

ORIGIN ID:DJA
STEVEN MARKAN, ESQ.
STEVEN MARKAN
200 CENTENNIAL AVE STE 209
PISCATAWAY, NJ 08854
UNITED STATES US

SHIP DATE: 04APR22
ACTWGT:
CAD: 104747190/NET4460

BILL SENDER

To **ATTN: NFB (BOX 660867)**

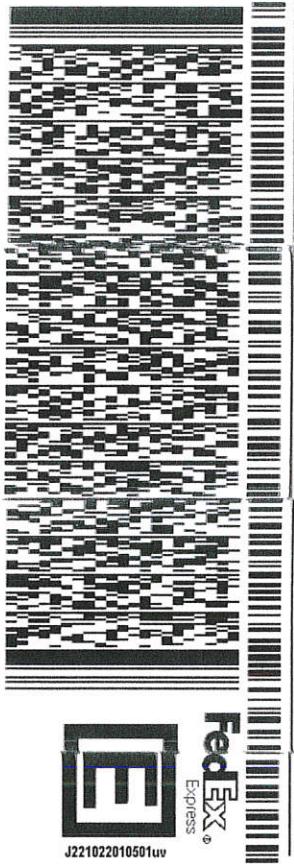
USCIS

**2501 S. STATE HWY. 121 BUSINESS
SUITE # 400**

LEWISVILLE TX 75067

(000) 000-0000
INV
PO

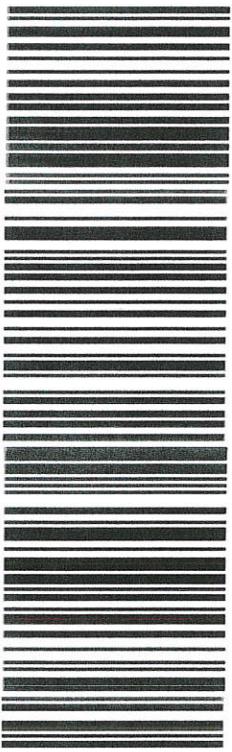
REF: 485 - USMAN SHAIK
DEPT:



56DJ1/1E3B/FE4A

SA KIPA

75067
TX-US DFW



After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

DATE 04/4/2022

PAY TO THE ORDER OF U.S. Dept. of Homeland Security \$ 1,225.00
One thousand two hundred & twenty five DOLLARS
BANK OF AMERICA 
ACH R/T 021200339 *Shutter*
FOR I485 (First Telk) Usman

 Photo
Safe
Deposit
Details on back

#002963# 1021200339# 381011151913#

MARKAN LAW LLC 2960
200 CENTENNIAL AVE STE 209
PISCATAWAY, NJ 08854-3950
(732) 696 - 8700
DATE 04/04/2022
PAY TO THE ORDER OF U.S. Dept. of Homeland Security \$ 1,225.00
One thousand two hundred & twenty five DOLLARS
BANK OF AMERICA 
ACH R/T 021200339 *Shutter*
FOR I485 (Usman Spouse

 Photo
Safe
Deposit
Details on back

#002960# 1021200339# 381011151913#

MARKAN LAW LLC 2961
200 CENTENNIAL AVE STE 209
PISCATAWAY, NJ 08854-3950
(732) 696 - 8700
DATE 04/04/2022
PAY TO THE ORDER OF U.S. Dept. of Homeland Security \$ 1,225.00
One thousand two hundred & twenty five DOLLARS
BANK OF AMERICA 
ACH R/T 021200339 *Shutter*
FOR I485/ Usman child (above 14)

 Photo
Safe
Deposit
Details on back

#002961# 1021200339# 381011151913#

MARKAN LAW LLC 2962
200 CENTENNIAL AVE STE 209
PISCATAWAY, NJ 08854-3950
(732) 696 - 8700
DATE 04/04/2022
PAY TO THE ORDER OF U.S. Dept. of Homeland Security \$ 150.00
Seven hundred & fifty DOLLARS
BANK OF AMERICA 
ACH R/T 021200339 *Shutter*
FOR I485/ Usman child (U/14)

 Photo
Safe
Deposit
Details on back

A# 206 820 710

FORM I-485

**PRINCIPAL APPLICANT:
USMAN ADAM BASHA SHAIK**

**PRIORITY DATE:
February 06, 2014**

EB2 – INDIA
EARLY FILING DATE
APRIL 2022 VISA
BULLETIN

SHEETAL MARKAN
Immigration Attorney
Markan Law LLC
200 Centennial Avenue, Suite# 209
Piscataway, NJ 08854



P (732) 696-8700/ Fax (732) 963-0707
E: immigration@markanlaw.com
Visit: www.MarkanLaw.com

Member: AILA (American Immigration Lawyers Association)
Practice Limited to Federal Immigration Law, Admitted in NY

March 30, 2022

VIA FEDEX EXPRESS
USCIS
Attn: NFB (Box 660867)
2501 S. State Hwy, 121 Business
Suite 400
Lewisville, TX 75067-8003

A 206 820 710
EB 2nd Preference Priority Date: February 06, 2014
Country of Chargeability: INDIA

RE: FORM(S) I485, APPLICATION TO ADJUST STATUS TO PERMANENT RESIDENCE ALONG WITH FORMS I485 SUPPLEMENT J, I-131, I-765 BASED ON APPROVED FORM I140; IMMIGRANT WORKER PETITION WITH USCIS RECEIPT # SRC1490376319 UNDER 2ND PREFERENCE

PRINCIPAL I-485: USMAN ADAM BASHA SHAIK
Country of Birth: INDIA

DERIVATIVE I-485: HARITHA BANOOTH
(CITIZEN OF INDIA), SPOUSE

**DERIVATIVE I-485: CHANDINI MEHER SHAIK
(CITIZEN OF INDIA), CHILD**

**DERIVATIVE I-485: LAISHA ROSHINI SHAIK
(CITIZEN OF INDIA), CHILD UNDER 14**

Please find enclosed Forms I485, Application to Register Permanent Residence or Adjust Status for the following applicants, *Usman Adam Basha Shaik*, Principal applicant and *Haritha Banoth, Chandini Meher Shaik & Laisha Roshini Shaik* as Derivative applicants based on 2nd preference employment-based classification:

Contents include:

1. Form G-28 for Principal and Derivative Applicants
2. Checks in the amount of \$1,225.00 covering I485 processing fees for Principal and 2 Derivative Applicants & and \$750 dependent child under 14 filing with parents.

I. **I485 - Principal Applicant**

1. Signed Form I-485;
2. Signed Form I-485J, Confirmation of Bona Fide Job Offer;
3. I-693, Sealed Report of Medical Examination and Vaccination Record;
4. Copy of Approved I-140 for principal applicant with priority date of February 06, 2014 bearing USCIS Receipt # SRC1490376319.
5. Copy of Birth Certificate issued by registrar at Municipality Tenali of district Guntur , Andhra Pradesh- India along with 2 affidavits
6. Copy of Marriage Certificate.
7. 2 Photos for Applicant I-485.
8. Copies of current & old passport along with latest I-94.
9. Copies of Applicant's W-2 forms from 2014 to 2021.
10. Copies of Applicant's latest pay stubs.
11. Copy of I-797 H1B approval notice's

I765 & I131- Principal Applicant:

1. Copy of Passport & Copy of I-94 for each application.
2. 2 Photos for each application.

II. I485 - Derivative Applicant - Spouse

1. Signed Form I-485.
2. I-693, Sealed Report of Medical Examination and Vaccination Record;
3. Copy of Birth Certificate issued by Mandal Revenue officer at Kesamudram, District Warangal Andhra Pradesh- India along with 2 affidavits
4. Copy of Marriage Certificate.
5. 2 Photos for Applicant I-485.
6. Copies of current & old passport along with latest I-94 of Derivative Applicant.
7. Copies of Applicant's W-2 forms from 2020 & 2021.
8. Copies of Applicant's latest pay stubs.
9. Copy of H-4 (I539) approval notice's.
10. Copy of EAD's

I765 & I131- Derivative Applicant:

1. Copy of Passport & Copy of I-94 for each application;
2. Photos for each application.

III. I485 - Derivative Applicant - Child

11. Signed Form I-485.
12. I-693, Sealed Report of Medical Examination and Vaccination Record;
13. Copy of Birth Certificate issued by Panchayat Secretary at Kesamudram, District Warangal Andhra Pradesh- India along with 2 affidavits
14. 2 Photos for Applicant I-485.
15. Copies of current & old passport along with latest I-94 of Derivative Applicant.
16. Copy of H-4 (I539) approval notice's.

I765 & I131- Derivative Applicant:

3. Copy of Passport & Copy of I-94 for each application;
4. Photos for each application.

IV. I485 - Derivative Applicant – Child under 14

17. Signed Form I-485.
18. I-693, Sealed Report of Medical Examination and Vaccination Record;
19. Copy of Birth Certificate issued by Panchayat Secretary at Kesamudram, District Warangal Andhra Pradesh- India along
20. 2 Photos for Applicant I-485.
21. Copies of current & old passport along with latest I-94 of Derivative Applicant.

22. Copy of H-4 (I539) approval notice's.

I765 & I131- Derivative Applicant:

5. Copy of Passport & Copy of I-94 for each application;
6. Photos for each application.

Thank you very much for your assistance & kind attention.

Sincerely,



Sheetal Markan, Esq.

**I-485 FOR
PRINCIPAL
APPLICANT
ALONG WITH
FORMS**

I-485 SUPPLEMENT

J,

I-131 & I-765



**Notice of Entry of Appearance
as Attorney or Accredited Representative**
Department of Homeland Security

DHS

Form G-28

OMB No. 1615-0105
Expires 05/31/2021

**Part 1. Information About Attorney or
Accredited Representative**

1. USCIS Online Account Number (if any)

►

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

Address of Attorney or Accredited Representative

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number

5. Mobile Telephone Number (if any)

6. Email Address (if any)

7. Fax Number (if any)

**Part 2. Eligibility Information for Attorney or
Accredited Representative**

Select all applicable items.

- 1.a. I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

- 1.b. Bar Number (if applicable)

- 1.c. I (select only one box) am not am subject to any order suspending, enjoining, restraining, disbarring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

- 1.d. Name of Law Firm or Organization (if applicable)

- 2.a. I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

- 2.b. Name of Recognized Organization

- 2.c. Date of Accreditation (mm/dd/yyyy)

3. I am associated with

, the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

- 4.a. I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

- 4.b. Name of Law Student or Law Graduate

Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

- 1.a. U.S. Citizenship and Immigration Services (USCIS)
1.b. List the form numbers or specific matter in which appearance is entered.

I485 I485J I765 I131

- 2.a. U.S. Immigration and Customs Enforcement (ICE)

- 2.b. List the specific matter in which appearance is entered.

- 3.a. U.S. Customs and Border Protection (CBP)

- 3.b. List the specific matter in which appearance is entered.

4. Receipt Number (if any)

►

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

- Applicant Petitioner Requestor
 Beneficiary/Derivative Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

6.a. Family Name (Last Name) SHAIK

6.b. Given Name (First Name) USMAN

6.c. Middle Name ADAM BASHA

7.a. Name of Entity (if applicable)

7.b. Title of Authorized Signatory for Entity (if applicable)

8. Client's USCIS Online Account Number (if any)

►

9. Client's Alien Registration Number (A-Number) (if any)

► A- 2 | 0 | 6 | 8 | 2 | 0 | 7 | 1 | 0

Client's Contact Information

10. Daytime Telephone Number

4045396275

11. Mobile Telephone Number (if any)

4045396275

12. Email Address (if any)

USMANSK2008@GMAIL.COM

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

13.a. Street Number and Name 1475 APPLE BLOSSOM DR

13.b. Apt. Ste. Flr.

13.c. City or Town CUMMING

13.d. State GA 13.e. ZIP Code 30041

13.f. Province

13.g. Postal Code

13.h. Country USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

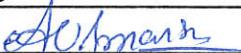
- 1.a. I request that USCIS send original notices on an application or petition to the U.S. business address of my attorney or accredited representative as listed in this form.
- 1.b. I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

- 1.c. I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

- 2.a. Signature of Client or Authorized Signatory for an Entity

→ 

- 2.b. Date of Signature (mm/dd/yyyy)



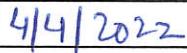
Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

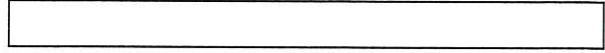
- 1.a. Signature of Attorney or Accredited Representative



- 1.b. Date of Signature (mm/dd/yyyy)



- 2.a. Signature of Law Student or Law Graduate



- 2.b. Date of Signature (mm/dd/yyyy)



Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a Family Name
(Last Name) **MARKAN**

1.b. Given Name
(First Name) **SHEETAL**

1.c. Middle Name

2.a. Page Number 2.b. Part Number 2.c. Item Number

2.d.

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d.

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d.

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d.

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.



e-Notification of Application/Petition Acceptance

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

USCIS
Form G-1145
OMB No. 1615-0109
Expires 09/30/2016

What Is the Purpose of This Form?

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

General Information

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

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

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

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

USCIS Privacy Act Statement

AUTHORITIES: The information requested on this form is collected pursuant to section 103(a) of the Immigration and Nationality Act, as amended INA section 101, et seq.

PURPOSE: The primary purpose for providing the information on this form is to request an electronic notification when USCIS accepts immigration form. The information you provide will be used to send you a text and/or email message.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information may prevent USCIS from providing you a text and/or email message receipting your immigration form.

ROUTINE USES: The information provide on this form will be used by and disclosed to DHS personnel and contractors in accordance with approved routine uses, as described in the associated published system of records notices [DHS-USCIS-007 - Benefits Information System and DHS-USCIS-001 - Alien File (A-File) and Central Index System (CIS)], which can be found at www.dhs.gov/privacy. The information may also be made available, as appropriate for law enforcement purposes or in the interest of national security.

Paperwork Reduction Act

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

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

Applicant/Petitioner Full Last Name SHAIK	Applicant/Petitioner Full First Name USMAN	Applicant/Petitioner Full Middle Name ADAM BASHA
E-mail Address USMANSK2008@GMAIL.COM	Mobile Phone Number (Text Message) +1 (404) 539-6275	



Application to Register Permanent Residence or Adjust Status

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

USCIS
Form I-485
OMB No. 1615-0023
Expires 03/31/2023

For USCIS Use Only		
Preference Category:	Receipt	Action Block
Country Chargeable:		
Priority Date:		
Date Form I-693 Received:		
<input type="checkbox"/> Applicant Interviewed <input type="checkbox"/> Interview Waived Date of Initial Interview: _____ Lawful Permanent Resident as of: _____	<input type="checkbox"/> INA 209(a) <input type="checkbox"/> INA 249 <input type="checkbox"/> INA 209(b) <input type="checkbox"/> Sec. 13, Act of 9/11/57 <input type="checkbox"/> INA 245(a) <input type="checkbox"/> Cuban Adjustment Act <input type="checkbox"/> INA 245(i) <input type="checkbox"/> Other _____ <input type="checkbox"/> INA 245(m)	

To be completed by an attorney or accredited representative (if any).			
<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	Volag Number (if any) _____	Attorney State Bar Number (if applicable) NY4667978	Attorney or Accredited Representative USCIS Online Account Number (if any) _____

► START HERE - Type or print in black ink.

A-Number ► A- 2 0 6 8 2 0 7 1 0

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, U.S. Citizenship and Immigration Services (USCIS) may deny your application.

Part 1. Information About You (Person applying for lawful permanent residence)

Your Current Legal Name (do not provide a nickname)

- 1.a. Family Name (Last Name) **SHAIK**
1.b. Given Name (First Name) **USMAN**
1.c. Middle Name **ADAM BASHA**

- 3.a. Family Name (Last Name) _____
3.b. Given Name (First Name) _____
3.c. Middle Name _____

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

Other Names You Have Used Since Birth (if applicable)

NOTE: Provide all other names you have ever used, including your family name at birth, other legal names, nicknames, aliases, and assumed names. If you need extra space to complete this section, use the space provided in **Part 14. Additional Information**.

- 2.a. Family Name (Last Name) **NONE**
2.b. Given Name (First Name) _____
2.c. Middle Name _____

5. Date of Birth (mm/dd/yyyy) **08/20/1976**

NOTE: In addition to providing your actual date of birth, include any other dates of birth you have used in connection with any legal names or non-legal names in the space provided in **Part 14. Additional Information**.

6. Sex Male Female
7. City or Town of Birth **TENALI**



Part 1. Information About You (Person applying for lawful permanent residence) (continued)

8. Country of Birth

INDIA

9. Country of Citizenship or Nationality

INDIA

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

► A- 2 0 6 8 2 0 7 1 0

NOTE: If you have EVER used other A-Numbers, include the additional A-Numbers in the space provided in **Part 14. Additional Information**.

11. USCIS Online Account Number (if any)

► [REDACTED]

U.S. Mailing Address

12.a. In Care Of Name (if any)

USMAN ADAM BASHA SHAIK

12.b. Street Number and Name

1475 APPLE BLOSSOM DR

12.c. Apt. Ste. Flr.

[REDACTED]

12.d. City or Town

CUMMING

12.e. State

GA

12.f. ZIP Code

30041

Alternate and/or Safe Mailing Address

If you are applying based on the Violence Against Women Act (VAWA) or as a special immigrant juvenile, human trafficking victim (T nonimmigrant), or victim of a qualifying crime (U nonimmigrant) and you do not want USCIS to send notices about this application to your home, you may provide an alternative and/or safe mailing address.

13.a. In Care Of Name (if any)

NONE

13.b. Street Number and Name

[REDACTED]

13.c. Apt. Ste. Flr.

