitatio	on counseling or referrals)	

Part 2	Medical	examination	(Continued)
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,	vaccinations (See	recunical instructions a	i Dttp://www.cac.go	v/nciaoa/aa/civii	NEM TOF HSE OF N	eduired vaccines i

				Vaccine Given	Completed Series	 `	s) to Be Requ		
			} }	Date Grven	Mark an X if completed, write		Blan		
	Date	Date	Date Received	by Civil	date of lab test if	 -	1	Appropriate	1
Vaccine 	Received mm/dd/yyyy	Received mm/dd/yyyy	mm/dd/yyyy	Surgeon mm/dd/yyyy	immune or 'VH" if varicella history	Not Age Appropriate	Contra- indication	Insufficient Time Interval	Not Flu Season
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DTP _	•					^			
DTaP[ļ 			
Specify Td 🗌				01/27/09	3		-		
Vaccine Tdap 🔀				01/21/0					•
Specify OPV [,
IPV 🔲						X			
MMR (Measles Mumps-Rubella) or if			1						
monovalent or other combination of the			}						
vaccines are given,					'	х			
specify vaccine(s)					,				
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Hepatitis B						х	 	***	
Varicella					VH	·			
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Influenza (01/27/0	9							
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Human Papıllomavirus						x			: .
Zoster									:
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Part 2. Medical examination (Continued)		<u>, </u>	
6 List other medical conditions, Class B other (e g hypertensis	on, diabetes)	· · · · · · · · · · · · · · · · · · ·	
)	
Part 3. Referral to health department or other doct	tor/facılıty	(To be compl	eted by Cıvıl Surgeon, ıf referral was made)
Type or Print Name of Doctor or Health Department		·	Date of Referral (mm/dd/yyyy)
()			
Address (Street Number and Name, City, State and Zip Code)			Daytime Phone # (Include Area Code) no dashes or ()
Remarks (Include name of medical condition and reasons for refe	enal)		
	_		
Part 4. To Be Completed by Physician or Health Do	epartment?	Performing	Referral Evaluation
The applicant identified on this form was referred to me by the	<u></u>		
evaluation/treatment	1		, , , ,
Type or Print Full Name of Evaluating Physician or Health Del	partment	Signature	
	_		
Address (Street Number and Name, City, State and Zip Code)		Date (mm/dd	(vvv)
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Name of Medical Practice or Health Department		Daytime Pho	one # (Include Area Code) no dashes or ()
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Remarks (Attach a separate sheet of paper, if needed)	<u> </u>		
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Part 5. Civil Surgeon's Certification (Do not sign form or have the applicant sign in Part 1 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 in current status designated to examine applicants seeking certain immigration benefits in the United States, I have a currently valid and unrestricted license to practice medicine in the state where I am performing medical examinations, I performed this examination of the person identified in Part 1 of this Form I-693, after having made every reasonable effort to verify that person whom I examined is the person identified in Part 1, that I performed the examination in accordance with the Centers for Disease Control and Prevention's Technical Instructions, and all supplemental information or updates provided to me, and that all information provided by me on this form is true and correct to the best of my information, knowledge, and belief

Type or Print Full Name (First, Midd	dle, Last)	Signature	
LOUIS G. VITAL, M.D.		Molh	157
Address (Street Number and Name, Cit	ry, State and Zip Code)	Date (mm/dd/yyyy)	
3223 CHURCH AVENUE I	3KLYN, NY 11226	02/02/20	00 A
Name of Medical Practice or Health D	Pepartment (. 8	A CO
NY AVE. MEDICAL	i		Recional by
Daytime Phone # (Include Area Code) no	o dashes or ()	E-Mail Address	+ 3/20/4/3/
718-693-4900			
Part 6 Health department ide refugee, place a stamp or s		npleted by State or local healt	li department on behalf of de
Type or Print Name			(Place State or local health department stamp/seal below)
Signature	1		•
Date (mm/dd/yyyy)	Daytime Phone # (Include Ar	ea Code) no dashes or ()	
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01/26/09	DATE RECEIVED 01/26/09	DATE REPORTED 01/28/09	STATUS COMPLETE
	·		DECILIT

QUENTIN MEDICAL LABORATORY INC 140 58th STREET 1E BROOKLYN NEW YORK 11220 IEL (718)492 2600 / FAX (718) 492 2252 CLIA NO 33D0147515

LOUIS VITAL MD INDUSTRIAL Q8400 3223 CHURCH AVENUE BROOKLYN,NY 11226 718-693-4900

QC 134

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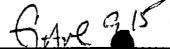
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END OF REPORT

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SEE REVERSE SIDE FOR FURTHER RELEVANT INFORMATION

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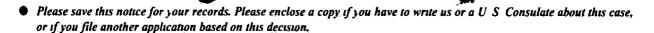


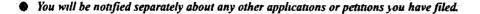
I-797C, Notice of Action

STATUTE UNITUED STATUES OF AMERICAS

REQUEST FOR APPLICATION TO REGISTER PERMANENT RESIDENCE OR ADJUST STATUS A 07 413 592 WINDS 143 593 MINE PERMANENT RESIDENCE OR ADJUST STATUS A 07 413 592 WINDS 143 593 TVINITIN HAMILTON 1146 ROGERS AVE BROOKLYN NY 11226 February 27, 2009 February 27, 2009 February 27, 2009 February 27, 2009 February 27, 2009 February 27, 2009 February 27, 2009 TVINITIN HAMILTON 1146 ROGERS AVE BROOKLYN NY 11226 February 28, 2009 February 27, 2009 February 27, 2009 February 27, 2009 February 27, 2009 February 27, 2009 February 27, 2009 February 27, 2009 February 27, 2009 TVINITIN HAMILTON 1146 ROGERS AVE BROOKLYN NY 11226 February 28, 2009 February 27, 2009 February 27, 2009 February 27, 2009 February 27, 2009 February 27, 2009 February 27, 2009 February 27, 2009 February 27, 2009 TVINITIN HAMILTON 1146 ROGERS AVE BROOKLYN NY 11226 February 28, 2009 February 27, 2009 February 27, 2009 February 27, 2009 February 27, 2009 February 27, 2009 February 27, 2009 February 27, 2009 February 27, 2009 February 27, 2009 TVINITIN HAMILTON 1146 ROGERS AVE BROOKLYN NY 11226 February 27, 2009					
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TWINTIN HAMILTON 1146 ROGERS AVE BROOKLYN NY 11226 You are hereby notified to appear for the interview appointment, as scheduled below, for the completion of your Application to Register Permanent Residence or Adjust Status (Form 1459) and any supporting applications or petitions. Failure to appear for this Interview and/or failure to himself by the your designation of the petitions of the pet	APPLICATION NUMBER	RECEIVED DATE	PROOR	ITY DATE.	PAGE
You are hereby notified to appear for the interview appointment, as scheduled below, for the completion of your Application to Register Permanent Residence or Adjust Status (Form 1455) and any surporting applications or petitions. Fellure to appear for this Interview and/or failure in him of your year from 1455 and any surporting applications or petitions. Fellure to appear for this Interview and/or failure in him of your year from 1455 and any surporting applications or petitions. Fellure to appear for this Interview and/or failure. When the control of your status of your surport of your status of your surport of your status of your surport of your status of your surport of your status of your status of your surposentative may come vity you to him enterview. If your eligibility is based on a parent/thinl relationship and the child is a gratice, the petitioning parent and the child must appear for the interview. If your eligibility is based on a parent/thinl relationship and the child is a gratice, the petitioning parent and the child must appear for the interview. If your eligibility is based on a parent/thinl relationship and the child is a gratice, the petitioning parent and the child must appear for the interview. If your eligibility is based on a parent/thinl relationship and the child is a gratice, and the child is a state of the wind of the interview of the child is a state of the wind of the interview. If your eligibility is a state of your of the state of the wind of the interview of the petition of the state of the building and to verify halfed relative to the memory memory of the wind the petition of the state of the petition of the wind interview of the wind the petition of the wind the petition of the wind the petition of the wind the petition of the wind the petition of the wind the petition of the wind the petition of the wind the petition of the wind the petition of the wind the petition of the wind the petition of the wind the petition of the wind the petition of the wind the petition of t	MSC0915412903	February 27, 2009	Febi	uary 27, 2009	1 of 1
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Permanent Residence or Adjust Status (Form I-485) and any supporting applications or petitions in home the holy refer from your will result in the Jord's of Your and Interference of 18 2 2bit/311 Who should come with you? If your eligibility is based on your marriage, your husband or wife triust prime, with you to the Interview. If your of not speak English fluently, you should bring an interpreter. Your attorney or authorized representative may come with you to the interview. If your deligibility is based on a perarriching relationship and the child as gurinois, the petitioning parent and the child must appear for the interview. WOTE: Every adult (over 18 years of app) who comes to the interview must plant government-sured photo identification, such as a driver's inceive of the Indigner. Wo you on need to long your children unless otherwise instructed Please be on time, but do not armive more than 45 minutes early. We may record or videotape your interview. YOU MUST BRING THE FOLLOWING TERNS WITH YOU. (Please use as a cheptilist to prepare for your interview) If his Interview Notice and your Government supplier principles added envelope (unless already submitted) A completed metical examination (Form 1-833) and vacaniston supplier principles added envelope (unless already submitted) Federal income Tax returns and W-2s, or certified IRS printouts; for the most robust tax year, Extension and the principles of the past 2 months, Extension and the principles and your petitioner's evidence of past against principles and your petitioner's evidence of your sponsors and/or co-posinor's brinted States Citizenship or Lawful Permanent Resident status. All documentation establishing your eligibility for Lawful Permanent Resident status. All provide brinted the principles and your petitioner's evidence of United States Citizenship or Lawful Permanent Resident Status. If you have children, bring a Brint Certificate or each of your children. If you have children, bring a Brint Certificate or each of your chi				i i i i i i i i i i i i i i i i i i i	'TOT CITTI SETTI EINS CRÈTI BETI KERI KIRI ETIETI ETI CITTI
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□ Byou do not speak English fluently, you should bring an interpreter. ─ Your droppidity is based on a parentichid relationship and the child is a guildo, the petrioning parent and the child must appear for the interview **NOTE Every adult (over 18 years of age) who comes to the interview must bring Government-ssued photo identification, such as a driver's license or ID card, more of the interview bring and to verify his/her identity at the time of the interview. You do not need to bring your children unless otherwise instructed Please be on time, but do not armive more than 45 minutes early. We may record or videolape your interview. ── This Interview Notice and your Government issued photo identification ── A completed medical examination (Form 1-663) and vaccination supplier/fiftyha sealed envelope (unless already submitted) ── A completed Afficiant(s) of Support (Form 1-663) and vaccination supplier/fiftyha sealed envelope (unless already submitted) ── A completed Afficiant(s) of Support (Form 1-663) and vaccination supplier/fiftyha sealed envelope (unless already submitted) ── A completed Afficiant(s) of Support (Form 1-663) and vaccination supplier/fiftyha sealed envelope (unless already submitted) ── A completed Afficiant(s) of Support (Form 1-663) and vaccination supplier/fiftyha sealed envelope (unless already submitted) ── A completed Afficiant(s) of Support (Form 1-663) and vaccination supplier/fiftyha sealed envelope (unless already submitted) ── A completed Afficiant(s) of Support (Form 1-663) and vaccination supplier/fiftyha sealed envelope (unless already submitted) ── A completed Afficiant(s) of Support (Form 1-663) and vaccination supplier/fiftyha sealed envelope (unless already submitted) ── A completed Afficiant(s) of Support (Form 1-663) with a fifty submitted of Afficiant (so Support (Form 1-664) with already submitted (so Support (Form 1-664) with a fifty submitted of Afficiant (so Support (Form 1-664) with a fiftyham submitted (so Support (Form 1-664) with a fiftyham submitte			. ,		
□ Your attorney or authoraced representative may come with you to the interview. ### WOTE Every adult (over 18 years of age) who comes to the interview must briting Government-issued photo identification, such as a driver's license or ID card, in order to enter the building and to verify insher identity is the time of the interview. You do not need to bring your children unless otherwise instructed. Please be on time, but do not arrive more than 45 minutes early. We may record or videotape your interview. ###################################	☐ If your eligibility is based on your life in the life is based on your life is based	our marriage, your husband or wife m	<u>list come wit</u>	h you to the interview	
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☐ Your spouse's Birth Certificate and your spouse's evidence of United States Citizenship or Lawful Permanent Resident status, ☐ If either you or your spouse were ever marned before, all divorce decrees/death certificates for each prior mamage/former spouse, ☐ Birth Certificates for ail crilloren or this mamage, and custody papers for your children and for your solding method your spouse of any documentation regarding joint assets or liabilities you and your spouse may have together. ☐ Supporting evidence of your relationship, such as copies of any documents (car, life, health), property documents (car, house, etc.), rental agreements, utility bills, credit cards, contracts, leases, photos, correspondence and/or any other documents you feel may substantiate your relationship. ☐ Original and copy of each supporting document that you submitted with your application. Otherwise, we may keep your originals for our records. ☐ If you have ever been arrested, bring the related Potice Report and the original or certified Final Court Disposition for each arrest, even if the charges have been dismissed or expunged. If no court record is available, bring a letter from the court with jurisdiction indicating this. ☐ A certified English translation for each foreign language document. The translator must certify that s/he is fluent in both languages, and that the translation in its entirety is complete and accurate. YOU MUST APPEAR FOR THIS INTERVIEW. If an emergency, such as your own illness or a close relative's hospitalization, prevents you from appearing, call the U.S. Citizenship and Immigration Services (USCIS) National Customer Service Center at 1-800-375-5283 as soon as possible. Please be advised that rescheduling will delay processing of application/petition, and may require some steps to be repeated. It may also affect your eligibility for other immigration benefits while this application, please call the USCIS National Customer Service Center at 1-800-375-5283 (hearing Impaired TDD service is 1-800-767-1833) PLE	☐ A certified copy of your M	amage Document issued by the appropr	nate civil autho	onty	
□ Birth Certificates for all children of this marriage, and custooy papers for your children and for your spouse is children not living with you, □ Supporting evidence of your relationship, such as copies of any documentation regarding joint assets or liabilities you and your spouse may have together. This may include tax returns, bank statements, insurance documents (car, life, health), property documents (car, house, etc.), rental agreements, utility bills, credit cards, contracts, leases, photos, correspondence and/or any other documents you feel may substantiate your relationship □ Original and copy of each supporting document that you submitted with your application. Otherwise, we may keep your originals for our records □ If you have ever been arrested, bring the related Police Report and the original or certified Final Court Disposition for each arrest, even if the charges have been dismissed or expunged. If no court record is available, bring a letter from the court with jurisdiction indicating this. □ A certified English translation for each foreign language document. The translator must certify that s/he is fluent in both languages, and that the translation in its entirely is complete and accurate. YOU MUST APPEAR FOR THIS INTERVIEW- If an emergency, such as your own illness or a close relative's hospitalization, prevents you from appearing, call the U.S. Citizenship and Immigration Services (USCIS) National Customer Service Center at 1-800-375-5283 as soon as possible. Please be advised that rescheduling will delay processing of application/petition, and may require some steps to be repeated. It may also affect your eligibility for other immigration benefits while this application is pending. If you have questions, please call the USCIS National Customer Service Center at 1-800-375-5283 (hearing Impaired TDD service is 1-800-767-1833). PLEASE COME TO. U.S. Critizenship and Immigration Services. ON Monday, Juty 27, 2009 AT. 09 00 AM.	☐ Your spouse's Birth Certification	ficate and your spouse's evidence of Unit	ted States Citi	zenship or Lawful Perman	
□ Supporting evidence of your relationship, such as copies of any documentation regarding joint assets or liabilities you and your spouse may have together This may include tax returns, bank statements, insurance documents (car, life, health), properly documents (car, house, etc.), rental agreements, utility bills, credit cards, contracts, leases, photos, correspondence and/or any other documents you feel may substantiate your relationship □ Original and copy of each supporting document that you submitted with your application. Otherwise, we may keep your originals for our records □ If you have ever been arrested, bring the related Police Report and the original or certified Final Court Disposition for each arrest, even if the charges have been dismissed or expunged. If no court record is available, bring a letter from the court with jurisdiction indicating this. □ A certified English translation for each foreign language document. The translator must certify that s/he is fluent in both languages, and that the translation in its entirety is complete and accurate. YOU MUST APPEAR FOR THIS INTERVIEW. If an emergency, such as your own illness or a close relative's hospitalization, prevents you from appearing, call the U.S. Citizenship and Immigration Services (USCIS) National Customer Service Center at 1-800-375-5283 as soon as possible. Please be advised that rescheduling will delay processing of application/petition, and may require some steps to be repeated. It may also affect your eligibility for other immigration benefits while this application is pending. If you have questions, please call the USCIS National Customer Service Center at 1-800-375-5283 (hearing Impaired TDD service is 1-800-767-1833). ON Monday, July 27, 2009 AT 09 00 AM					
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If you have ever been arrested, bring the related Police Report and the original or certified Final Court Disposition for each arrest, even if the charges have been dismissed or expunged. If no court record is available, bring a letter from the court with jurisdiction indicating this. A certified English translation for each foreign language document. The translator must certify that s/he is fluent in both languages, and that the translation in its entirety is complete and accurate. YOU MUST APPEAR FOR THIS INTERVIEW- If an emergency, such as your own illness or a close relative's hospitalization, prevents you from appearing, call the U.S. Citizenship and Immigration Services (USCIS) National Customer Service Center at 1-800-375-5283 as soon as possible. Please be advised that rescheduling will delay processing of application/petition, and may require some steps to be repeated. It may also affect your eligibility for other immigration benefits while this application is pending. If you have questions, please call the USCIS National Customer Service Center at 1-800-375-5283 (hearing impaired TDD service is 1-800-767-1833). PLEASE COME TO. U.S. Citizenship and Immigration Services. ON. Monday, July 27, 2009 AT. 09.00 AM.					
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U.S. Citizenship and Immigration Services (USCIS) National Customer Service Center at 1-800-375-5283 as soon as possible. Please be advised that rescheduling will delay processing of application/petition, and may require some steps to be repeated. It may also affect your eligibility for other immigration benefits while this application is pending. If you have questions, please call the USCIS National Customer Service Center at 1-800-375-5283 (hearing impaired TDD service is 1-800-767-1833). PLEASE COME TO U.S. Citizenship and immigration Services 711 STEWART AVENUE 2ND FLOOR SECTION 245			ansiawi most	ceruity triat sine is nitent ii	t bout languages, and that the translation
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PLEASE COME TO US Citizenship and Immigration Services 711 STEWART AVENUE 2ND FLOOR SECTION 245 ON Monday, July 27, 2009 AT 09 00 AM				ATE ENGA #	L. J.TRR J. J. J. MAN BAM 4000
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APPLICANT COPY





Additional Information

GENERAL

The filing of an application or petition does not in itself allow a person to enter the United States and does not confer any other right or benefit

Inquiries.

You should contact the office listed on the reverse side of this notice if you have questions about the notice, or questions about the status of your application or petition *We recommend* you call However, if you write us, please enclose a copy of this notice with your letter

APPROVAL OF NONIMMIGRANT PETITION.

Approval of a nonimmigrant petition means that the person for whom it was filed has been found eligible for the requested classification. If this notice indicated we are notifying a U.S. Consulate about the approval for the purpose of visa issuance, and you or the person you filed for have questions about visa issuance, please contact the appropriate U.S. Consulate directly

APPROVAL OF AN IMMIGRANT PETITION.

