

**MARJORIE MAGNIFIQUE**  
1234 Main Street, Los Angeles, CA 90010  
Ph: (213) 555-1212 / Email: immigration4u@yahoo.com

August 15, 2018

**Via U.S. Priority Mail**

USCIS  
ATTN: Form N-400  
P.O. Box 21251  
Phoenix, AZ 85036

**RE: Form N-400, Application for Naturalization**  
**Applicant:** Miguel William Lozano  
**Alien No:** 206-245-897

Dear or Sir or Madam,

The above captioned Applicant, Miguel Lozano, hereby submits his Form N-400, Application for Naturalization. At his request, I have assisted him in completing organizing the following forms and documents submitted in support of her Form N-400 Application:

**Filing Fees**

- A. Cashier's Check in the amount of \$725.00 payable to the U.S. Department of Homeland Security

**Photographs**

- B. Two Passport Style Photographs of Applicant

**Forms**

- C. N-400, Application for Naturalization

**Supporting Documents**

- D. Copy of Applicant's Mexican Birth Certificate with ENGLISH TRANSLATION
- E. Copy of Front and Back of Applicant's LPR Card
- F. Copy of U.S. Individual Tax Return 2017 – Applicant
- G. Copy of U.S. Individual Tax Return 2016 – Applicant

Thank you in advance for your assistance and prompt attention to this matter. Do not hesitate to contact the Applicant with any questions or concerns.

Sincerely,

*Marjorie Magnifique*  
Marjorie Magnifique



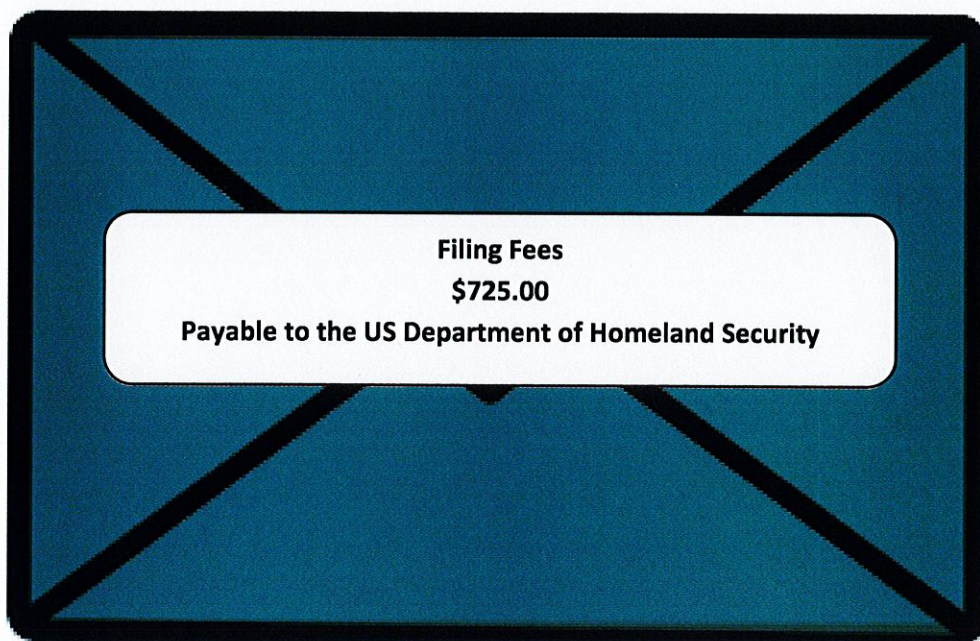
Please be advised that this is a sample packet is not intended to be, nor should it be construed as, legal advice.

**EXHIBIT - A**

## Filing Fees

Remember to:

1. Cashier's Check, Money Order or Personal Check
2. Payable to: US Department of Homeland Security
3. Name and A# in Memo Line



**EXHIBIT - B**

## PASSPORT STYLE PHOTO GRAPHS

Remember to:

1. Label Each Photo with full name and A#
2. Photos should be 2 x 2
3. Photos **MUST** have white background
4. Label the Envelope



**EXHIBIT - C**



**Application for Naturalization**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form N-400**  
 OMB No. 1615-0052  
 Expires 03/31/2019

<b>For USCIS Use Only</b>	Date Stamp	Receipt	Action Block
Remarks			

▶ **START HERE - Type or print in black ink.** Type or print "N/A" if an item is not applicable or the answer is none, unless otherwise indicated. Failure to answer all of the questions may delay U.S. Citizenship and Immigration Services (USCIS) processing your Form N-400. **NOTE: You must complete Parts 1. - 15.**

If your biological or legal adoptive mother or father is a U.S. citizen by birth, or was naturalized before you reached your 18th birthday, you may already be a U.S. citizen. Before you consider filing this application, please visit the USCIS Website at [www.uscis.gov](http://www.uscis.gov) for more information on this topic and to review the instructions for Form N-600, Application for Certificate of Citizenship, and Form N-600K, Application for Citizenship and Issuance of Certificate Under Section 322.

**NOTE:** Are either of your parents a United States citizen? If you answer "Yes," then complete **Part 6. Information About Your Parents** as part of this application. If you answer "No," then skip **Part 6.** and go to **Part 7. Biographic Information.**

**Part 1. Information About Your Eligibility (Select only one box or your Form N-400 may be delayed)**

Enter Your 9 Digit A-Number:  
 ▶ A- 

2	0	6	2	4	5	8	9	7
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1. You are at least 18 years of age and:
  - A.  Have been a lawful permanent resident of the United States for at least 5 years.
  - B.  Have been a lawful permanent resident of the United States for at least 3 years. In addition, you have been married to and living with the same U.S. citizen spouse for the last 3 years, **and** your spouse has been a U.S. citizen for the last 3 years at the time you filed your Form N-400.
  - C.  Are a lawful permanent resident of the United States **and** you are the spouse of a U.S. citizen **and** your U.S. citizen spouse is regularly engaged in specified employment abroad. (See the Immigration and Nationality Act (INA) section 319(b).) If your residential address is outside the United States and you are filing under Section 319(b), select the USCIS Field Office from the list below where you would like to have your naturalization interview:
  - D.  Are applying on the basis of qualifying military service.
  - E.  Other (Explain):

**Part 2. Information About You (Person applying for naturalization)**

1. Your Current Legal Name (do not provide a nickname)
 

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
LOZANO	MIGUEL	WILLIAM
2. Your Name Exactly As It Appears on Your Permanent Resident Card (if applicable)
 

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
LOZANO	MIGUEL	W

**Part 2. Information About You (Person applying for naturalization) (continued)**

A- 2 0 6 2 4 5 8 9 7

3. Other Names You Have Used Since Birth (include nicknames, aliases, and maiden name, if applicable)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
NONE	NONE	NONE

4. Name Change (Optional)

**Read the Form N-400 Instructions before you decide whether or not you would like to legally change your name.**

Would you like to legally change your name?  Yes  No

If you answered "Yes," type or print the new name you would like to use in the spaces provided below.