[REDACTED]

13.d. City or Town

[REDACTED]

13.e. State

[REDACTED]

13.f. ZIP Code

Social Security Card

14. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?

 Yes No

If you answered "Yes," provide the information requested in **Item Number 15**.

15. Provide your U.S. Social Security Number (SSN).

► 4 6 9 5 3 8 8 9 1

16. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to **Item Number 17**.)**Consent for Disclosure**, to receive a card. Yes No17. **Consent for Disclosure:** I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security Card. Yes No**Recent Immigration History**

Provide the information for **Item Numbers 18. - 24.** if you last entered the United States using a passport or travel document.

18. Passport Number Used at Last Arrival

H0141460

19. Travel Document Number Used at Last Arrival

NA

20. Expiration Date of this Passport or Travel Document
(mm/dd/yyyy)

08/10/2018

21. Country that Issued this Passport or Travel Document

INDIA

22. Nonimmigrant Visa Number from this Passport (if any)

95356207

Place of Last Arrival into the United States

23.a. City or Town

ATLANTA

23.b. State

GA

24. Date of Last Arrival (mm/dd/yyyy)

01/25/2010



Part 1. Information About You (Person applying for lawful permanent residence) (continued)

When I last arrived in the United States, I:

- 25.a. Was inspected at a port of entry and admitted as (for example, exchange visitor; visitor, waived through; temporary worker; student):

TEMPORARY WORKER

- 25.b. Was inspected at a port of entry and paroled as (for example, humanitarian parole, Cuban parole):

- 25.c. Came into the United States without admission or parole.

- 25.d. Other:

If you were issued a Form I-94 Arrival-Departure Record Number:

- 26.a. Form I-94 Arrival-Departure Record Number

► 3 | 9 | 4 | 2 | 1 | 3 | 4 | 8 | 2 | 2 | 3

- 26.b. Expiration Date of Authorized Stay Shown on Form I-94

(mm/dd/yyyy)

12/18/2023

- 26.c. Status on Form I-94 (for example, class of admission, or paroled, if paroled)

CLASS OF ADMISSION - L1

27. What is your current immigration status (if it has changed since your arrival)?

H1B

Provide your name exactly as it appears on your Form I-94 (if any)

28.a. Family Name
(Last Name) **SHAIK**

28.b. Given Name
(First Name) **USMAN**

28.c. Middle Name **ADAM BASHA**

Part 2. Application Type or Filing Category

NOTE: Attach a copy of the Form I-797 receipt or approval notice for the underlying petition or application, as appropriate.

I am applying to register lawful permanent residence or adjust status to that of a lawful permanent resident based on the following immigrant category (select **only one** box). (See the Form I-485 Instructions for more information, including any **Additional Instructions** that relate to the immigrant category you select.):

1.a. Family-based

- Immediate relative of a U.S. citizen, Form I-130
- Other relative of a U.S. citizen or relative of a lawful permanent resident under the family-based preference categories, Form I-130
- Person admitted to the United States as a fiancé(e) or child of a fiancé(e) of a U.S. citizen, Form I-129F (K-1/K-2 Nonimmigrant)
- Widow or widower of a U.S. citizen, Form I-360
- VAWA self-petitioner, Form I-360

1.b. Employment-based

- Alien worker, Form I-140
- Alien entrepreneur, Form I-526

1.c. Special Immigrant

- Religious worker, Form I-360
- Special immigrant juvenile, Form I-360
- Certain Afghan or Iraqi national, Form I-360
- Certain international broadcaster, Form I-360
- Certain G-4 international organization or family member or NATO-6 employee or family member, Form I-360

1.d. Asylee or Refugee

- Asylum status (INA section 208), Form I-589 or Form I-730
- Refugee status (INA section 207), Form I-590 or Form I-730

1.e. Human Trafficking Victim or Crime Victim

- Human trafficking victim (T Nonimmigrant), Form I-914 or derivative family member, Form I-914A
- Crime victim (U Nonimmigrant), Form I-918, derivative family member, Form I-918A, or qualifying family member, Form I-929



Part 2. Application Type or Filing Category (continued)

1.f. Special Programs Based on Certain Public Laws

- The Cuban Adjustment Act
- The Cuban Adjustment Act for battered spouses and children
- Dependent status under the Haitian Refugee Immigrant Fairness Act
- Dependent status under the Haitian Refugee Immigrant Fairness Act for battered spouses and children
- Lautenberg Parolees
- Diplomats or high ranking officials unable to return home (Section 13 of the Act of September 11, 1957)
- Indochinese Parole Adjustment Act of 2000

1.g. Additional Options

- Diversity Visa program
- Continuous residence in the United States since before January 1, 1972 ("Registry")
- Individual born in the United States under diplomatic status
- Other eligibility

2. Are you applying for adjustment based on the Immigration and Nationality Act (INA) section 245(i)?

Yes No

NOTE: If you answered "Yes" to Item Number 2., you must have selected a family-based, employment-based, special immigrant, or Diversity Visa immigrant category listed above in Item Numbers 1.a. - 1.g. as the basis for your application for adjustment of status. Fill out the rest of this application and Supplement A to Form I-485, Adjustment of Status Under Section 245(i) (Supplement A). For detailed filing instructions, read the Form I-485 Instructions (including any Additional Instructions that relate to the immigrant category that you selected in Item Numbers 1.a. - 1.g.) and Supplement A Instructions.

Information About Your Immigrant Category

If you are the **principal applicant**, provide the following information.

3. Receipt Number of Underlying Petition (if any)

SRC1490376319

4. Priority Date from Underlying Petition (if any)

(mm/dd/yyyy)

02/06/2014

If you are a **derivative applicant** (the spouse or unmarried child under 21 years of age of a principal applicant), provide the following information for the **principal applicant**.

Principal Applicant's Name

- 5.a. Family Name (Last Name)

- 5.b. Given Name (First Name)

- 5.c. Middle Name

6. Principal Applicant's A-Number (if any)

► A-

7. Principal Applicant's Date of Birth

(mm/dd/yyyy)

8. Receipt Number of Principal's Underlying Petition (if any)

9. Priority Date of Principal Applicant's Underlying Petition (if any) (mm/dd/yyyy)

Part 3. Additional Information About You

1. Have you ever applied for an immigrant visa to obtain permanent resident status at a U.S. Embassy or U.S. Consulate abroad?

Yes No

If you answered "Yes" to Item Number 1., complete Item Numbers 2.a. - 4. below. If you need extra space to complete this section, use the space provided in Part 14. Additional Information.

Location of U.S. Embassy or U.S. Consulate

- 2.a. City

- 2.b. Country

3. Decision (for example, approved, refused, denied, withdrawn)

4. Date of Decision (mm/dd/yyyy)



Part 3. Additional Information About You (continued)

Address History

Provide physical addresses for everywhere you have lived during the last five years, whether inside or outside the United States. Provide your current address first. If you need extra space to complete this section, use the space provided in Part 14. Additional Information.

Physical Address 1 (current address)

5.a. Street Number and Name	1475 APPLE BLOSSOM DR		
5.b. <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr.			
5.c. City or Town	CUMMING		
5.d. State	GA	5.e. ZIP Code	30041
5.f. Province			
5.g. Postal Code			
5.h. Country	USA		

Dates of Residence

6.a. From (mm/dd/yyyy)	12/01/2015
6.b. To (mm/dd/yyyy)	Present

Physical Address 2

7.a. Street Number and Name			
7.b. <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr.			
7.c. City or Town			
7.d. State	NJ	7.e. ZIP Code	
7.f. Province			
7.g. Postal Code			
7.h. Country			

Dates of Residence

8.a. From (mm/dd/yyyy)	
8.b. To (mm/dd/yyyy)	

Provide your most recent address outside the United States where you lived for more than one year (if not already listed above).

9.a. Street Number and Name	42/11/670 RAJAGOPAL NAGAR		
9.b. <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr.			
9.c. City or Town	GUNTUR		
9.d. State		9.e. ZIP Code	
9.f. Province	ANDHRA PRADESH		
9.g. Postal Code	522001		
9.h. Country	INDIA		
Dates of Residence			
10.a. From (mm/dd/yyyy)	08/20/1976		
10.b. To (mm/dd/yyyy)	09/26/2008		

Employment History

Provide your employment history for the last five years, whether inside or outside the United States. Provide the most recent employment first. If you need extra space to complete this section, use the space provided in Part 14. Additional Information.

Employer 1 (current or most recent)

11. Name of Employer or Company	FIRST TEK INC		
Address of Employer or Company			
12.a. Street Number and Name	371 HOES LANE		
12.b. <input type="checkbox"/> Apt. <input checked="" type="checkbox"/> Ste. <input type="checkbox"/> Flr.	201		
12.c. City or Town	PISCATAWAY		
12.d. State	NJ	12.e. ZIP Code	08854
12.f. Province			
12.g. Postal Code			
12.h. Country	USA		
13. Your Occupation	SOFTWARE QA TESTER		



Part 3. Additional Information About You (continued)

Dates of Employment

14.a. From (mm/dd/yyyy)

03/01/2013

14.b. To (mm/dd/yyyy)

PRESENT

Employer 2

15. Name of Employer or Company

Address of Employer or Company

16.a. Street Number
and Name16.b. Apt. Ste. Flr.

16.c. City or Town

16.d. State

16.e. ZIP Code

16.f. Province

16.g. Postal Code

16.h. Country

17. Your Occupation

Dates of Employment

18.a. From (mm/dd/yyyy)

18.b. To (mm/dd/yyyy)

Provide your most recent employment outside of the United States (if not already listed above).

19. Name of Employer or Company

TECH MAHINDRA LIMITED

Address of Employer or Company

20.a. Street Number
and Name

Sharada Centre Erandwane

20.b. Apt. Ste. Flr.

20.c. City or Town

Pune

20.d. State

20.e. ZIP Code

20.f. Province

20.g. Postal Code

411004

20.h. Country

INDIA

21. Your Occupation

SOFTWARE ENGINEER

Dates of Employment

22.a. From (mm/dd/yyyy)

01/22/2006

22.b. To (mm/dd/yyyy)

12/20/2012

Part 4. Information About Your Parents

Information About Your Parent 1

Parent 1's Legal Name

1.a. Family Name
(Last Name)

SHAIK

1.b. Given Name
(First Name)

MOHIDDIN

1.c. Middle Name

Parent 1's Name at Birth (if different than above)

2.a. Family Name
(Last Name)2.b. Given Name
(First Name)

2.c. Middle Name

3. Date of Birth (mm/dd/yyyy)

03/15/1953

4. Sex Male Female

5. City or Town of Birth

KROSUR

6. Country of Birth

INDIA



Part 4. Information About Your Parents (continued)

7. Current City or Town of Residence (if living)

GUNTUR

8. Current Country of Residence (if living)

INDIA

Information About Your Parent 2

Parent 2's Legal Name

9.a. Family Name (Last Name) SHAIK

9.b. Given Name (First Name) NOORJAHAN

9.c. Middle Name

Parent 2's Name at Birth (if different than above)

10.a. Family Name (Last Name)

10.b. Given Name (First Name)

10.c. Middle Name

11. Date of Birth (mm/dd/yyyy)

10/02/1961

12. Sex Male Female

13. City or Town of Birth

KROSUR

14. Country of Birth

INDIA

15. Current City or Town of Residence (if living)

GUNTUR

16. Current Country of Residence (if living)

INDIA

3. How many times have you been married (including annulled marriages and marriages to the same person)?

1

Information About Your Current Marriage (including if you are legally separated)

If you are currently married, provide the following information about your current spouse.

Current Spouse's Legal Name

4.a. Family Name (Last Name) BANOTH

4.b. Given Name (First Name) HARTHA

4.c. Middle Name

5. A-Number (if any)

► A-

6. Current Spouse's Date of Birth (mm/dd/yyyy)

06/11/1977

7. Date of Marriage to Current Spouse (mm/dd/yyyy)

12/19/2003

Current Spouse's Place of Birth

8.a. City or Town

KESAMUDRAM

8.b. State or Province

TELANGANA

8.c. Country

INDIA

Place of Marriage to Current Spouse

9.a. City or Town

HYDERABAD

9.b. State or Province

TELANGANA

9.c. Country

INDIA

10. Is your current spouse applying with you?

Yes No

Part 5. Information About Your Marital History

1. What is your current marital status?

- Single, Never Married Married Divorced
- Widowed Marriage Annulled
- Legally Separated

2. If you are married, is your spouse a current member of the U.S. armed forces or U.S. Coast Guard?

- N/A Yes No



Part 5. Information About Your Marital History (continued)

Information About Prior Marriages (if any)

If you have been married before, whether in the United States or in any other country, provide the following information about your prior spouse. If you have had more than one previous marriage, use the space provided in **Part 14. Additional Information** to provide the information below.

Prior Spouse's Legal Name (provide family name before marriage)

11.a. Family Name (Last Name) **NA**

11.b. Given Name (First Name)

11.c. Middle Name

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

13. Date of Marriage to Prior Spouse (mm/dd/yyyy)

Place of Marriage to Prior Spouse

14.a. City or Town

14.b. State or Province

14.c. Country

15. Date Marriage with Prior Spouse Legally Ended (mm/dd/yyyy)

Place Where Marriage with Prior Spouse Legally Ended

16.a. City or Town

16.b. State or Province

16.c. Country

Part 6. Information About Your Children

- 1.** Indicate the total number of ALL living children (including adult sons and daughters) that you have.

NOTE: The term "children" includes all biological or legally adopted children, as well as current stepchildren, of any age, whether born in the United States or other countries, married or unmarried, living with you or elsewhere and includes any missing children and those born to you outside of marriage.

2

Provide the following information for each of your children. If you have more than three children, use the space provided in **Part 14. Additional Information**.

Child 1

Current Legal Name

2.a. Family Name (Last Name) **SHAIK**

2.b. Given Name (First Name) **CHANDINI**

2.c. Middle Name **MEHER**

3. A-Number (if any)

► A-

4. Date of Birth (mm/dd/yyyy) **08/05/2007**

5. Country of Birth **INDIA**

6. Is this child applying with you? Yes No

Child 2

Current Legal Name

7.a. Family Name (Last Name) **SHAIK**

7.b. Given Name (First Name) **LAISHA**

7.c. Middle Name **ROSHINI**

8. A-Number (if any)

► A-

9. Date of Birth (mm/dd/yyyy) **04/24/2009**

10. Country of Birth **INDIA**

11. Is this child applying with you? Yes No



Part 6. Information About Your Children (continued)

Child 3

Current Legal Name

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

13. A-Number (if any)

► A- 14. Date of Birth (mm/dd/yyyy) 15. Country of Birth 16. Is this child applying with you? Yes No

Part 7. Biographic Information

1. Ethnicity (Select **only one** box) Hispanic or Latino Not Hispanic or Latino2. Race (Select **all applicable** boxes) White Asian Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander3. Height Feet Inches 4. Weight Pounds 5. Eye Color (Select **only one** box)

<input checked="" type="checkbox"/> Black	<input type="checkbox"/> Blue	<input type="checkbox"/> Brown
<input type="checkbox"/> Gray	<input type="checkbox"/> Green	<input type="checkbox"/> Hazel
<input type="checkbox"/> Maroon	<input type="checkbox"/> Pink	<input type="checkbox"/> Unknown/Other

6. Hair Color (Select **only one** box)

<input type="checkbox"/> Bald (No hair)	<input checked="" type="checkbox"/> Black	<input type="checkbox"/> Blond
<input type="checkbox"/> Brown	<input type="checkbox"/> Gray	<input type="checkbox"/> Red
<input type="checkbox"/> Sandy	<input type="checkbox"/> White	<input type="checkbox"/> Unknown/Other

Part 8. General Eligibility and Inadmissibility Grounds

1. 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 including any military service?

Yes No

If you answered "Yes" to **Item Number 1.**, complete **Item Numbers 2. - 13.b.** below. If you need extra space to complete this section, use the space provided in **Part 14. Additional Information**. If you answered "No," but are unsure of your answer, provide an explanation of the events and circumstances in the space provided in **Part 14. Additional Information**.

Organization 1

2. Name of Organization 3.a. City or Town 3.b. State or Province 3.c. Country 4. Nature of Group

Dates of Membership or Dates of Involvement

5.a. From (mm/dd/yyyy) 5.b. To (mm/dd/yyyy)

Organization 2

6. Name of Organization 7.a. City or Town 7.b. State or Province 7.c. Country 8. Nature of Group 

Part 8. General Eligibility and Inadmissibility Grounds (continued)

Dates of Membership or Dates of Involvement

9.a. From (mm/dd/yyyy)

9.b. To (mm/dd/yyyy)

Organization 3

10. Name of Organization

11.a. City or Town

11.b. State or Province

11.c. Country

12. Nature of Group

Dates of Membership or Dates of Involvement

13.a. From (mm/dd/yyyy)

13.b. To (mm/dd/yyyy)

Answer Item Numbers 14. - 80.b. Choose the answer that you think is correct. If you answer "Yes" to any questions (**or if you answer "No," but are unsure of your answer**), provide an explanation of the events and circumstances in the space provided in Part 14. Additional Information.

14. Have you EVER been denied admission to the United States? Yes No

15. Have you EVER been denied a visa to the United States? Yes No

16. Have you EVER worked in the United States without authorization? Yes No

17. Have you EVER violated the terms or conditions of your nonimmigrant status? Yes No

18. Are you presently or have you EVER been in removal, exclusion, rescission, or deportation proceedings? Yes No

19. Have you EVER been issued a final order of exclusion, deportation, or removal? Yes No

20. Have you EVER had a prior final order of exclusion, deportation, or removal reinstated? Yes No

21. Have you EVER held lawful permanent resident status which was later rescinded? Yes No

22. Have you EVER been granted voluntary departure by an immigration officer or an immigration judge but failed to depart within the allotted time? Yes No

23. Have you EVER applied for any kind of relief or protection from removal, exclusion, or deportation? Yes No

24.a. Have you EVER been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement? Yes No

If you answered "Yes" to Item Number 24.a., complete Item Numbers 24.b. - 24.c. If you answered "No" to Item Number 24.a., skip to Item Number 25.