Approval of an immigrant petition does not convey any right or status. The approved petition simply establishes a basis upon which the person you filed for can apply for an immigrant or fiance(e) visa or for adjustment of status.

A person is not guaranteed issuance of a visa or a grant of adjustment simply because this petition is approved. Those processes look at additional criteria.

If this notice indicates we have approved the immigrant petition you filed, and have forwarded it to the Department of State Immigrant Visa Processing Center, that office will contact the person you filed the petition for directly with information about visa issuance

In addition to the information on the reverse of this notice, the instructions for the petition you filed provide additional information about processing after approval of the petition

For more information about whether a person who is already in the US can apply for adjustment of status, please see Form I-485, Application to Register Permanent Residence or Adjust Status



REQUEST FOR ARRIVANT TO A	DDE LO FOD HUTTA			Notice Date
REQUEST FOR APPLICANT TO A	PPEAR FOR INITIAL	L INTERVIEY		25-Jun-09
CASE TYPE FORM 1-485 APPLICATION TO RI	EGISTER PERMANE	NT RESIDE	 NCE OR ADJUST STATUS	A# A087413592
APPLICATION NUMBER MSC0915412903	RECEIVED DATE 02/27/2009		7/2009	PAGE 1 of 1
HAMILTON, TWINTIN C/O		PLEASE CO	METO US Citizenship and Imm	Ilgration Services
1146 ROGERS AVE			7/245/8/RM245 ON 7/27/2009	
BROOKLYN NY 11226			AT 9 00 00 AM	
□ Supporting evidence of your relationship such □ This may include tax returns bank statement bills credit cards contracts leases photos or □ Original and copy of each supporting docume □ If you have ever been arrested bring the relat been dismissed or expunged if no court recor □ A certified English translation for each foreign in its entirety iS complete and accurate YOU MUST APPEAR FOR THIS INTERVIEW If an U S Citizenship and Immigration Services (USCIS) is rescheduling will delay processing of application/petit benefits while this application is pending If you have questions please call the USCIS National	cations or petitions Failure to a (1) or husband or write must come to did hing an interpreter by come with you to the interview tronship and the child is a mino es to the interview must bring Gry at the time of the interview Y or We may record or videotape of YOU (Please use as a check used photo identification and vaccination supplement in the youth all required evidence indicated in the certified IRS printouts for the certified IRS printouts for the region of the certified IRS printouts for the region of the certified IRS printouts for the region of the programment resident is sued to you including any Emplitates including Passports Advioner's evidence of United State each of your children didition to your spouse coming in takes including Passports and the original process of any documentation in as copies of any documentation in as copies of any documentation in as copies of any documentation in that you submitted with your ed Police Report and the origin of singulage document. The transfer of the programment of the pro	with you to the interview with you to the interview or the pedboning party of the pedboning party of the pedboning party of the pedboning party of the pedboning the following past 3 years programment Authorization the interview with a to the interview with a to the interview with a to the interview with a to the interview with a to the interview with a to the interview with a to the interview with a to the interview with a to the interview with a to the interview with a to the interview with a to the interview with a to the interview with a to the interview with an or certified Final and the court with jurication of the interview with an or certified Final and the court with jurication must certify the interview of the pedboning with the court with jurication must certify the interview of the pedboning with the pedboni	reew and/or failure to bring the below listed the price of the intervent and the child must appear for the intervent and the child must appear for the intervent photo identification such as a driver's license or such identification such as a driver's license or pour children unless otherwise instructer out interview) I clinices already submitted) I droeach of your sponsors (unless already such Resident status I on Document (EAD) and any Authorization for license (E-512) and I-94s (Amival/Departure Documents (E-512) and I-94s (Amival/Departure Documents (Permanent Resident Status In your bring I would bring I would bring with your spouse or your spouse schildren not living with your seases or liabilities you and your spouse may he documents (car house etc.) rental agreement and substantiate your relationship wise we may keep your originals for our record Court Disposition for each arrest, even if the seat sine is fluent in both languages, and that the lative's hospitalization prevents you from app 283 as soon as possible. Please be advised to it may also affect your eligibility for other imministration.	erns will result erns will result erns will result or ID card in d Please be submitted) or Advance cument) have together ents ublity ds charges have the translation bearing call the nat igration
SNAP Information ASC_Code X	NI	`	ASC_Name USCIS BROOKLY	'n
Appointment Date 3/		<u>, -</u>	FP Blo Code 3	<u>.</u>
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MSC-09-154-12905

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MSC-09-154-12905

I-130

MSC-09-154-12905 02/27/2009

VINCENT MACK 1146 ROGERS AVE BROOKLYN, NY 11226

VINCENT MACK 1146 ROGERS AVE BROOKLYN, NY 11226

VINCENT MACK 1146 ROGERS AVE BROOKLYN, NY 11226

TWINT'N HAMILTON
1146 ROGERS AVE
BROOKLYN, NY 11226 US
DOB 11/20/1955 Petitioner DOB 06/25/1967
Nat SSN 250-19-4024



FEB 2 7 2009
OMB #1615-0012 Expires 11/30/07
130, Petition for Alien Relative

	300, 100, 101, 100, 101, 100, 100, 100,
A#AV - 1016 - 00	CK - EOD LISCUS UPPLICE UNIT A
Action Stamp	I-130 V
Section of Law/Visa Category 201(b) Spouse IR I/CR I U.S. Department of Homeland Secu	
201(b) Child IR 2/CR 2	★ IEEE FORMUMERITAIN PERIOR PRODUCTION TO A STATE OF THE PRODUCTION AND A STATE OF THE PRODU
201(b) Parent IR-5	MSC-09-154-12905 02/27/2009
203(a)(1) Unim S or D - F1 I AUG 1 20009	Petition was filed on (priority date)
203(a)(2)(A) Child F2 2	Personal interview Proviously Forwarded
203(a)(2)(B) Unm S or D F2-4 000678	Pet Ben. "A" File Reviewed 1-485 Filed Simultaneously
203(a)(3) Married S or D F3 t	Field Investigation 204(g) Resolved 203(a)(2)(A) Resolved 203(g) Resolved
	203(a)(2)(A) Resolved 203(g) Resolved 53
A. Relationship You are the petitioner Your relative is the b	conditionary (b)(G)
1 I am filing this petition for my Limitend/Wife Parent Brother/Sister Child	hrough adoption
B. Information about you	C. Information about your relative
1 Name (Family name in CAPS) (First) (Middle)	1 Name (Family name in CAPS) (First) (Middle)
MACK VINCENT	HAMILTON TWINTIN
2 Address (Number and Street) (Apt No.)	2.Address (Number and Street) A (Apt No. h
1146 ROGERS AUE	1146 ROGERS AUE
(Town or City) (State/Country) (Zip/Postal Code)	(Town or City) (State/Country) (Zip/Postal Code)
Brooklyn by. 11226	BRooklyn Ny. 11226
3 Place of Birth (Town or City) (State/Country)	3 Place of Birth (Town or City) (State/Country)
BEAUFORT S.C	POINT FORTIN TRINDER
4 Date of Birth 5 Gender 6 Marital Status	4 Date of Birth 5 Gender 6 Marital Status Trus
Male Married Single	Male Married Similar II/20/55 Female Widowed Discord
7 Other Names Used (including maiden name)	7 Other Names Used (including maiden name)
TOTAL NAMES OSCI (Including mark)	Grant Wants over (including maters many)
8 Date and Place of Present Marriage (if married)	8 Date and Place of Present Marriage (if married)
	08/27/08 Municipal Building BRook Ex
9 U.S Social Security (if any) 10 Alien Registration Number	9 U.S. Social Security (if anv) 10 Alien Registration Number
250-19-4024 -	
11 Name(s) of Prior Husband(s)/Wive(s) 12 Date(s) Marriage(s) Ended	11 Name(s) of Prior Husband(s)/Wive(s) 12 Date(s) Marriage(s) Ended
	· 120÷
13 If you are a U.S. citizen, complete the following	.Js? Yes No
My citizenship was acquired through (check one)	14 If your relative is currently in the U.S., complete the following He or she arrived as a
Birth in the U S Naturalization Give certificate number and date and place of issuance	(visitor student stowaway without inspection, etc.)
	Arrival/Departure Record (194) Date arrived
Parents Have you obtained a certificate of citizenship in your own name?	11 18 8 17 18 14 18 13 13 11 10 12/2//2003
Yes Give certificate number date and place of issuance No	Date authorized stay expired or will expire, as shown on Form I-94 or I-95
14 If you are a lawful permanent resident alien, complete the following	15 Name and address of present employer (if any)
Date and place of admission for or adjustment to lawful permanent	
residence and class of admission	Date this employment began
1,	16 Has your relative ever been under immigration proceedings?
14b Did you gain permanent resident status through marriage to a	Yes Where When
U.S citizen or lawful permanent resident? Yes No	Removal Exclusion/Deportation Rescission Judicial Proceedings
INITIAL RECEIPT RESUBMITTED RELOCATED Rec d	
ATTITUTE TO A COLUMN AND A COLU	Sent COMPLETED Appv'd Denied Ret d
ITTIO INTINITATIITE FILEE BELIT FELLING ET TRUM 1911 1914 1915 17 TIM ITTI ET NOT INTINITA ET SITTI INTI	1 (10/06/10 A2N) ACT-1 HITO !

	your alien relative (con-	tinued)			
17 List hestund/wife and all (Name)	children of your relative	(Relationship)	(Date of Birth)	(Country of Birth)
TUTNITTN	Hamilton	• • • • • • • • • • • • • • • • • • • •	,	, -	,
KELWYN	Hamilton SINNETTE	STep-Son	10/22/1990	TRINI	DHO
			<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	tes where your relative intends to			3	
(Street Address)	_ 2/	(Town or Cu		(State)	
1146 ROSERS			5K19N	<u> </u>	
	oroad (Include street, city, province	• /			Number (if any)
	Fauny U				NIDAO
	phabet is other than Roman lette	ers, write his or her nam reet, city, province and co		he native alphabet	
(Name)	- Addiess (include su	reet, erty, province and ec	outury)		
21 If filing for your husband	/wife, give last address at which y	von inved together (Incl	nde street city province i	Capy and country)	
1 0	Λ	-	-	From	To
1146 Kogers	HUR Brook 1 below if your relative is in the U			1/20/07	PRESENT
Garden Cit		If your relative is not elig visa abroad at the Americ (City)	tible for adjustment of statu an consular post in	is, he or she will app	ly for a
	eceptance is at the discretion of the			es not guarantee acc	epiance ioi
D. Other information					
1 If separate petitions are also	o being submitted for other relati	ives, give names of each	and relationship		
2 Have you ever before file If 'Yes' give name place and d	ed a petition for this or any off late of filing and result	her alien? Yes	No	· <u>·</u>	
WARNING USCIS investigat relationships are falsified to obt	tes claimed relationships and verification visas	es the validity of docume	nts USCIS seeks criminal	prosecutions when	àmıly
purpose of evading any provision	y be imprisoned for not more than on of the immigration laws. In add ying or concealing a material fact o	lition, you may be fined u	p to \$10,000 and imprison	ed for up to five year	ct for the s, or both for (b)(
YOUR CERTIFICATION I Furthermore, I authorize the rel for the benefit that I am seeking	certify under penalty of perjury unlease of any information from my reg	nder the laws of the Unite ecords that the US Citiz	d States of America, that the enship and Immigration Se	ne foregoing is true a rvices needs to deter	nd correct mine eligiblity
	ner. Hanulan preparing this form, if o		770770	one Nur	
	document at the request of the person	•		hich I have any knov	/ledge
Print Name		Signature		کے Date	^ *
Address	-	G-28 ID or	VOLAG Number, if any	<u>C_</u>	-
		"		Form 1 130 (Re	v 07/30/07)Y Page 2

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Department of Homeland Security U S Citizenship and Immigration Services

G-325A, Biographic Information

Camala Mamol	(First Name)	(Middle Name)	Male	Date of Birth	Cruzenship/Nationality	y File Number
(Family Name)	(Dat I marky)		Female	(mm/dd/yyyy)		
MACK All Other Names Used (include	VINCENT		City and Country	06-25 1967		A D 87 H Social Security
·	• •				USA	0 19_40
	NONE		BAUFORT	South	ARBUNA 145	<u> </u>
Current Husband or Wife (If n Family Name (For wife give i		First Name	Date of Birth (mm/dd/yyyy)	City and Country	of Birth Date of Man	riage Place of
			- {	ł		
MAMILTON+	MACK	TIMINTUN	11 70 19:	25 TRIN	10AD 08 27-20	W3 NEW
This form is submitted in conv	nection with an applica	tion for	Signature of	Applicant		Da
This form is submitted in conf	nection with an applicat		Signature of	Applicant		D _i
Naturalization	Other (Specif		Signature of	Applicant		Di C)
Naturalization Status as Permanent Resu	Other (Specified	fy)	with the same of t	ne_		D
Naturalization	Other (Specified	fy)	with the same of t	ne_		D
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Naturalization Status as Permanent Resu	Other (Special other) Other than Roman letters,	fy) , write your name in your	nature alphabet by	ne slow	concealing a mate	81
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Naturalization Status as Permanent Resulf your native alphabet is in of Penalties Severe penal Applicant. Print you	Other (Specification) ther than Roman letters, these are provided or name and Alien Name)	fy) write your name in your by law for knowing Registration Num	native alphabet be	lly falsifying or	avy border below (Alien	Da Solution Market Negistration Market No. 187 1413

Instructions

What Is the Purpose of This Form?

Complete this biographical information form and include it with the application or petition you are submitting to U \$ Citizenship and Immigration Services (USCIS)

USCIS will use the information you provide on this form to process your application or petition

If you have any questions on how to complete the form, call our National Customer Service Center at 1-800-375-5283

Privacy Act Notice

We ask for the information on this form, and associated evidence, to determine if you have established eligibility for the immigration benefit for which you are filing. Our legal right to ask for this information can be found in the Immigration and Nationality Act, as amended. We may provide this information to other government agencies. Failure to provide this information, and any requested evidence, may delay a final decision or result in denial of your immigration benefit.

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 15 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 Products Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0008. Do not mail your application to this address.

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B 2008-2

THE CITY OF NEW YORK OFFICE OF THE CITY CLERK MARRIAGE LICENSE BUREAU

License Number

B-2008-8172

Certificate of Marriage Registration

This Is To Certify That VINCENT CLEON MACK

residing at

90 18 210TH STREET QUEENS VILLAGE NY 11428 United States

born on

06/25/1967

BEAUFORT South Carolina United States

and

TWINTIN HAMILTON

residing at

1146 ROGERS AVENUE BROOKLYN, NY 11226 United States

born on

11/20/1955

POINT FORTIN Trinidad and Tobago

Were Married

08/27/2008

on

By MARIE LENNON

at

The Office of the City Clerk

210 Joralemon Street

Brooklyn NY 11201

United States

MIL

as shown by the duly registered license and certificate of marriage of said persons on file in this office

CERTIFIED THIS DATE AT THE CITY CLERK'S OFFICE

NY

August 27

08 20

PLEASE NOTE Facsimile Signature

and seal are printed pursuant to Section 11-A Domestic

Relations Law of New York

Hector L Diaz City Clerk of the City of New York

CET-F

831_576

B Date 07/04/09 Page 1 Telephone Number 718 462 2352 Account 718 462 2352 437 22 6

TWINTIN HAMILTON

Account Summary

Previous Charges	\$90	60
Payment Received Jul 2 Thank You	- 87	00
Past Due Charges	\$3	60
New Charges		
Voice Services	29	78
Taxes Fees & Other Charges	13	94
Total New Charges Due Jul 29	\$43	72
Total Due	\$47	32

These monthly charges are for your service from July 04 to August 03



Talk Endlessly Without Time Limit

Verizon Freedom Essentials lets you keep in touch with unlimited calling across the U.S. and Canada. You also get Home Voice Mail. Caller ID & Call Waiting for only \$44.99 a month Call 1-888-240-8917 to sign up today. Subject to taxes. fees & terms.

1-866-VZ-MOVES

Moving? 1-866-VZ-MOVES

One call gets you up & running!
Count on the Venzon network to make
at least one part of your move easier
Across the street or across the nation
all you need is one call to Venzon to
set up your Internet phone & digital
TV in your new home in no time
Service availability varies



Get More, Save More Let Us Help

At Venzon we want to make sure you're getting the best services at the best value—from phone and Internet to TV and money-saving bundles—Call 1 888-652-8111 today, and together we'll evaluate your current services, and find ways to save you even more

Questions about your bill?

Visit verizon com or call 1-800-VERIZON (1 800-837 4966)

▼ Detach & return remit stip with your payment to Verizon

veri<u>zon</u>

Account 718 462 2352 437 22 6

New Charges Due Jul 29, 2009

Total Due \$47 32

070409

Amount Paid

00000220 01 AB 0 360 08500134 0004 XX
HAMILTON TWINTIN
VINCENT MACK
1146 ROGERS AVE FL 2
BROOKLYN NY 11226-7108

VERIZON PO BOX 1100 ALBANY NY 12250-0001

lanfladalahlalallarllanllandlarallahl



How to Reach Us

Visit verzon com 24 hours a day or call 1-800-VERIZON (1-800-837-4966)

Enter your ten digit number 718 462-2352. Use 437 if asked for three digits following your account number

Billing Questions and Bill Balance	say "Billing" or press 1
Amount of Payment Due or Payment Arrangements	- say "Payments" or press 1
24 Hour Repair or Technical Support	- say "Repair and Tech Support" or press 2
To Order New Products	- say "New Products" or press 3
For Pending Orders	- say "Order Status" or press 4
Centro Hispano de Verizon	verizon com/espanol or Llamada gratis en NY 890-2005
Customers with Disabilities	1-800-974-6006 v/ttv

Account Information

Bill Cycle Dates

Except for months when new services are added or dropped, your bill contains charges for one month of service. The bill cycle date (i.e. the billing period start and end date) often varies by service. As a result, when you add or drop a service, the partial month charges will be based on the specific bill cycle start and end date.

Heturned Payments

If your payment is returned for any reason we will resubmit it electronically. A charge may apply for each payment returned

Credit Reporting

We furnish our customers' bill payment information to the major credit reporting agencies in accordance with the Fair Credit Reporting Act

Correspondence Address Only PO Box 9002 Annapolis MD 21401-9002

Payment by Check

When you pay by check you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process this transaction as a check. 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 and you will not receive your check back from your institution. If you wish to be excluded from the electronic fund transfer process, please call 1-888-500-5358.

Consumer Information

For important consumer information see the Customer Info Guide in your Verizon white pages directory

Payment Address

PO Box 1100 Albany NY 12250-0001

Late Payment Charges

For balances over \$5 the charge is the greater of \$5 or 1 5% Balances of \$5 or less is 1 5%. To avoid this charge payments must be received by your next billing date. FIOS TV and basic service are assessed a charge when they are 60 days past due.

Service Providers

Verizon NY provides local regional calling and other voice services, unless otherwise indicated FiOS is a registered mark of Verizon Trademark Services LLC.