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

5. U.S. Social Security Number (if applicable)

▶ 2 3 4 5 6 7 8 9 1

6. USCIS Online Account Number (if any)

▶

7. Gender

Male  Female

8. Date of Birth

(mm/dd/yyyy)

05/24/1992

9. Date You Became a Lawful

Permanent Resident (mm/dd/yyyy)

05/01/2010

10. Country of Birth

EL SALVADOR

11. Country of Citizenship or Nationality

EL SALVADOR

12. Do you have a physical or developmental disability or mental impairment that prevents you from demonstrating your knowledge and understanding of the English language and/or civics requirements for naturalization?

Yes  No

If you answered "Yes," submit a completed Form N-648, Medical Certification for Disability Exceptions, when you file your Form N-400.

13. Exemptions from the English Language Test

A. Are you **50** years of age or older **and** have you lived in the United States as a lawful permanent resident for periods totaling at least **20** years at the time you file your Form N-400?

Yes  No

B. Are you **55** years of age or older **and** have you lived in the United States as a lawful permanent resident for periods totaling at least **15** years at the time you file your Form N-400?

Yes  No

C. Are you **65** years of age or older **and** have you lived in the United States as a lawful permanent resident for periods totaling at least **20** years at the time you file your Form N-400? (If you meet this requirement, you will also be given a simplified version of the civics test.)

Yes  No

**Part 3. Accommodations for Individuals With Disabilities and/or Impairments**

**NOTE:** Read the information in the Form N-400 Instructions before completing this part.

1. Are you requesting an accommodation because of your disabilities and/or impairments?

Yes  No

If you answered "Yes," select any applicable box.

A.  I am deaf or hard of hearing and request the following accommodation. (If you are requesting a sign-language interpreter, indicate for which language (for example, American Sign Language).)

B.  I am blind or have low vision and request the following accommodation:

**Part 3. Accommodations for Individuals With Disabilities and/or Impairments (continued)**

A- 2 0 6 2 4 5 8 9 7

- C.  I have another type of disability and/or impairment (for example, use a wheelchair). (Describe the nature of your disability and/or impairment and the accommodation you are requesting.)

**Part 4. Information to Contact You**

1. Daytime Telephone Number  2. Work Telephone Number (if any)
3. Evening Telephone Number  4. Mobile Telephone Number (if any)
5. Email Address (if any)

**Part 5. Information About Your Residence**

1. Where have you lived during the last five years? Provide your most recent residence and then list every location where you have lived during the last five years. If you need extra space, use additional sheets of paper.

A. Current Physical Address

Street Number and Name  Apt.  Ste.  Flr.  Number

City or Town  County  State  ZIP Code + 4  -

Province or Region (foreign address only)  Postal Code (foreign address only)  Country (foreign address only)

Dates of Residence From (mm/dd/yyyy)  To (mm/dd/yyyy)

B. Current Mailing Address (if different from the address above)

In Care Of Name (if any)

Street Number and Name  Apt.  Ste.  Flr.  Number

City or Town  County  State  ZIP Code + 4  -

Province or Region (foreign address only)  Postal Code (foreign address only)  Country (foreign address only)

**Part 5. Information About Your Residence (continued)**

A- 2 0 6 2 4 5 8 9 7

**C. Physical Address 2**

Street Number and Name Apt. Ste. Flr. Number  
 6258 WEST AUTUMN AVENUE

City or Town County State ZIP Code + 4  
 LOS ANGELES LOS ANGELES CA 90004 - 1234

Province or Region Postal Code Country  
 (foreign address only) (foreign address only) (foreign address only)  
  USA

Dates of Residence From (mm/dd/yyyy) To (mm/dd/yyyy)  
 03/15/2010 04/01/2014

**D. Physical Address 3**

Street Number and Name Apt. Ste. Flr. Number

City or Town County State ZIP Code + 4  
    -

Province or Region Postal Code Country  
 (foreign address only) (foreign address only) (foreign address only)

Dates of Residence From (mm/dd/yyyy) To (mm/dd/yyyy)

**E. Physical Address 4**

Street Number and Name Apt. Ste. Flr. Number

City or Town County State ZIP Code + 4  
    -

Province or Region Postal Code Country  
 (foreign address only) (foreign address only) (foreign address only)

Dates of Residence From (mm/dd/yyyy) To (mm/dd/yyyy)

**Part 6. Information About Your Parents**

If neither one of your parents is a United States citizen, then skip this part and go to Part 7.

1. Were your parents married before your 18th birthday?  Yes  No**Information About Your Mother**2. Is your mother a U.S. citizen?  Yes  NoIf you answered "Yes," complete the following information. If you answered "No," go to **Item Number 3.**

**Part 6. Information About Your Parents (continued)**

A- 2 0 6 2 4 5 8 9 7

**A. Current Legal Name of U.S. Citizen Mother**

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

**B. Mother's Country of Birth****C. Mother's Date of Birth (mm/dd/yyyy)****D. Date Mother Became a U.S. Citizen (if known) (mm/dd/yyyy)****E. Mother's A-Number (if any)**▶ A- **Information About Your Father****3. Is your father a U.S. citizen?** Yes  NoIf you answered "Yes," complete the information below. If you answered "No," go to **Part 7**.**A. Current Legal Name of U.S. Citizen Father**