24.b. Have you complied with the foreign residence requirement? Yes No

24.c. Have you been granted a waiver or has Department of State issued a favorable waiver recommendation letter for you? Yes No

Criminal Acts and Violations

For Item Numbers 25. - 45., you must answer "Yes" to any question that applies to you, even if your records were sealed or otherwise cleared, or even if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. You must also answer "Yes" to the following questions whether the action or offense occurred here in the United States or anywhere else in the world. If you answer "Yes" to Item Numbers 25. - 45., use the space provided in Part 14. Additional Information to provide an explanation that includes why you were arrested, cited, detained, or charged; where you were arrested, cited, detained, or charged; when (date) the event occurred; and the outcome or disposition (for example, no charges filed, charges dismissed, jail, probation, community service).

25. Have you EVER been arrested, cited, charged, or detained for any reason by any law enforcement official (including but not limited to any U.S. immigration official or any official of the U.S. armed forces or U.S. Coast Guard)? Yes No

26. Have you EVER committed a crime of any kind (even if you were not arrested, cited, charged with, or tried for that crime)? Yes No



Part 8. General Eligibility and Inadmissibility Grounds (continued)

27. Have you **EVER** pled guilty to or been convicted of a crime or offense (even if the violation was subsequently expunged or sealed by a court, or if you were granted a pardon, amnesty, a rehabilitation decree, or other act of clemency)? Yes No

NOTE: If you were the beneficiary of a pardon, amnesty, a rehabilitation decree, or other act of clemency, provide documentation of that post-conviction action.

28. Have you **EVER** been ordered punished by a judge or had conditions imposed on you that restrained your liberty (such as a prison sentence, suspended sentence, house arrest, parole, alternative sentencing, drug or alcohol treatment, rehabilitative programs or classes, probation, or community service)? Yes No

29. Have you **EVER** been a defendant or the accused in a criminal proceeding (including pre-trial diversion, deferred prosecution, deferred adjudication, or any withheld adjudication)? Yes No

30. Have you **EVER** violated (or attempted or conspired to violate) any controlled substance law or regulation of a state, the United States, or a foreign country?

Yes No

31. Have you **EVER** been convicted of two or more offenses (other than purely political offenses) for which the combined sentences to confinement were five years or more? Yes No

32. Have you **EVER** illicitly (illegally) trafficked or benefited from the trafficking of any controlled substances, such as chemicals, illegal drugs, or narcotics? Yes No

33. Have you **EVER** knowingly aided, abetted, assisted, conspired, or colluded in the illicit trafficking of any illegal narcotic or other controlled substances?

Yes No

34. Are you the spouse, son, or daughter of a foreign national who illicitly trafficked or aided (or otherwise abetted, assisted, conspired, or colluded) in the illicit trafficking of a controlled substance, such as chemicals, illegal drugs, or narcotics and you obtained, within the last five years, any financial or other benefit from the illegal activity of your spouse or parent, although you knew or reasonably should have known that the financial or other benefit resulted from the illicit activity of your spouse or parent?

Yes No

35. Have you **EVER** engaged in prostitution or are you coming to the United States to engage in prostitution? Yes No
36. Have you **EVER** directly or indirectly procured (or attempted to procure) or imported prostitutes or persons for the purpose of prostitution? Yes No
37. Have you **EVER** received any proceeds or money from prostitution? Yes No
38. Do you intend to engage in illegal gambling or any other form of commercialized vice, such as prostitution, bootlegging, or the sale of child pornography, while in the United States? Yes No
39. Have you **EVER** exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a criminal offense in the United States? Yes No
40. Have you **EVER**, while serving as a foreign government official, been responsible for or directly carried out violations of religious freedoms? Yes No
41. Have you **EVER** induced by force, fraud, or coercion (or otherwise been involved in) the trafficking of persons for commercial sex acts? Yes No
42. Have you **EVER** trafficked a person into involuntary servitude, peonage, debt bondage, or slavery? Trafficking includes recruiting, harboring, transporting, providing, or obtaining a person for labor or services through the use of force, fraud, or coercion. Yes No
43. Have you **EVER** knowingly aided, abetted, assisted, conspired, or colluded with others in trafficking persons for commercial sex acts or involuntary servitude, peonage, debt bondage, or slavery? Yes No
44. Are you the spouse, son or daughter of a foreign national who engaged in the trafficking of persons and have received or obtained, within the last five years, any financial or other benefits from the illicit activity of your spouse or your parent, although you knew or reasonably should have known that this benefit resulted from the illicit activity of your spouse or parent? Yes No
45. Have you **EVER** engaged in money laundering or have you **EVER** knowingly aided, assisted, conspired, or colluded with others in money laundering or do you seek to enter the United States to engage in such activity? Yes No



Part 8. General Eligibility and Inadmissibility Grounds (continued)

Security and Related

Do you intend to:

- 46.a.** Engage in any activity that violates or evades any law relating to espionage (including spying) or sabotage in the United States? Yes No

- 46.b.** Engage in any activity in the United States that violates or evades any law prohibiting the export from the United States of goods, technology, or sensitive information? Yes No

- 46.c.** Engage in any activity whose purpose includes opposing, controlling, or overthrowing the U.S. Government by force, violence, or other unlawful means while in the United States? Yes No

- 46.d.** Engage in any activity that could endanger the welfare, safety, or security of the United States? Yes No

- 46.e.** Engage in any other unlawful activity? Yes No

- 47.** Are you engaged in or, upon your entry into the United States, do you intend to engage in any activity that could have potentially serious adverse foreign policy consequences for the United States? Yes No

Have you EVER:

- 48.a.** Committed, threatened to commit, attempted to commit, conspired to commit, incited, endorsed, advocated, planned, or prepared any of the following: hijacking, sabotage, kidnapping, political assassination, or use of a weapon or explosive to harm another individual or cause substantial damage to property? Yes No

- 48.b.** Participated in, or been a member of, a group or organization that did any of the activities described in **Item Number 48.a.?** Yes No

- 48.c.** Recruited members or asked for money or things of value for a group or organization that did any of the activities described in **Item Number 48.a.?** Yes No

- 48.d.** Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in **Item Number 48.a.?** Yes No

- 48.e.** Provided money, a thing of value, services or labor, or any other assistance or support for an individual, group, or organization who did any of the activities described in **Item Number 48.a.?** Yes No

- 49.** Have you EVER received any type of military, paramilitary, or weapons training? Yes No

- 50.** Do you intend to engage in any of the activities listed in any part of **Item Numbers 48.a. - 49.?** Yes No

NOTE: If you answered "Yes" to any part of **Item Numbers 46.a. - 50.**, explain what you did, including the dates and location of the circumstances, or what you intend to do in the space provided in **Part 14. Additional Information**.

Are you the spouse or child of an individual who EVER:

- 51.a.** Committed, threatened to commit, attempted to commit, conspired to commit, incited, endorsed, advocated, planned, or prepared any of the following: hijacking, sabotage, kidnapping, political assassination, or use of a weapon or explosive to harm another individual or cause substantial damage to property? Yes No

- 51.b.** Participated in, or been a member or a representative of a group or organization that did any of the activities described in **Item Number 51.a.?** Yes No

- 51.c.** Recruited members, or asked for money or things of value, for a group or organization that did any of the activities described in **Item Number 51.a.?** Yes No

- 51.d.** Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in **Item Number 51.a.?** Yes No

- 51.e.** Provided money, a thing of value, services or labor, or any other assistance or support to an individual, group, or organization who did any of the activities described in **Item Number 51.a.?** Yes No

- 51.f.** Received any type of military, paramilitary, or weapons training from a group or organization that did any of the activities described in **Item Number 51.a.?** Yes No

NOTE: If you answered "Yes" to any part of **Item Number 51.**, explain the relationship and what occurred, including the dates and location of the circumstances, in the space provided in **Part 14. Additional Information**.



Part 8. General Eligibility and Inadmissibility Grounds (continued)

52. Have you **EVER** assisted or participated in selling, providing, or transporting weapons to any person who, to your knowledge, used them against another person?
 Yes No
53. Have you **EVER** worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?
 Yes No
54. Have you **EVER** been a member of, assisted, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so?
 Yes No
55. Have you **EVER** served in, been a member of, assisted, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerilla group, militia, insurgent organization, or any other armed group?
 Yes No
56. Have you **EVER** been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party (in the United States or abroad)?
 Yes No
57. During the period from March 23, 1933 to May 8, 1945, did you ever order, incite, assist, or otherwise participate in the persecution of any person because of race, religion, national origin, or political opinion, in association with either the Nazi government of Germany or any organization or government associated or allied with the Nazi government of Germany?
 Yes No

Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

- 58.a. Acts involving torture or genocide? Yes No
- 58.b. Killing any person? Yes No
- 58.c. Intentionally and severely injuring any person?
 Yes No
- 58.d. Engaging in any kind of sexual contact or relations with any person who did not consent or was unable to consent, or was being forced or threatened? Yes No
- 58.e. Limiting or denying any person's ability to exercise religious beliefs?
 Yes No

59. Have you **EVER** recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group?
 Yes No
60. Have you **EVER** used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat?
 Yes No

NOTE: If you answered "Yes" to any part of **Item Numbers 52. - 60.**, explain what occurred, including the dates and location of the circumstances, in the space provided in **Part 14. Additional Information**.

Public Assistance

61. Have you received public assistance in the United States from any source, including the U.S. Government or any state, county, city, or municipality (other than emergency medical treatment)?
 Yes No
62. Are you likely to receive public assistance in the future in the United States from any source, including the U.S. Government or any state, county, city, or municipality (other than emergency medical treatment)?
 Yes No

Illegal Entries and Other Immigration Violations

- 63.a. Have you **EVER** failed or refused to attend or to remain in attendance at any removal proceeding filed against you on or after April 1, 1997?
 Yes No
- 63.b. If your answer to **Item Number 63.a.** is "Yes," do you believe you had reasonable cause? Yes No
- 63.c. If your answer to **Item Number 63.b.** is "Yes," attach a written statement explaining why you had reasonable cause.
64. Have you **EVER** submitted fraudulent or counterfeit documentation to any U.S. Government official to obtain or attempt to obtain any immigration benefit, including a visa or entry into the United States? Yes No
65. Have you **EVER** lied about, concealed, or misrepresented any information on an application or petition to obtain a visa, other documentation required for entry into the United States, admission to the United States, or any other kind of immigration benefit? Yes No
66. Have you **EVER** falsely claimed to be a U.S. citizen (in writing or any other way)? Yes No
67. Have you **EVER** been a stowaway on a vessel or aircraft arriving in the United States? Yes No



Part 8. General Eligibility and Inadmissibility Grounds (continued)

68. Have you **EVER** knowingly encouraged, induced, assisted, abetted, or aided any foreign national to enter or to try to enter the United States illegally (alien smuggling)?
 Yes No
69. Are you under a final order of civil penalty for violating INA section 274C for use of fraudulent documents?
 Yes No

Removal, Unlawful Presence, or Illegal Reentry After Previous Immigration Violations

70. Have you **EVER** been excluded, deported, or removed from the United States or have you ever departed the United States on your own after having been ordered excluded, deported, or removed from the United States?
 Yes No
71. Have you **EVER** entered the United States without being inspected and admitted or paroled? Yes No

Since April 1, 1997, have you been unlawfully present in the United States:

- 72.a. For more than 180 days but less than a year, and then departed the United States? Yes No
- 72.b. For one year or more and then departed the United States?
 Yes No

NOTE: You were unlawfully present in the United States if you entered the United States without being inspected and admitted or inspected and paroled, or if you legally entered the United States but you stayed longer than permitted.

Since April 1, 1997, have you **EVER** reentered or attempted to reenter the United States without being inspected and admitted or paroled after:

- 73.a. Having been unlawfully present in the United States for more than one year in the aggregate? Yes No
- 73.b. Having been deported, excluded, or removed from the United States? Yes No

Miscellaneous Conduct

74. Do you plan to practice polygamy in the United States?
 Yes No
75. Are you accompanying another foreign national who requires your protection or guardianship but who is inadmissible after being certified by a medical officer as being helpless from sickness, physical or mental disability, or infancy, as described in INA section 232(c)?
 Yes No
76. Have you **EVER** assisted in detaining, retaining, or withholding custody of a U.S. citizen child outside the United States from a U.S. citizen who has been granted custody of the child?
 Yes No
77. Have you **EVER** voted in violation of any Federal, state, or local constitutional provision, statute, ordinance, or regulation in the United States? Yes No
78. Have you **EVER** renounced U.S. citizenship to avoid being taxed by the United States? Yes No

Have you **EVER**:

- 79.a. Applied for exemption or discharge from training or service in the U.S. armed forces or in the U.S. National Security Training Corps on the ground that you are a foreign national? Yes No
- 79.b. Been relieved or discharged from such training or service on the ground that you are a foreign national? Yes No
- 79.c. Been convicted of desertion from the U.S. armed forces? Yes No
- 80.a. Have you **EVER** left or remained outside the United States to avoid or evade training or service in the U.S. armed forces in time of war or a period declared by the President to be a national emergency? Yes No
- 80.b. If your answer to Item Number 80.a. is "Yes," what was your nationality or immigration status immediately before you left (for example, U.S. citizen or national, lawful permanent resident, nonimmigrant, parolee, present without admission or parole, or any other status)?



Part 9. Accommodations for Individuals With Disabilities and/or Impairments

NOTE: Read the information in the Form I-485 Instructions before completing this part.

1. Are you requesting an accommodation because of your disabilities and/or impairments? Yes No

If you answered "Yes" to **Item Number 1.**, select any applicable box in **Item Numbers 2.a. - 2.c.** and provide an answer.

- 2.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).):

- 2.b. I am blind or have low vision and request the following accommodation:

- 2.c. I have another type of disability and/or impairment. (Describe the nature of your disability and/or impairment and the accommodation you are requesting.)

Part 10. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-485 Instructions before completing this part. You must file Form I-485 while in the United States.

Applicant's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.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.
- 1.b. The interpreter named in **Part 11.** 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. At my request, the preparer named in **Part 12.**,
SHEETAL MARKAN ESQ, prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

4045396275

4. Applicant's Mobile Telephone Number (if any)

4045396275

5. Applicant's Email Address (if any)

USMANSK2008@GMAIL.COM

Applicant's Declaration and 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 and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I understand that if I am a male who is 18 to 26 years of age, submitting this application will automatically register me with the Selective Service System as required by the Military Selective Service Act.

I furthermore 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 law.

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

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

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



Part 10. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued)

Applicant's Signature

- 6.a. Applicant's Signature (sign in ink)

→ 

- 6.b. Date of Signature (mm/dd/yyyy)

03/24/2022

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 11. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

- 1.a. Interpreter's Family Name (Last Name)

- 1.b. Interpreter's Given Name (First Name)

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

Interpreter's Mailing Address

- 3.a. Street Number and Name

- 3.b. Apt. Ste. Flr.

- 3.c. City or Town

- 3.d. State

- 3.e. ZIP Code

- 3.f. Province

- 3.g. Postal Code

- 3.h. Country

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 10., Item Number 1.b.**, 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 Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

- 7.a. Interpreter's Signature (sign in ink)

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

Part 12. 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.a. Preparer's Family Name (Last Name)

MARKAN

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

SHEETAL

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

MARKAN LAW LLC



Part 12. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant
(continued)

Preparer's Mailing Address

3.a.	Street Number and Name	200 CENTENNIAL AVENUE
3.b.	<input type="checkbox"/> Apt. <input checked="" type="checkbox"/> Ste. <input type="checkbox"/> Flr.	209
3.c.	City or Town	PISCATAWAY
3.d.	State	NJ
3.e.	ZIP Code	08854
3.f.	Province	
3.g.	Postal Code	
3.h.	Country	USA

Preparer's Contact Information

4.	Preparer's Daytime Telephone Number	7326968700
5.	Preparer's Mobile Telephone Number (if any)	
6.	Preparer's Email Address (if any)	IMMIGRATION@MARKANLAW.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.
- 7.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, 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 Declaration and 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.a. Preparer's Signature (sign in ink)



- 8.b. Date of Signature (mm/dd/yyyy)

4/4/2022

NOTE: Do not complete Part 13. until the USCIS Officer instructs you to do so at the interview.

Part 13. 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 I-485, Application to Register Permanent Residence or Adjust Status, subscribed by me, including the corrections made to this application, numbered through , are complete, true, and correct. All additional pages submitted by me with this Form I-485, on numbered pages through are complete, true, and correct. All documents submitted at this interview were provided by me and are complete, true, and correct.

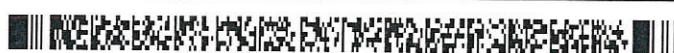
Subscribed to and sworn to (affirmed) before me

USCIS Officer's Printed Name or Stamp

Date of Signature (mm/dd/yyyy)

Applicant's Signature (sign in ink)

USCIS Officer's Signature (sign in ink)



Part 14. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name
(Last Name)

1.b. Given Name
(First Name)

1.c. Middle Name

2. A-Number (if any) ► A-

2	0	6	8	2	0	7	1	0
---	---	---	---	---	---	---	---	---

3.a. Page Number
3.b. Part Number
3.c. Item Number

3.d.