Automatic Bill Payment Enrollment for Account	718 462 2352 437 22 6
	and instruct your financial institution to deduct the amount of your directly to Verizon. This also enrolls you in Paperless billing. To
1 Check box 2 Sign here	3 Put date here
4 Print email address here	
Go Green! Go Paperless Billing! Pay Electi	

July 15, 2009

To Whom It May Concern

This is to certify that as of July 15, 2009 our records show the following account information

Account Title

Twintin Hamilton / Vincent Mack

1146 Rogers Ave

Brooklyn, NY 11226

Account Numbers

0984048192

Customer Since

07/28/2004

Current Balance

\$1,225 09

If you need further assistance or have additional questions, please contact our Customer Contact center at 1-800-788-7000

Sincerely

Keith March

Washington Mutual Bank

----2009, by

State of New York

County of Kings

Subscribed and sworn to before me on this

(Notary Public)

Notary Public State of New York Christopher Telman

Commission Expires 07/17/2019

LEASE AGREEMENT

The Landlord and Tenant agree to lease the Apartment at the Rent and for the Term stated on these terms:

LANDLORD: Erica Allard

Address for Notices 1146 haper's Averue

Brook ign NY 11226

Apartment (and terrace, if any) 2 Flourat 1146 haper's Averue

Apartment (and terrace, if any) 2 Flourat 1146 haper's Averue

TENANT: VINCENT MACK Twintin Ham: Itan 1146 Rogers Ave Brooklyn N7 11226 > Avenue

\$ 10,200 \$ 850,00 Term 2 UR OV 3 beginning JOOU OV 4 1 Yearly Rent Lease date: 20 08 2008 1 GUMORA 1 Monthly Rent \$ 850 00 ending ゴロタンレロメン 20 10 Security

Rider Additional terms on page(s) initialed at the end by the parties is attached and made a part of this Lease

Use

The Apartment must be used only as a private Apartment to live in and for no other reason. Only a party signing this Lease and the spouse and children of that party may use the Apartment

Failure to give possession

Landlord shall not be liable for failure to give Tenant possession of the Apartment on the beginning date of the Term Rent shall have been shall then be payable as of the date be payable as of the beginning of the Term unless Landlord is usuble to give possession. Rent shall then be payable as of the date possession is available. Landlord will notify Tenant as to the date possession is available. The ending date of the Term will not change

Rent, added rent

The rent payment for each month must be paid on the first day of that month at Landlord's address. Landlord need not give notice to pay the rent. Rent must be paid in full and no amount subtracted from it. The first month's rent is to be paid when Tenant signs this Lease Tenant may be required to pay other charges to Landlord under the terms of this Lease. They are to be called "added rent." This added rent is payable as rent, together with the next monthly rent due. If Tenant fails to pay the added rent as payable as rent, together with the next monthly rent due. If Tenant fails to pay the added rent is payable against Tenant as if Tenant failed to pay rent. Payment of rent in installments is for Tenant's convenience only. If Tenant defaults, Leadlord may give notice to Tenant that Tenant are leased to the payable. venience only If Tenant defaults, Landlord may give notice to Tenant that Tenant may no longer pay rent in installments. The entire rent for the remaining part of the Term will then be due and payable

Security

Tenant has given Security to Landlord in the amount stated above. If Tenant fully complies with all of the terms of this Lease, Landlord will return the Security after the Term ends If Tenant does not fully comply with the terms of this Lease, Landlord may use the Security to pay amounts owed by Tenant, including damages If Landlord sells or leases the Building, Landlord may give the Security to the buyer or lessee Tenant will look only to the buyer or lessee for the return of the Security

Services Landlord will supply (a) heat as required by law, and (b) hot and cold water for bathroom and kitchen sink Stopping or reducing of service(s) will not be reason for Tenant to stop paying rent, to make a money claim or to claim eviction. Damage to the equipment or appliances supplied by Landlord caused by Tenant's act or neglect, may be repaired by Landlord at Tenant's expense. The repair cost will be added rent

Tenant must pay for all electric, gas, telephone, water, sewerage and other utility services used in the Apartment and arrange

for them with the public utility company

Landlord may stop service of the plumbing, heating, elevator, air cooling or electrical systems, because of accident, emergency, repairs, or changes until the work is complete. If unable to supply any service because of labor trouble, Government order, lack of fuel supply or other cause not controlled by Landlord Landlord is excused from supplying that service Service shall resume when Landlord is able to supply it

Repairs

Tenant must take good care of the Apartment and all equipment and fixtures in it Tenant must, at Tenant's cost, make all repairs and replacements whenever the need results from Tenant's act or neglect. If Tenant fails to make a needed repair or replacement, Landlord may do it Landlord's expense will be added rent

Tenant must obtain Landlord's prior written consent to install any panelling, flooring, "built in" decorations, partitions, railings or make alterations or to paint or wallpaper the apartment. Tenant must not change the plumbing, ventilating, air conditioning, electric or heating systems. If consent is given, the alterations and installations shall become the property of Landlord when completed and paid for, and shall remain with and as part of the Apartment at the end of the Term. Landlord has the right to demand that Tenant remove the alterations and installations before the end of the Term. It and of the Term. It and of the Term It and of the Term It and of the Term. before the end of the Term Landlord is not required to do or pay for any work unless stated in this Lease

Fire, accident, defects, damage

Tenant must give Landlord prompt notice of fire, accident, damage or dangerous or defective condition. If the Apartment can not be used because of fire or other casualty, Tenant is not required to pay rent for the time the Apartment is unusable. If part of the Apartment cannot be used, Tenant must pay rent for the usable part. Landlord shall have the right to decide which part of the Apartment is usable Landlord need only repair the damaged structural parts of the Apartment Landlord is not required to repair or replace any equipment, fixtures, furnishings or decorations unless originally installed by Landlord Landlord is not responsible for delays due to settling insurance claims, obtaining estimates, labor and supply problems or any other cause not fully under Landlord's control

If the fire or other casualty is caused by an act or neglect of Tenant or guest of Tenant, or at the time of the fire or casualty Tenant is in default in any term of this Lease, then all repairs will be made at Tenant's expense and Tenant must pay the full rent with no adjustment. The cost of the repairs will be added rent

Landlord has the right to demolish or rebuild the Building if there is substantial damage by fire or other casualty. Even if the Apartment is not damaged, Landlord may cancer this Lease within 30 days after the fire or casualty by giving Tenant notice of Landlord's intention to demolish or rebuild. The Lease will end 30 days after Landlord's cancellation notice to Tenant. Tenant must deliver the Apartment to Landlord on or before the cancellation date in the notice and pay all rent due to the date of the fire or casualty If the Lease is cancelled Landlord is not required to repair the Apartment or Building

Liability

Landlord is not liable for loss, expense, or damage to any person or property, unless due to Landlord's negligence Tenant must pay for damages suffered and money spent by Landlord relating to any claim arising from any act or neglect of Tenant Tenant is responsible for all acts of Tenant's family, employees, guests or invitees

10. Landlord may enter

Landlord may at reasonable times, enter the Apartment to examine, to make repairs or alterations, and to show it to possible buyers, lenders or tenants

11. Assignment and sublease

Tenant must not assign this Lease or sublet all or part of the Apartment or permit any other person to use the Apartment If Tenant does, Landlord has the right to cancel the Lease as stated in the Default section

12. Subordination

This Lease and Tenant's rights, are subject and subordinate to all present and future (a) leases for the Building or the land on which it stands, (b) mortgages on the leases or the Building or land, (c) agreements securing money paid or to be paid by a lender, and (d) terms, conditions, renewals, changes of any kind and extensions of the mortgages or leases or Lender agreements. Tenant must promptly execute any certificate(s) that Landlord requests to show that this Lease is so subject and subordinate Tenant authorizes Landlord to sign these certificate(s) for Tenant

13. Condemnation

If all of the Apartment or Building is taken or condemned by a legal authority, the Term, and Tenant's rights shall end as of the date the authority takes title to the Apartment or Building. If any part of the Apartment or Building is taken, Landlord may cancel

this Lease on notice to Tenant. The notice stall set a cancellation date not less that 30 day from the date of the notice. If the Lease is cancelled, Tenant must deliver the Aparent to Landlord on the cancellation date togeth, with all rent due to that date. The entire award for any taking belongs to Landlord Tenant gives Landlord any interest Tenant may have to any part of the award Tenant shall make no claim for the value of the remaining part of the Term

14. Tenant's duty to obey laws and regulations

Tenant must, at Tenant's expense, promptly comply with all laws, orders, rules, requests, and directions, of all governmental authorities, Landlord's insurers, Board of Fire Underwriters, or similar groups. Tenant may not do anything which may increase Landlord's insurance premiums. If Tenant does, Tenant must pay the increase as added rent.

15 Tenant's defaults and Landlord's remedies

A Landlord may give 5 days written notice to Tenant to correct any of the following defaults

Failure to pay rent or added rent on time

Improper assignment of the Lease, improper subletting all or part of the Apartment

Improper conduct by Tenant or other occupant of the Apartment

Failure to fully perform any other term in the Lease

B If Tenant fails to correct the defaults in section A within the 5 days, Landlord may cancel the Lease by giving Tenant a written 3 day notice stating the date the Term will end. On that date the Term and Tenant's rights in this Lease automatically end and Tenant must leave the Apartment and give Landlord the keys Tenant continues to be responsible for rent, expenses, damages and losses

C If the Lease is cancelled, or rent or added rent is not paid on time, or Tenant vacates the Apartment, Landlord may in addition to other remedies take any of the following steps

 Use dispossess, eviction or other lawsuit method to take back the Apartment, and
 To the extent permitted by law, enter the Apartment and remove Tenant and any person or property
 If the Lease is ended or Landlord takes back the Apartment, rent and added cent for the unexpired Term becomes due and payable Landlord may re-rent the Apartment and any thing in it for any Term Landlord may re-rent for a lower rent and give allowances to the new Tenant Tenant shall be responsible for Landlord's cost of re-renting Landlord's cost shall include the cost of repairs, decorations, broker's fees, attorney's fees, advertising and preparation for renting Tenant shall continue to be responsible for rent, expenses, damages and losses. Any rent received from the re-renting shall be applied to the reduction of money Tenant owes Tenant waives all rights to return to the Apartment after possession is given to the Landlord by a Court

16. Warver of jury, counterclaim, setoff

Landlord and Tenant waive trial by a jury in any matter which comes up between the parties under or because of this Lease (except for a personal injury or property damage claim) In a proceeding to get possession of the Apartment, Tenant shall not have the right to make a counterclaim or setoff

17 Notices

Any bill, statement or notice must be in writing. If to Tenant, it must be delivered or mailed to the Tenant at the Apartment. If to Landlord it must be mailed to Landlord's address. It will be considered delivered on the day mailed or if not mailed, when left at the proper address. A notice must be sent by certified mail. Landlord must send a written notice to Tenant if Landlord's address is changed 18 No waiver, illegality

Landlord's acceptance of rent or failure to enforce any term in this Lease is not a waiver of any of Landlord's rights. If a term in this Lease is illegal, the rest of this lease remains in full force.

19. Bankruptcy, insolvency

If (1) Tenant assigns property for the benefit of creditors (2) Tenant files a voluntary petition or an involuntary petition is filed against Tenant under any bankruptcy or insolvency law, or (3) a trustee or receiver of Tenant or Tenant's property is appointed, Landlord may give Tenant 30 days notice of cancellation of the Term of this Lease. If any of the above is not fully dismissed within the 30 days, the Term shall end as of the date stated in the notice. Tenant must continue to pay rent, damages, losses and expenses without offset

20. Rules

Tenant must comply with Landford's Rules. Notice of Rules will be posted or given to Tenant I andford need not enforce Rules. against other Tenants Landlord is not liable to Tenant if another tenant violates the Rules Tenant receives no rights under the Rules

21. Representations

Tenant has read this Lease All promises made by the Landlord are in this Lease. There are no others

If due to labor trouble, government order, lack of supply, Tenant's act or neglect, or any other cause not fully within Landlord's reasonable control Landlord is delayed or unable to (a) carry out any of the Landlord's promises or agreements, (b) supply any service to be supplied, (c) make any required repair or change in the Apartment or Building, or (d) supply any equipment or appliances, this Lease shall not be ended or Tenant's obligations affected

23 End of term

At the end of the Term, Tenant must leave the Apartment clean and in good condition, subject to ordinary wear and tear, remove all of Tenant's property and all Tenant's installations and decorations, repair all damages to the Apartment and Building caused by moving, and restore the Apartment to its condition at the beginning of the Term

Tenant has inspected the Apartment and Building Tenant states they are in good order and repair and takes the Apartment "as is "

25. Quiet enjoyment and habitability

Subject to the terms of this Lease, as long as Tenant is not in default Tenant may peaceably and quietly have, hold, and enjoy the Apartment for the Term Landlord states that the Apartment and Building are fit for human living and there is no condition dangerous to health, life or safety

Landlord's consent

If Tenant requires Landlord's consent to any act and such consent is not given, Tenant's only right is to ask the Court to force Landlord to give consent. Tenant agrees not to make any claim against Landlord for money or subtract any sum from the rent because such consent was not given

27. Legal fees

The successful party in a legal action or proceeding between Landlord and Tenant for non-payment of rent or recovery of possession of the Apartment may recover reasonable legal fees and costs from the other party 28. Lease binding on

This Lease is binding on Landlord and Tenant and those that lawfully succeed to their rights or take their place

29. Landlord

Landlord means the owner, or the lessee of the Building, or a lender in possession. Landlord's obligations end when Landlord's interest in the Building is transferred. Any acts Landlord may do may be performed by Landlord's agent or employees

30. Paragraph headings

The Paragraph headings are for convenience only

30. Paragraph headings

31. Changes This Lease may be changed only by an agreement in writing signed by and delivered to each party

This Lease is effective when Landlord delivers to Tenant a copy signed by all parties 32. Effective date

Signatures Landlord and Tenant have signed this Lease as of the date at the top

LANDLORD:

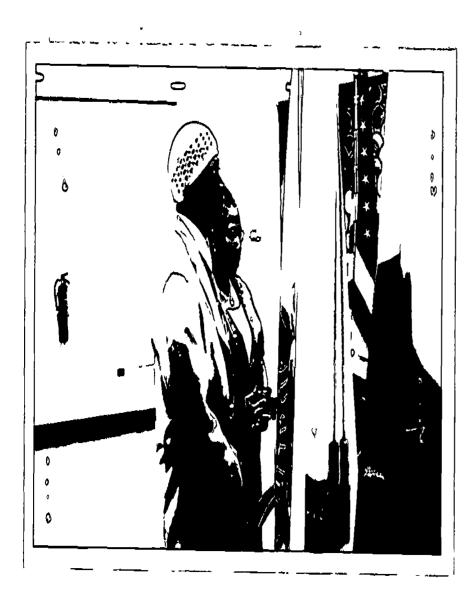
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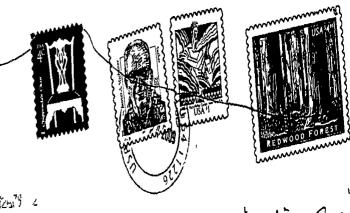
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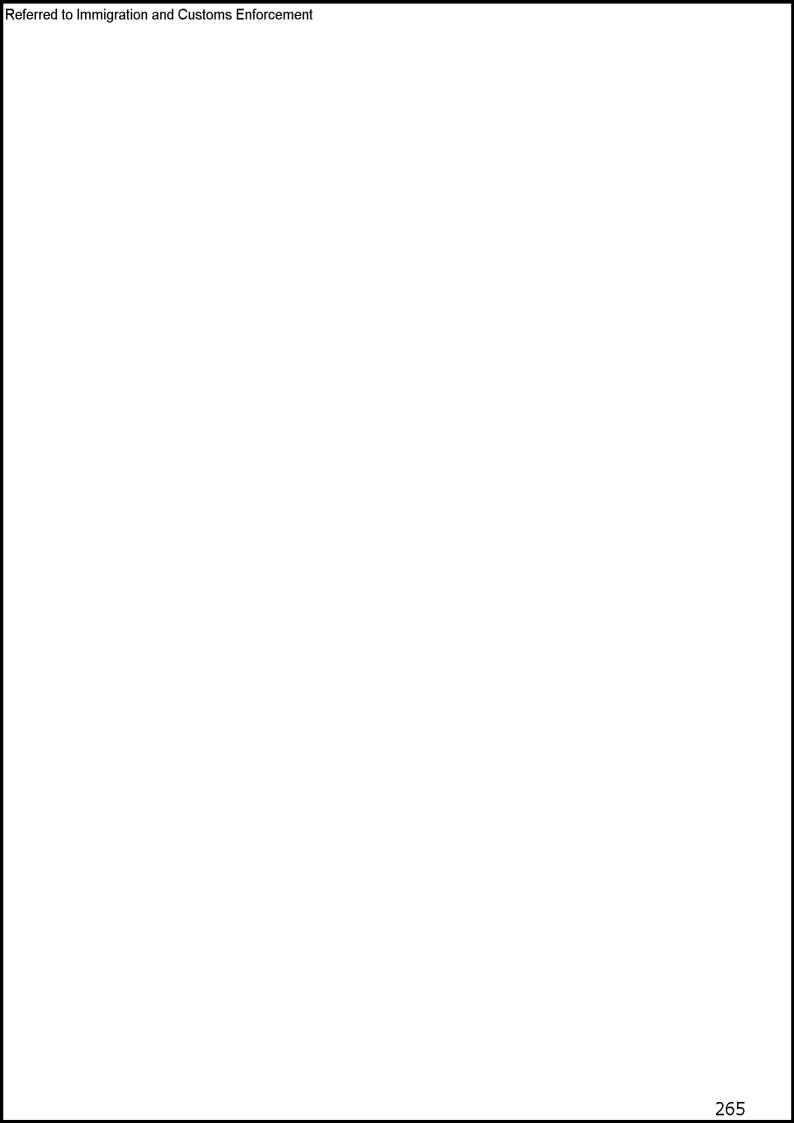
US BUREAU OF CITIZENSHIP and Immorration Services

P.O. Box 805887

Chicago, il 60680-4120

National Customer Service Center: 1-800-375-5283





CIMDTL DEPARTMENT OF HOMELAND SECURITY - USCIS 06/17/16
COMMAND CENTRAL INDESYSTEM - PERSONAL DESCRIPTION DISPLAY 14 21 28

A# 087413592 NAME HAMILTON

.TWINTIN

DOB 11201955

LAST HAMILTON

FIRST TWINTIN

MIDDLE ALIASES NATZ DATE

CONSOLIDATED A-NOS -- OTHER INFORMATION--

COURT LOCATION

POE NYC COB TRINI DOE 08212009

SEX F COC TRINI DFO 03072009 FATHER LAWRENCE

COA TR6 (COND SPOUSE OF USC-DENIED

) MOTHER AGNES

EADS-X CARD-X

SSN

I-94 ADM #

PASSPORT#

FBI#

DRIVER LIC

FINGER CD#

IDENT FIN

OVER-KEY A# TO DISPLAY NEW PERSON PRESS ENTER CLEAR EXIT PF1 NEXT CONS A#

PF2 PRIOR CONS A# PF4 RETURN PF5 HELP PF6 MAIN MENU PF8 HISTORY

(b)(7)(e)