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

LOZANOMIGUELWILLIAM**B. Father's Country of Birth****C. Father's Date of Birth (mm/dd/yyyy)**EL SALVADOR03/24/1952**D. Date Father Became a U.S. Citizen (if known) (mm/dd/yyyy)****E. Father's A-Number (if any)**02/15/1995▶ A- 0 9 6 4 5 6 7 8 9**Part 7. Biographic Information****NOTE:** USCIS requires you to complete the categories below to conduct background checks. (See the Form N-400 Instructions for more information.)**1. Ethnicity (Select only one box)** Hispanic or Latino  Not Hispanic or Latino**2. Race (Select all applicable boxes)** White  Asian  Black or African American  American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander**3. Height** Feet  Inches  **4. Weight** Pounds   **5. Eye color (Select only one box)** Black  Blue  Brown  Gray  Green  Hazel  Maroon  Pink  Unknown/Other**6. Hair color (Select only one box)** Bald (No hair)  Black  Blond  Brown  Gray  Red  Sandy  White  Unknown/Other

**Part 8. Information About Your Employment and Schools You Attended**

A- 2 0 6 2 4 5 8 9 7

List where you have worked or attended school full time or part time during the last five years. Provide information for the complete time period. Include all military, police, and/or intelligence service. Begin by providing information about your most recent or current employment, studies, or unemployment (if applicable). Provide the locations and dates where you worked, were self-employed, were unemployed, or have studied for the last five years. If you worked for yourself, type or print "self-employed." If you were unemployed, type or print "unemployed." If you need extra space, use additional sheets of paper.

## 1. Employer or School Name

FIESTA MARTIN BAR AND GRILL

Street Number and Name

300 N FLORENCE AVENUE

Apt. Ste. Flr. Number

City or Town

INGLEWOOD

State

CA

ZIP Code + 4

90305

- 1234

Province or Region  
(foreign address only)Postal Code  
(foreign address only)Country  
(foreign address only)

USA

Date From (mm/dd/yyyy)

03/05/2010

Date To (mm/dd/yyyy)

PRESENT

Your Occupation

GENERAL MANAGER

## 2. Employer or School Name

UNIVERSITY OF CALIFORNIA LOS ANGELES

Street Number and Name

417 WEST FRED YOUNG DRIVE

Apt. Ste. Flr. Number

City or Town

LOS ANGELES

State

CA

ZIP Code + 4

90095

- 1234

Province or Region  
(foreign address only)Postal Code  
(foreign address only)Country  
(foreign address only)

USA

Date From (mm/dd/yyyy)

09/05/2016

Date To (mm/dd/yyyy)

PRESENT

Your Occupation

STUDENT

## 3. Employer or School Name

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code + 4

Province or Region  
(foreign address only)Postal Code  
(foreign address only)Country  
(foreign address only)

Date From (mm/dd/yyyy)

Date To (mm/dd/yyyy)

Your Occupation

**Part 9. Time Outside the United States**

A- 2 0 6 2 4 5 8 9 7

1. How many total days (24 hours or longer) did you spend outside the United States during the last 5 years?  days
2. How many trips of 24 hours or longer have you taken outside the United States during the last 5 years?  trips
3. List below all the trips of 24 hours or longer that you have taken outside the United States during the last 5 years. Start with your most recent trip and work backwards. If you need extra space, use additional sheets of paper.

Date You Left the United States (mm/dd/yyyy)	Date You Returned to the United States (mm/dd/yyyy)	Did Trip Last 6 Months or More?	Countries to Which You Traveled	Total Days Outside the United States
12/15/2014	01/05/2015	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	JAMAICA	21
06/10/2016	07/10/2016	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SPAIN	30
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part 10. Information About Your Marital History**

1. What is your current marital status?  
 Single, Never Married  Married  Divorced  Widowed  Separated  Marriage Annulled  
 If you are single and have never married, go to Part 11.
2. If you are married, is your spouse a current member of the U.S. armed forces?  Yes  No
3. How many times have you been married (including annulled marriages, marriages to other people, and marriages to the same person)?
4. If you are married now, provide the following information about your current spouse.

**A. Current Spouse's Legal Name**

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
<input type="text" value="LOZANO"/>	<input type="text" value="ANGELIQUE"/>	<input type="text" value="MARIE"/>

**B. Current Spouse's Previous Legal Name**

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
<input type="text" value="WILLIAMS"/>	<input type="text" value="ANGELIQUE"/>	<input type="text" value="MARIE"/>

**C. Other Names Used by Current Spouse (include nicknames, aliases, and maiden name, if applicable)**

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
<input type="text" value="WILLIAMS"/>	<input type="text" value="ANGIE"/>	<input type="text" value="MARIE"/>

**D. Current Spouse's Date of Birth (mm/dd/yyyy)****E. Date You Entered into Marriage with Current Spouse (mm/dd/yyyy)**

**Part 10. Information About Your Marital History (continued)**

A- 2 0 6 2 4 5 8 9 7

**F. Current Spouse's Present Home Address**

Street Number and Name: 11511 DOTY AVENUE Apt. Ste. Flr. Number:    15  
City or Town: HAWTHORNE County: LOS ANGELES State: CA ZIP Code + 4: 90250 - 1234  
Province or Region (foreign address only): Postal Code (foreign address only): Country (foreign address only): USA

**G. Current Spouse's Current Employer or Company**

TGI FRIDAYS BAR AND GRILL

5. Is your current spouse a U.S. citizen?  Yes  No

If you answered "Yes," answer **Item Number 6**. If you answered "No," go to **Item Number 7**.

6. If your current spouse is a U.S. citizen, complete the following information.

A. When did your current spouse become a U.S. citizen?

At Birth - Go to **Item Number 8**.  Other - Complete the following information.

B. Date Your Current Spouse Became a U.S. Citizen (mm/dd/yyyy)

7. If your current spouse is not a U.S. citizen, complete the following information.

A. Current Spouse's Country of Citizenship or Nationality

B. Current Spouse's A-Number (if any)

▶ A-

C. Current Spouse's Immigration Status

Lawful Permanent Resident  Other (Explain):

8. How many times has your current spouse been married (including annulled marriages, marriages to other people, and marriages to the same person)? If your current spouse has been married before, provide the following information about your current spouse's prior spouse.

1

If your current spouse has had more than one previous marriage, provide that information on additional sheets of paper.