4.a. Page Number
4.b. Part Number
4.c. Item Number

4.d.

5.a. Page Number
5.b. Part Number
5.c. Item Number

5.d.

6.a. Page Number
6.b. Part Number
6.c. Item Number

6.d.

7.a. Page Number
7.b. Part Number
7.c. Item Number

7.d.





Supplement J, Confirmation of Bona Fide Job Offer or Request for Job Portability Under INA Section 204(j)

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

USCIS
Form I-485
OMB No. 1615-0023
Expires 03/31/2023

For USCIS Use Only	Fee Receipt	Action Block

NOTE: Use Form I-485, Supplement J, Confirmation of Bona Fide Job Offer or Request for Job Portability Under INA Section 204(j) (Supplement J), to either confirm that the job offered to you in Form I-140, Immigrant Petition for Alien Worker, that is the basis of your Form I-485, Application to Register Permanent Residence or Adjust Status, remains available to you or to request job portability under the Immigration and Nationality Act (INA) section 204(j).

► START HERE - Type or print in black ink.

This supplement is being filed to (Subpart A, Item 1)

- 1.a.** Confirm that the job offered to you in the Form I-140, that is the basis of your Form I-485, remains a bona fide job offer that you intend to accept once your Form I-485 is approved.

1.b. Request job portability under INA section 204(j) to a new, full-time, permanent job offer that you intend to accept once your Form I-485 is approved.

Part 2. Information About You (Applicant)

Your Current Legal Name (do not provide a nickname)

- | | |
|---------------------------------|------------|
| 1.a. Family Name
(Last Name) | SHAIK |
| 1.b. Given Name
(First Name) | USMAN |
| 1.c. Middle Name | ADAM BASHA |

U.S. Mailing Address

- | | | | | |
|------|-------------------------------|-------------------------------|-------------------------------|--------------|
| 2.a. | In Care Of Name (if any) | | | |
| | USMAN ADAM BASHA SHAIK | | | |
| 2.b. | Street Number
and Name | 1475 APPLE BLOSSOM DR | | |
| 2.c. | <input type="checkbox"/> Apt. | <input type="checkbox"/> Ste. | <input type="checkbox"/> Flr. | |
| 2.d. | City or Town | CUMMING | | |
| 2.e. | State | GA | 2.f. ZIP Code | 30041 |

Other Information

Basic Information About Your Form I-485 and the Underlying Form I-140

7. Form I-485 Receipt Number (if already filed with U.S. Citizenship and Immigration Services (USCIS))

8. Form I-485 Filing Date (mm/dd/yyyy) (if already filed with USCIS)

9. Form I-140 Receipt Number
SRC1490376319

10. Has your Form I-140 been approved?
 Yes No Unknown

Part 3. Applicant's Statement, Contact Information, Certification, and Signature

NOTE: Read the Penalties section of the Supplement J Instructions before completing this part. You must file Supplement J while in the United States.

Applicant's Statement

Select all applicable boxes.

1. I can read and understand English, and I have read and understand every question and instruction on this supplement and my answer to every question.
2. At my request, the preparer named in **Part 4.**,
SHEETAL MARKAN ESQ, prepared this supplement for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

4045396275

4. Applicant's Mobile Telephone Number (if any)

4045396275

5. Applicant's Email Address (if any)

USMANSK2008@GMAIL.COM

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 I seek.

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

I certify, under penalty of perjury, that I provided or authorized all of the information in my supplement, especially in **Part 1.** and **Part 2.**, I understand all of the information contained in, and submitted with my supplement, and that all of this information is complete, true, and correct.

I further declare, under penalty of perjury, that I have reviewed the job offer described in **Part 6.** of this supplement, and I intend to accept the position offered in **Part 6.** of this supplement upon approval of my Form I-485.

Applicant's Signature

- 6.a. Applicant's Signature (sign in ink)



Abdullah

- 6.b. Date of Signature (mm/dd/yyyy)

03/24/2022

Part 4. Contact Information, Declaration, and Signature of the Person Preparing This Supplement, if Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

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

MARKAN

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

SHEETAL

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

MARKAN LAW LLC

Preparer's Mailing Address

- 3.a. Street Number and Name

200 CENTENNIAL AVE

- 3.b. Apt. Ste. Flr. 209

- 3.c. City or Town

PISCATAWAY

- 3.d. State

NJ

- 3.e. ZIP Code

08854

- 3.f. Province

- 3.g. Postal Code

- 3.h. Country

USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

7326968700

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

6. Preparer's Email Address (if any)

IMMIGRATION@MARKANLAW.COM

**Part 4. Contact Information, Declaration, and
Signature of the Person Preparing This
Supplement, if Other Than the Applicant**
(continued)

Preparer's Statement

- 7.a. I am not an attorney or accredited representative but have prepared this supplement on behalf of the applicant and with the applicant's consent.

7.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 supplement.

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

Preparer's Certification

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

Preparer's Signature

- 8.a. Preparer's Signature (sign in ink)**

A blue ink mark resembling a stylized 'X' or knot, centered on a horizontal line.

- 8.b. Date of Signature (mm/dd/yyyy)**

4|4|2022

IMPORTANT: The employer confirming an existing bona fide job offer or offering you a new, permanent job must complete **Parts 5., 6., and 7.**

Part 5. Information About the Employer

1. Type of employer (Select **only one** box):

Business/Organization

Self/Individual

Employer's U.S. Mailing Address

- | | | |
|------|--|---------------|
| 2.a. | Street Number
and Name | 371 HOES LANE |
| 2.b. | <input type="checkbox"/> Apt. <input checked="" type="checkbox"/> Ste. <input type="checkbox"/> Flr. | 201 |
| 2.c. | City or Town | PISCATAWAY |
| 2.d. | State | NJ |
| 2.e. | ZIP Code | 08854 |

Information About the Business Entity Employer

If you, the employer, are a business entity, provide the information requested in **Item Numbers 3. - 10.**

- | | | | | | | | | | | | | |
|-----|----------------------------------|---|------------|--|--|--|--|--|--|--|--|--|
| 3. | Business or Organization Name | FIRST TEK INC | | | | | | | | | | |
| 4. | Employer Identification Number |  2 2 3 7 8 6 6 1 4 | | | | | | | | | | |
| 5. | Type of Business | IT CONSULTING AND STAFFING | | | | | | | | | | |
| 6. | Date Established (mm/dd/yyyy) | 02/21/2001 | | | | | | | | | | |
| 7. | Current Number of U.S. Employees | 700 | | | | | | | | | | |
| 8. | Gross Annual Income | \$ | 70 MILLION | | | | | | | | | |
| 9. | Net Annual Income | \$ | 7 MILLION | | | | | | | | | |
| 10. | NAICS Code |  5 4 1 5 1 1 | | | | | | | | | | |

Information About the Individual Employer (if applicable)

Your Current Legal Name (do not provide a nickname)

- | | |
|---|---|
| 11.a. Family Name
(Last Name) | <input type="text"/> |
| 11.b. Given Name
(First Name) | <input type="text"/> |
| 11.c. Middle Name | <input type="text"/> |
| 12. Date of Birth (mm/dd/yyyy) | <input type="text"/> |
| 13. U.S. Social Security Number (if any) | <input type="text"/> ► <input type="text"/> |
| 14. Annual Income | \$ <input type="text"/> |
| 15. Occupation | <input type="text"/> |

Part 6. Information About the Job Offer

You, the employer, must provide the information requested in Part 6.

1. Job Title

COMPUTER SYSTEMS ANALYST

2. Standard Occupational Classification (SOC) Code

► 1 5 - 1 1 2 1

3. Nontechnical Description of Job (If you need extra space to complete this section, use the space provided in Part 9. Additional Information.)

DEFINE AND REFINE THE BUSINESS PROCESS
MODEL WITHIN ASSIGNED FUNCTIONAL AREA.
WORK CLOSELY WITH THE PROJECT MANAGER.

4. Is this a full-time position? Yes No

5. If you answered "No" to Item Number 4., provide the number of hours per week the applicant will work in this position.

[Redacted]

6. Is this a permanent position? Yes No

7. Wages Offered (Specify hour, week, month, or year)

\$ 105,518.00 per YEAR

Employer's U.S. Physical Address

Provide the physical address where the applicant will work if different from the employer's mailing address in Part 5., Item Numbers 2.a. - 2.e. or the address provided in Form I-140 on which the applicant's Form I-485 is based.

- 8.a. Street Number and Name

- 8.b. Apt. Ste. Flr.

- 8.c. City or Town

- 8.d. State 8.e. ZIP Code

9. Is the applicant named in Part 2. of this supplement currently employed by you? Yes No

10. If you answered "Yes" to Item Number 9., when did the applicant begin employment with you (mm/dd/yyyy)?

03/01/2013

Part 7. Statement, Contact Information, Certification, and Signature of the Individual Employer or Authorized Signatory of the Business Entity Employer

NOTE: Read the Penalties section of the Supplement J Instructions before completing this part.

Individual Employer's or Authorized Signatory's Statement

Select all applicable boxes.

1. I can read and understand English, and I have read and understand every question and instruction on this supplement and my answer to every question.
2. At my request, the preparer named in Part 8.,
, prepared this supplement for me based only upon information I provided or authorized.

Individual Employer's or Authorized Signatory's Contact Information

- 3.a. Individual Employer's or Authorized Signatory's Family Name (Last Name)

VILLAVERDE

- 3.b. Individual Employer's or Authorized Signatory's Given Name (First Name)

DOREEN

4. Individual Employer's or Authorized Signatory's Title

IMMIGRATION DIRECTOR

5. Individual Employer's or Authorized Signatory's Daytime Telephone Number

7327450107

6. Individual Employer's or Authorized Signatory's Mobile Telephone Number (if any)

[Redacted]

7. Individual Employer's or Authorized Signatory's Email Address (if any)

doreen.villaverde@first-tek.com

Part 7. Statement, Contact Information, Certification, and Signature of the Individual Employer or Authorized Signatory of the Business Entity Employer (continued)

Individual Employer's or Authorized Signatory's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that, as the employer, USCIS may require that I submit original documents to USCIS at a later date.

I authorize the release of any information from any records of the employer that USCIS may need to determine eligibility for the requested immigration benefit. I recognize the authority of USCIS to conduct audits of this supplement using publicly available open source information. I also recognize that USCIS may verify any supporting evidence submitted in support of this supplement through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filling this supplement on behalf of an organization, I certify that I am authorized to do so by the organization.

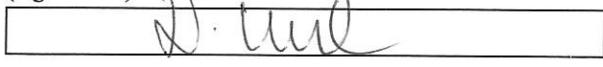
I certify, under penalty of perjury, that I have reviewed this supplement, and that all of the information contained in **Part 5.** and **Part 6.** of this supplement, including all responses provided by me to specific questions and in the supporting documents provided by me, is complete, true, and correct.

I further declare, under penalty of perjury, and attest to the following:

- 1) I am a viable employer and I am extending a bona fide job offer to the applicant named in **Part 2.** of this supplement;
- 2) The job opportunity is for full-time, permanent employment; and
- 3) I intend to employ the applicant in the job offer described in **Part 6.** of this supplement upon the approval of the applicant's Form I-485.

Individual Employer's or Authorized Signatory's Signature

- 8.a. Signature of Individual Employer or Authorized Signatory (sign in ink)



- 8.b. Date of Signature (mm/dd/yyyy)

03 | 30 | 2022

Part 8. Contact Information, Declaration, and Signature of the Person Preparing This Supplement, if Other Than the Individual Employer or Authorized Signatory of the Business Entity Employer

Provide the following information about the preparer.

Preparer's Full Name

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

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

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

Preparer's Mailing Address

- 3.a. Street Number and Name

- 3.b. Apt. Ste. Flr.

- 3.c. City or Town

- 3.d. State

 3.e. ZIP Code

- 3.f. Province

- 3.g. Postal Code

- 3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

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

6. Preparer's Email Address (if any)

**Part 8. Contact Information, Declaration, and
Signature of the Person Preparing This
Supplement, if Other Than the Individual
Employer or Authorized Signatory of the
Business Entity Employer (continued)**

Preparer's Statement

- 7.a. I am not an attorney or accredited representative but have prepared this supplement on behalf of the individual employer or authorized signatory and with the individual employer's or authorized signatory's consent.
- 7.b. I am an attorney or accredited representative and my representation of the individual employer or authorized signatory in this case.
 extends does not extend beyond the preparation of this supplement.

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

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this supplement at the request of the individual employer or authorized signatory. The individual employer or authorized signatory then reviewed this completed supplement and informed me that he or she understands all of the information contained in, and submitted with, his or her supplement, including the **Individual Employer's or Authorized Signatory's Certification**, and that all of this information is complete, true, and correct.

Preparer's Signature

- 8.a. Preparer's Signature (sign in ink)

- 8.b. Date of Signature (mm/dd/yyyy)

Part 9. Additional Information

If you need extra space to provide any additional information within this supplement, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this supplement or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers, and sign and date each sheet.

1.a. Family Name
(Last Name) **SHAIK**

1.b. Given Name
(First Name) **USMAN**

1.c. Middle Name **ADAM BASHA**

2. A-Number (if any) ► A- **2 | 0 | 6 | 8 | 2 | 0 | 7 | 1 | 0**

3.a. Page Number **4** 3.b. Part Number **6** 3.c. Item Number **3**

3.d. AND DELIVERY MANAGER TO ENSURE PROJECT DELIVERABLES ARE ON TIME AND MEET BUSINESS EXPECTATIONS. COLLECT, ELICIT AND ANALYZE THE BUSINESS REQUIREMENT, BUSINESS DEVELOPMENT FUND PROCESS, PORTFOLIO MANAGEMENT AND RISK MANAGEMENT. WORK CLOSELY WITH BUSINESS PARTNERS TO DETERMINE REQUIREMENTS AND DEVELOP FUNCTIONAL DESIGNS BASED ON THE ..

4.a. Page Number **4** 4.b. Part Number **6** 4.c. Item Number **3**

4.d. ANALYSIS OF LINE OF BUSINESS NEEDS, OBJECTIVES AND EXISTING SYSTEM INFRASTRUCTURE.

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d.

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d.



Application For Employment Authorization

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

USCIS
Form I-765
OMB No. 1615-0040
Expires 07/31/2022

For USCIS Use Only	<input type="checkbox"/> Authorization/Extension Valid From <hr style="border: 0.5px solid black;"/>	Fee Stamp	Action Block
	<input type="checkbox"/> Authorization/Extension Valid Through <hr style="border: 0.5px solid black;"/>		
	Alien Registration Number A- <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>		
	Remarks <hr style="border: 0.5px solid black;"/>		

To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).	<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	Attorney or Accredited Representative USCIS Online Account Number (if any) <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>
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- **START HERE - Type or print in black ink.** Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks, "Provide the name of your current spouse"), type or print "N/A" unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, "How many children do you have" or "How many times have you departed the United States"), type or print "None" unless otherwise directed.

Part 1. Reason for Applying

I am applying for (select **only one** box):

- 1.a.** Initial permission to accept employment.

1.b. Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document **NOT DUE** to U.S. Citizenship and Immigration Services (USCIS) error.

NOTE: Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to **Replacement for Card Error** in the **What is the Filing Fee** section of the Form I-765 Instructions for further details.

- 1.c. Renewal of my permission to accept employment.
(Attach a copy of your previous employment authorization document.)

Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6**.

Additional Information.

- | | |
|---------------------------------|------|
| 2.a. Family Name
(Last Name) | NONE |
| 2.b. Given Name
(First Name) | |
| 2.c. Middle Name | |
| | |
| 3.a. Family Name
(Last Name) | |
| 3.b. Given Name
(First Name) | |
| 3.c. Middle Name | |
| | |
| 4.a. Family Name
(Last Name) | |
| 4.b. Given Name
(First Name) | |
| 4.c. Middle Name | |

Part 2. Information About You

Your Full Legal Name

- | | |
|---------------------------------|-------------------|
| 1.a. Family Name
(Last Name) | SHAIK |
| 1.b. Given Name
(First Name) | USMAN |
| 1.c. Middle Name | ADAM BASHA |



Part 2. Information About You (continued)

Your U.S. Mailing Address

5.a. In Care Of Name (if any)

USMAN ADAM BASHA SHAIK

5.b. Street Number and Name **1475 APPLE BLOSSOM DR**

5.c. Apt. Ste. Flr.

5.d. City or Town **CUMMING**

5.e. State **GA** 5.f. ZIP Code **30041**

6. Is your current mailing address the same as your physical address? Yes No

NOTE: If you answered "No" to Item Number 6., provide your physical address below.

U.S. Physical Address

7.a. Street Number and Name

7.b. Apt. Ste. Flr.

7.c. City or Town

7.d. State 7.e. ZIP Code

Other Information

8. Alien Registration Number (A-Number) (if any)

► A- **2 0 6 8 2 0 7 1 0**

9. USCIS Online Account Number (if any)

►

10. Gender Male Female

11. Marital Status

Single Married Divorced Widowed

12. Have you previously filed Form I-765?

Yes No

13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?

Yes No

NOTE: If you answered "No" to Item Number 13.a., skip to Item Number 14. If you answered "Yes" to Item Number 13.a., provide the information requested in Item Number 13.b.

13.b. Provide your Social Security number (SSN) (if known).

► **4 6 9 5 3 8 8 9 1**

14. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to Item Number 15., Consent for Disclosure, to receive a card.)

Yes No

NOTE: If you answered "No" to Item Number 14., skip to Part 2., Item Number 18.a. If you answered "Yes" to Item Number 14., you must also answer "Yes" to Item Number 15.

15. **Consent for Disclosure:** I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card.