14 21 TECS II - PERSON SUBJECT QUERY 0617<u>16</u> T2MRE9 TID= 756D **T2PRE968** NAME-LAST HAMILTON (?) FIRST TWINTIN Mi INCLUDE NICKNAME SOUNDEX DATE OF BIRTH- (START) 11201955 -(STOP) STC NCIC QUERY N PASSPORT NBR (?) CNTRY **AFN RCPT** AFN (?) MISC NBR (?) DRIVER'S LIC (?) STATE CNTRY SSN PILOT'S LIC (?) CNTRY ATF PROFILE CASE NBR (?) CRIMINAL AFFIL PHONE FINANCIAL ACCOUNT (?)INTL PREFX (?) ALT COMMUNICATION

LIMIT RESULTS BY RACE SEX CTZN OTTS TYPE ADDRESS-STATE CNTRY ALSO QUERY (ENTER 'X' TO SELECT AND STATE ID AS INDICATED) NON-SUSPECTS N NLETS-STATE(S) CTTP

CROSSINGS SCNDRY INSP INCIDENT LOGS ARCHIVED RECS

FINANCIALS- CTR FBA CSN CMIR QUERY RCN LIMIT TO AGENCY/SUB-AGENCY (ASA) TECS RECORD ID NO MATCH FOUND

(F1/F2=HELP)(F3=MAIN MENU)(F4=PREV MENU)(F9=ADDRESS QUERY)(F11=QUERY REASON)

NCXDTL1

IMMIGRATION AND NATURALIZATION SERVICE FBI NAME CHECK RESPONSE

06/17/2016

SEARCH CRITERIA

CIDN A087413592 ORI USINSO000

A-NUMBER 087413592

NAME (L/F) HAMILTON

TWINTIN

DATE OF BIRTH 11/20/1955 NC REQUEST SENT 03/09/2009 PLACE OF BIRTH TRIN

FBI RESPONSE DESC

(b)(7)(e)

DATE PROCESSED BY Fat US/12/2009

DATE/TIME LOADED AT INS 03/17/2009 15 01 52

FBI NAME HAMILTON, TWINTIN FBI DATE OF BIRTH 11/20/1955

PF6 PF8

PRIOR SCREEN LOGOFF

SEARCH CRITERIA ANUM = 087-413-592

CIDN

A087413592

ORI (SC) VTINSWANZ (LOC) NYINSNY00

A-NUMBER

087-413-592 FORM# 1751

NAME (L/F/M) HAMILTON

TWINTIN

DATE OF BIRTH 11/20/1955

FP REQUEST SENT 12/06/2011

TCN A087413592201112061022

PLACE OF BIRTH TT

TCR E2011340000000060494

FBI RESPONSE DESC

(b)(7)(e)

DATE PROCESSED BY FBI 12/06/2011 CONTROL NO HA4029N

RESP PROCESSED BY LAN 12/06/2011 FBI NUMBER

RESP PROCESSED BY M/F 12/07/2011 PCN

REJECT DESCRIPTION

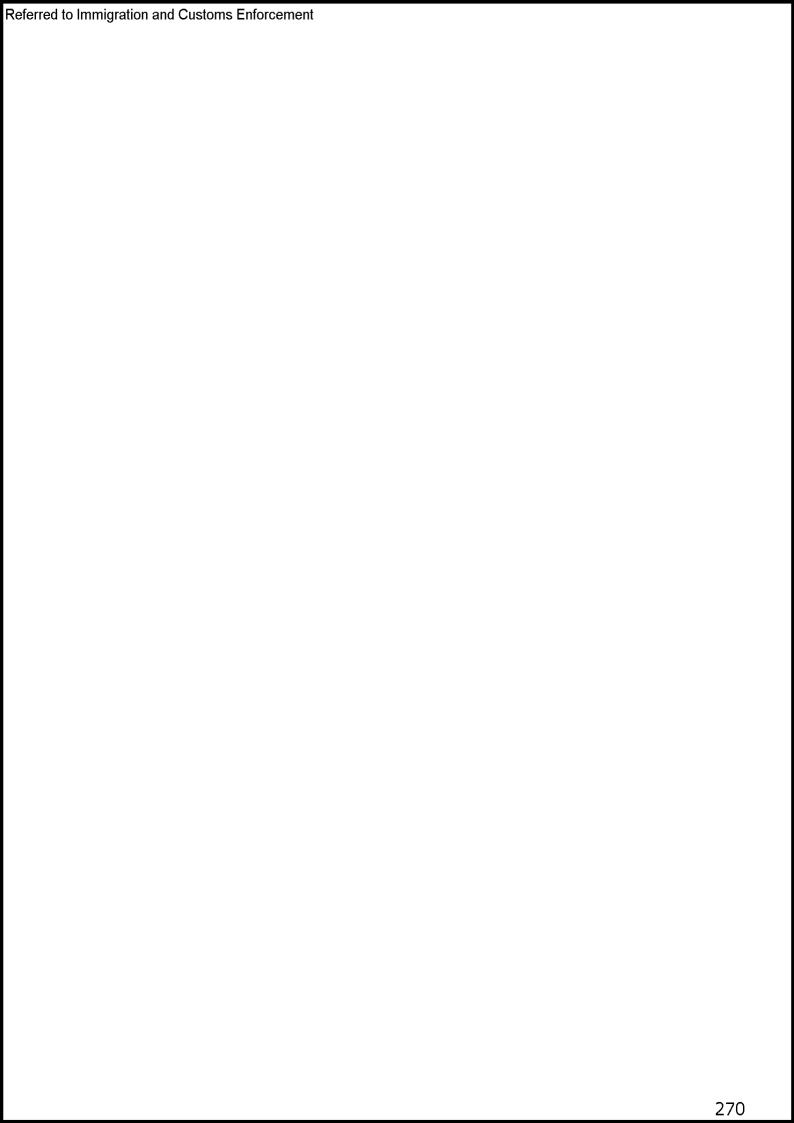
SUCCESSFUL FD258 DETAIL SCREEN DISPLAY

PF1 PF2 PF6

PF8

PG FWD PG BWD

PRIOR SCREEN LOGOFF



CIMDTL DEPARTMENT OF HOMELAND SECURITY - USCIS 02/09/16
COMMAND CENTRAL INDEX YSTEM - PERSONAL DESCRIPTION DISPLAY 11 26 06

A# 087413592 NAME HAMILTON

.TWINTIN

DOB 11201955

LAST HAMILTON

FIRST TWINTIN

NATZ DATE COURT

CONSOLIDATED A-NOS -- OTHER INFORMATION--

MIDDLE ALIASES

LOCATION

POE NYC COB TRINI DOE 08212009

SEX F COC TRINI DFO 03072009 FATHER LAWRENCE

COA TR6 (COND SPOUSE OF USC-DENIED

) MOTHER AGNES

EADS-X CARD-X

SSN

I-94 ADM #

PASSPORT#

FBI#

(b)(7)(e)

DRIVER LIC

FINGER CD#

IDENT FIN

OVER-KEY A# TO DISPLAY NEW PERSON PRESS ENTER CLEAR EXIT PF1 NEXT CONS A# PF2 PRIOR CONS A# PF4 RETURN PF5 HELP PF6 MAIN MENU PF8 HISTORY PF11 EOIR

11 26 TECS II - PERSON SUBJECT QUERY 020916 T2MRE9 TID= 755N **T2PRE968** NAME-LAST HAMILTON (?) FIRST TWINTIN INCLUDE NICKNAME SOUNDEX DATE OF BIRTH- (START) 11201955 -(STOP) STC NCIC QUERY N PASSPORT NBR (?) CNTRY AFN **AFN RCPT** (?) MISC NBR (?)DRIVER'S LIC (?) STATE CNTRY SSN PILOT'S LIC (?) CNTRY ATF PROFILE CASE NBR (?) CRIMINAL AFFIL PHONE INTL PREFX FINANCIAL ACCOUNT (?) ALT COMMUNICATION (?) LIMIT RESULTS BY RACE SEX CTZN OTTS TYPE ADDRESS-STATE CNTRY ALSO QUERY (ENTER 'X' TO SELECT AND STATE ID AS INDICATED) **NON-SUSPECTS** N NLETS-STATE(S) CTTP

CROSSINGS SCNDRY INSP INCIDENT LOGS ARCHIVED RECS

FINANCIALS- CTR FBA CSN CMIR QUERY RCN LIMIT TO AGENCY/SUB-AGENCY (ASA) TECS RECORD ID NO MATCH FOUND

(F1/F2=HELP)(F3=MAIN MENU)(F4=PREV MENU)(F9=ADDRESS QUERY)(F11=QUERY REASON)

FDDETL3A

IMMIGRATION AND NATURALIZATION SERVICE 02/09/2016 FD258 TRACKING SYSTEM 11 26

SEARCH CRITERIA ANUM = 087-413-592

ORI (SC) VTINSWANZ (LOC) NYINSNY00 CIDN A087413592

087-413-592 FORM# 1751 A-NUMBER NAME (L/F/M) HAMILTON **TWINTIN**

DATE OF BIRTH 11/20/1955

FP REQUEST SENT 12/06/2011 TCN A087413592201112061022

PLACE OF BIRTH TT TCR E2011340000000060494

FBI RESPONSE DESC

(b)(7)(e)

DATE PROCESSED BY PBI 12/00/2011

CONTROL NO HA4029N

RESP PROCESSED BY LAN 12/06/2011 FBI NUMBER

RESP PROCESSED BY M/F 12/07/2011 PCN

REJECT DESCRIPTION

SUCCESSFUL FD258 DETAIL SCREEN DISPLAY

PF1 PF2 PF6 PF8

PG FWD PG BWD PRIOR SCREEN LOGOFF NCXDTL1

IMMIGRATION AND NATURALIZATION SERVICE 02/09/2016 FBI NAME CHE RESPONSE 11 26 34

SEARCH CRITERIA

CIDN A087413592 ORI USINS0000

A-NUMBER 087413592

NAME (L/F) HAMILTON

TWINTIN

DATE OF BIRTH 11/20/1955 **NC REQUEST SENT 03/09/2009** PLACE OF BIRTH TRIN

FBI RESPONSE DESC

(b)(7)(e)

DATE PROCESSED BY FBI 03/12/2009

DATE/TIME LOADED AT INS 03/17/2009 15 01 52

FBI NAME HAMILTON, TWINTIN FBI DATE OF BIRTH 11/20/1955

PF6 PF8 PRIOR SCREEN LOGOFF Subject ID 346476079

Family Name (CAPS)	First			Middle			٦	Sex	Hair	Eyes "	Cmplxn
HAMILTON, Twintin Country of Cuzenship Passport Number and Country of Issue Case No NYC1305000294					4	P	Weight	Occupation			
TRINIDAD AND TOBAGO	, , , ,				NO NYCI 7413592						
1146 ROGERS AVENUE BROOKLYN, NEW YOR	iR, 11226,							Scars and I	Marks		
Date Place Time and Manner of Last Entry 12/21/2003 Unknown Time, NYC		-			Passenger B	oarded at		FBI Num	iber	Single Divorced Widower	Marned Separated
Number Street, City Province (State) and Country of Permanent Residen	ce				· · · · · · · · · · · · · · · · · · ·	_	1	Method of Location/Apprehension O 14R			
Date of Birth		Date o	f Action		Location Co	ode	-	AvNear Date/Hour			
11/20/1955 Age 57			1		NYC/NY					5/17/20	13
City Province (State) and Country of Birth POINT FORTIN, TRINIDAD, TRINIDAD AND TO		AR 🗵					Ву				
VIV Issuing Post and NIV Number		Social Security Account Name					Status at Entry Non-Immigrant Status When Found				
Date Visa Issued			Security Numb 98-0877					Length of OVER 1	Time Illegally YRAR	in U S	
Immigration Record NRGATIVE					Record Known			<u> </u>			
Name Address and Nationality of Spouse (Maiden Name, if Appropriate MACE, Vincent)		l.		<u> </u>			Number an	d Nationality	of Minor Child	ren
Father's Name Nationality and Address if Known Lawrence					Mother's Pr	resent and Marde	n Nam	es Nationality	and Addres	s if Known	-
Monies Due/Property in U.S. Not in Immediate Possession None Claimed			Fingerprinted	nted? Yes No Systems Checks			Charge Code Words(s) R1D1				
Name and Address of (Last)(Current) U.S. Employer			Type of Empl	loyment		Sala	иу	Hr E	mployed fron	1/to	
Natrative (Outline particulars under which alien was located/apprelements which establish administrative and/or criminal violative						ace and manne	r of la		mpted entry	or any other	entry and
Record of Deportable/Excludable Alien Subject 18 a national of Yugoslavia and citizen of Trinidad and Tobago with no claim to United States citizenship											
Subject was initially admitted to the United States on December 21, 2003, as a non-immigrant visitor On February 27, 2009, subject applied for adjustment of status based on marriage to a United States citizen ON August 21, 2009, the application was approved, granting the subject permanent residence on a conditional basis											
On October 27, 2011, subject filed Petition to Remove Conditions on Residence, Form I-751, jointly with her spouse Subject and spouse appeared for an interview on November 19, 2012. The Petition to Remove Conditions on Residence was denied on December 3, 2012, because the subject and her spouse failed to establish that they entered into a bona-fide marriage. The subject's motion to reopen/reconsider was dismissed on March 6, 2013											
(b)(7)(c)											
Alien has been advised of communication privileges		{(D	ate/Initials)						icer imigration (Officer)	 [
Distribution	_ _ _		Re	ce				ir.	view)		
PILE			06	rri							
STATS			on							(time)	
			Dı	30				Ė	e to Ap	pear	
			Ex	81							<u> </u>
									For	rm I-213 (Re	08/01/07)
				L							

*** REMOVAL ***

INS Loc NYC Alien # 087 - 413 - 592 Name(L,F) HAMILTON, TWINAKA (L,F)		Input Date Entry Date	05 - 17 - 13 05 - 17 - 13 12 - 21 - 03 Lang ENG				
Address 1146 ROGERS AVEN		Db / 000	\ 000 0000				
City BROOKLYN	State NY Zip 11226	Ph (000) 000 - 0000				
# of Ch	arges 1 / Findings	(S/N/W)					
237 (a)(01)(D)(1 ()()()()() ()() ()() () () () () ())()() (
()()()()()()()()()				
()()()()()()()() (
(I)n Ferson (M)ail M Base City NYC Location NYC Hearing Date 7 - 31 - 13 Time 09 00							
Correspondence Title IMMIGRATION COURT Hearing Location NEW YORK CITY, NEW YORK Address 26 FEDERAL PLZ 12TH FL ,RM1237 City NEW YORK State NY Zip 10278							

BM6 Date Entered in ANSIR 5/17/13



Case Query Results

Please note the following

Case (MSC1390505553) updated with action DENIAL NOTICE SENT

Receipt Number	Form	Applicant/Beneficiary	Petitioner	Status	Status Date
MSC1390505553	1290B	HAMILTON TWINTIN	HAMILTON TWINTIN	DENIED	03/06/2013

MFDINQU1

MAIRIAGE FRAUD MAINFRAME SYSTEM ME CASE STATUS SUMMARY (CSTA - ME CASE STATUS SUMMARY (CSTA

12/03/2012 12 22:15

A-NUMBER 087-413-592 RECEIPT NUMBER EAC1129400026 FILING DATE 08152012

FORM. 1751 REPRESENTATIVE ID DOB: 11201955 COB. TRINI

COC: TRINI OASIS INDICATOR

PHONE CPR LAST NAME: HAMILTON

LAST NAME: HAMILTON
FIRST NAME: TWINTIN MID NAME:

MARRIAGE DATE: 08272008 MARRIAGE PLACE UNKNO COA TR6 DOA 08212009

SPOUSE LAST NAME: MACK

FIRST NAME: VINCENT MID NAME: CLEON

DOB 06251967 COB UNKNO NATZ DATE.

CURRENT STATUS DENIED - FOR CAUSE

FRAUD LEVEL. A RSC EXAMINER: JAK07 DATE REVIEWED 10252012

FINAL DISPOSITION D3

FINAL DISPOSITION DATE: 12032012 FINAL DISPOSITION EXAMINER JMIN

INTERVIEWED AT NYC AT 1130 ON 20121119 OFFICE NYC COMMAND: CSTA' A-NUMBER: 087 - 413 - 592

NO MORE CASES FOR THIS A-NUMBER - PRESS PF2 FOR PRIOR CASE

(b)(7)(c)

(b)(7)(e)

(b)(7)(e) (b)(7)(c)

For Official Use Only

Revised 08/26/2009 For Official Use Only Page 3/3

(b)(7)(e)

(b)(7)(e) (b)(7)(c)

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(b)(7)(e)

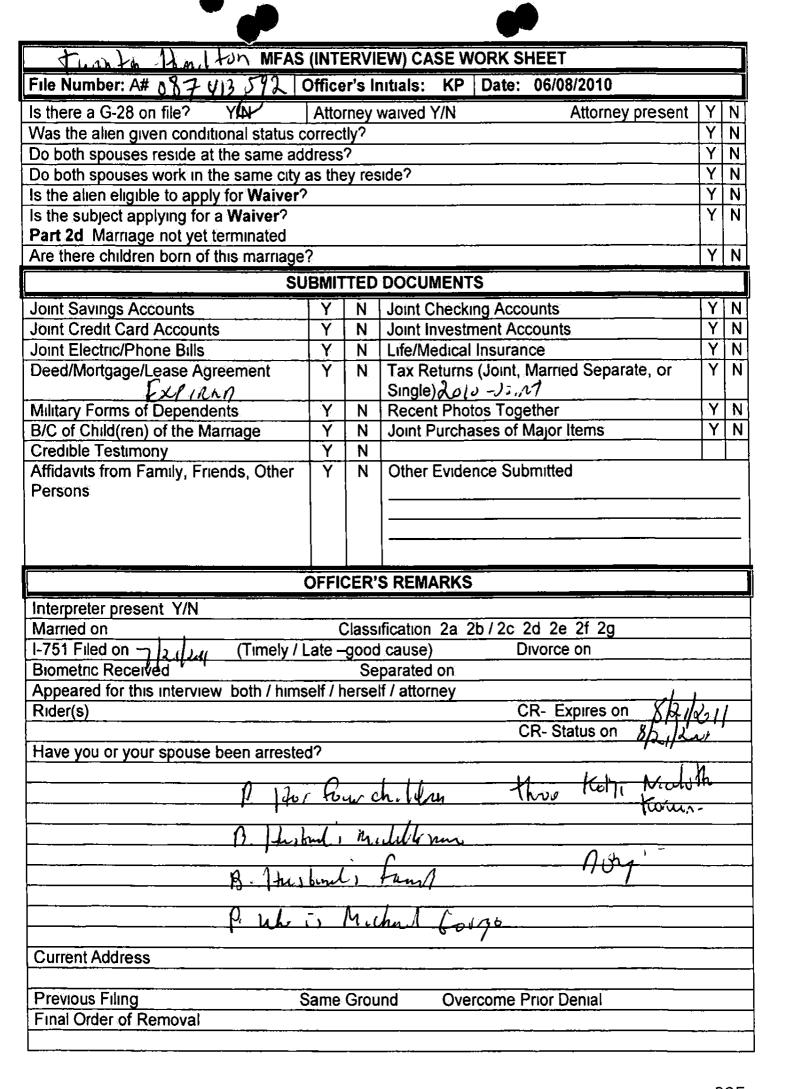
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(b)(6)Sepret lung will william Levi - Mous -B. Non lease fold or & & chromy Ow uht is fint Dord has bullet Erica Aller) & dulis how how with By the but he on be to insumer -NONY No 1. to interme Athlite 1. h mun Huis Pont American Southy puil my outer Bolt no rocinh porent of y trup, when we haled for. duto of 6.1 M leh is Kelegn S. mit By Hanhal han (b)(6)Stayo at lumi thurin B Husbali o mylymit Quim Clayer put ye wil 2 of there du a Copys

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5-Minibel.