A. Legal Name of My Current Spouse's Prior Spouse

Family Name (Last Name): NONE Given Name (First Name): NONE Middle Name (if applicable): NONE

B. Immigration Status of My Current Spouse's Prior Spouse (if known)

U.S. Citizen  Lawful Permanent Resident  Other (Explain):

C. Date of Birth of My Current Spouse's Prior Spouse (mm/dd/yyyy)

D. Country of Birth of My Current Spouse's Prior Spouse

E. Country of Citizenship or Nationality of My Current Spouse's Prior Spouse

**Part 10. Information About Your Marital History (continued)**

A- 2 0 6 2 4 5 8 9 7

F. My Current Spouse's Date of Marriage with Prior Spouse (mm/dd/yyyy)

G. Date My Current Spouse's Marriage Ended with Prior Spouse (mm/dd/yyyy)

H. How My Current Spouse's Marriage Ended with Prior Spouse

Annulled  Divorced  Spouse Deceased  Other (Explain):

9. If you were married before, provide the following information about your prior spouse. If you have more than one previous marriage, provide that information on additional sheets of paper.

A. My Prior Spouse's Legal Name

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

NONE

NONE

NONE

B. My Prior Spouse's Immigration Status When My Marriage Ended (if known)

U.S. Citizen  Lawful Permanent Resident  Other (Explain):

C. My Prior Spouse's Date of Birth (mm/dd/yyyy)

D. My Prior Spouse's Country of Birth

E. My Prior Spouse's Country of Citizenship or Nationality

F. Date of Marriage with My Prior Spouse (mm/dd/yyyy)

G. Date Marriage Ended with My Prior Spouse (mm/dd/yyyy)

H. How Marriage Ended with My Prior Spouse

Annulled  Divorced  Spouse Deceased  Other (Explain):

**Part 11. Information About Your Children**

1. Indicate your total number of children. (You must indicate ALL children, including: children who are alive, missing, or deceased; children born in the United States or in other countries; children under 18 years of age or older; children who are currently married or unmarried; children living with you or elsewhere; current stepchildren; legally adopted children; and children born when you were not married.)

1

2. Provide the following information about all your children (sons and daughters) listed in **Item Number 1.**, regardless of age. To list any additional children, use additional sheets of paper.

A. Child 1

Current Legal Name

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

LOZANO

MIGUEL

WILLIAM

A-Number (if any)

Date of Birth (mm/dd/yyyy)

Country of Birth

▶ A-

09/16/2013

UNITED STATES

**Part 11. Information About Your Children (continued)**

A- 2 0 6 2 4 5 8 9 7

Current Address

Street Number and Name

11511 DOTY AVENUE

Apt. Ste. Flr. Number

15

City or Town

HAWTHORNE

County

LOS ANGELES

State

CA

ZIP Code + 4

90250 - 1234

Province or Region  
(foreign address only)

Postal Code  
(foreign address only)

Country  
(foreign address only)

USA

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

BIOLOGICAL CHILD

**B. Child 2**

Current Legal Name

Family Name (Last Name)

NONE

Given Name (First Name)

NONE

Middle Name (if applicable)

NONE

A-Number (if any)

▶ A-

Date of Birth (mm/dd/yyyy)

Country of Birth

Current Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

County

State

ZIP Code + 4

-

Province or Region  
(foreign address only)

Postal Code  
(foreign address only)

Country  
(foreign address only)

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

**C. Child 3**

Current Legal Name

Family Name (Last Name)

NONE

Given Name (First Name)

NONE

Middle Name (if applicable)

NONE

A-Number (if any)

▶ A-

Date of Birth (mm/dd/yyyy)

Country of Birth

**Part 11. Information About Your Children (continued)**

A- 2 0 6 2 4 5 8 9 7

Current Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

County

State

ZIP Code + 4

 - Province or Region  
(foreign address only)Postal Code  
(foreign address only)Country  
(foreign address only)

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

**D. Child 4**

Current Legal Name

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

A-Number (if any)

Date of Birth (mm/dd/yyyy)

Country of Birth

Current Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

County

State

ZIP Code + 4

 - Province or Region  
(foreign address only)Postal Code  
(foreign address only)Country  
(foreign address only)

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

**Part 12. Additional Information About You (Person Applying for Naturalization)**

Answer Item Numbers 1. - 21. If you answer "Yes" to any of these questions, include a typed or printed explanation on additional sheets of paper.

1. Have you **EVER** claimed to be a U.S. citizen (in writing or any other way)?  Yes  No
2. Have you **EVER** registered to vote in any Federal, state, or local election in the United States?  Yes  No
3. Have you **EVER** voted in any Federal, state, or local election in the United States?  Yes  No
4. **A.** Do you now have, or did you **EVER** have, a hereditary title or an order of nobility in any foreign country?  Yes  No
- B.** If you answered "Yes," are you willing to give up any inherited titles or orders of nobility that you have in a foreign country at your naturalization ceremony?  Yes  No
5. Have you **EVER** been declared legally incompetent or been confined to a mental institution?  Yes  No

**Part 12. Additional Information About You (Person Applying for Naturalization) (continued)**

A- 2 0 6 2 4 5 8 9 7

6. Do you owe any overdue Federal, state, or local taxes?  Yes  No
7. A. Have you **EVER** not filed a Federal, state, or local tax return since you became a lawful permanent resident?  Yes  No
- B. If you answered "Yes," did you consider yourself to be a "non-U.S. resident"?  Yes  No
8. Have you called yourself a "non-U.S. resident" on a Federal, state, or local tax return since you became a lawful permanent resident?  Yes  No
9. A. Have you **EVER** been a member of, involved in, or in any way associated with, any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other location in the world?  Yes  No
- B. If you answered "Yes," provide the information below. If you need extra space, attach the names of the other groups on additional sheets of paper and provide any evidence to support your answers.