Yes No

NOTE: If you answered "Yes" to Item Numbers 14. - 15., provide the information requested in Item Numbers 16.a. - 17.b.

Father's Name

Provide your father's birth name.

16.a. Family Name (Last Name)

16.b. Given Name (First Name)

Mother's Name

Provide your mother's birth name.

17.a. Family Name (Last Name)

17.b. Given Name (First Name)

Your Country or Countries of Citizenship or Nationality

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in Part 6. Additional Information.

18.a. Country

INDIA

18.b. Country



Part 2. Information About You (continued)

Place of Birth

List the city/town/village, state/province, and country where you were born.

19.a. City/Town/Village of Birth

TENALI

19.b. State/Province of Birth

ANDHRA PRADESH

19.c. Country of Birth

INDIA

20. Date of Birth (mm/dd/yyyy)

08/20/1976

Information About Your Last Arrival in the United States

21.a. Form I-94 Arrival-Departure Record Number (if any)

► 3 9 4 2 1 3 4 8 2 2 3

21.b. Passport Number of Your Most Recently Issued Passport

S3842662

21.c. Travel Document Number (if any)

NA

21.d. Country That Issued Your Passport or Travel Document

INDIA

21.e. Expiration Date for Passport or Travel Document
(mm/dd/yyyy)

01/07/2028

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)

01/25/2010

23. Place of Your Last Arrival Into the United States

ATLANTA GA

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

L1

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

H-1B

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

► N-

Information About Your Eligibility Category

27. **Eligibility Category.** Refer to the **Who May File Form I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).

([] C) ([] 9) ([])

28. **(c)(3)(C) STEM OPT Eligibility Category.** If you entered the eligibility category (c)(3)(C) in Item Number 27., provide the information requested in Item Numbers 28.a. - 28.c.

28.a. Degree

[]

28.b. Employer's Name as Listed in E-Verify

[]

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

[]

29. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in Item Number 27., provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

► []

30. **(c)(8) Eligibility Category** If you entered the eligibility category (c)(8) in Item Number 27., provide the information requested in Item Numbers 30.a. - 30.g.

30.a. Have you EVER been arrested for, and/or charged with, and/or convicted of any crime in any country?

Yes No

NOTE: If you answered "Yes" to Item Number 30.a., refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** of the Form I-765 Instructions for information about providing court dispositions.

30.b. Did you enter the United States lawfully through a U.S. port of entry and were you inspected and admitted or paroled after inspection by an immigration officer? (If you answer "Yes," you **MUST** provide evidence of your lawful entry.)

Yes No

30.c. If you answered "No" to Item Number 30.b., did you present yourself to the Secretary of Homeland Security or his or her delegate (DHS) within 48 hours of entry or attempted entry **AND** express an intention to seek asylum within the United States or express a fear of persecution or torture in your home country?

Yes No



Part 2. Information About You (continued)

If you answered "Yes" to **Item Number 30.c.**, provide the following information:

30.d. Date you presented yourself to DHS

30.e. Location where you presented yourself to DHS

30.f. Country of claimed persecution

30.g. Provide an explanation for why you did not enter the United States lawfully through a U.S. port of entry. If you need extra space to complete this item, use the space provided in **Part 6. Additional Information**.

NOTE: Refer to the **Special Filing Instructions for Those With Pending Asylum Applications** (c)(8) section of the Form I-765 Instructions for more information.

31.a. (c)(35) and (c)(36) Eligibility Category. If you entered the eligibility category (c)(35) in **Item Number 27.**, please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in **Item Number 27.**, please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.

►

31.b. If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime? Yes No

NOTE: If you answered "Yes" to **Item Number 31.b.**, refer to **Employment-Based Nonimmigrant Categories, Items 8. - 9.**, in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.

Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

Applicant's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.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.
- 1.b.** The interpreter named in **Part 4.** 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.** At my request, the preparer named in **Part 5.**, **SHEETAL MARKAN ESQ**, prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

4045396275

4. Applicant's Mobile Telephone Number (if any)

4045396275

5. Applicant's Email Address (if any)

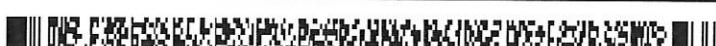
USMANSK2008@GMAIL.COM

6. Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Applicant's Declaration and 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 and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore 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 law.



Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued)

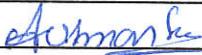
I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

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

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and 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

- 7.a. Applicant's Signature

→ 

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

03/24/2022

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 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

- 1.a. Interpreter's Family Name (Last Name)

- 1.b. Interpreter's Given Name (First Name)

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

Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Mailing Address

- 3.a. Street Number and Name

- 3.b. Apt. Ste. Flr.

- 3.c. City or Town

- 3.d. State

- 3.e. ZIP Code

- 3.f. Province

- 3.g. Postal Code

- 3.h. Country

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 3., Item Number 1.b.**, 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 Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

- 7.a. Interpreter's Signature

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



Part 5. 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.a. Preparer's Family Name (Last Name)

MARKAN

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

SHEETAL

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

MARKAN LAW LLC

Preparer's Mailing Address

3.a. Street Number and Name **200 CENTENNIAL AVENUE**

3.b. Apt. Ste. Flr. **209**

3.c. City or Town **PISCATAWAY**

3.d. State **NJ** 3.e. ZIP Code **08854**

3.f. Province

3.g. Postal Code

3.h. Country

USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

7326968700

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

6. Preparer's Email Address (if any)

IMMIGRATION@MARKANLAW.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.

7.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, you need 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 Declaration and 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.a. Preparer's Signature



8.b. Date of Signature (mm/dd/yyyy)

4/4/2022



Part 6. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name
(Last Name) **SHAIK**

1.b. Given Name
(First Name) **USMAN**

1.c. Middle Name **ADAM BASHA**

2. A-Number (if any) ► A- **2 0 6 8 2 0 7 1 0**

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d.

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d.

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d.

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d.





Application for Travel Document

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

USCIS
Form I-131
OMB No. 1615-0013
Expires 04/30/2022

For USCIS Use Only	Receipt	Action Block	To Be Completed by an Attorney/Representative, if any.
	<input type="checkbox"/> Document Hand Delivered By: _____ Date: ____ / ____ / ____		<input checked="" type="checkbox"/> Fill in box if G-28 is attached to represent the applicant.
	Document Issued <input type="checkbox"/> Re-entry Permit (<i>Update "Mail To" Section</i>) <input type="checkbox"/> Refugee Travel Document (<i>Update "Mail To" Section</i>) <input type="checkbox"/> Single Advance Parole <input type="checkbox"/> Multiple Advance Parole Valid Until: ____ / ____ / ____	Mail To <i>(Re-entry & Refugee Only)</i> <input type="checkbox"/> Address in Part I <input type="checkbox"/> US Consulate at: _____ <input type="checkbox"/> Intl DHS Ofc at: _____	Attorney State License Number: NY4667978

► Start Here. Type or Print in Black Ink

Part 1. Information About You

1.a. Family Name
(Last Name)

SHAIK

1.b. Given Name
(First Name)

USMAN

1.c. Middle Name

ADAM BASHA

Physical Address

2.a. In Care of Name

USMAN ADAM BASHA SHAIK

2.b. Street Number
and Name

1475 APPLE BLOSSOM DR

2.c. Apt. Ste. Flr.

2.d. City or Town

CUMMING

2.e. State

GA

2.f. ZIP Code

30041

2.g. Postal Code

2.h. Province

2.i. Country

USA

Other Information

3. Alien Registration Number (A-Number)

► A- 2 0 6 8 2 0 7 1 0

4. Country of Birth

INDIA

5. Country of Citizenship

INDIA

6. Class of Admission

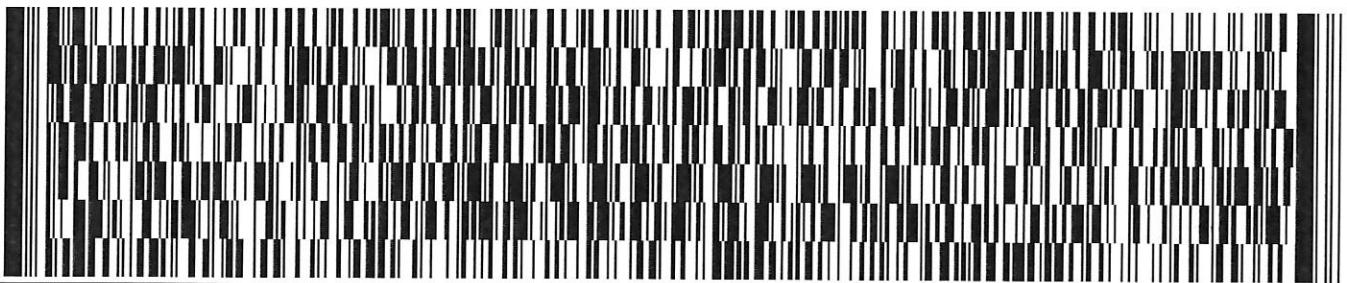
H1B

7. Gender Male Female

8. Date of Birth (mm/dd/yyyy) ► 08/20/1976

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

► 4 6 9 5 3 8 8 9 1



Part 2. Application Type

- 1.a. I am a permanent resident or conditional resident of the United States, and I am applying for a reentry permit.
- 1.b. I now hold U.S. refugee or asylee status, and I am applying for a Refugee Travel Document.
- 1.c. I am a permanent resident as a direct result of refugee or asylee status, and I am applying for a Refugee Travel Document.
- 1.d. I am applying for an Advance Parole Document to allow me to return to the United States after temporary foreign travel.
- 1.e. I am outside the United States, and I am applying for an Advance Parole Document.
- 1.f. I am applying for an Advance Parole Document for a person who is outside the United States.

If you checked box "1.f." provide the following information about that person in 2.a. through 2.p.

2.a. Family Name
(Last Name)

2.b. Given Name
(First Name)

2.c. Middle Name

2.d. Date of Birth *(mm/dd/yyyy)* ►

2.e. Country of Birth

2.f. Country of Citizenship

2.g. Daytime Phone Number () -

Physical Address (If you checked box 1.f.)

2.h. In Care of Name

2.i. Street Number and Name

2.j. Apt. Ste. Flr.

2.k. City or Town

2.l. State 2.m. ZIP Code

2.n. Postal Code

2.o. Province

2.p. Country

Part 3. Processing Information

1. Date of Intended Departure
(mm/dd/yyyy) ►
2. Expected Length of Trip *(in days)*
- 3.a. Are you, or any person included in this application, now in exclusion, deportation, removal, or rescission proceedings? Yes No
- 3.b. If "Yes", Name of DHS office:

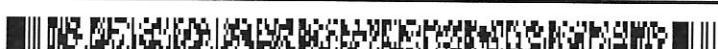
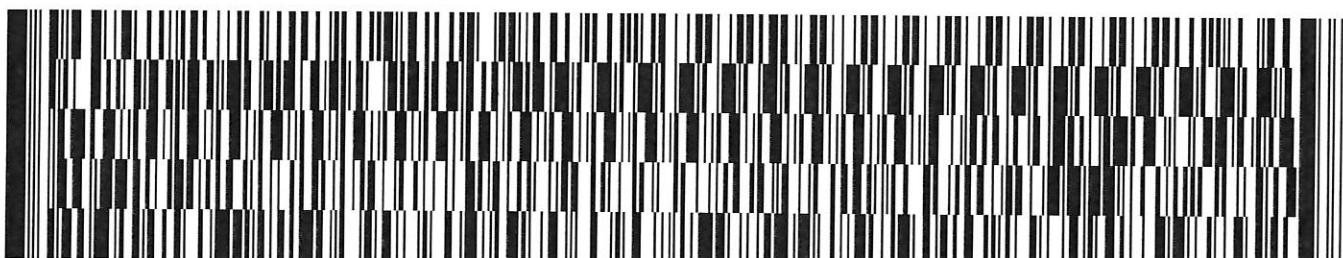
4.a. Have you ever before been issued a reentry permit or Refugee Travel Document? *(If "Yes" give the following information for the last document issued to you):*

Yes No

4.b. Date Issued *(mm/dd/yyyy)* ►

4.c. Disposition *(attached, lost, etc.):*

If you are applying for a non-DACA related Advance Parole Document, skip to Part 7; *DACA recipients must complete Part 4 before skipping to Part 7.*



Part 3. Processing Information (continued)

Where do you want this travel document sent? (Check one)

5. To the U.S. address shown in **Part 1 (2.a through 2.i.)** of this form.

6. To a U.S. Embassy or consulate at:

6.a. City or Town

6.b. Country

7. To a DHS office overseas at:

7.a. City or Town

7.b. Country

If you checked "6" or "7", where should the notice to pick up the travel document be sent?

8. To the address shown in **Part 2 (2.h. through 2.p.)** of this form.

9. To the address shown in **Part 3 (10.a. through 10.i.)** of this form.:.

10.a. In Care of Name

10.b. Street Number and Name

10.c. Apt. Ste. Flr.

10.d. City or Town

10.e. State 10.f. ZIP Code

10.g. Postal Code

10.h. Province

10.i. Country

10.j. Daytime Phone Number () -

Part 4. Information About Your Proposed Travel

1.a. Purpose of trip. (If you need more space, continue on a separate sheet of paper.)

1.b. List the countries you intend to visit. (If you need more space, continue on a separate sheet of paper.)

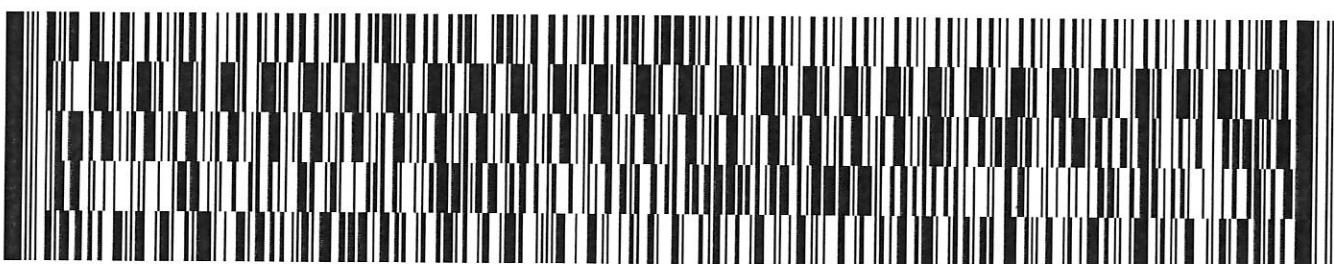
Part 5. Complete Only If Applying for a Re-entry Permit

Since becoming a permanent resident of the United States (or during the past 5 years, whichever is less) how much total time have you spent outside the United States?

- 1.a. less than 6 months 1.d. 2 to 3 years
1.b. 6 months to 1 year 1.e. 3 to 4 years
1.c. 1 to 2 years 1.f. more than 4 years

2. Since you became a permanent resident of the United States, have you ever filed a Federal income tax return as a nonresident or failed to file a Federal income tax return because you considered yourself to be a nonresident? (If "Yes" give details on a separate sheet of paper.)

Yes No



Part 6. Complete Only If Applying for a Refugee Travel Document

1. Country from which you are a refugee or asylee:

If you answer "Yes" to any of the following questions, you must explain on a separate sheet of paper. Include your Name and A-Number on the top of each sheet.

2. Do you plan to travel to the country Yes No
named above?

Since you were accorded refugee/asylee status, have you ever:

- 3.a. Returned to the country named above? Yes No
- 3.b. Applied for and/or obtained a national passport, passport renewal, or entry permit of that country?
 Yes No

- 3.c. Applied for and/or received any benefit from such country (for example, health insurance benefits)?

Yes No

Since you were accorded refugee/asylee status, have you, by any legal procedure or voluntary act:

- 4.a. Reacquired the nationality of the country named above? Yes No
- 4.b. Acquired a new nationality? Yes No
- 4.c. Been granted refugee or asylee status in any other country? Yes No

Part 7. Complete Only If Applying for Advance Parole

On a separate sheet of paper, explain how you qualify for an Advance Parole Document, and what circumstances warrant issuance of advance parole. Include copies of any documents you wish considered. (See instructions.)

1. How many trips do you intend to use this document?
 One Trip More than one trip

If the person intended to receive an Advance Parole Document is outside the United States, provide the location (City or Town and Country) of the U.S. Embassy or consulate or the DHS overseas office that you want us to notify.

- 2.a. City or Town

- 2.b. Country

If the travel document will be delivered to an overseas office, where should the notice to pick up the document be sent?:

3. To the address shown in Part 2 (2.h. through 2.p.) of this form.
4. To the address shown in Part 7 (4.a. through 4.i.) of this form.

- 4.a. In Care of Name

- 4.b. Street Number and Name

- 4.c. Apt. Ste. Flr.

- 4.d. City or Town

- 4.e. State

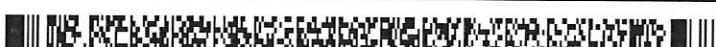
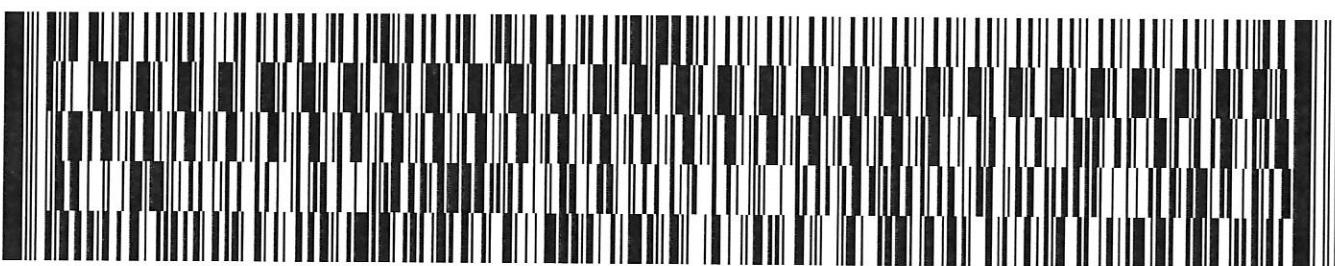
 4.f. ZIP Code

- 4.g. Postal Code

- 4.h. Province

- 4.i. Country

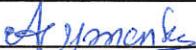
- 4.j. Daytime Phone Number (



Part 8. Signature of Applicant (Read the information on penalties in the Form instructions before completing this Part.) If you are filing for a Re-entry Permit or Refugee Travel Document, you must be in the United States to file this application.