DEPARTMENT OF HOMELAND SECURITY U S CITIZENSHIP AND IMMIGRATION SERVICES 75 LOWER WELDEN ST

PLEASE FORWARD

ST ALBANS

VT 05479-0001

NAME T HAMILTON

FILE NO 087-413-592

RECEIPT NO EAC1129400026

FORM 1751

You and your spouse are requested to come to the office shown below at the date and time shown to be interviewed for removal of the conditional basis of your permanent resident status. It is important to keep this appointment of your cannot, notify the office below at once Failure to comply with the interview notice may result in the denial of your request, termination of your status, and deportation from the United States. Bring this notice, your passport, your alien card and the original of any photocopies previously submitted. This interview may be video taped and included in your Service records.

USCIS is committed to providing individuals with disabilities the same level of access to its programs and services that non-disabled people have. If you require an accommodation due to a communication disability (i.e. speech impediment, hearing loss/deafness or sight loss/blindness) or a physical disability prevents you from going to the designated USCIS location for your appointment, please call the National Customer Service Center (NCSC) at 1-800-375-5283 (TDD 1-800-767-1833).

Please note you do not need to contact the NCSC to request an accommodation for a physical disability or impairment (e g , inability to climb stairs) as all USCIS facilities are accessible in compliance with the Rehabilitation Act

Questions? Contact office listed below LOCATION AND TIME OF INTERVIEW ROOM 4-437

T HAMILTON 1146 ROGERS AVE

26 FEDERAL PLAZA
NEW YORK NY 10278

BROOKLYN NY 11226 DATE 11/19/2012

TIME. 11 30 AM

PERMANENT RESIDENT CARD NAME HAMILTON, TWINTIN

A# 087-413-592

Birthdato VAR Hegory So

11/20/5

Country of Explose

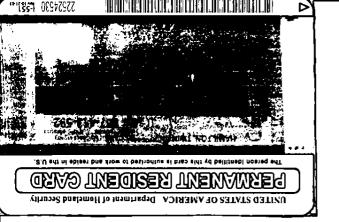
Trinical for Explose

CARBA 0821/111

Resident Supca 08/21/09



C1USAO874135924MSCO915412903<< 5511204F1108213TTO<<<<<<<<< HAMILTON<<TWINTIN<<<<



11/19/2012 10.23

SEARCH CRITERIA ANUM = 087-413-592

CIDN A087413592 ORI: (SC) VTINSWANZ (LOC) NYINSNYOO

A-NUMBER . 087-413-592 FORM#: I751

NAME (L/F/M) · HAMILTON

TWINTIN

DATE OF BIRTH · 11/20/1955

FP REQUEST SENT 12/06/2011 PLACE OF BIRTH

TT

TCN A087413592201112061022

TCR E2011340000000060494

************** FBI RESPONSE INFORMATION ******************

FBI RESPONSE DESC

(b)(7)(e)DATE PROCESSED BY FBI 12/06/2011

CONTROL NO HA4029N

RESP PROCESSED BY LAN 12/06/2011

FBI NUMBER

RESP PROCESSED BY M/F 12/07/2011

PCN

REJECT DESCRIPTION .

SUCCESSFUL FD258 DETAIL SCREEN DISPLAY

PF1

PF2

PF6

PF8

PG FWD PG BWD PRIOR SCREEN

LÖGOFF

For Official Use Only/Law Enforcement Sensitive



WARNING

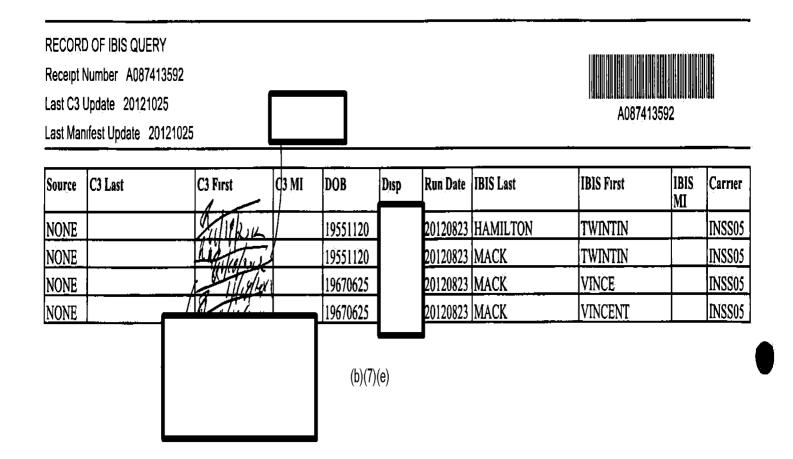
TECS documents are LAW ENFORCEMENT
SENSITIVE (LES) information They contain
information that may be exempt from public release
under the Freedom of Information Act (5 U.S.C. 552)
TECS documents are to be controlled, stored, handled,
transmitted, distributed, and disposed of in accordance
with DHS policy relating to FOUO information and are
not to be released to the public or other personnel who
do not have a valid "need-to-know" without prior
approval of an authorized CBP official

For Official Use Only/Law Enforcement Sensitive

ADJUNICATIONS WORKSHET (Revised on 07-13-11) NFTS: AA0408 DATE: 10/25/12 | NFTS: DATE: NFIS: **RETURN TO: RETURN TO: RETURN TO:** BAR CODE A087413592 EAC1201850846 Place Bar Code Labels Here Or Write in Receipt/A Number(s) RFE 33 87 | 98 | AAO / BIA APPEAL □SISO SIGNATURE _____ Initial & Additional RELEASE LAN | |CG Modified HAND A. NOTICE 🗌 1ST APPROVAL ORDER _____ G-1 1824TM H1 Order _____ Date ■ DUPLICATE AMENDED Manual H1 & Cause Order_____ Date **B PETITION TO MAILROOM** MEMO _____ C. Fed Ex/OTHER MAILER CRU Fee Refund OTHER 129D.797 EOS /COS Denial RETURN / COPY SISO Signature CABLE/FAX TO: 1-94 I-20 ID PASSPORT DS 2019 KCC EXPEDITE CONSULATE/POE/PFI ORIGINALS OTHER ATTACHMENT SENT **FCU** |X FMU ☐ RECORDS SHELF ☐ CONSOLIDATE RELOCATE to NYC ☐ DENIAL CRATE Please attach and place on shelf with: □ EAC ☐ EAC , Location ☐ I-751 / I-89 Hold Shelf ☐ I-751 Denial Shelf I-360 WW/I-765 OTHER/ C-8/C-9/I-131 ____SHELF ____DAYS MFAS: NO Interview Scheduled ☐ KCC SHELF Interview Transfer Shelf MFAS: Interview on OTHER FOR DELETION **ORDER/CREATE A FILE:**

Form Type(s) VISA Available Not Available BCU 🗆 IBIS 🗆 Non-IBIS NS/EPS 🗆 NTA Referral Shelf NTA Denial / Refile □ NTA - Approved to NVC/ 245 ADJ CFDO-VT POTENTIAL RFE APPROVAL DENIAL **OTHER**

If case is approved, return to VSC for card production.



FOR OFFICIAL USE ONLY

Do Not Distribute Beyond DHS without Prior Authorization from the Originator

Originator (b)(7)(c)

Printed on Thu Oct 25 11 56 07 EDT 2012

RECORD OF NAMES SUBMITTED FOR IBIS QUERY

Receipt Number A087413592

Last C3 Update 20120819

Last Manifest Update 20120819





A087413592

IBIS Last	IBIS First	IBIS Middle	IBIS DOB	PersonID	AliasID	Message
HAMILTON	TWINTIN		19551120	38310901	41615632	Record submitted
MACK	TWINTIN		19551120	38310901	41615633	Record submitted
<u>MA</u> CK	VINCENT		19670625	38310902	41615634	Record submitted
MACK	VINCE		19670625	 38310902	41615635	Record submitted

I-751 Adjudication Guide

Is pention late file? If yes, is explanation in file? If yes, is explanation in file? If filed as "C", is death certificate in file? If filed as "D", is final divorce document in file? Are children listed in Part 5? If so, can they be linked? (can be linked if entered w/parent or within 90 days after)
Date of marriage (verify with marriage cert in file)
Date of Adjustment/Entry (verify on I-485 or visa packet) Date of Receipt Misclassified (DOA/DOE is more than two years after DOM) GAR - PHOENEY CHECKED CIS -9101 DACS/Proceedings?* Convence Tone S Y or N
FD2/58 – (screen print in file) , IDENT NON IDENT Jess than 15 months old? Y on NO
AR11 Address change after date of filing? Y or N Wes, print, notate petition, and update in other systems (MFAS and GUI)
MFAS OASIS Indicator?* Verify information in CSTA Verify Address in MCHG, ACHG and ADRQ Are linked children included on FAMR screen? Y or N Y or N
GUI - Wand by A-number!! (Check for petitioner and any linked children) Are biometrics in record Yorn Yerify address, mother's name, father's name, POE/POI, ADM/ADJ, and Gender Card will not print if these fields are blank At COB, DOB, Innustances CCA IBIS Names and DOBs (must be checked for pentioner, USC/LPR spouse/stepparent and any linked over 14 at time of adjudication)
or adjudication)
Approve RFE DENT RELICOTE DENT DENT RELICOTE

^{*} Automatic Relocate

Hamilton

Twin An

19551120

MACK

4

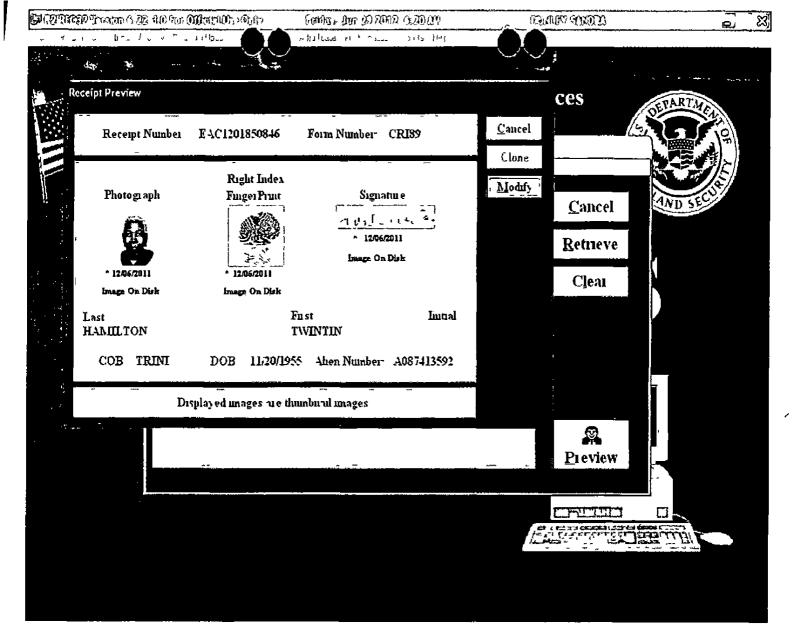
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Vincent

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Vince



R2IREC32 Version 6.22.3.0 For C	Official Use Only	Friday, Jun 29	2012 7:12 AM	CR-IB5	DONLEY, SANDRA
File Reprint Bar Code Options Reprint No.		1101 %)
Recept = E4C-12-018-50846			,	recilled	<u>C</u> nicel
Received Date 197/19/2011	•	A087413592	iiddle		§ave
Name HAMILTON	- First TWINTIN		naare		Cley All
Mother & Name AGNES	Father 5.N	ame LAWRE	NC F		
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COB TRINI	DOB 11/20/1955	POE/POI	, just		i'rint
Class	ADM/ADJ Date 08	3/21/2009			
C/O					
Address Street 1146 ROCER) () (F		Zup [11	126-	
<u></u>		See		.220-	History
City BROOKLYN	** ***********************************	State NY			
Prov <u>i</u> nce	Postal Code		Country		Captu e
Card Type Resident Alien	▼ Date of thus	I-89 ′′	AMC	, Pap	
Transaction 1 Initial Card		<u> </u>	Gender F F	emale 🔻	
Other Emgerprint	Location Co	de where I 89 s	sas submutted		, ,
Fingerprint Waiver			_		Photograph:
Signature Waiver	Biometrics Attach	ed? \	Inspector	Signature? [FiagerPrint:
·	I 864 Affidavit Attach	ed? N			Y Signature
, , , , , , , , , , , , , , , , , , ,		-			A A

IMMIGRATION AND NATURALIZATION SERVICE FD258 TRACKING SYSTEM

06/29/2012 07 17

SEARCH CRITERIA ANUM = 087-413-592

CIDN

A087413592

ORI (SC) VTINSWANZ (LOC) NYINSNYOO

A-NUMBER

087-413-592 FORM#. I751

NAME (L/F/M) HAMILTON

TWINTIN

DATE OF BIRTH

11/20/1955

FP REQUEST SENT 12/06/2011

PLACE OF BIRTH TT

TCR E2011340000000060494

TCN A087413592201112061022

FBI RESPONSE DESC

(b)(7)(e)

DATE PROCESSED BY FBI 12/06/2011

CONTROL NO HA4029N

RESP PROCESSED BY LAN 12/06/2011

FBI NUMBER

RESP PROCESSED BY M/F 12/07/2011 PCN

REJECT DESCRIPTION

SUCCESSFUL FD258 DETAIL SCREEN DISPLAY

PF1

PF2

PF6

PF8

PG FWD PG BWD

PRIOR SCREEN

LOGOFF

ROUTING AND	TRANSMITTAL SLIP	Date 8/20//
TO (Nr me, office symbological puliding, Agency/ Po	ol, room number, ost) Vi MO/S	Initials Oate
· 699	e/	
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5		,
Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	
Meas	ina, e exper Mil Mant	lle- TI SI Tasan
DO NOT use this for	rm as a RECORD of approvals, clearances, and similar action	concurrences, disposels,
FROM (Name, org sym	bol, Agency/Post)	Room No Bidg
HADY	35	Phone No
NSN 7540-00-935-5862 5041-103	Pro	TIONAL FORM 41 (Rev. 1 94 scribed by GSA

Expedite Request

Reason for Expedite Re	quest: ONPT	
Date Expedite Received	: August 20, 2	2012
Division: 1		
Receipt Number(s): EA	C1129400026	/EAC120185084
A-Number(s): A087413	3592	
Form Type: 1-751		
NFTS Location, Date, a	nd Time:	, ,
Expedite Approved by: AA0435(NFTS Code)	JASON LAR	OSE(Name),
Expedite Denied by:	(Name),	(NFTS Code)
SISO Name: BARB RE	MILLARD	
Reason:		
Other Notes:		

Adjudicate Case Within 3 Days

You must work the **Approved Expedite** request within 3 business days unless you are directed otherwise. If you are unable to work the expedite request, you must

- notify your SISO, and
- email the officer who requested the expedite

Expedite Request Intent

You are expected to take the appropriate action based on the evidence of record as supported by law and/or regulation

An **Approved Expedite** request does not mean the case must be approved The intent for the expedite request means an **action** must be taken on the case. The action can be

- an approval
- a denial.
- an RFE or
- a relocate

Clerical Action

When the case needs a clerical action, bring the case to a Supervisory Immigration Services Clerk (SISC) with the Expedite Notice on top of the file

SOP Location

Additional expedite processing information is located in the Inquiry Processing SOP in the following location

- Add I Resources
- ADJ SOP folder
- Customer Service SOP folder
- Inquiry Processing SOP

07/12/2012 FSXMINL1 CLAIMS MAINFRAME SYSTEM INQUIRY/UPDATE RECEIPT 'LI 11 17 EACEHO01 RECEIPT NBR LAST NAME FΙ FORM FEE AMT REC DATE EAC1201850846 HAMILTON T CRI89 590.00 07/21/2011 [2. EAC1-129400026-HAMILTON T I751 05/04/2009 3. SRC0916352113 HAMILTON T 1765 MSC0915412903 HAMILTON T I485 1010.00 02/27/2009 5 6 7 8 9. 10 11 12 13 14

15 16.

PF1 PF2 PF3 PF4 PF6 PF8
PG FWD PG BACK CANCEL PRIOR MENU MAIN MENU LOGOFF

FDXLST2A

IMMIGRATION AND NATURALIZATION SERVICE D258 TRACKING SYSTEM

06/29/2012 07.17

PAGE 00001 OF 00001

TOTAL RECORD COUNT 000002 SEARCH CRITERIA ANUM = 087-413-592

A-NUMBER LAST NAME FIRST NAME FORM DATE SEND ORI RSP CIDN I485 03/26/2009 NYINSNYOO A087413592 087-413-592 HAMILTON TWINTIN I751 A087413592 087-413-592 HAMILTON TWINTIN 12/06/2011 NYINSNY00

(b)(7)(e)

*** ONE PAGE ***

TO SELECT A RECORD, PLACE THE CURSOR ON THE APPROPRIATE LINE PF2 PF6 PF8 PF1

PG FWD PG BWD PRIOR SCREEN LOGOFF CIMIDN

DEPARTMENT OF HOMELAND SECURITY USCIS COMMAND CENT A INDEX SYSTEM - ID # SEARCH ISPLAY 13 08 37

10/27/11

ID # (A/AA/AB/C/DA): A087413592

A#. 087413592 DOB 11201955

(DL/FB/FP/I/PP/SS/TD)

LAST: HAMILTON

FIRST TWINTIN NATZ DATE

MIDDLE COURT ALIASES LOCATION

SEX F POE: NYC COB' TRINI DOE 08212009 FCO ESC COA CB6 COC: TRINI FTC 07292011 FATHER LAWRENCE

PFCO NRC SFCO. ' DFO: 03072009 BIN MOTHER AGNES

SSN CONSOLIDATED A-NOS --OTHER INFORMATION I-94 ADM # EADS-X CARD-X

PASSPORT #

FBI #

DPIVER LIC

FINGER CD#

OVER-KEY ID# TO DISPLAY NEW PERSON, PRESS ENTER CLEAR EXIT PF1 NEXT CONS A# PF2 PRIOR CONS A# PF3 REFRESH PF4 RETURN PF5 HELP PF6 MAIN MENU PF8 HISTORY PF9 EAD PF11 EOIR

ROUTING AND T	RANSMIT"	TAL SLIP		Date 86	r	
TO (Name, office symbol, room number, Building, Agency/Post)				Initials	Date	
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2. Attn: Supervisor						
3		1 9	ft ·	<i>(</i>)		
4		· · · · · · · · · · · · · · · · · · ·				
5 Action	File			Note and Retu	m	
☐ Approval	☐ For CI	earance		Per Conversat	เอก	
☐ As Requested	☐ For Co	orrection		Prepare Reply	Prepare Reply	
☐ Circulate	☐ For Yo	our Information		See Me	See Me	
☐ Comment	Comment			Signature		
Coordination						
A-File(s)Ok to PADo CR-I8	DD 9		100			
• Continue	willi y	our proce		AUG 7 4 2012		
DO NOT use this for		RD of approvals, o		urrences, dispos	als,	
FROM: (Name, org symbo	ol, Agency/Po	st)		Room No -	Bldg	
Division 11	CRU/C	CPAUMO	Ð O -	Phone No		
NSN 7540-00-935-5862 5041-103	AUG'	4 2019 Prescri	bed b	AL FORM 41 (Rev y GSA FPI-SST	1-94)	