Name of the Group	Purpose of the Group	Dates of Membership	
		From (mm/dd/yyyy)	To (mm/dd/yyyy)

10. Have you **EVER** been a member of, or in any way associated (either directly or indirectly) with:
- A. The Communist Party?  Yes  No
- B. Any other totalitarian party?  Yes  No
- C. A terrorist organization?  Yes  No
11. Have you **EVER** advocated (either directly or indirectly) the overthrow of any government by force or violence?  Yes  No
12. Have you **EVER** persecuted (either directly or indirectly) any person because of race, religion, national origin, membership in a particular social group, or political opinion?  Yes  No
13. Between March 23, 1933 and May 8, 1945, did you work for or associate in any way (either directly or indirectly) with:
- A. The Nazi government of Germany?  Yes  No
- B. Any government in any area occupied by, allied with, or established with the help of the Nazi government of Germany?  Yes  No
- C. Any German, Nazi, or S.S. military unit, paramilitary unit, self-defense unit, vigilante unit, citizen unit, police unit, government agency or office, extermination camp, concentration camp, prisoner of war camp, prison, labor camp, or transit camp?  Yes  No

**Part 12. Additional Information About You (Person Applying for Naturalization) (continued)**

A- 2 0 6 2 4 5 8 9 7

14. Were you **EVER** involved in any way with any of the following:
- A. Genocide?  Yes  No
  - B. Torture?  Yes  No
  - C. Killing, or trying to kill, someone?  Yes  No
  - D. Badly hurting, or trying to hurt, a person on purpose?  Yes  No
  - E. Forcing, or trying to force, someone to have any kind of sexual contact or relations?  Yes  No
  - F. Not letting someone practice his or her religion?  Yes  No
15. Were you **EVER** a member of, or did you **EVER** serve in, help, or otherwise participate in, any of the following groups:
- A. Military unit?  Yes  No
  - B. Paramilitary unit (a group of people who act like a military group but are not part of the official military)?  Yes  No
  - C. Police unit?  Yes  No
  - D. Self-defense unit?  Yes  No
  - E. Vigilante unit (a group of people who act like the police, but are not part of the official police)?  Yes  No
  - F. Rebel group?  Yes  No
  - G. Guerrilla group (a group of people who use weapons against or otherwise physically attack the military, police, government, or other people)?  Yes  No
  - H. Militia (an army of people, not part of the official military)?  Yes  No
  - I. Insurgent organization (a group that uses weapons and fights against a government)?  Yes  No
16. Were you **EVER** a worker, volunteer, or soldier, or did you otherwise **EVER** serve in any of the following:
- A. Prison or jail?  Yes  No
  - B. Prison camp?  Yes  No
  - C. Detention facility (a place where people are forced to stay)?  Yes  No
  - D. Labor camp (a place where people are forced to work)?  Yes  No
  - E. Any other place where people were forced to stay?  Yes  No
17. Were you **EVER** a part of any group, or did you **EVER** help any group, unit, or organization that used a weapon against any person, or threatened to do so?
- A. If you answered "Yes," when you were part of this group, or when you helped this group, did you ever use a weapon against another person?  Yes  No
  - B. If you answered "Yes," when you were part of this group, or when you helped this group, did you ever tell another person that you would use a weapon against that person?  Yes  No
18. Did you **EVER** sell, give, or provide weapons to any person, or help another person sell, give, or provide weapons to any person?
- A. If you answered "Yes," did you know that this person was going to use the weapons against another person?  Yes  No
  - B. If you answered "Yes," did you know that this person was going to sell or give the weapons to someone who was going to use them against another person?  Yes  No

**Part 12. Additional Information About You (Person Applying for Naturalization) (continued)**

A- 2 0 6 2 4 5 8 9 7

19. Did you **EVER** receive any type of military, paramilitary (a group of people who act like a military group but are not part of the official military), or weapons training?  Yes  No
20. Did you **EVER** recruit (ask), enlist (sign up), conscript (require), or use any person under 15 years of age to serve in or help an armed force or group?  Yes  No
21. Did you **EVER** use any person under 15 years of age to do anything that helped or supported people in combat?  Yes  No

**If any of Item Numbers 22. - 28. apply to you, you must answer "Yes" even if your records have been sealed, expunged, or otherwise cleared.** You must disclose this information even if someone, including a judge, law enforcement officer, or attorney, told you that it no longer constitutes a record or told you that you do not have to disclose the information.

22. Have you **EVER** committed, assisted in committing, or attempted to commit, a crime or offense for which you were **NOT** arrested?  Yes  No
23. Have you **EVER** been arrested, cited, or detained by any law enforcement officer (including any immigration official or any official of the U.S. armed forces) for any reason?  Yes  No
24. Have you **EVER** been charged with committing, attempting to commit, or assisting in committing a crime or offense?  Yes  No
25. Have you **EVER** been convicted of a crime or offense?  Yes  No
26. Have you **EVER** been placed in an alternative sentencing or a rehabilitative program (for example, diversion, deferred prosecution, withheld adjudication, deferred adjudication)?  Yes  No
27. A. Have you **EVER** received a suspended sentence, been placed on probation, or been paroled?  Yes  No  
 B. If you answered "Yes," have you completed the probation or parole?  Yes  No
28. A. Have you **EVER** been in jail or prison?  Yes  No  
 B. If you answered "Yes," how long were you in jail or prison? Years  Months  Days
29. If you answered "No" to **ALL** questions in **Item Numbers 23. - 28.**, then skip this item and go to **Item Number 30.**

If you answered "Yes" to any question in **Item Numbers 23. - 28.**, then complete this table. If you need extra space, use additional sheets of paper and provide any evidence to support your answers.

Why were you arrested, cited, detained, or charged?	Date arrested, cited, detained, or charged. (mm/dd/yyyy)	Where were you arrested, cited, detained, or charged? (City or Town, State, Country)	Outcome or disposition of the arrest, citation, detention, or charge (no charges filed, charges dismissed, jail, probation, etc.)
NONE			

**Part 12. Additional Information About You (Person Applying for Naturalization) (continued)**

A- 2 0 6 2 4 5 8 9 7

Answer **Item Numbers 30. - 46.** If you answer "Yes" to any of these questions, except **Item Numbers 37. and 38.**, include a typed or printed explanation on additional sheets of paper and provide any evidence to support your answers.