- 1.a. 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 needs to determine eligibility for the benefit I am seeking.

Signature of Applicant

→ 

1.b. Date of Signature (mm/dd/yyyy) ► **03/24/2022**

2. Daytime Phone Number (**4 0 4**) **5 3 9** - **6 2 7 5**

NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, your application may be denied.

Part 9. Information About Person Who Prepared This Application, If Other Than the Applicant

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

Preparer's Full Name

Provide the following information concerning the preparer:

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

MARKAN

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

SHEETAL

2. Preparer's Business or Organization Name

MARKAN LAW LLC

Preparer's Contact Information

4. Preparer's Daytime Phone Number Extension

(**7 3 2**) **6 9 6** - **8 7 0 0**

101

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

IMMIGRATION@MARKANLAW.COM

Declaration

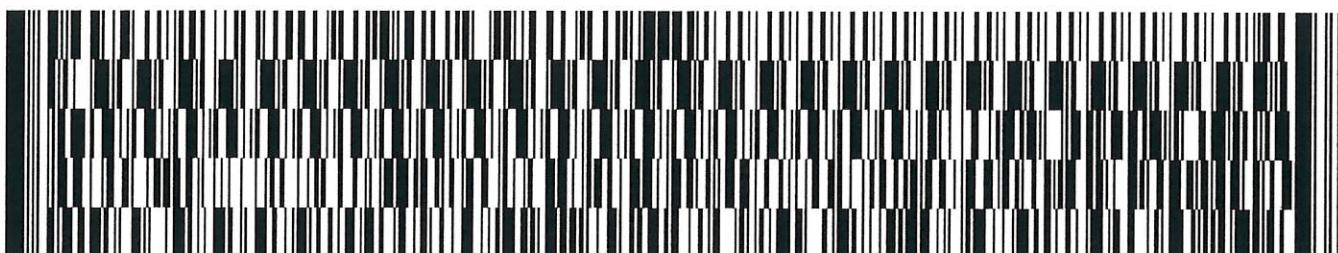
To be completed by all preparers, including attorneys and authorized representatives: I declare that I prepared this benefit request at the request of the applicant, that it is based on all the information of which I have knowledge, and that the information is true to the best of my knowledge.

- 6.a. Signature of Preparer



6.b. Date of Signature (mm/dd/yyyy) ► **4/4/2022**

NOTE: If you require more space to provide any additional information, use a separate sheet of paper. You must include your Name and A-Number on the top of each sheet.



THE UNITED STATES OF AMERICA

RECEIPT NUMBER SRC-14-903-76319		CASE TYPE I140 IMMIGRANT PETITION FOR ALIEN WORKER
RECEIPT DATE August 11, 2014	PRIORITY DATE February 6, 2014	PETITIONER FIRST TEK INC
NOTICE DATE March 20, 2015	PAGE 1 of 1	BENEFICIARY A206 820 710 SHAIK, USMAN A.
FIRST TEK INC C/O FIRST TEK INC 1551 S WASHINGTON AVENUE STE 402A PISCATAWAY NJ 08854	Notice Type: Approval Notice Section: Mem of Profession w/Adv Deg, or of Exceptn'l Ability Sec.203(b) (2)	

The above petition has been approved. The petition indicates that the person for whom you are petitioning is in the United States and will apply for adjustment of status. He or she should contact the local USCIS office to obtain Form I-485, Application for Permanent Residence. A copy of this notice should be submitted with the application, with appropriate fee, to this Service Center. Additional information about eligibility for adjustment of status may be obtained from the local USCIS office serving the area where he or she lives, or by calling 1-800-375-5283.

If the person for whom you are petitioning decides to apply for a visa outside the United States based on this petition, the petitioner should file Form I-824, Application for Action on an Approved Application or Petition, to request that we send the petition to the Department of State National Visa Center (NVC).

The NVC processes all approved immigrant visa petitions that require consular action. The NVC also determines which consular post is the appropriate consulate to complete visa processing. It will then forward the approved petition to that consulate.

The approval of this visa petition does not in itself grant any immigration status and does not guarantee that the alien beneficiary will subsequently be found to be eligible for a visa, for admission to the United States, or for an extension, change, or adjustment of status.

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

The Small Business Regulatory Enforcement and Fairness Act established the Office of the National Ombudsman (ONO) at the Small Business Administration. The ONO assists small businesses with issues related to federal regulations. If you are a small business with a comment or complaint about regulatory enforcement, you may contact the ONO at www.ombudsman.sba.gov or phone 202-205-2417 or fax 202-481-5719.

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

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

TEXAS SERVICE CENTER
P O BOX 851488 - DEPT A
MESQUITE TX 75185-1488
Customer Service Telephone: (800) 375-5283





సంఖ్య 1
NO. 1



ఆంధ్ర ప్రదేశ్ ప్రభుత్వము
GOVERNMENT OF ANDHRA PRADESH
హైదరాబాదు మరియు కుటుంబ సంక్షేప శాఖ
DEPARTMENT OF HEALTH, MEDICAL AND FAMILY WELFARE

పారం-5
FORM-5



MUNICIPALITY TENALI

జనన ధృవ వత్తము
BIRTH CERTIFICATE

(జనన మరణ నమోదు రచ్చం 1969, 12/17 విభాగము ప్రకారము, ఆంధ్ర ప్రదేశ్ జనన మరణ నమోదు నిబంధనలు 1999, 8/13 కెంద జారీచేయడానికి)
(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8/13 OF THE ANDHRA PRADESH REGISTRATION OF BIRTHS & DEATHS RULES 1999)

భారత దేశము, ఆంధ్రప్రదేశ్ రాష్ట్రము గుంటూరు జిల్లా తెనాలి మండలము తెనాలి పురపాలక సంస్థ (స్టోనిక ప్రదేశము) జనన మరణ రజిస్ట్రేషన్లోని జననానికి సంబంధించిన అనుమతి నుండి, తొంది సమాచారము తీసుకొనబడిన ధృవికరించడానికి
THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR MUNICIPALITY TENALI OF TAHSIL/BLOCK TENALI OF DISTRICT GUNTUR OF STATE/UNION TERRITORY ANDHRA PRADESH, INDIA.

పేరు / NAME: SHAIK USMAN ADAM BASHA

లింగము / SEX: మగ MALE

పుట్టిన తేదీ / DATE OF BIRTH:

20-08-1976
TWENTIETH-AUGUST-ONE THOUSAND NINE HUNDRED SEVENTY SIX

పుట్టిన స్థలము / PLACE OF BIRTH:

1-24-10, NAZARPETA,
TENALI, TENALI, GUNTUR,
ANDHRA PRADESH

తల్లి పేరు / NAME OF MOTHER:
SHAIK NOORJAHAN

తండ్రి పేరు / NAME OF FATHER:
SHAIK MOHIDDIN

ఆధార్ సంఖ్య / MOTHER'S AADHAAR NO:

ఆధార్ సంఖ్య / FATHER'S AADHAAR NO:

విడ్యు జన్మించినపుడు తల్లి దండ్రులు చిరునామా / ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD:

1-24-10,
NAZARPETA, TENALI, TENALI, GUNTUR, ANDHRA PRADESH

తల్లి దండ్రులు యొక్క స్థానికానికి చిరునామా / PERMANENT ADDRESS OF PARENTS:

1-24-10,
NAZARPETA, TENALI, TENALI, GUNTUR,
ANDHRA PRADESH

నమోదు సంఖ్య / REGISTRATION NUMBER:
B-2017: 28-90045-002481

నమోదు తేదీ / DATE OF REGISTRATION:
04-09-2017

విశేషాంశులు / REMARKS (IF ANY):

జారీ చేసిన తేదీ / DATE OF ISSUE:
04-09-2017

జారీ చేసిన అధికార సంతకం / ISSUING AUTHORITY :

(జనన మరణ రజిస్ట్రార్)
REGISTRAR (BIRTH & DEATH)

MUNICIPALITY TENALI

UPDATED ON :
04-09-2017 13:14:33



"THIS IS A COMPUTER GENERATED CERTIFICATE WHICH CONTAINS FACSIMILE SIGNATURE OF THE ISSUING AUTHORITY"
"THE GOVT. OF INDIA VIDE CIRCULAR NO. 1/12/2014-VS(CRS) DATED 27-JULY-2015 HAS
APPROVED THIS CERTIFICATE AS A VALID LEGAL DOCUMENT FOR ALL OFFICIAL PURPOSES".

"ప్రతి జననము, ప్రతి మరణము తనుకుండా 21 రోజులలో నమోదు చేయండి" / ENSURE REGISTRATION OF EVERY BIRTH AND DEATH"





ఆంధ్రప్రదేశ్ ఆంధ్ర ప్రదేశ్ ANDHRA PRADESH

S.L.No: 2431 Dt: 28.08.2021 Rs.: 10/-

Sold to: SK. Jakirunnisa Begum W/o: Jani Basha Guntur.

For whom: Self

B. Srinivasa Rao
99AA 752993

BHIMA SRINIVASA RAO
Licenced Stamp Vendor
L.No: 07-16-02/2015
R.L.No: 07-16-10/2021
D.No: 26-34-24, 9/2, A.T. Agraharam,
GUNTUR-4. Cell: 9866689069

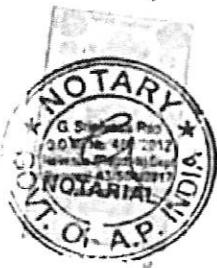
AFFIDAVIT CONFIRMING BIRTH

I, Jakirunnisa Begum Wife of Jani Basha Shaik, aged 58 years, resident of Door No.22-7-80, Bestavari Veedhi, Lalapet, Guntur, Andhra Pradesh, India-522003 do hereby solemnly affirm and deposes as follows :

1. I am the Maternal Aunty of Mr. Usman Adam Basha Shaik son of Mohiddin Shaik.
2. My Nephew was born on 20th day of August 1976 at Tenali, Andhra Pradesh, India to Mr.Mohiddin Shaik & Mrs. Noorjahan Shaik. I was present at the time of his birth.
3. I make this affidavit in lieu of birth certificate since his birth was not registered with civil authorities at the time of birth.

Sworn before me this
28th day of August, 2021

SK.Jakirunnisa Begum.



// Attested //

G. SRINIVASA RAO, M.A.B.L.
ADVOCATE & NOTARY
Renewal - A.S/SD/2017, Valid upto 2022
Government of A.P. - INDIA
Amarevethi Road, GUNTUR-522007, J.A.R.

28/8/2021



ఆంధ్రప్రదేశ అంగ్ ప్రదేశ ANDHRA PRADESH

S.No: 2432 Dt. 28.08.2021 Rs. /D/-

Sold to: Sk. Noorjahan H/o. Mohiddin Guntur.

For whom: Self

B. Srinivasa Rao
99AA 752994

BHIMA SRINIVASA RAO

Licenced Stamp Vendor

L.No: 07-16-L-2/2015

R.L.No: 07-16-10/2021

D.No: 26-34-24, 9/2, A.T. Agraharam,
GUNTUR-4. Cell: 9866689069

AFFIDAVIT CONFIRMING BIRTH

I, Noorjahan Shaik Wife of Mohiddin Shaik, aged 60 years, resident of House No.42-11-670, Rajagopal Nagar, Opp Golden Tobacco Factory, Guntur-522001, Andhra Pradesh, India do hereby solemnly affirm and deposes as follows :

1. I am the mother of Mr. Usman Adam Basha Shaik.
2. My Son was born on 20th day of August 1976 at Tenali, Andhra Pradesh, India and I was present at the time of his birth.
3. I make this affidavit in lieu of birth certificate since his birth was not registered with civil authorities at the time of birth.

Sworn before me this
28th day of August, 2021



// Attested //

G. SRINIVASA RAO, M.A; B.L.
ADVOCATE & NOTARY
Renewal-A3/504/2017, Valid upto 2022
Government of A.P. - INDIA
Amaravathi Road, GUNTUR-522007, A.P.

28/8/2021



అంధ్రప్రదేశ్ ఆంధ్ర ప్రదేశ్ ANDHRA PRADESH

S.No: 2430 Dt: 28.02.2021 Rs: 10/-

Sold to: St. Jani Basha S/o Alli Saheb Guntur.

For whom: Self

R. Srinivasarao
99AA 752992
EAM: SRINIVASA RAO
Licenced Stamp Vendor
L.No: 07-16-12/2015
R.L.No: 07-16-10/2021
D.No: 26-34-24, 9/2, A.T. Agraharam,
GUNTUR-4. Cell: 9866689069

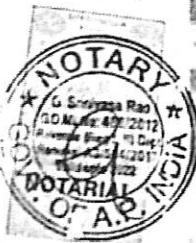
AFFIDAVIT CONFIRMING BIRTH

I, Jani Basha Shaik S/o Alli Saheb, aged 62 years, resident of Door No.22-7-80, Bestavari Veedhi, Lalapet, Guntur, Andhra Pradesh, India-522003 do hereby solemnly affirm and deposes as follows :

1. I am the Paternal Uncle of Mr. Usman Adam Basha Shaik son of Mohiddin Shaik.
2. My Nephew was born on 20th day of August 1976 at Tenali, Andhra Pradesh, India to Mr.Mohiddin Shaik & Mrs. Noorjahan Shaik. I was present at the time of his birth.
3. I make this affidavit in lieu of birth certificate since his birth was not registered with civil authorities at the time of birth.

Sworn before me this
28th day of August, 2021

Shaik Jani Basha



// Attested //
G. SRINIVASA RAO, M.A., B.L.
ADVOCATE & NOTARY
Renewal - A.I./S.O./2017, Valid upto 2022
Government of A.P. - BENCH
Amaravathi Road, GUNTUR-522 007, A.P.
28/8/2021



Certificate of Marriage

UNDER SPECIAL MARRIAGE ACT - 1954
 Special Marriage No. 6/2003.
 Notice No. 9/2003.

I R. SUBRAMANYAM, marriage officer,
 hereby certify that on the Nineteenth day of
December, ²⁰⁰³ ~~2003~~ SK. USMAN ADAM BHASHA.
 and B. HARITHA. appeared before me
 and that each of them, in my presence and in the presence of three
 witnesses who have signed thereunder made the declarations required
 by Section 11 and that a marriage under this Act was
 solemnized between them in my presence

R. Subramanyam
 Marriage Officer
 Marriage Officer & Sub-Registrar
 Gacheguda, R.R. Dist.

Sd/- SK. Usman Adam Basha
 Bridegroom

Sd/- B. Haritha.
 Bride.

Three Witnesses
 1/sd/- M. Nikshepa Rao.
 2/sd/- B. Sridhar.
 3/sd/- C. Bharadwaj.

Dated the 19th day of December 2003.
 Note:- In this copy no stamping T.T. A. +

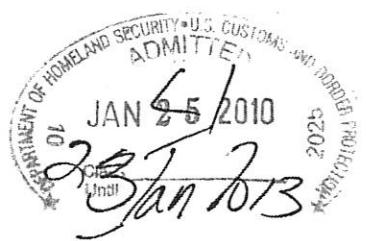
DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

OMB No. 1651-0111

Departure Record

Admission Number

394213482 23



18. Family Name

SHTAIER

19. First (Given) Name

Louisiana

21. Country of Citizenship

20. Birth Date (DD/MM/YY)
20 | 0 | 8 | 7 | 6

Warning A nonimmigrant who accepts unauthorized employment is subject to deportation.
Important Retain this permit in your possession; *you must surrender it when you leave the U.S.*
Failure to do so may delay your entry into the U.S. in the future.
You are authorized to stay in the U.S. only until the date written on this form. To remain past this date,
without permission from Department of Homeland Security authorities, is a violation of the law.

Surrender this permit when you leave the U.S.:

- By sea or air, to the transportation line;
- Across the Canadian border, to a Canadian Official;
- Across the Mexican border, to a U.S. Official

Students planning to reenter the U.S. within 30 days to return to the same school, see "Arrival-
Departure" on page 2 of Form I-20 prior to surrendering this permit.

Record of Changes

Software Specialist
CIN 03 139 S1465
MBT International Outlet

Port:

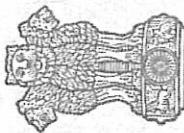
Departure Record

Date:

Carrier:

Flight No./Ship Name:

भारत गणराज्य REPUBLIC OF INDIA



卷之三

इनके द्वारा, भारत गणराज्य के राष्ट्रपति
के नाम पर, उन सभी से जिसका इससे
संबंध हो, अद्वैत एवं अपेक्षा की जाती
है, कि वे धारक को बिना किसी रोक-
टोक के स्वतंत्र हय से आने-जाने दें,
अग्र उसे हर तरह की ऐसी सहायता
और सुरक्षा प्रदान करें जिसकी उत्ते
आवश्यकता है।

*BY ORDER OF THE PRESIDENT
OF THE REPUBLIC OF INDIA*

N. Radhakrishnarn
... प्रति क्षेत्रीय पासपोर्ट अधिकारी, बैंगलूर
for Regional Passport Officer, Bangalore

भारत गणराज्य REPUBLIC OF INDIA

टाइप / Type P	राष्ट्र कोड / Country Code IND	पासपोर्ट नं. / Passport No. H 0141460
उपनाम / Surname		

उपनाम / Surname

SHAIK

दिया गया नाम / Given Name(s)

USMAN ADAM BASHA

राष्ट्रीयता / Nationality

लिंग / Sex

सन्दर्भित / Date of Birth

A black and white head-and-shoulders portrait of a man. He has dark, curly hair and a well-groomed mustache. He is wearing a dark, possibly black, suit jacket over a light-colored shirt. The background is plain and light-colored.