I-751 Processing Worksheet

Refer to the I-751 SOP for the reasons for which a file should be sent to USCIS Review

ASSEMBLY	Circle One	Remarks	Emp D' # Date,
Is Part 1 Completely filled out?	(Y)N		VT1562 7194
Is there a copy of I551, ARC	Y (R)		
Is Filing "Late" (Block "A" & "B")	Y N NVA(U)	U = Undeterminable no card etc If letter submitted answer as No	
Is I-751 properly signed and with an original signature?	Ø n		
Is Fee correct or has I-751 been FRE d?	Øn_		
Fee Warver Request Submitted?	Y(N)	If yes, flag for I-751 USCIS Review	
Is I-751 in our junsdiction?	Ø _N		
G-28 Acceptable?	Y N PÚD	 	
In Part 2, is VAWA indicated? (Box "E" or "F")	Y <u>A</u> ABA	If yes send to VAWA Review for Safe Address	
Does part 4 contain a complete spouse/parents name?	Ø N	If no send to USCIS Review/leave fee attached	
Are there children listed in Part 5 with an A# listed?	Y 👧		
Should this case be rejected?	Y N/Ù)	It yes list call ups on CRU/Reject Sheet U= Undeterminable no card etc	
SEARCHES	Circle One	Remarks	Emp. I.D #1 Date
Are ALL Searches complete & screen prints attached?	Ø n		VT1494 1 7/19/11
Are ALL children searched & screen prints attached?	(A)		
Are children linkable?	Y QNA	If NO why?	
If block "a" in Part 2 is checked – is I-751 filed too early?	Y (N)		
		If yes reject for I-751#02 on CRU reject st	
DATA ENTRY	Circle One	Remarks	Emp. (.D. #1 Date
I-751 receipted?	(A) N	If no due to "A number does not exist" in	1 1 5 5 6
I-751 entered into MFAS?	<u>Y</u> (N)	MFAS then route to USCIS Review. If Y attach a FAMR screen punt	1-1-a1-4
If applicable are children linked?	Y N NA		
EAC barcode created and placed on file jacket?	() _		
BACK FROM CRU to PADD If I-751 has been returned from USCIS Review is it now.	Circle One	Remarks	Emp. I.D #/ Date
PADDed? If I-751 has been returned from USCIS Review is the	Y N		
child now linked?	Y N		,
CRI-89 Create	Circle One	Remarks	Emp (.D. #/ Date
CRI-89 create completed?	O		VI-1494 /16/7
if applicable all children's CRI-89 create completed?	Y N N/A	IF NO Why? NO AH	UN160 8-15-
EAC barcode created and placed on file jacket?	_0_		4
FILE MAINTENANCE - SORT	Check One	Remarks	Verifier - Emp. LD #/ Date
		<u> </u>	<u> </u>
Regular Blocks a b c or d, selected on Page 1 Part 2 of petition	WV		10/31/11
Walvers Blocks e f, or g selected on Page 1, Part 2 of petition			VT1806
Military/foreign addresses	_		8/E 2011
APO FPO, AE address • Page 2, Part 3 #10 = "yes" "IR / Not T or C" Classification			-
Nationals Remode Only - DE instructed *Not to DADO*		1	1

F VSC-0012 V04

1/12/2011

MFDINQ01

MARIAGE FRAUD MAINFRAME SYSTEM MAS CASE STATUS SUMMARY (CST

07/19/2011 09:42:15

A-NUMBER: 087-413-592 RECEIPT NUMBER
FORM: REPRESENTATIVE ID: DOB:
COC: OASIS INDICATOR.

FILING DATE.

PHONE.

COB:

CPR LAST NAME:

FIRST NAME:

MID NAME: MARRIAGE DATE. MARRIAGE PLACE: COA DOA

SPOUSE LAST NAME:

FIRST NAME

MID NAME

A-NUMBER:

DOB:

+

COB. NATZ DATE:

A-NUMBER 087 - 413 - 592

NATZ CITY:

NATZ STATE:

CURRENT STATUS:

FRAUD LEVEL. RSC EXAMINER.

DATE REVIEWED.

FINAL DISPOSITION:

FINAL DISPOSITION DATE:

FINAL DISPOSITION EXAMINER.

INTERVIEWED AT: AT: ON

OFFICE.

COMMAND. CSTA A-NUMBER DOES NOT EXIST

)

CIMIDN DEPARMENT OF HOMELAND SECURITY USCIS 07/19/11 COMMAND: CENTRAL INDEX SYSTEM - ID # SEARCH ISPLAY 09 43 39

ID # (A/AA/AB/C/DA): A087413592 A#: 087413592 DOB: 11201955

(DL/FB/FP/I/PP/SS/TD)

LAST: HAMILTON

FIRST: TWINTIN NATZ DATE:

MIDDLE: COURT: ALIASES: LOCATION.

SEX: F POE NYC COB: TRINI DOE: 08212009
FCO NRC COA: CB6 COC: TRINI FTC: 09032009 FATHER LAWRENCE PFCO NYC SFCO: DFO 03072009 BIN: MOTHER. AGNES

SSN. CONSOLIDATED A-NOS --OTHER INFORMATION--

I-94 ADM #: EADS-X CARD-X

PASSPORT #:

FBI #:

DRIVER LIC:

FINGER CD#:

OVER-KEY ID# TO DISPLAY NEW PERSON, PRESS ENTER CLEAR EXIT PF1 NEXT CONS A# PF2 PRIOR CONS A# PF3 REFRESH PF4 RETURN PF5 HELP PF6 MAIN MENU PF8 HISTORY PF9 EAD PF11 EOIR

CIMCARD DEPAREMENT OF HOMELAND SECURITY USCIS 07/19/11 COMMAND: CENTRAL INSEX SYSTEM - ARR/BC CARD DISLAY (CARD) 09:43.47 `CIMCARD

A# 087413592 NAME: HAMILTON DOB: 11201955 ,TWINTIN

LEGAL PERMANENT RESIDENT

CARD NAME: HAMILTON, TWINTIN BIRTHDATE. 11/20/1955

INS A# 087413592 CARD# MSC0915412903

CATEGORY CB6 PERMANENT RESIDENT SINCE: 08/21/2009

SEX: F CARD EXPIRES. 08/21/2011

COB. TRINIDAD AND TOBAGO

CARD PORT OF ENTRY: NYC

C1 USA 087413592 MSC0915412903

551120 F 110821 516

HAMILTON<<TWINTIN<<<<<<<

MOTHER'S NAME AGNES FATHER'S NAME: LAWRENCE

CLEAR EXIT PF4 DISPLAY MENU PF5 HELP PF6 MAIN MENU PF7 CARD HISTORY



1-751 CRU/Reject Sheet DEPT I-751 Team Tabor



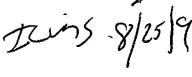
A#/EAC 87-4/3

Dollar Amount 59000

			2	
Ħ	of	remittances	 <u> </u>	

	
Multiple blocks check in part 2	Questionable Late letter ~ Please see flagged letter
No blocks checked in part 2	Child is linkable\$85 fee not included
Part 4 incomplete/blank	Current Status is Filed too early
NON-VAWA fee waiver requested	DOE Discrepancy
DOB Discrepancy	X No I-551 card
Filed too late (expired card)	Can not PADD
A# not in CSTA	Reject ~ "see below"
COA is other than C or T class	Other
Can we accept check	_
Date sent to CRU 1111 1 9 2011 Sup	pervisor Signature
Reject Call-U	n Codes
1	- (VII
Pay#01 (guarantee amount wrong)	I-751#01 (disregard receipt)
Pay#02 (not payable to USCIS)	1-751#02 (filed too early)
CRU Pay#03 (money not needed) CRU Pay#04 (post dated checks)	
Pay#06 (fee not signed)	1-751#05 (fee incorrect)
Pay#07 (expired money order)	Block B (\$85 needed ~ linkable child)
Pay#08 (altered check)	Block C (Incorrect fee - children NOT linkable)
Pay#10 (stale dated check)	Block D (Questioning Filing Fees)
Pay#11 (voided check due to expiration date)	I-751#06 (proper signatures required)
Pay#13 (fee written in pencil)	1-751#06 (No signatures)
Pay#14 (check requires 2 signatures)	Block A (Original Signatures required)
CRU Misc #3 (incomplete or no petition) CRU Misc #7 (application missing pages)	Block B (Block A ~ two signatures required) Block C (Block B ~ on binal signatures required)
G28#01 (invalid G28) use with other call-ups	Block D (Block B ~ pentioner over 14 years of age)
DIST#06 incorrect jurisdiction	Block E (Block C-G ~ onginal signature required)
- use with other call-ups	1 751#07 (I-551 card required)
For CRU use ONLY	
CRÚ 1-751#08 (part 2 incomplet	(e)
CRU I-751#10 (contact local offi	·
	n ~ COA is Denied Fail to File
CRU CRU#03 Not a Conditiona	
CRU CRU#39 (Part 4 not filled CRU Sign#01 photocopied signs	· · · · · · · · · · · · · · · · · · ·
CRU CRU#41 (I-751 filed too la	
CRU Response To DE 1-751 Team • Tabo	Rack From CRU Date:
\cup \mathcal{O}_0	Date 7-26 -11 JUL 20 2011
From	Date / OC
Link Child	Use block
OK to Receipt in FARES	CK# is acceptable
Ok to PADD	Not late - has letter
Treat as other than C or T class filing	Use DOB
Apply \$85 BIO fee to CRI-89 for child	Use DOE
Do Not Link Child Accept - I-551 card not expired	Reject using call-up(s) above and
	Other_
	l OK to Receipt in FARES
	2 Do not PADD
Please place the CRU sheet on the non-r	3 Make bar code
	* 4 Do not create CRI-89 @ this time —
Print on white paper T vsc-0052 vo	5 Treat as "Other than C class"







FILE & MAIL ROUTING SHEET NYCDO

Date 8 14/09 . 8741.359)	
Please check appropriate box	
To: (UNIT)	
☐ FILE IS LOCATED IN YOUR UNIT PLEASE INSERT MATERIAL INTO THE AFILE ☐ YOUR REQUIRED ACTION IS REQUESTED	
To: DATA ENTRY PLEASE FORWARD THE ATTACHED TO FCO: NRC.	
To: SERVICE CENTERS (ex. NRC) PLEASE INSERT THE ACTION COMPLETED MATERIAL INTO THE CORRESPONDING A FILE, WHICH IS LOCATED AT YOUR OFFICE (NFTS PRINTOUT ATTACHED).	
(ANY MAIL FORWARDED TO THE SERVICE CENTERS MUST BE STAMP "ACTION COMPLETED" WITH INITIAL AND DATE)	ED
OTHER (Please specify):	
FROM: (PRINT NAME and UNIT) ROOM & FLOOR PHONE NO PHONE NO X514	10. 76
RECORDS DEPARTMENT 10/11/07 # 22	

ne





Interim Case Management Solution (ICMS)



Case Query Results



Please note the following

- Notice(s) have been added to the batch queue
 APPROVED/NOTICE ORDERED Receipt Number MSC0915412905

Receipt Number	Form	Applicant/Beneficiary	Petitioner
MSC0915412903	1485	HAMILTON, TWINTIN	
MSC0915412905	l130	HAMILTON, TWINTIN	MACK, VINCENT





Interim Case Management Solution (ICMS)



Case Query Results



Please note the following

- Notice(s) have been added to the batch queue
 APPROVED/NOTICE ORDERED Receipt Number MSC0915412903

Receipt Number	Form	Applicant/Beneficiary	Petitioner
MSC0915412903	1485	HAMILTON, TWINTIN	
MSG0915412905	l130 '	HAMILTON, TWINTIN	MACK, VINCENT

Appendix J: Focessing Sh	leet T
Form 1-485 Pro	ocessing Worksheet
A-Number 8741359)	Special Handling
Riding With	Due Date Age Out Fiancé(e) (CF-1) Other
Int	erview
□ Warved □ Fatled	to Арреат
Case Continued (Mark any and all reasons for continuation) Documentation (circle all that apply) Marriage Certificate Birth Certificate Divorce Decree Other (specify)	□ Relating File(s) A#
Background Checks (circle all that apply) FBI Name Check Fingerprints	Visa Availability Preference Category Priority Date
Reschedule Reason Supervisory Review Concurrence	Notes: Other (i.e. refer to interviewer's notes) Notes: Depth of State of
Segustra Date	Wats Jup off I sty
Interviewing Officer's recommendation for Supervisor's Con Potentially disqualifying Criminal History in Record Grant Other (explain)	Deny CARRP (KST Non-KST)
Supervisory Review Concurrence	Kelwyn Sinneth
Signature	Date
Final	Decision
Prior to the decision made on the Form 1-485 fraud indicators Procedures 21/0-7	were reviewed as defined in the Fraud Detection Standard Operating
Approved Denied Withd	rawn Administratively Closed
Appeal	Motion Filed
□ AAO □ BIA	□ District Office
Notice to	Appear Issued $(b)(7)(e)$ $(b)(7)(c)$

W 8/22/08 USCIS I-485 SOP, Version 2 1 Lelease date May 01, 2006 Appendices Page 96 328

IMMIGRATION AND NATURALIZATION SERVICE D258 TRACKING SYSTEM

08/17/2009 15:37

SEARCH CRITERIA: ANUM = 087-413-592

ORI (SC) VTINSWANZ (LOC) NYINSNYOO

CIDN : A087413592 A-NUMBER : 087-413-592 FORM#: I485 NAME (L/F/M) HAMILTON TWINTIN

DATE OF BIRTH 11/20/1955

TCN A087413592200903260939 FP REQUEST SENT. 03/26/2009 PLACE OF BIRTH . TT TCR • E2009085000000075466

FBI RESPONSE DESC

(b)(7)(e)

DATE PROCESSED BY FBI: U3/26/2009 CONTROL NO HA8529N

RESP PROCESSED BY LAN: 03/26/2009 FBI FBI NUMBER

REJECT DESCRIPTION

SUCCESSFUL FD258 DETAIL SCREEN DISPLAY

PF1 PF2 PF6 PF8 PG FWD PG BWD PRIOR SCREEN LOGOFF IMMIGRATION AND NATURALIZATION SERVICE BI NAME CHECK RESPONSE

08/17/2009 15:38.08

SEARCH CRITERIA:

CIDN • A087413592 A-NUMBER 087413592

NAME (L/F) HAMILTON

ORI USINSOOOO

TWINTIN

DATE OF BIRTH 11/20/1955

NC REQUEST SENT 03/09/2009

PLACE OF BIRTH TRIN

FBI RESPONSE DESC

(b)(7)(e)