- 30. Have you EVER:**
- A. Been a habitual drunkard?  Yes  No
  - B. Been a prostitute, or procured anyone for prostitution?  Yes  No
  - C. Sold or smuggled controlled substances, illegal drugs, or narcotics?  Yes  No
  - D. Been married to more than one person at the same time?  Yes  No
  - E. Married someone in order to obtain an immigration benefit?  Yes  No
  - F. Helped anyone to enter, or try to enter, the United States illegally?  Yes  No
  - G. Gambled illegally or received income from illegal gambling?  Yes  No
  - H. Failed to support your dependents or to pay alimony?  Yes  No
  - I. Made any misrepresentation to obtain any public benefit in the United States?  Yes  No
- 31. Have you EVER given any U.S. Government officials any information or documentation that was false, fraudulent, or misleading?**  Yes  No
- 32. Have you EVER lied to any U.S. Government officials to gain entry or admission into the United States or to gain immigration benefits while in the United States?**  Yes  No
- 33. Have you EVER been removed, excluded, or deported from the United States?**  Yes  No
- 34. Have you EVER been ordered removed, excluded, or deported from the United States?**  Yes  No
- 35. Have you EVER been placed in removal, exclusion, rescission, or deportation proceedings?**  Yes  No
- 36. Are removal, exclusion, rescission, or deportation proceedings (including administratively closed proceedings) currently pending against you?**  Yes  No
- 37. Have you EVER served in the U.S. armed forces?**  Yes  No
- 38. A. Are you currently a member of the U.S. armed forces?**  Yes  No
- B. If you answered "Yes," are you scheduled to deploy overseas, including to a vessel, within the next three months? (Refer to the Address Change section in the Instructions on how to notify USCIS if you learn of your deployment plans after you file your Form N-400.)**  Yes  No
- C. If you answered "Yes," are you currently stationed overseas?**  Yes  No
- 39. Have you EVER been court-martialed, administratively separated, or disciplined, or have you received an other than honorable discharge, while in the U.S. armed forces?**  Yes  No
- 40. Have you EVER been discharged from training or service in the U.S. armed forces because you were an alien?**  Yes  No
- 41. Have you EVER left the United States to avoid being drafted in the U.S. armed forces?**  Yes  No
- 42. Have you EVER applied for any kind of exemption from military service in the U.S. armed forces?**  Yes  No
- 43. Have you EVER deserted from the U.S. armed forces?**  Yes  No

**Part 12. Additional Information About You (Person Applying for Naturalization) (continued)**

A- 2 0 6 2 4 5 8 9 7

44. A. Are you a male who lived in the United States at any time between your 18th and 26th birthdays?  Yes  No  
(This does not include living in the United States as a lawful nonimmigrant.)

B. If you answered "Yes," when did you register for the Selective Service? Provide the information below.

Date Registered (mm/dd/yyyy)	Selective Service Number
05/05/2010	1 2 3 4 5 6 9 8 7 4

C. If you answered "Yes," but you **did not register** with the Selective Service System and you are:

1. Still under 26 years of age, you must register before you apply for naturalization, and complete the Selective Service information above; **OR**
2. Now 26 to 31 years of age (29 years of age if you are filing under INA section 319(a)), but you did not register with the Selective Service, you must attach a statement explaining why you did not register, and provide a status information letter from the Selective Service.

Answer **Item Numbers 45. - 50.** If you answer "No" to any of these questions, include a typed or printed explanation on additional sheets of paper and provide any evidence to support your answers.

45. Do you support the Constitution and form of Government of the United States?  Yes  No
46. Do you understand the full Oath of Allegiance to the United States?  Yes  No
47. Are you willing to take the full Oath of Allegiance to the United States?  Yes  No
48. If the law requires it, are you willing to bear arms on behalf of the United States?  Yes  No
49. If the law requires it, are you willing to perform noncombatant services in the U.S. armed forces?  Yes  No
50. If the law requires it, are you willing to perform work of national importance under civilian direction?  Yes  No

**Part 13. Applicant's Statement, Certification, and Signature**

NOTE: Read the **Penalties** section of the Form N-400 Instructions before completing this part.

**Applicant's Statement**

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Applicant's Statement Regarding the Interpreter

- A.  I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
- B.  The interpreter named in **Part 14.** read to me every question and instruction on this application and my answer to every question in , a language in which I am fluent, and I understood everything.

2. Applicant's Statement Regarding the Preparer

- At my request, the preparer named in **Part 15.**, , prepared this application for me based only upon information I provided or authorized.

**Part 13. Applicant's Statement, Certification, and Signature (continued)**

A- 2 0 6 2 4 5 8 9 7

***Applicant's Certification***

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I further authorize release of information contained in this application, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I understand that USCIS will require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, I will be required to sign an oath reaffirming that:

- 1) I reviewed and provided or authorized all of the information in my application;
- 2) I understood all of the information contained in, and submitted with, my application; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I understand all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.

***Applicant's Signature***

3. Applicant's Signature Date of Signature (mm/dd/yyyy)  
➔

**NOTE TO ALL APPLICANTS:** If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

**Part 14. Interpreter's Contact Information, Certification, and Signature**

Provide the following information about the interpreter.

***Interpreter's Full Name***

1. Interpreter's Family Name (Last Name)  Interpreter's Given Name (First Name)   
2. Interpreter's Business or Organization Name (if any)

***Interpreter's Mailing Address***

3. Street Number and Name  Apt.  Ste.  Flr.  Number   
City or Town  State  ZIP Code + 4  -   
Province  Postal Code  Country

**Part 14. Interpreter's Contact Information, Certification, and Signature**  
(continued)

A- 2 0 6 2 4 5 8 9 7

**Interpreter's Contact Information**

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

**Interpreter's Certification**

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 13., Item B. in Item Number 1.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question and answer on the application, including the **Applicant's Certification** and has verified the accuracy of every answer.

**Interpreter's Signature**

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

**Part 15. Contact Information, Declaration, and Signature of the Person Preparing This Application, if Other Than the Applicant**

Provide the following information about the preparer.

**Preparer's Full Name**

1. Preparer's Family Name (Last Name)  Preparer's Given Name (First Name)
2. Preparer's Business or Organization Name (if any)

**Preparer's Mailing Address**

3. Street Number and Name  Apt.  Ste.  Flr.  Number
- City or Town  State  ZIP Code + 4  -
- Province  Postal Code  Country

**Part 15. Contact Information, Declaration, and Signature of the Person Preparing This Application, if Other Than the Applicant (continued)**

A- 2 0 6 2 4 5 8 9 7

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number

3105551212

5. Preparer's Mobile Telephone Number (if any)

6. Preparer's Email Address (if any)

IMMIGRATION4U@YAHOO.COM

**Preparer's Statement**

7. A.  I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
- B.  I am an attorney or accredited representative and my representation of the applicant in this case  extends  does not extend beyond the preparation of this application.