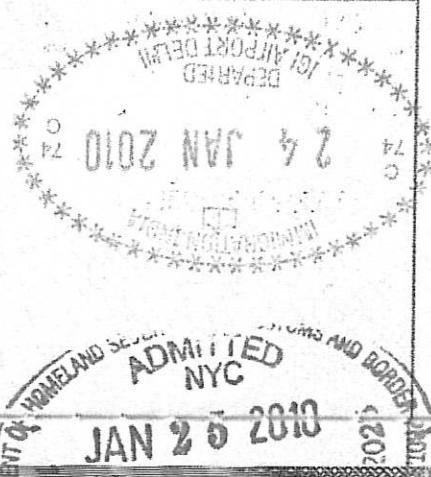
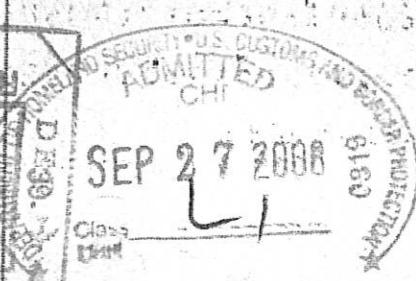
नम स्थान / Place of Birth

सार्वी दृष्टि से लोकपाल / Place of Justice

BANGALORE

जारी करने की तिथि / Date of issue

VISA / VISP



VISA		UNITED STATES OF AMERICA		
Issuing Post Name MUMBAI (BOMBAY)		Control Number 20082489860001		
Surname SHAIK		Visa Type /Class R L1		
Given Name USMAN ADAM BASHA		Sex M	Birth Date 20AUG1976	Nationality IND
Passport Number H0141460		Entries M	Issue Date 08SEP2008	Expiration Date 08SEP2011
Annotation BLANKET L-1				1011
** PN-MBT INTERNATIONAL INC P#-LIN-03-139-51465		95356207 PED 08SEP2011		
VNUSASHAIK<<USMAN<ADAM<BASHA<<<<<<<<<<				
H0141460<7IND7608209M1109081L1BMB0FZU9020078				

विदेशों में चलने वाले भारतीय नागरिकों को सलाह दी जाती है कि वे निकटतम भारतीय विषयन/

केन्द्र में अपना पंजीकरण करवाएं।

पंजीकरण

यह पासपोर्ट भारत सरकार की सम्पत्ति है। इस पासपोर्ट के बारे में किसी पासपोर्ट आवेदनरी से इसके धारक को यदि कोई सुविधा मिलती है, तिसमें पासपोर्ट लौटाने की यांग भी शामिल है तो उसका उत्तर अनुपालन किया जाए।

यह पासपोर्ट भारत विदेशी भी देशों से बाहर न भेजा जाए। यह पासपोर्ट धारक या उनके द्वारा प्राधिकृत व्यक्ति के सभी में ही होना चाहिए। इसमें किसी भी प्रकार का फोरेवरल या विवृति नहीं की जानी चाहिए।

पासपोर्ट गुप्त हो जाने, चासी हो जाने अथवा नष्ट हो जाने पर उसकी सूचना भारत में सबसे नियमित प्राप्ति की अधिकारी को अथवा यदि पासपोर्ट धारक विदेश में हो तो निकटतम भारतीय विषयन/केन्द्र और स्थानान्वय पुलिस को लूकला दी जानी चाहिए। विस्तृत पृष्ठाएँ के घाट ही द्वितीय पासपोर्ट यारी किया जाएगा।

REGISTRATION

INDIAN CITIZENS RESIDENT ABROAD ARE ADVISED TO REGISTER THEMSELVES AT THE NEAREST INDIAN MISSION/POST.

CAUTION

THIS PASSPORT IS THE PROPERTY OF THE GOVERNMENT OF INDIA. ANY COMMUNICATION RECEIVED BY THE HOLDER FROM A PASSPORT AUTHORITY REGARDING THIS PASSPORT, INCLUDING DEMAND FOR ITS SURRENDER, SHOULD BE COMPLIED WITH IMMEDIATELY.

THIS PASSPORT SHOULD NOT BE SENT OUT OF ANY COUNTRY BY POST. THIS SHOULD BE IN THE CUSTODY EITHER OF THE HOLDER OR OF A PERSON AUTHORISED BY THE HOLDER. IT MUST NOT BE ALTERED OR MUTILATED IN ANY WAY.

LOSS, THEFT OR DESTRUCTION OF THIS PASSPORT SHOULD BE IMMEDIATELY REPORTED TO THE NEAREST PASSPORT AUTHORITY IN INDIA OR IF THE HOLDER IS ABROAD, TO THE NEAREST INDIAN MISSION/POST AND TO THE LOCAL POLICE. ONLY AFTER EXHAUSTIVE ENQUIRIES SHALL A DUPLICATE PASSPORT BE ISSUED.

पिता / कानूनी अभिभावक का नाम / Name of Father / Legal Guardian

MOHIDDIN SHAIK

माता का नाम / Name of Mother

NOOR JAHAN SHAIK

पति या पत्नी का नाम / Name of Spouse

BANOOTH HARITHA

पता / Address

NO 1269, 14TH CROSS, 29TH MAIN ROAD

BTM LAYOUT, 2ND STAGE

BANGALORE-560076

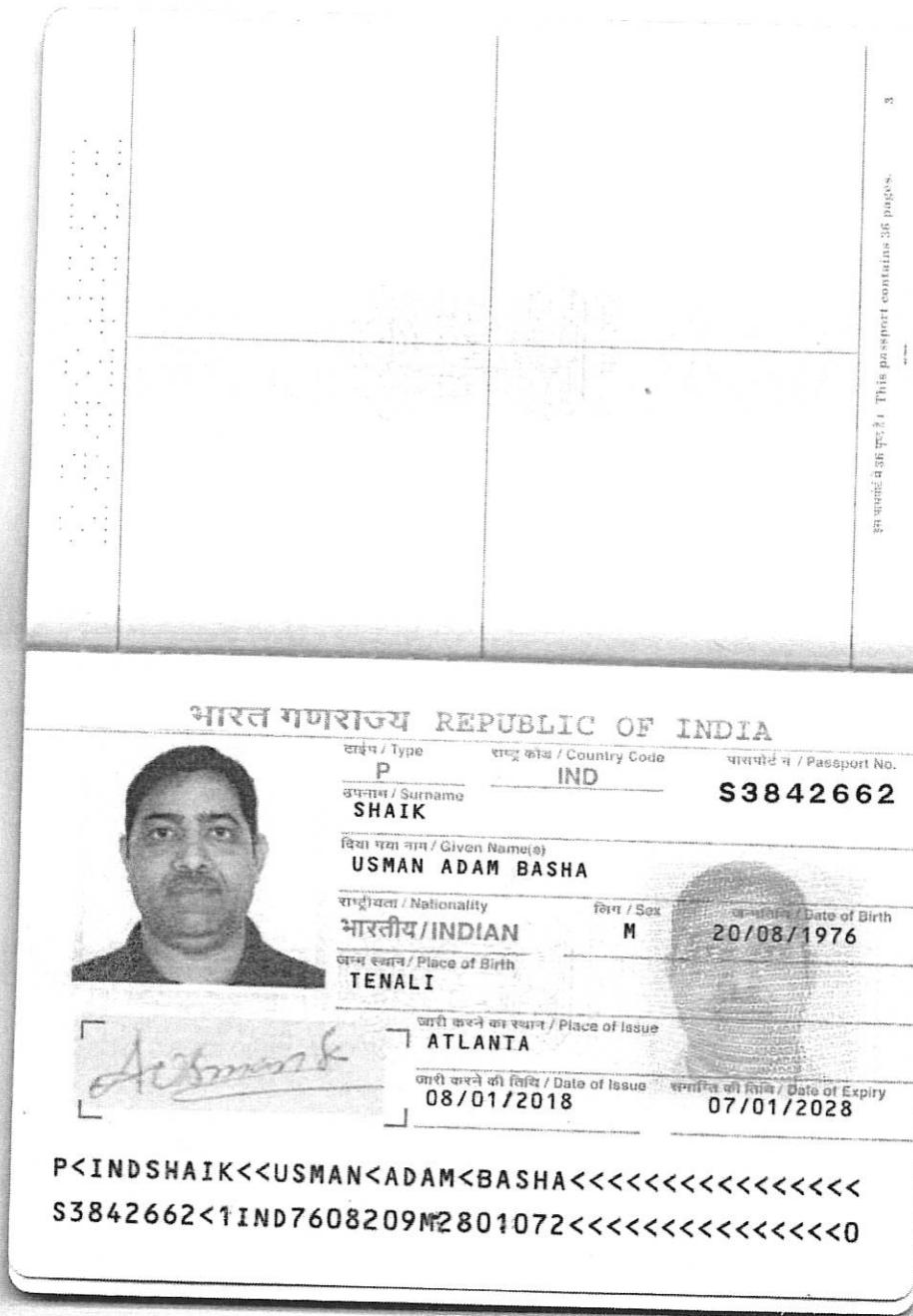
पुराने पासपोर्ट का नं. और इसके जारी होने की तिथि एवं स्थान / Old Passport No. with Date and Place of Issue

Z057889

HYDERABAD

फाईल नं. / File No.

BNGR07190108



इस पासपोर्ट में 36 पृष्ठे हैं। This passport contains 36 pages.

3

FINGER PRINT / OBSERVATION	
PHOTOGRAPH / MISCELLANEOUS SERVICE	
NAME / FATHER'S NAME / MOTHER'S NAME / SPOUSE'S NAME	
FATHER'S NAME / LEGAL GUARDIAN	
MOTHER'S NAME	
SPOUSE'S NAME	
ADDRESS	
CITY / STATE / ZIP CODE	
OLD PASSPORT NO. WITH DATE AND PLACE OF ISSUE	
FILE NO.	
OLD PPT CLD AND RETURNED	

Copy B To Be Filed with Employee's FEDERAL Tax Return.			2021 OMB No. 1545-0008
a Employee's SSN 469-53-8891	1 Wages, tips, other comp. 88657.14	2 Federal income tax withheld 7266.00	
b Employer ID no. (EIN) 22-3786614	3 Social security wages 88657.14	4 Social security tax withheld 5496.74	
c Employer's name, address, and ZIP code FIRST TEK, INC 371 HOES LANE, SUITE: 201 PISCATAWAY NJ 08854	5 Medicare wages and tips 88657.14	6 Medicare tax withheld 1285.53	
d Control number			
e Employee's name, address, and ZIP code USMAN A SHAIK 1475 APPLE BLOSSOM DR CUMMING GA 30041	Suff.		
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee Retirement Plan Third-party sick pay	14 Other	12b Code 12c Code 12d Code	
GA 3004715-BA	88657.14	4595.06	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service.

Dept. of the Treasury - IRS

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.			2021 OMB No. 1545-0008
a Employee's SSN 469-53-8891	1 Wages, tips, other comp. 88657.14	2 Federal income tax withheld 7266.00	
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15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
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Form W-2 Wage and Tax Statement
Dept. of the Treasury - IRS

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REV 12/17/21 QBDT

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Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

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c Employer's name, address, and ZIP code FIRST TEK, INC 371 HOES LANE, SUITE: 201 PISCATAWAY NJ 08854	Suff.		
d Control number			
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Form W-2 Wage and Tax Statement
Dept. of the Treasury - IRS

Copy B To Be Filed with Employee's FEDERAL Tax Return.		2020 OMB No. 1545-0008
a Employee's SSN 469-53-8891	1 Wages, tips, other comp. 47324.01	2 Federal income tax withheld 1876.22
b Employer ID no. (EIN) 22-3786614	3 Social security wages 47324.01	4 Social security tax withheld 2934.09
c Employer's name, address, and ZIP code FIRST TEK, INC 371 HOES LANE, SUITE: 201 PISCATAWAY NJ 08854	5 Medicare wages and tips 47324.01	6 Medicare tax withheld 686.20
d Control number		
e Employee's name, address, and ZIP code USMAN A SHAIK 1475 APPLE BLOSSOM DR CUMMING GA 30041	Suff.	
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12
13 Statutory employee Retirement Plan Third-party sick pay	14 Other	12b Code 12c Code 12d Code
IL 22-3786614 000 MO 19851090	32656.53 14667.48	1347.95 411.00
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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Dept. of the Treasury - IRS

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10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12
13 Statutory employee Retirement Plan Third-party sick pay	14 Other	12b Code 12c Code 12d Code
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Form W-2 Wage and Tax Statement
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a Employee's SSN 469-53-8891	1 Wages, tips, other comp. 67253.08	2 Federal income tax withheld 3748.00
b Employer ID no. (EIN) 22-3786614	3 Social security wages 67253.08	4 Social security tax withheld 4169.69
c Employer's name, address, and ZIP code FIRST TEK, INC	5 Medicare wages and tips 67253.08	6 Medicare tax withheld 975.17
1551 S WASHINGTON AVENUE, SUITE: PISCATAWAY NJ 08854		
d Control number		
e Employee's name, address, and ZIP code USMAN A SHAIK 1475 APPLE BLOSSOM DR CUMMING	Suff. GA 30041	
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12
13 Statutory employee Retirement Plan Third-party sick pay	14 Other	12b Code 12c Code 12d Code
IL 22-3786614 000 MO 19851090	10981.74 56271.34	468.52 1789.00
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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13 Statutory employee Retirement Plan Third-party sick pay	14 Other	12b Code 12c Code 12d Code
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Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

Copy B To Be Filed with Employee's FEDERAL Tax Return.			2018 OMB No. 1545-0008
a Employee's SSN 469-53-8891	1 Wages, tips, other comp. 71730.24	2 Federal income tax withheld 4351.00	
b Employer ID no. (EIN) 22-3786614	3 Social security wages 71730.24	4 Social security tax withheld 4447.27	
c Employer's name, address, and ZIP code FIRST TEK, INC 1551 S WASHINGTON AVENUE, SUITE: PISCATAWAY NJ 08854	d Control number	e Employee's name, address, and ZIP code USMAN A SHAIK 1475 APPLE BLOSSOM DR CUMMING GA 30041	f Suffix
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee Retirement Plan Third-party sick pay	14 Other	12b Code 12c Code 12d Code	12b Code 12c Code 12d Code
GA 3004715-BA MO 19851090	61506.44 10223.80	2781.25 359.00	GA 3004715-BA MO 19851090
16 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	16 State Employer's state ID number
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	18 Local wages, tips, etc.

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GA 3004715-BA MO 19851090	61506.44 10223.80	2781.25 359.00	GA 3004715-BA MO 19851090
16 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	16 State Employer's state ID number
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REV 01/18/19 QBDT

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GA 3004715-BA MO 19851090	61506.44 10223.80	2781.25 359.00	GA 3004715-BA MO 19851090
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GA 3004715-BA MO 19851090	61506.44 10223.80	2781.25 359.00	GA 3004715-BA MO 19851090
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Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

Copy B To Be Filed with Employee's FEDERAL Tax Return.			2017 OMB No. 1545-0008
a Employee's SSN 469-53-8891	1 Wages, tips, other comp. 67032.00	2 Federal income tax withheld 4788.00	
b Employer ID no. (EIN) 22-3786614	3 Social security wages 67032.00	4 Social security tax withheld 4155.98	
c Employer's name, address, and ZIP code FIRST TEK, INC 1551 S WASHINGTON AVENUE, SUITE: PISCATAWAY NJ 08854	5 Medicare wages and tips 67032.00	6 Medicare tax withheld 971.96	
d Control number			
e Employee's name, address, and ZIP code USMAN A SHAIK 1475 APPLE BLOSSOM DR CUMMING	Suff. GA 30041		
7 Social security tips	8 Allocated tips 9		
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee Retirement Plan Third-party sick pay	14 Other	12b Code 12c Code 12d Code	
GA 3004715-BA	67032.00	2907.96	
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REV 01/12/18 QBDT

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Form W-2 Wage and Tax Statement

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13 Statutory employee Retirement Plan Third-party sick pay	14 Other	12b Code 12c Code 12d Code	
GA 3004715-BA	68532.00	2997.96	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

This information is being furnished to the Internal Revenue Service.