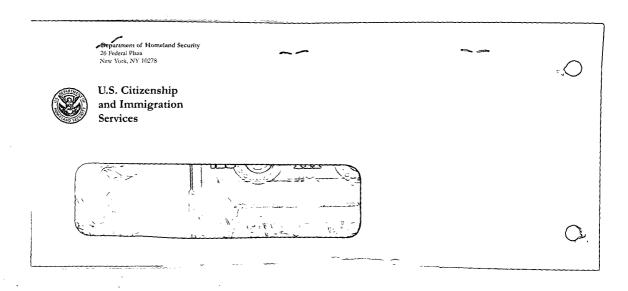
DATE PROCESSED BY FBI: 03/12/2009

DATE/TIME LOADED AT INS: 03/17/2009 15.01.52

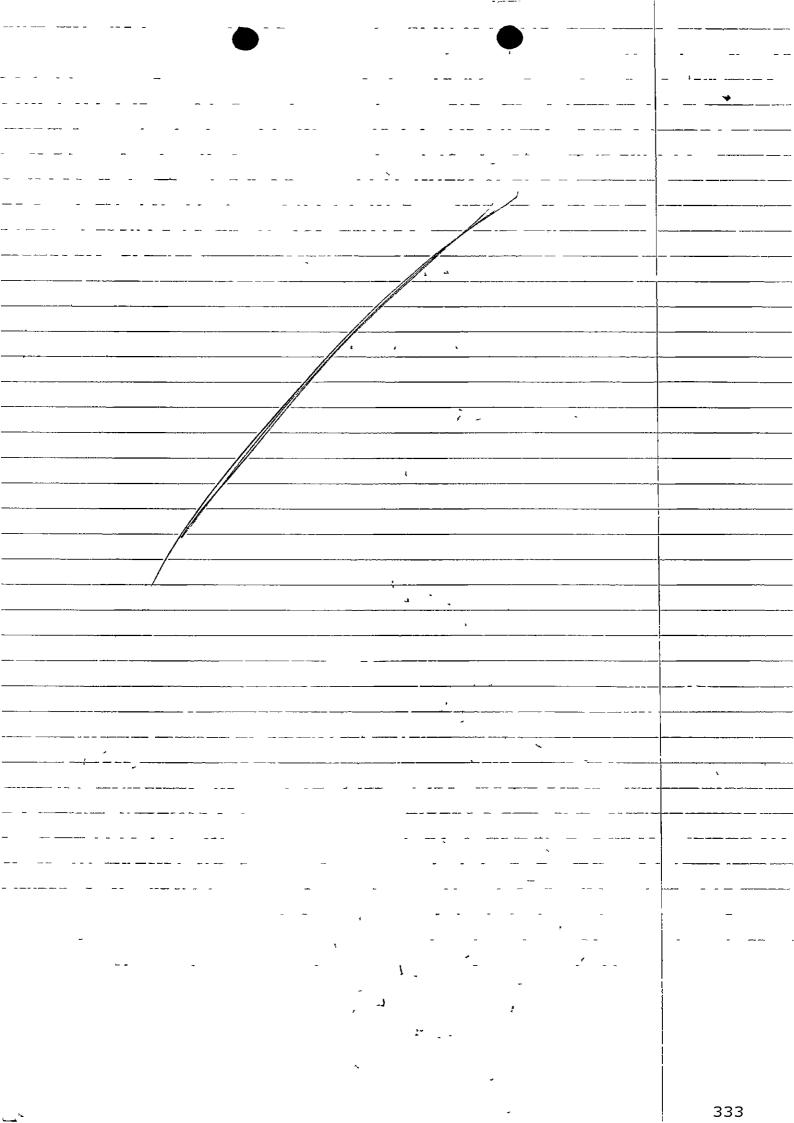
FBI NAME: HAMILTON, TWINTIN

FBI DATE OF BIRTH 11/20/1955

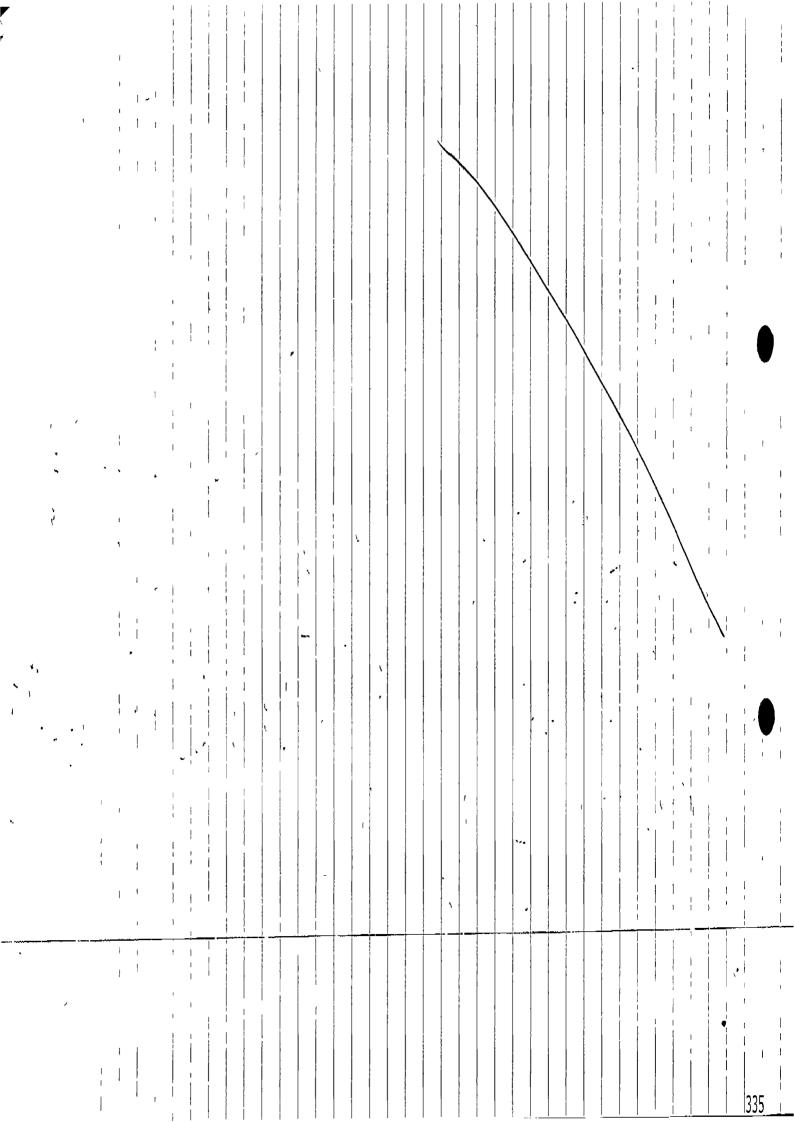
PF6 PF8 PRIOR SCREEN LOGOFF



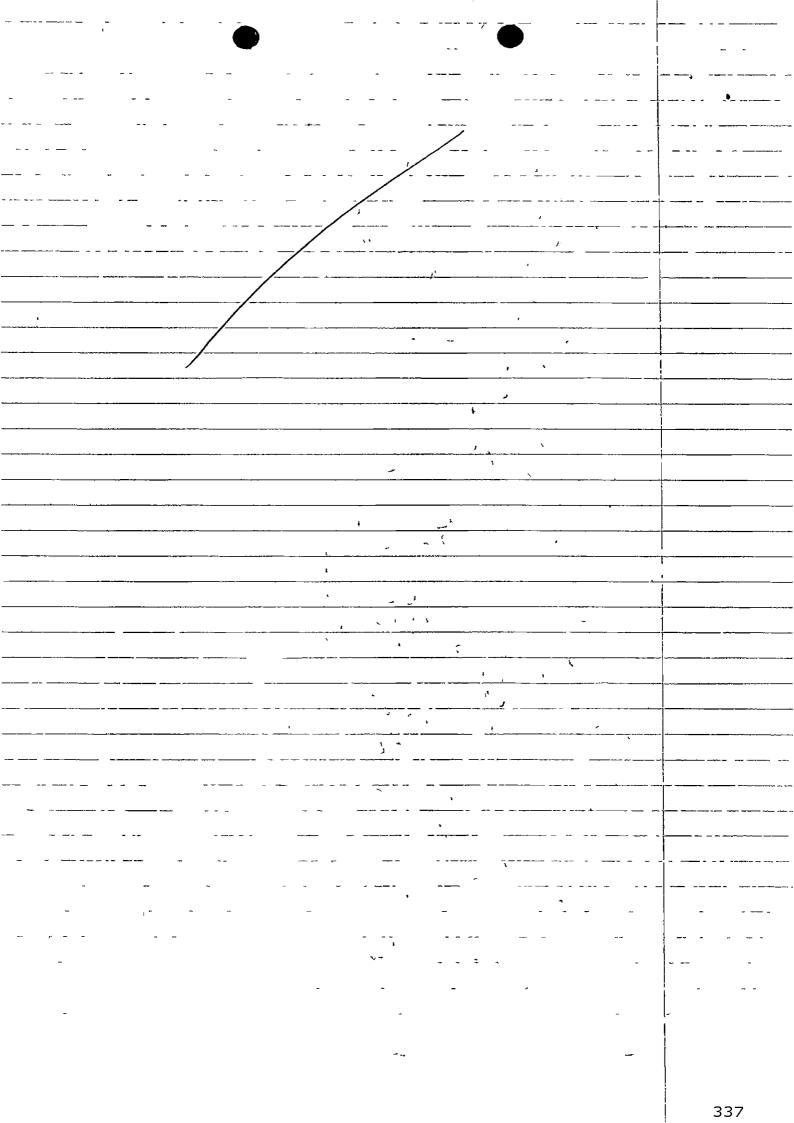
12/03- lexe. no die peril 1196 Doses D. 1-BR 2nd. family- Ludlad-\$ 830- 4-65. Short-2- zevs-Emiren sol Mensewije-(b)(6) 15 you 12 /3 100 /2/ 119hel- when net heale core fut. 160 -13;-croky. South Circles 332



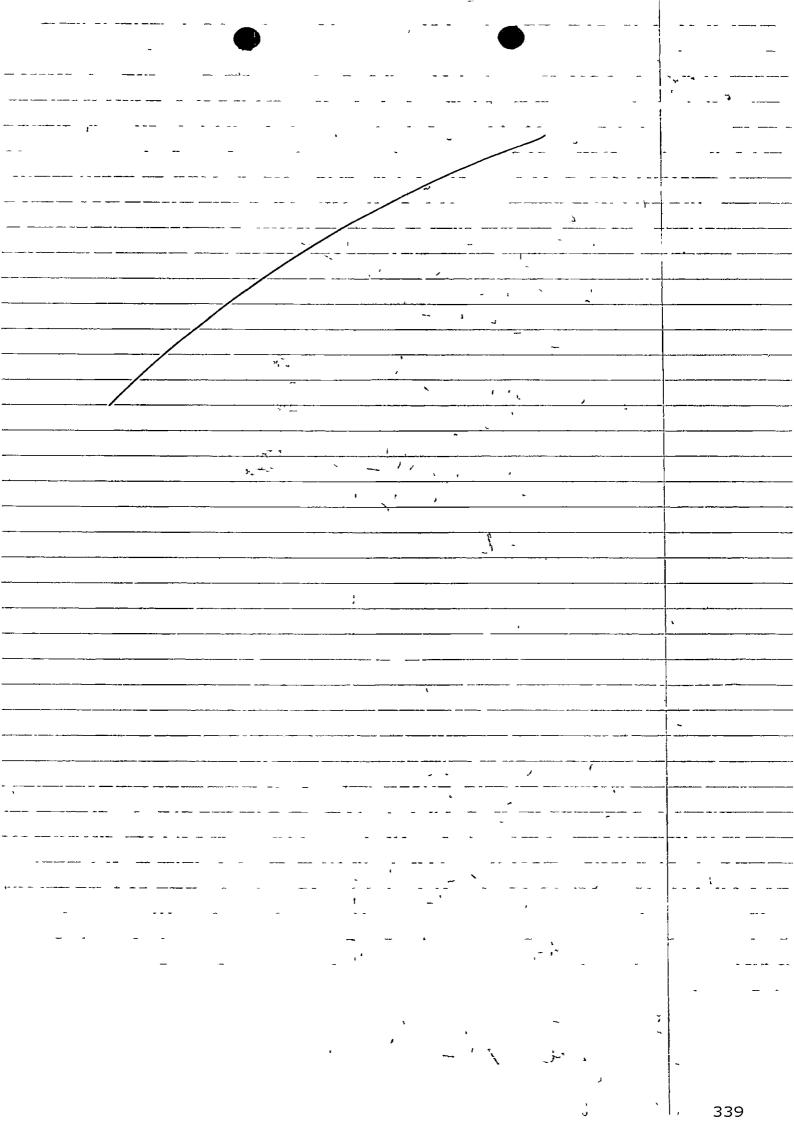
(b)(6)



(b)(6) 336



No- Movies 338





No My Linited States Citizenship & Immigration Services

ľ	IA	ME:	

Twinton Hamilton AUG 17 PM 1:08

ADDRESS. 1446 Rogers Ave.

Brooklyn, NY 11226

A NUMBER: 087 413 592 DATE: July 27, 2009

MACK, Vincent, Cle on

Please come to the office shown below at the time and place indicated in connection with an official matter.

· · · · · · · · · · · · · · · · · · ·	12.0-000
OFFICE LOCATION:	United States Department of Homeland Security United States Citizenship and Immigration Services 26 Federal Plaza New York, NY 10278 Non-immigrant unit/Stokes 4th Floor Room 437
DATE AND HOUR	August 17, 2009 1:30pm
ASK FOR	ANY DISTRICT ADJUDICATION OFFICER
REASON FOR APPOINTMENT	I-130 APPLICATION FILED BY SPOUSE PETITIONER MUST BE PRESENT
BRING THE FOLLOWING DOCUMENTS	SEE ATTACHMENTS

IT IS IMPORTANT THAT YOUR KEEP THIS APPOINTMENT AND BRING THIS LETTER WITH YOU. If you are unable to keep this appointment, sign below and return this letter to this office at once

I am unable to keep this appointment for the following reason(s).				
SIGNATURE	DATE.			

Andrea J Quarantillo District Director New York District

Form G-56 Rev cc



United States Citizenship & Immigration Services

NAME: **ADDRESS: 446 Rogers Ave**

Twinton Hamilton

Brooklyn, NY 11226

A NUMBER: 087 413 592

DATE: July 27, 2009

Please come to the office shown below at the time and place indicated in connection with an official matter.

OFFICE LOCATION:	United States Department of Homeland Security United States Citizenship and Immigration Services 26 Federal Plaza New York, NY 10278 Non-immigrant unit/Stokes 4th Floor Room 437
DATE AND HOUR	August 17, 2009 1:30pm
ASK FOR	ANY DISTRICT ADJUDICATION OFFICER
REASON FOR APPOINTMENT	I-130 APPLICATION FILED BY SPOUSE PETITIONER MUST BE PRESENT
BRING THE FOLLOWING DOCUMENTS	SEE ATTACHMENTS

IT IS IMPORTANT THAT YOUR KEEP THIS APPOINTMENT AND BRING THIS LETTER WITH YOU. If you are unable to keep this appointment, sign below and return this letter to this office at once

I am unable to keep this appointment for the following reason(s):			
SIGNATURE	DATE:		

Andrea J Quarantillo **District Director** New York District

Form G-56 Rev CC

(b)(5)



UNCLASSIFIED

FOR OFFICIAL USE ONLY

Appendix J: Processing Sheet

jparregu

		Form I-485 Processing Worksheet	
A-Number A874	413592	Special Handling Due Date Age Out Fiancé(e) (CF 1) Other	
□ Waived		□ Failed to Appear	
Case Continued (Mar Documentation (cm Marriage Ct Buth Cerufi Divorce De Other (speci	entificate ficate cree	ofinuation) C Relating File(s) A#	
-	s (circle all that apply) Check s HA 9 5 25 N	□ Visa Availability Preference Category Priority Date	
Reschedule Reason Supervisory Review (Concurrence	Notes States 8/17/05 1,30pm NYC	
Squaters	Data		
	s recommendation for Su fying Crimmal History in R	visor's Concurrence (if required) II T-file Adjudication II Deny	
Supervisory Review (Совсиггенсе		
Signature		Date	
		Final Decision	
☐ Approved	□ Denied	□ Withdrawn □ Admmistratively Closed	
:		Appeal/Motion Filed	
□ AAO	□ BIA	□ District Office	
		Notice to Appear Issued	
□ Yes			
USCIS I-485 SOP Ve Release date: May 01		Appendices Page 96	

(b)(7)(c)

(b)(7)(e)

Record Of IBIS Query (ROIQ)

A-Number: A087413592

Receipt: MSC0915412903

File Type: 1485

No	NAME (person/business)	DOB	Date IBIS'd /ID	No Match	DNR	Relates	Resolution Viemo Complete
1/	HAMILTON TWINTIN	11/20					
CA	TEGORY						
	☑ A	2 nd (
		3rd (
2	MACK VINCENT	06/25					
CA	TEGORY	, 1					
	□ A ☑ P □ B □ □ D	2 nd (
		3rd (
3.	Mack Twintin	111					
V	, , , , , , , , , , , , , , , , , , ,	11/					
CA	TEGORY	1 ⁷ .					
	A P D B D	2 nd (
		3rd (
4	- · · · · · · · · · · · · · · · · · · ·						
CA	TEGORY						
	□ A □ P □ B □ D	2 nd (
		3rd .					
5							
CA	TEGORY	, . I					
	□ A □ P □ B □ D	2 nd (
		3 rd Check	· -				
Pro	perly annotate IBIS results on the ROIQ		NO MATCH - No In	iformation fou	nd in IRIG	.	
	lude the date of query in the appropriate box (NO MATC)	H, DNR,	DNR - Information for				the subject
ЬБІ	+ TPC\						- 1

*Include the initials or identifying number of the USCIS personnel conducting the query in the same box as the date

*If the hit was a RELATES and a Resolution Memo was completed, check the Resolution Memo Completed box in the last column

RELATES - Information found in IBIS that relates to the subject, case referred for resolution

A = Applicant

P = Petitioner

B = Beneficiary

D = Derivative/Household Member

Friday, June 26, 2009

FOR OFFICIAL USE ONLY

(b)(7)(c)

	NBC 1-485 INTE	RVIEW READY CRI	TERIA	5/20/20	09
IMMIGRATION AND NATURALIZATION SERVICE 13 10					
•	FBI FINGE	RPRINT RESPONS	E		
A-NUMBER	87413592				
NAME	HAMILTON	TWINTIN			
DATE OF BIRTH	11/20/1955				
***************	***** FBI	RESPONSE INFORMAT	ION *****		
FBI RESPONSE DESC					
DATE PROCESSED BY F	BI 3/26/2009	Control Num	HA8529N		
BAIL I ROOLOGED DI I			10.000,000		
	(b)(7)(e)				
IMI		NATURALIZATION		5/20/20	
	FBI NAME	CHECK RESPONS	Ē	13 10	0
A-NUMBER	87413592				
NAME	HAMILTON,TWIN	NITIN			
DATE OF BIRTH	11 <i>[</i> 20/1955				
************	FBI	RESPONSE INFORMAT	10N ******		• • • • • • •
FBI RESPONSE DESC					
DATE PROCESSED BY F		u			
	(b)(7)	(e)			
FBI NAME HAMILTON,	TWINTIN .	DATE OF	BIRTH 11/20/	1955	
					
PE	TITION FOR ELI	GIBILITY / A-FILES	ORDERED		
A-NUMBER 87413592	LA ÉTO TOTAL COM COM COM	= = = = = = = = = = = = = = = = = = =	·· - ·		
I-485 RECEIPT NUMBER	į.		em ligi ligi ppi ngi ngi risi	mmi	
CONSOLIDATED INTO A	ļu	ika ngi ang nga kapi nga ang ngi nga nga ng	RP.	FP0405	ي سوم موس مسال
NO ANCILLIARY FILES O	RDERED				

File Found Under A#: A87413592

NO A-FILES ORDERED

Quality Control Check List

As each activity is completed, initial and date the appropriate line Indicate multiple activities with a "DOWN ARROW"

İBI	<u>S</u> ,	
	Applicant	1
	Petitioner	
<u>CIS</u>		
	9106	MC 7-9-09
	EOIR	
	NAILS	
	DACS.	<u> </u>
FBI	:	
	Fungerprints	
	Name Check	
NF	<u>rs</u>	
	All Converted Offices	·

CIMSIN DEPARTMENT OF HOMELAND SECURITY USCIS 07/09/09
COMMAND CENTRAL INDEX SYSTEM - DETAILED SEAR DISPLAY 10 43 40

DOB 11201955 A#. 087413592 NAME HAMILTON , TWINTIN

LAST HAMILTON FIRST TWINTIN NATZ DATE MIDDLE COURT ALIASES LOCATION

SEX F POE COB TRINI DOE 00000000 FCO GCU COA PEN COC TRINI FTC 07062009 FATHER LAWRENCE

PFCO NBC SFCO DFO 03072009 BIN MOTHER AGNES

CONSOLIDATED A-NOS --OTHER INFORMATION--SSN

I-94 ADM # EADS~X

PASSPORT # FBI #

DRIVER LIC FINGER CD#

CLEAR EXIT PF1 NEXT CONS A# PF2 PRIOR CONS A# PF4 RETURN PF5 HELP PF6 CIS MAIN MENU PF7 NEXT SEARCH PF8 VIEW HISTORY PF9 VIEW EAD PF11 EOIR

9

CIMSIN DEPARTMENT OF HOMELAND SECURITY USCIS 07/09/09
COMMAND CENTRAL INDEX SYSTEM - DETAILED SEAR DISPLAY 10 43 40

A# 087413592 NAME HAMILTON

, TWINTIN

DOB 11201955

LAST HAMILTON

FIRST TWINTIN

MIDDLE

NATZ DATE COURT LOCATION

SEX F POE COB TRINI DOE 00000000 FCO GCU COA PEN COC TRINI FTC 07062009 FATHER LAWRENCE

PFCO NBC SFCO DFO 03072009 BIN MOTHER AGNES

> CONSOLIDATED A-NOS --OTHER INFORMATION--

I-94 ADM #. EADS-X

PASSPORT #

ALIASES

FBI #

SSN

DRIVER LIC

FINGER CD#

CLEAR EXIT PF1 NEXT CONS A# PF2 PRIOR CONS A# PF4 RETURN PF5 HELP PF6 CIS MAIN MENU PF7 NEXT SEARCH PF8 VIEW HISTORY PF9 VIEW EAD PF11 EOIR NAILS INTERFACE NO LONGER ACTIVE - FOR MORE INFORMATION CONTACT THE HELP DESK

	CE	NTRAL INDEX SYST	EM - EOIR DATA	D_PLAY	10 43 45
A NUMBER	087413592			•	
		BASE CITY	HEARING LOC	A-NUMBER	000000000
CIS NAME	HAMILTON,	TWINTIN		PRIN A-NUMBER	000000000
EOIR NAME				EOIR NATIONALITY	
DOB		CASE TYPE		RELATION	
CHARGE DOO	2	ASYLUM TYPE	CUSTODY	CLK ELAPSE	
PROCEED RE	EC	INIT HEARING		CLK UPDTD	
	LA	ST HEARING	$\mathtt{TYP}\mathbf{E}$	CLK ST	
INIT RECD					
ASYL RECD		IJ DECISN	IJ COMPLETE	APPL	ICATIONS
		W/H DECISN	EOIR DECISN	FI	LED DEC
			OTHER COMPL.	212C	
MTR RECD		DECISN	DATE	245ADJ	
APPE AL		DECISN	DATE	VOL DEP	
	FIN	AL DISP	DATE	WTHDRWL	
				SUSPENS	•
CHARGES	(1)	(2)	(3)		
	(4)	(5)	(6)		

DEPARTMENT OF HOMELAND SECURITY - SCIS

CIMEQIR1

PF1 PAGE FWD PF5 HELP PF11 RETURN TO CIS CLEAR EXIT ENTER PROCESS A NUMBER NO EOIR DATA FOUND FOR THIS A-NUMBER

ŀ

07/09/09

CIMDDA COMMAND DEPARTMENT OF HOMELAND SECURITY USCIS 07/09/09
CENTRAL NEX SYSTEM - CI/EARM SUBSYCEM DISPLAY 10 43 50

A# 087413592 NAME HAMILTON

, TWINTIN

DOB 11201955

LAST NAME HAMILTON FIRST NAME TWINTIN MIDDLE NAME

AKA LAST NAME(S)

AKA FIRST NAME(S)

SSNSEX F POE DOE 00000000

MOST RECENT UPDATE TO CIS FROM EARM

CASE CATEGORY AGGRAVATED 'FELON

FINAL CHARGE

DEPARTURE COUNTRY.