**NOTE:** If you are an attorney or accredited representative whose representation extends beyond preparation of this application, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

**Preparer's Certification**

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

**Preparer's Signature**

8. Preparer's Signature

Date of Signature (mm/dd/yyyy)



[Signature box]

08/25/2018

**NOTE: Do not complete Parts 16., 17., or 18. until the USCIS Officer instructs you to do so at the interview.**

**Part 16. Signature at Interview**

I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this Form N-400, Application for Naturalization, subscribed by me, including corrections number 1 through \_\_\_\_\_, are complete, true, and correct. The evidence submitted by me on numbered pages 1 through \_\_\_\_\_ are complete, true, and correct.

Subscribed to and sworn to (affirmed) before me

[Signature box]

USCIS Officer's Printed Name or Stamp

[Signature box]

Date of Signature (mm/dd/yyyy)

Applicant's Signature

[Signature box]

USCIS Officer's Signature

[Signature box]

**Part 17. Renunciation of Foreign Titles**

A- 2 0 6 2 4 5 8 9 7

If you answered "Yes" to Part 12., Items A. and B. in Item Number 4., then you must affirm the following before a USCIS officer:

I further renounce the title of \_\_\_\_\_ which I have heretofore held; or  
(list titles)

I further renounce the order of nobility of \_\_\_\_\_ to which I have heretofore belonged.  
(list order of nobility)

Applicant's Printed Name

Applicant's Signature

USCIS Officer's Printed Name

USCIS Officer's Signature

Date of Signature (mm/dd/yyyy)

**Part 18. Oath of Allegiance**

If your application is approved, you will be scheduled for a public oath ceremony at which time you will be required to take the following Oath of Allegiance immediately prior to becoming a naturalized citizen. By signing below you acknowledge your willingness and ability to take this oath:

I hereby declare on oath, that I absolutely and entirely renounce and abjure all allegiance and fidelity to any foreign prince, potentate, state, or sovereignty, of whom or which I have heretofore been a subject or citizen;

that I will support and defend the Constitution and laws of the United States of America against all enemies, foreign, and domestic;

that I will bear true faith and allegiance to the same;

that I will bear arms on behalf of the United States when required by the law;

that I will perform noncombatant service in the armed forces of the United States when required by the law;

that I will perform work of national importance under civilian direction when required by the law; and

that I take this obligation freely, without any mental reservation or purpose of evasion; so help me God.

**Applicant's Printed Name**

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

**Applicant's Signature**

**Date of Signature (mm/dd/yyyy)**

**EXHIBIT - D**

# FOREIGN BIRTH CERTIFICATE – SAMPLE ONLY

**ESTADOS UNIDOS MEXICANOS**  
REGISTRO CIVIL  
ACTA DE NACIMIENTO

EN NOMBRE DEL ESTADO LIBRE Y SOBERANO DE NUEVO LEÓN Y COMO OFICIAL DEL REGISTRO CIVIL EN EL ESTADO (CERTIFICADO EN LO COMÚN) EN LA FOLIA No. \_\_\_\_\_ TOMO \_\_\_\_\_ DEL ARCHIVO GENERAL DEL REGISTRO CIVIL EN LA FOLIA No. \_\_\_\_\_ DE ENCUESTA ASIGNADA EL ACTA No. \_\_\_\_\_ DE FECHA \_\_\_\_\_ DE \_\_\_\_\_ DE \_\_\_\_\_ LEVANTADA POR EL C. OFICIAL DEL REGISTRO CIVIL Y SOBERANO EN \_\_\_\_\_ EN \_\_\_\_\_ EN \_\_\_\_\_ EN LA CUAL SE CONTIENE LO SIGUIENTE DATOS:

**DATOS DEL REGISTRADO**

NOMBRE \_\_\_\_\_ SEXO \_\_\_\_\_ EDAD \_\_\_\_\_  
 FECHA DE NACIMIENTO \_\_\_\_\_ LUGAR DE NACIMIENTO \_\_\_\_\_  
 PRESENTADO VIVO \_\_\_\_\_ SEXO \_\_\_\_\_ EDAD \_\_\_\_\_  
 LUGAR DE NACIMIENTO \_\_\_\_\_

**DATOS DE LOS PADRES**

NOMBRE \_\_\_\_\_ NACIONALIDAD \_\_\_\_\_  
 NOMBRE \_\_\_\_\_ NACIONALIDAD \_\_\_\_\_  
 NOMBRE \_\_\_\_\_ NACIONALIDAD \_\_\_\_\_  
 NOMBRE \_\_\_\_\_ NACIONALIDAD \_\_\_\_\_

**DATOS DE LOS HERMANOS**

NOMBRE \_\_\_\_\_ NACIONALIDAD \_\_\_\_\_  
 NOMBRE \_\_\_\_\_ NACIONALIDAD \_\_\_\_\_  
 NOMBRE \_\_\_\_\_ NACIONALIDAD \_\_\_\_\_

**PERSONA DISTINTA A LOS PADRES QUE PRESENTA AL REGISTRADO**

NOMBRE \_\_\_\_\_  
 PARENTESCO \_\_\_\_\_

**DATOS DEL FIDO ALIENADO, S. L. A. S. A.**  
 NOMBRE \_\_\_\_\_  
 ACTA DE NACIMIENTO \_\_\_\_\_

EL OFICIAL DEL REGISTRO CIVIL DE NUEVO LEÓN, EN LA CUAL SE CONTIENE LO SIGUIENTE DATOS:

VIC. EVA PATRICIA SALAZAR MARRICÓN



**EXHIBIT - E**



**EXHIBIT - F**

# US Tax Return – 2016

Send all pages, worksheets, schedules, W2's, etc OR Tax Transcript from IRS

<b>Form</b>	<b>1040</b>	Department of the Treasury—Internal Revenue Service	(99)	<b>2016</b>	OMB No. 1545-0074	IFB Use Only—Do not write or staple in this space																																						
For the year Jan. 1-Dec. 31, 2016, or other tax year beginning		2016, ending		20		See separate instructions.																																						
Your first name and initial		Last name		Your social security number																																								
If a joint return, spouse's first name and initial		Last name		Spouse's social security number																																								
Home address (number and street). If you have a P.O. box, see instructions.					Apt. no.	▲ Make sure the SSN(s) above and on line 6a are correct.																																						
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).																																												
Foreign country name		Foreign province/state/county		Foreign postal code																																								
<b>Filing Status</b>																																												
1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 <input type="checkbox"/> Qualifying widow(er) with dependent child																																												
<b>Exemptions</b>																																												
6a <input type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a. b <input type="checkbox"/> Spouse																																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">c Dependents:</th> <th>(1) Dependent's social security number</th> <th>(2) Dependent's relationship to you</th> <th>(3) If child under age 17 (see instructions)</th> <th rowspan="2">Boxes checked on 6a and 6b No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above</th> </tr> <tr> <th>(f) First name</th> <th>Last name</th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td rowspan="4" style="vertical-align: middle;">Add numbers on lines above ▶</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr> <td colspan="5">d Total number of exemptions claimed</td> <td style="text-align: center;"><input type="text" value=""/></td> </tr> </tbody> </table>							c Dependents:		(1) Dependent's social security number	(2) Dependent's relationship to you	(3) If child under age 17 (see instructions)	Boxes checked on 6a and 6b No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above	(f) First name	Last name								<input type="checkbox"/>	Add numbers on lines above ▶					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>	d Total number of exemptions claimed					<input type="text" value=""/>
c Dependents:		(1) Dependent's social security number	(2) Dependent's relationship to you	(3) If child under age 17 (see instructions)	Boxes checked on 6a and 6b No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above																																							
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d Total number of exemptions claimed					<input type="text" value=""/>																																							
<b>Income</b>																																												
7 Wages, salaries, tips, etc. Attach Form(s) W-2 <span style="float: right;">7</span> 8a Taxable interest. Attach Schedule B if required <span style="float: right;">8a</span> b Tax-exempt interest. Do not include on line 8a <span style="float: right;">8b</span> 9a Ordinary dividends. Attach Schedule B if required <span style="float: right;">9a</span> b Qualified dividends <span style="float: right;">9b</span> 10 Taxable refunds, credits, or offsets of state and local income taxes <span style="float: right;">10</span> 11 Alimony received <span style="float: right;">11</span> 12 Business income or (loss). Attach Schedule C or C-EZ <span style="float: right;">12</span> 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> <span style="float: right;">13</span> 14 Other gains or (losses). Attach Form 4797 <span style="float: right;">14</span> 15a IRA distributions <span style="float: right;">15a</span> b Taxable amount <span style="float: right;">15b</span> 16a Pensions and annuities <span style="float: right;">16a</span> b Taxable amount <span style="float: right;">16b</span> 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E <span style="float: right;">17</span> 18 Farm income or (loss). Attach Schedule F <span style="float: right;">18</span> 19 Unemployment compensation <span style="float: right;">19</span> 20a Social security benefits <span style="float: right;">20a</span> b Taxable amount <span style="float: right;">20b</span> 21 Other income. List type and amount <span style="float: right;">21</span> 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ <span style="float: right;">22</span>																																												
<b>Adjusted Gross Income</b>																																												
23 Educator expenses <span style="float: right;">23</span> 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ <span style="float: right;">24</span> 25 Health savings account deduction. Attach Form 8889 <span style="float: right;">25</span> 26 Moving expenses. Attach Form 3903 <span style="float: right;">26</span> 27 Deductible part of self-employment tax. Attach Schedule SE <span style="float: right;">27</span> 28 Self-employed SEP, SIMPLE, and qualified plans <span style="float: right;">28</span> 29 Self-employed health insurance deduction <span style="float: right;">29</span> 30 Penalty on early withdrawal of savings <span style="float: right;">30</span> 31a Alimony paid b Recipient's SSN ▶ <span style="float: right;">31a</span> 32 IRA deduction <span style="float: right;">32</span> 33 Student loan interest deduction <span style="float: right;">33</span> 34 Tuition and fees. Attach Form 8917 <span style="float: right;">34</span> 35 Domestic production activities deduction. Attach Form 8903 <span style="float: right;">35</span> 36 Add lines 23 through 35 <span style="float: right;">36</span> 37 Subtract line 36 from line 22. This is your adjusted gross income ▶ <span style="float: right;">37</span>																																												

**EXHIBIT - G**

# US Tax Return – 2017

Send all pages, worksheets, schedules, W2's, etc OR Tax Transcript from IRS

<b>Form</b>	<b>1040</b>	Department of the Treasury – Internal Revenue Service <b>U.S. Individual Income Tax Return</b>	(99)	<b>2017</b>	OMB No. 1545-0047	IRS Use Only – Do not write or staple in this space.																													
For the year Jan. 1–Dec. 31, 2017, or other tax year beginning		, 2017, ending		, 20		See separate instructions.																													
Your first name and initial		Last name		Your social security number																															
If a joint return, spouse's first name and initial		Last name		Spouse's social security number																															
Home address (number and street). If you have a P.O. box, see instructions.				Apt. no.		▲ Make sure the SSN(s) above and on line 6a are correct.																													
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).																																			
Foreign country name		Foreign province/state/county		Foreign postal code		<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> <input type="checkbox"/> Spouse																													
<b>Filing Status</b> 1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 <input type="checkbox"/> Qualifying widow(or) (see instructions)																																			
<b>Exemptions</b> 6a <input type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a. b <input type="checkbox"/> Spouse						Boxes checked on 6a and 6b No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions)																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">c Dependents:</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)</th> </tr> <tr> <th>(1) First name</th> <th>Last name</th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table> d Total number of exemptions claimed							c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)	(1) First name	Last name								<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>				
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<b>Income</b> 7 Wages, salaries, tips, etc. Attach Form(s) W-2 8a Taxable interest. Attach Schedule B if required b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required b Qualified dividends 9b 10 Taxable refunds, credits, or offsets of state and local income taxes 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> 14 Other gains or (losses). Attach Form 4797 15a IRA distributions 15a Taxable amount 15b 16a Pensions and annuities 16a Taxable amount 16b 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 20a Taxable amount 20b 21 Other income. List type and amount 21 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income																																			
<b>Adjusted Gross Income</b> 23 Educator expenses 23 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 25 Health savings account deduction. Attach Form 8889 25 26 Moving expenses. Attach Form 3903 26 27 Deductible part of self-employment tax. Attach Schedule SE 27 28 Self-employed SEP, SIMPLE, and qualified plans 28 29 Self-employed health insurance deduction 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid 31a Recipient's SSN 31a 32 IRA deduction 32 33 Student loan interest deduction 33 34 Reserved for future use 34 35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 through 35 36 37 Subtract line 36 from line 22. This is your adjusted gross income																																			