DEPART/CLEARED STATUS

PORT OF DEP DATE OF DEPARTURE DOCKET CONTROL OFFICE

OVER-KEY A-NUMBER TO DISPLAY NEW PERSON -- PRESS ENTER

CLEAR EXIT PF4 DISPLAY MENU PF5 HELP PF6 CIS MAIN MENU PF8 DISPLAY HIST DEPORTATION (EARM) DATA NOT FOUND FOR THIS A-NUMBER

National Benefits Center-Contractor Processing Review Checklist for AOS I-485s

Complete entire checklist before completing request for evidence on second page RFE for all missing documents at one time. Update C3 after RFE has been completed and is ready to mail

					
A. E	vidence of eligibility?	Yes		No	
1	Concurrently filed I-130?	\mathbf{Z}	Goto B01	Goto A02	
2	Concurrently filed I-360 with Part 2, block "c" marked, concurrently filed I-360 with Part 2, block "k" annotated "SIJ" or "Special Immigrant Juvenile", or I-797 Notice of Action for I-360 with "Special Immigrant Juvenile" next to "Section" or "Class"?		STOP - Transfer to District Office	Goto A03	
3	Concurrently filed I-360 (Petition for Amerasian, Widow(er), or Special Immigrant)?		Goto A14	Goto A04	
4	Page 1, Part 1, of Form I-485 "Current USCIS status?" K-4, Page 2, part 3 of Form I-485 "In What Status did you last enter?" K-4, Form I-94 Arrival/Departure record "K-4", K-4 non-immigrant visa page from passport, or US immigration admission stamp with "K-4" classification (K-4 in/on at least one)?		Goto A0S	Goto A06	
5	I-797 Notice of Action receipt or approval notice for Form I-130 with I-485 applicant's name listed as "Beneficiary" on I-797 notice?		Goto E01	Goto E01 RFE(A05)	
6	I-797 Notice of Action for I-130, I-129f, I-360 or I-171 Notice from Consular Office for I-130, I-129f, I-360?		Goto E01	Goto A07	
7	Child or spouse riding with principal who has I-797 or I-171 for I-129f, I-130, I-3609		Goto E01	Goto A08	
8	Petitions Form I-129f (Petition for Alien Fiancée), Form I-130 (Petition for Alien Relative), or Form I-360 (Petition for Amerasian, Widow(er), or Special Immigrant) in file (check other A or T files)?		Goto E01	Goto A09	
9	Form I-485, Part 2, block "e" marked?		Goto D05	Goto A10	
10	Form I-485, Part 2, block "f" marked?		Goto D06	Goto All	
11	Form I-485, Part 2, block "d" marked?		STOP ¹ Transfer to LIN	Goto A12	
12	Form I-485, Part 2, block "g" marked?		ORB1 Stop	Goto A14	
14	Concurrently filed I-360 with other than block "c" in Part 2 marked?		ORB1 Stop	Goto A17	
17	Diversity visa lottery winner?**		STOP HERE! Route to Records for transfer to district office	⊞ Goto A18	
18	Block "h" marked on Form I-485 and NOT a diversity visa lottery winner?		ORB1 Stop	Goto E01 RFE(A18)	
B F	roof of Petitioner's/Decedent's U.S. Citizenship included	Yes		No	
1	Examples (need only one type) US birth certificate, Certificate of Naturalization, Certificate of Citizenship, Copy of biographic information page of US passport, Department of State Consular Report of Birth Abroad	V	Goto COI	Goto B02 RFE(B01)	
2	Concurrently filed I-360 with Part 2, block "b" marked?		ORBI STOP	Goto C01	

Please route to I-864 Pilot team-Team 1

NBC November 13, 2006 parregu

3/16/2009 1 51 15 PM Revision 9

C Relationship (only for those with I-130s)	Yes	No
1 On Form I-130, under Part A number 1, "Husband/Wife" block marked?	Goto D01	Goto C02
2 On Form I-130, under Part A number 1, "Child" block marked?	Goto E01	Goto C03
3 On Form I-130, under Part A number 1, "Parent" block marked?	Goto D02	■ Goto C04
4 On Form I-130, under Part A number 1, "Brother/Sister" block marked?	ORB2 STOP	ORB2 STOP
D. Evidence of Relationship	Yes	No
1 Marriage certificate English or foreign language with English translation?	Goto E01	Goto E01 RFE(D01)
2 Birth certificate for petitioner (person listed on left side of I-130) English or foreign language with English translation?	Goto E01	Goto D03
3 Document(s) other than birth certificate submitted for I-130 petitioner (person listed on Left side of I-130) in place of birth certificate?	Goto D04	Goto E01 RFE(D03)
4 Check the DOS FAM for the 1-130 petitioner's country of birth. Are the documents Submitted acceptable?	Goto E01	Goto E01 RFE(D04)
5 Cuban birth certificate with translation or Cuban passport for applicant?	Goto O01	Goto O01 RFE(D05)
6 Evidence of Principal Cuban applicant or LPR (copy of LPR card with "CU6" for "Category", I-797 Receipt notice for I-485 filed under "Section Cuban Adjustment Act", Cuban birth certificate, Cuban passport, Principal Cuban file part of family pack)?	Goto O01	Goto O01 RFE(D06)
E. Form I-864, Form I-864EZ, or I-864W included?	Yes	No
1 Form I-864 submitted?	Goto F01	Goto E02
2 Form I-864EZ submitted?	Goto M01	Goto E03
3 Form I-864W submitted?	Goto N01	Goto E04
4 Form I-485, Part 2, block "e" or "f" marked?	Goto O01	Goto E05
5 Form I-360 in file or I-797 Notice of Action for Form I-360 in file?	Goto E06	Goto O01 RFE(E05)
6 I-360 or I-797 for I-360 filed as battered spouse or child or widow/widower?	Goto O01 RFE(E06)	ORB1 STO

Please route to I-864 Pilot team-Team 1

F. New Form 1-864	Yes	No
1 Is revision date of I-864 on or after 1/15/06?	Goto F02	Goto C01 RFE(F01)
2 I-797 Notice of Action for I-130 or I-129f or I-171 Notice from Consular Office for I-130 Or I-129f?	Goto F04	 Goto F03
3 Petitions Form I-129f (Petition for Alien Fiancée) or Form I-130 (Petition for Alien Relative) in file (check other A or T files)?	Goto F04	Goto O01
4 Name listed on Page 1, line 1 same name as petitioner listed on I-797 notice or concurrently filed I-130?	✓ Goto F06	Goto F05
5 Page 1, Part 1, question 1, block "f" marked on one I-864?	Goto K01	■ Goto F10
6 Page 1 of I-864 submitted?	✓ Goto F07	Goto O01 RFE(F06)
7 Page 2 of I-864 submitted?	Goto F08	Goto O01 RFE(F07)
8 Only one block marked on Page 1, Part 1, question 1 of 1-864?	Goto F09	Goto F13
9 Page 1, Part 1, question 1, block "a" marked on one I-864?	Goto G01	I Goto F10
10 Page 1, Part 1, question 1, block "b" or "c" marked on only I-864?	Goto F19	Goto F11
11 Page 1, Part 1, question 1, block "d" or "e" marked on I-864?	Goto F12	⊞ Goto F13
12 Only one I-864 submitted?	Goto I01 RFE(F12)	Goto FI8
13 A name provided on Page 1, Part 1, line 1 of I-864?	Goto F14	Goto F15
14 Name listed on Page 1, Part 1, line 1 same name as petitioner listed on I-797 notice or Concurrently filed I-130?	Goto G01	Goto F15
15 A name listed on Page 2, Part 4, line 11?	™ Goto F18	ORB1 STO
18 Name listed on Page 2, Part 4, line 11 same name as petitioner listed on I-797 notice Or concurrently filed I-130?	☐ Goto G01	Goto 101 RFE(F18)
19 Concurrently filed I-130 and/or I-797 for I-130, I-129f, I-360?	Goto G01	Goto F20
20 I-797 for I-140 only proof of petition (NO I-797 for I-130, I-129f, I-360)?	■ ORB2 STOP	Goto G01

Please route to I-864 Pılot team-Team 1

G. P	etitioner/Sponsor I-864	Yes	No
	I-797 Notice of Action for I-130 or I-129f or I-171 Notice from Consular Office for I-130 Or I-129f?	Goto G03	Goto G02
2	Petitions Form I-129f (Petition for Alien Fiancée) or Form I-130 (Petition for Alien Relative) in file (check other A or T files)?	Goto G03	Goto O01
3	One I-864 lists petitioner's name on Page 2, Part 4, line 11 of I-864 (petitioner listed On I-130 or I-129f petition or on I-797 or I-171 notice)?	Goto G04	Goto I01 RFE(G03)
4	Page 3 of I-864 submitted?	Goto G05	Goto O01 RFE(G04)
5	Page 4 of I-864 submitted?	✓ Goto G06	Goto O01 RFE(G05)
6	Page 5 of I-864 submutted?	✓ Goto G07	Goto O01 RFE(G06)
7	Page 8 of I-864 submitted?	Goto G08	□ Gοω G11 RFE(G07)
8	Form I-864 for petitioner signed (Page 8, Part 8, line 31 of I-864)?	☑ Goto G09	Goto G09 RFE(G08)
9	Does page 8, Part 8, line 31 of I-864 contain a date in the date line?	✓ Goto G10	Goto G11
10	Is date on page 8, part 8, line 31 of I-864 one year or less before the I-485 receipt date (I-485 receipt date is found on page 1 of I-485 on the barcode sticker)? If the I-864 was signed in response to initial RFE, is the date on page 8, line 31 of I-864 within 90 days of the RFE?	✓ Goto G11	Goto O01 RFE(G10)
11	Using most recent tax documents in file, is copy of petitioner's Federal income tax?	Goto G12	✓ Goto G13
12	Is petitioner's Federal income tax return for most recent tax year as of date I-864 signed?	Goto G20	图 Goto G13 RFE(G12)
13	Using most recent tax documents in file, is petitioner's IRS-issued transcript included?	Goto G14	✓ Goto G15
14	Is petitioner's IRS-issued transcript for most recent tax year as of date I-864 signed?	■ Goto G28	Goto G20 RFE(G14)
15	Using most recent tax documents in file, is petitioner's IRS Form 4868 Application for Automatic Extension of Time to File US Individual Tax Return in file?	Goto G16	✓ Goto G18
16	Is petitioner's IRS Form 4868 for most recent tax year as of date I-864 signed?	@ Goto G17	Goto G20 RFE(G16)
17	Find the date Form I-864 was signed (page 8, Part 8, line 31, "Date" on I-864) or use the I-485 receipt date (page 1 of I-485 on barcode sticker) if no date by I-864 signature. Is the Date Form I-864 signed (or the I-485 receipt date if the I-864 has no date by the signature) before 10/17 of the current year?	図 Goto G20	☐ Goto O01 RFE(G17)
18	Letter explaining why no duty to file income tax returns for most recent tax year?	Goto G28	Goto G19
19	Did petitioner mark Page 3, Part 6, question 22, block "d"?	□ Goto G28	✓ Goto G28 RFE(G19)
20	Page 3, Part 6, item 22, block b marked (self-employed)?	Goto G21	Goto G22
21	Form 1040 Schedule C, Schedule B, Schedule C-EZ, Schedule D, Schedule E Schedule F, transcript or photocopy submitted (may be included in IRS-issued transcript if submitted)?	⊞ Goto G28	Goto G28 RFE(G21)
22	Using most recent tax documents in file, is petitioner's W-2s included?	Goto G23	Goto G24
23	Petitioner/Sponsor's W-2 for the most recent tax year?	Goto G28	Goto G28 RFE(G23)

Please route to I-864 Pilot team-Team 1

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	24 Using most recent tax documents in file, is petitioner's 1099 included?	■ Got	o C25	■ Goto G26
	25 Petitioner/Sponsor's 1099 for the most recent tax year?	■ Got	o C728	Goto G28 RFE(G25)
	26 Using most recent tax documents in file, is petitioner's 4598 included?	■ Got	o G27	Goto G28 RFE(G26)
	27 Petitioner/Sponsor's 4598 for the most recent tax year?	■ Got	o G28	Goto G28 RFE(G27)
	28 Page 3, Part 5, line 21, item h of I-864 "2" or more?	Got Got	o G29	Goto O01 RFE(G28)
	29 Find petitioner's income from federal tax return for most recent tax year (\$	☐ Got	o O01	√ Goto G30
	30 Reserved for future use	☐ Got	o G31	Goto G31
b)(6)	nd Household size (Page 3, Part 6, Line 23 of I-864) and Household size (Page 3, Part 5, Line 21, Item h of I-864) 64P in effect the date Form I-485 was filed, does the income for nousehold size incet 125% of poverty line?	✓ Got	o G32	Goto G34
	32 Letter from employer for petitioner with current income?	✓ Got	o O01	🔲 Gοιο G33
	33 Proof of income for petitioner that shows weekly, monthly, or yearly earnings (pay stubs, Social Security benefits statements, pension/retirement disbursement statements)?	■ Get	o O01	Goto O01 RFE(G33)
	34 Page 2, Part 4, line 20 marked "Yes"?	Got	o G35	Goto G40
	35 Proof of active duty military status of petitioner?	Col	umm on I- P& Go to	Goto G36 RFE(G35)
	36 Find petitioner's income from federal tax return for most recent tax year () and household size (Page 3, Part 5, Line 21, item h of I-864) () Using the I-864P in effect the date Form I-485 was filed, does the income for household size meet or exceed 100% of Poverty line?	■ Got	o O01	Goto G37
	37 Find petitioner's current income (Page 3, Part 6, Line 23 of I-864) (\$) and Household size (Page 3, Part 5, Line 21, Item h of I-864) () Using the I-864P in effect the date Form I-485 was filed, does the income for household size meet 100% of poverty line?	■ Got	o G38	Goto G40
	38 Letter from employer for petitioner with current income?	■ Got	ο Ο01	Goto G39
	39 Proof of income for petitioner that shows weekly, monthly, or yearly earnings (pay stubs, Social Security benefits statements, pension/retirement disbursement statements)?	■ Got	o O01	Goto O01 RFE(G39)
	40 Is Page 4, Part 6, line 24, item b completed (Household members)?	■ Got	o H01	Goto G41
	41 Another I-864 in file with page 1, Part 1, line 1, block "d" or "e" marked?	■ Got	o IO1	Goto G42
	42 Is Page 5, Part 7, line 26, 27, or 28 completed (assets)?	■ OR	B2 STOP	Goto O01 RFE(G42)

Please route to I-864 Pilot team-Team 1

O. Medical and Vaccination Supplement	Yes	No
1 Block "c" in Part 2 on first page of I-485 checked, "Current INS Status" on first page of I-485 shows K-1, K-2, K-3, or K-4, or I-94 or visa shows K-1, K-2, K-3, or K-4?	Goto P01	Goto O02
2 A version of Form I-693 Medical Exam submitted for I-485 applicant?	Goto O03	Goto O08 RFE(O02)
3 Is revision date on or after 4/2/08?	Goto O09	Goto O04
4 Find the civil surgeon certification on form 1-693, is there a date next to doctor's signature?	Goto O05	Goto O06
5 Is the date prior to 6/1/08?	⊞ Gαω O06	Goto O08 RFE(O05)
6 Is there a date in item 7, under "date of examination" on form I-6939	Goto O07	Goto P01 RFE(O06)
7 Is date prior to 6/1/08?	Goto O08	Goto O08 RFE(O07)
8 Is a Vaccination Supplement (Supplemental Form to I-693) submitted for I-485 applicant (MUST be on Supplemental Form to I-693 Adjustment of Status Applicant's Documentation of Immunization)?	Goto P01	Goto P01 RFE(O08)
9 Is page 3 blank?	Goto P01 RFE(O09)	⊘ Goto P01
P. Applicant's/Beneficiary's (person listed on I-485) Birth Certificate	Yes	No
1 Applicant birth certificate submitted?	Goto P03	Goto P02
2 Birth Affidavit for Applicant submitted?	Goto P04	圈 Goto Q01 RFE(P02)
3 If birth cert not in English, English translation submitted?	✓ Goto Q01	Goto Q01 RFE(P03)
4 Check the DOS FAM for the applicant's COB Are the documents submitted acceptable?	☐ Goto Q01	Goto Q01 RFE(P04)

Please route to I-864 Pilot team-Team 1

Q. A	pplicant's/Beneficiary's Lawful Entry	Yes		No	
1	Are you an Adjudicator/Officer with USCIS?		Goto Q01	Goto Q06	
6	Form I-797 for Form I-360 as Special Immigrant Juvenile or Battered Spouse or Child of United States citizen (USC) or Lawful Permanent Resident (LPR)?		STOP HERE!	Goto Q07	
7	Form I-485, Part 2, block "e" or "f" marked?		Goto Q08	₩ Goto Q11	
8	Form I-94 Arrival/Departure Record, entry stamp in passport for applicant, or SQ94 record of admission (SQ94 record for Adjudications only) in file?		Goto Q09	RFE(Q08) & STOP	
9	Arrival date on I-94 or entry stamp at least one year before I-485 received date?		STOP HERE!	■ ORB2 STOP	
11	is the FCO on the back of the file AGA?		Pull any I-765 and I-131, Transfer Out to District Office Do not mail any RFE's Place RFE letters in file and Schedule for Interview	G Goto Q12	
12	Evidence of applicant's lawful entry into U S included? Examples (need only one type) Copy of I-94 Arrival/Departure Record, Passport page with stamp from U S Immigration Port of Entry, Copy of Border Crossing Card (if from Mexico), If Canadian, exempt entry documents SQ94 screen print as proof of lawful entry (SQ94 record for Adjudications only) or applicant is filing under Section 249 (presence since 1/1/72)	✓	STOP HERE!	Goto Q13	
13	Supplement A to Form I-485 submitted?		Goto Q14	RFE(Q13) & STOP	
14	Is the applicant seventeen years old or older?	氢	Goto Q15	Goto Q17	
15	Wand I-485 Receipt into Claims (GUI), Click on receipt remittance, select remittance from drop down choices, is the total fee(s) paid \$2010 or is there a separate \$1000 remittance?	lä	Goto Q17	∭ Goto Q16	
16	Does the file contain a I-797, Notice of Action, for Form I-8179		Goto Q17	ORB1 STOP	
17	I-797 or I-171 Notice of Action for Form I-130 Priority Date or Receipt Date on or before April 30, 2001?		STOP HERE	Ø ORB1 STOP	

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