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

REV 01/12/17 QBDT

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employees.)			2016 OMB No. 1545-0008
a Employee's SSN 469-53-8891	1 Wages, tips, other comp. 68532.00	2 Federal income tax withheld 5215.74	
b Employer ID no. (EIN) 22-3786614	3 Social security wages 68532.00	4 Social security tax withheld 4248.98	
c Employer's name, address, and ZIP code FIRST TEK, INC 1551 S WASHINGTON AVENUE, SUITE: PISCATAWAY NJ 08854	5 Medicare wages and tips 68532.00	6 Medicare tax withheld 993.71	
d Control number			
e Employee's name, address, and ZIP code USMAN A SHAIK 1475 APPLE BLOSSOM DR CUMMING GA 30041	Suff.		
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee Retirement Plan Third-party sick pay	14 Other	12b Code 12c Code 12d Code	
GA 3004715-BA	68532.00	2997.96	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

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Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

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Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

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Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

Copy B To Be Filed with Employee's FEDERAL Tax Return.			2015 OMB No. 1545-0008
a Employee's SSN 469-53-8891	1 Wages, tips, other comp. 80367.00	2 Federal income tax withheld 6595.00	
b Employer ID no. (EIN) 22-3786614	3 Social security wages 80367.00	4 Social security tax withheld 4982.75	
c Employer's name, address, and ZIP code FIRST TEK, INC 1551 S WASHINGTON AVENUE, SUITE: PISCATAWAY NJ 08854	5 Medicare wages and tips 80367.00	6 Medicare tax withheld 1165.32	
d Control number			
e Employee's name, address, and ZIP code USMAN A SHAIK 1475 APPLE BLOSSOM DR CUMMING	Suff. GA 30041		
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee Retirement Plan Third-party sick pay	14 Other	12b Code 12c Code 12d Code	
GA 3004715-BA	80367.00	3615.23	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
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Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service.

Dept. of the Treasury - IRS

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Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

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Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

QBMB22C 11/03/15 FW2

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Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

Copy B To Be Filed with Employee's FEDERAL Tax Return.		2014 OMB No. 1545-0008	
a Employee's SSN 469-53-8891	1 Wages, tips, other comp. 91000.00	2 Federal income tax withheld 7002.00	
b Employer ID no. (EIN) 22-3786614	3 Social security wages 91000.00	4 Social security tax withheld 5642.00	
c Employer's name, address, and ZIP code FIRST TEK, INC	5 Medicare wages and tips 91000.00	6 Medicare tax withheld 1319.50	
1551 S WASHINGTON AVENUE, SUITE: PISCATAWAY NJ 08854			
d Control number			
e Employee's name, address, and ZIP code USMAN A SHAIK 1106 DUNWOODY GABLES DR. ATLANTA	Suff. GA 30338		
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee Retirement Plan Third-party sick pay	14 Other	12b Code 12c Code 12d Code	
GA 3004715-BA	91000.00	3974.72	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
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Form W-2 Wage and Tax Statement
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Dept. of the Treasury - IRS

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Form W-2 Wage and Tax Statement
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Dept. of the Treasury - IRS

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Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

First Tek, Inc
371 Hoes Lane, Suite: 201
Piscataway, NJ 08854

Usman A Shaik
1475 Apple Blossom Dr
Cumming, GA 30041

Employee Pay Stub

Check number:

Pay Period: 02/01/2022 - 02/28/2022

Pay Date: 03/17/2022

Employee

Usman A Shaik , 1475 Apple Blossom Dr, Cumming, GA 30041

SSN

***-**-8891

Earnings and Hours	Qty	Rate	Current	YTD Amount
Salary	0.96		16,277.76	23,801.28
Salary-SICK	0.04		678.24	991.72
	1.00		16,956.00	24,793.00
Deductions From Gross			Current	YTD Amount
Medical - PreTax			-1,200.00	-2,400.00
Dental			-100.22	-200.44
			-1,300.22	-2,600.44
Taxes			Current	YTD Amount
Medicare Employee Addl Tax			0.00	0.00
Federal Withholding			-2,081.00	-2,486.00
Social Security Employee			-970.66	-1,375.94
Medicare Employee			-227.01	-321.79
GA - Withholding			-855.68	-1,187.01
			-4,134.35	-5,370.74
Net Pay			11,521.43	16,821.82

First Tek, Inc
371 Hoes Lane, Suite: 201
Piscataway, NJ 08854

Usman A Shaik
1475 Apple Blossom Dr
Cumming, GA 30041

Employee Pay Stub

Check number:

Pay Period: 01/01/2022 - 01/31/2022

Pay Date: 02/16/2022

Employee

Usman A Shaik , 1475 Apple Blossom Dr, Cumming, GA 30041

SSN

***-**-8891

Earnings and Hours	Qty	Rate	Current	YTD Amount
Salary	0.96		7,523.52	7,523.52
Salary-SICK	0.04		313.48	313.48
	1.00		7,837.00	7,837.00
Deductions From Gross			Current	YTD Amount
Medical - PreTax			-1,200.00	-1,200.00
Dental			-100.22	-100.22
			-1,300.22	-1,300.22
Taxes			Current	YTD Amount
Medicare Employee Addl Tax			0.00	0.00
Federal Withholding			-405.00	-405.00
Social Security Employee			-405.28	-405.28
Medicare Employee			-94.78	-94.78
GA - Withholding			-331.33	-331.33
			-1,236.39	-1,236.39
Net Pay			5,300.39	5,300.39

First Tek, Inc
371 Hoes Lane, Suite: 201
Piscataway, NJ 08854

Usman A Shaik
1475 Apple Blossom Dr
Cumming, GA 30041

Employee Pay Stub

Check number: 504126

Pay Period: 12/01/2021 - 12/31/2021

Pay Date: 12/31/2021

Employee

Usman A Shaik , 1475 Apple Blossom Dr, Cumming, GA 30041

SSN

***-**-8891

Earnings and Hours	Qty	Rate	Current	YTD Amount
Salary	0.96		8,709.12	100,361.60
Salary-SICK	0.04		362.88	4,181.74
Bonus		5,000.00	5,000.00	5,000.00
	1.00		14,072.00	109,543.34
Deductions From Gross			Current	YTD Amount
Medical - PreTax			-1,200.00	-19,620.00
Dental			-97.40	-1,266.20
			-1,297.40	-20,886.20
Taxes			Current	YTD Amount
Medicare Employee Addl Tax			0.00	0.00
Federal Withholding			-1,484.00	-7,266.00
Social Security Employee			-792.02	-5,496.74
Medicare Employee			-185.23	-1,285.53
GA - Withholding			-692.64	-4,595.06
			-3,153.89	-18,643.33
Adjustments to Net Pay			Current	YTD Amount
Employee Advances/Loan				-10,000.00
Net Pay			9,620.71	60,013.81



I-797A | NOTICE OF ACTION

DEPARTMENT OF HOMELAND SECURITY
U.S. CITIZENSHIP AND IMMIGRATION SERVICES

Receipt Number LIN2107650416		Case Type I129 - PETITION FOR A NONIMMIGRANT WORKER
Received Date 12/18/2020	Priority Date	Petitioner FIRST TEK INC.
Notice Date 01/27/2021	Page 1 of 2	Beneficiary A206 820 710 SHAIK, USMAN ADAM BASHA
FIRST TEK INC c/o DOREEN VILLAVERDE 371 HOES LANE STE 201 PISCATAWAY NJ 08854		Notice Type: Approval Notice Class: H1B Valid from 12/17/2020 to 12/08/2023

The above petition and accompanying request for an extension of stay have been approved. The status of the named beneficiary(ies) in this classification is valid as indicated on the I-94 attached below. The beneficiary(ies) can work for the petitioner pursuant to this approval notice, but only as detailed in the petition and during the petition validity period indicated above, unless otherwise authorized by law. Changes in employment or training may require you to file a new Form I-129, Petition for a Nonimmigrant Worker.

The dates in the I-94 attached below might not be for the same dates as the petition validity dates above because the I-94 below may contain a grace period of up to 10 days before and up to 10 days after the petition validity period for the following classifications: CW-1, E-1, E-2, E-3, H-1B, H-2B, H-3, L-1A, L-1B, O-1, O-2, P-1, P-1S, P-2, P-2S, P-3, P-3S, TN-1, and TN-2. An I-94 for H-2A nonimmigrants may contain a grace period of up to one week before and 30 days after the petition validity period. However, the beneficiary(ies) may not work during such grace periods, unless otherwise authorized by law. The decision to grant a grace period and the length of the granted grace period is discretionary, final, and cannot be contested on motion or appeal. Please contact the IRS with any questions about tax withholding.

The petitioner should keep the upper portion of this notice. The lower portion should be given to the beneficiary(ies). The beneficiary(ies) should keep the right part (the I-94 portion) with his or her other Forms I-94, Arrival-Departure Record. The I-94 portion should be given to the U.S. Customs and Border Protection when he or she leaves the United States. The left part is for his or her records. A person granted an extension of stay who leaves the U.S. and is not visa-exempt must normally obtain a new visa before returning. The left part can be used when applying for the new visa. If a visa is not required, he or she should present it, along with any other required documentation, when applying for reentry based on this approval notice at a port of entry or pre-flight inspection station. The petitioner may also file Form I-824, Application for Action on an Approved Application or Petition, to request that we notify a consulate, port of entry, or pre-flight inspection office of this approval.

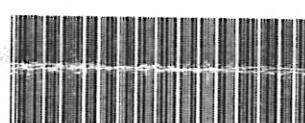
The approval of this petition does not guarantee that the beneficiary(ies) will be found to be eligible for a visa, for admission to the United States (if traveling abroad and seeking re-admission), or for a subsequent extension of stay, change of status, or adjustment of status.

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

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

Nebraska Service Center
U. S. CITIZENSHIP & IMMIGRATION SVC
P.O. Box 82521
Lincoln NE 68501-2521

USCIS Contact Center: www.uscis.gov/contactcenter



PLEASE TEAR OFF FORM I-94 PRINTED BELOW AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records

Receipt# LIN2107650416

I-94# 394213482 23

NAME SHAIK, USMAN ADAM BASHA

CLASS H1B

VALID FROM 12/17/2020 **UNTIL** 12/18/2023

PETITIONER

FIRST TEK INC.
371 HOES LANE STE 201
PISCATAWAY NJ 08854

394213482 23

Receipt Number LIN2107650416

US Citizenship and Immigration Services

I94 Departure Record

Petitioner: FIRST TEK INC

14. Family Name

SHAIK

15. First (Given) Name

USMAN

16. Date of Birth

08/20/1976

17. Country of Citizenship

INDIA



I-797A | NOTICE OF ACTION

DEPARTMENT OF HOMELAND SECURITY
U.S. CITIZENSHIP AND IMMIGRATION SERVICES



Receipt Number LIN2107650416		Case Type I129 - PETITION FOR A NONIMMIGRANT WORKER
Received Date 12/18/2020	Priority Date	Petitioner FIRST TEK INC.
Notice Date 01/27/2021	Page 2 of 2	Beneficiary A206 820 710 SHAIK, USMAN ADAM BASHA

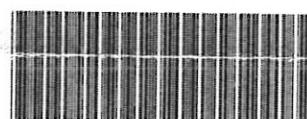
The Small Business Regulatory Enforcement and Fairness Act established the Office of the National Ombudsman (ONO) at the Small Business Administration. The ONO assists small businesses with issues related to federal regulations. If you are a small business with a comment or complaint about regulatory enforcement, you may contact the ONO at www.sba.gov/ombudsman or phone 202-205-2417 or fax 202-481-5719.

NOTICE: Although this application or petition has been approved, USCIS and the U.S. Department of Homeland Security reserve the right to verify this information before and/or after making a decision on your case so we can ensure that you have complied with applicable laws, rules, regulations, and other legal authorities. We may review public information and records, contact others by mail, the internet or phone, conduct site inspections of businesses and residences, or use other methods of verification. We will use the information obtained to determine whether you are eligible for the benefit you seek. If we find any derogatory information, we will follow the law in determining whether to provide you (and the legal representative listed on your Form G-28, if you submitted one) an opportunity to address that information before we make a formal decision on your case or start proceedings.

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

Nebraska Service Center
U. S. CITIZENSHIP & IMMIGRATION SVC
P.O. Box 82521
Lincoln NE 68501-2521

Customer Service Telephone: 800-375-5283



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Detach This Half for Personal Records

Receipt# INTENTIONALLY LEFT BLANK

I-94#

NAME INTENTIONALLY LEFT BLANK

CLASS

VALID FROM UNTIL INTENTIONALLY LEFT BLANK

PETITIONER INTENTIONALLY LEFT BLANK

INTENTIONALLY LEFT BLANK

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US Citizenship and Immigration Services

INTENTIONALLY LEFT BLANK

I94 Departure Record

Petitioner: INTENTIONALLY LEFT BLANK

14. Family Name

INTENTIONALLY LEFT BLANK

15. First (Given) Name

INTENTIONALLY LEFT BLANK

16. Date of Birth

17. Country of Citizenship

INTENTIONALLY LEFT BLANK

THE UNITED STATES OF AMERICA

I-797A | NOTICE OF ACTION

DEPARTMENT OF HOMELAND SECURITY
U.S. CITIZENSHIP AND IMMIGRATION SERVICES

Receipt Number EAC1810151484		Case Type I129 - PETITION FOR A NONIMMIGRANT WORKER
Received Date 02/23/2018	Priority Date	Petitioner FIRST TEK INC,
Notice Date 02/28/2018	Page 1 of 2	Beneficiary A206 820 710 SHAIK, USMAN ADAMBASHA
FIRST TEK INC c/o DOREEN VILLAVERDE 1551 S WASHINGTON AVE STE 402A PISCATAWAY NJ 08854		Notice Type: Approval Notice Class: H1B Valid from 02/28/2018 to 01/29/2021

The above petition and extension of stay have been approved. The status of the named foreign worker(s) in this classification is valid as indicated above. The foreign worker(s) can work for the petitioner, but only as detailed in the petition and for the period authorized. Changes in employment or training may require you to file a new Form I-129 petition. Since this employment or training authorization stems from the filing of this petition, separate employment or training authorization documentation is not required. The I-94 attached below may contain a grace period of up to 10 days before, and up to 10 days after the petition validity period for the following classifications: CW-1, E-1, E-2, E-3, H-1B, H-2B, H-3, L-1A, L-1B, O-1, O-2, P-1, P-2, P-3, TN-1, and TN-2. H-2A nonimmigrants may contain a grace period of up to one week before and 30 days after the petition validity period. The grace period is a period of authorized stay but does not provide the beneficiary authorization to work beyond the petition validity period. The decision to grant a grace period and the length of the granted grace period is discretionary, final and cannot be contested on motion or appeal. Please contact the IRS with any questions about tax withholding.

The petitioner should keep the upper portion of this notice. The lower portion should be given to the worker. He or she should keep the right part with his or her Form I-94, *Arrival-Departure Record*. The I-94 portion should be given to the U.S. Customs and Border Protection when he or she leaves the United States. The left part is for his or her records. A person granted an extension of stay who leaves the U.S. must normally obtain a new visa before returning. The left part can be used in applying for the new visa. If a visa is not required, he or she should present it, along with any other required documentation, when applying for reentry in this new classification at a port of entry or pre-flight inspection station. The petitioner may also file Form I-824, *Application for Action on an Approved Application or Petition*, to request that we notify a consulate, port of entry, or pre-flight inspection office of this approval.

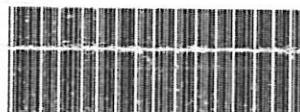
The approval of this visa petition does not in itself grant any immigration status and does not guarantee that the alien beneficiary will subsequently be found to be eligible for a visa, for admission to the United States, or for an extension, change, or adjustment of status.

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

The Small Business Regulatory Enforcement and Fairness Act established the Office of the National Ombudsman (ONO) at the Small Business Administration. The ONO assists small businesses with issues related to federal regulations. If you are a small business with a comment or complaint about regulatory enforcement, you may contact the ONO at www.sba.gov/ombudsman or phone 202-205-2417 or fax 202-481-5719. Please see the additional information on the back. You will be notified separately about any other cases you filed.

Vermont Service Center
U. S. CITIZENSHIP & IMMIGRATION SVC
75 Lower Welden Street
Saint Albans VT 05479-0001

Customer Service Telephone: 800-375-5283



PLEASE TEAR OFF FORM I-94 PRINTED BELOW AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records

Receipt# EAC1810151484

I-94# 394213482 23

NAME SHAIK, USMAN ADAMBASHA

CLASS H1B

VALID FROM 02/28/2018 **UNTIL** 02/08/2021

PETITIONER

FIRST TEK INC,
1551 S WASHINGTON AVE STE 402A
PISCATAWAY NJ 08854

394213482 23

Receipt Number EAC1810151484

US Citizenship and Immigration Services

I94 Departure Record

Petitioner: FIRST TEK INC

14. Family Name
SHAIK

15. First (Given) Name
USMAN

16. Date of Birth
08/20/1976

17. Country of Citizenship
INDIA



I-797A | NOTICE OF ACTION

DEPARTMENT OF HOMELAND SECURITY
U.S. CITIZENSHIP AND IMMIGRATION SERVICES

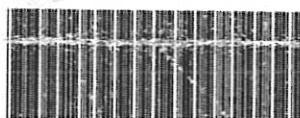
Receipt Number EAC1810151484		Case Type I129 - PETITION FOR A NONIMMIGRANT WORKER
Received Date 02/23/2018	Priority Date	Petitioner FIRST TEK INC,
Notice Date 02/28/2018	Page 2 of 2	Beneficiary A206 820 710 SHAIK, USMAN ADAMBASHA

NOTICE: Although this application or petition has been approved, USCIS and the U.S. Department of Homeland Security reserve the right to verify this information before and/or after making a decision on your case so we can ensure that you have complied with applicable laws, rules, regulations, and other legal authorities. We may review public information and records, contact others by mail, the internet or phone, conduct site inspections of businesses and residences, or use other methods of verification. We will use the information obtained to determine whether you are eligible for the benefit you seek. If we find any derogatory information, we will follow the law in determining whether to provide you (and the legal representative listed on your Form G-28, if you submitted one) an opportunity to address that information before we make a formal decision on your case or start proceedings.

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

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U. S. CITIZENSHIP & IMMIGRATION SVC
75 Lower Welden Street
Saint Albans VT 05479-0001

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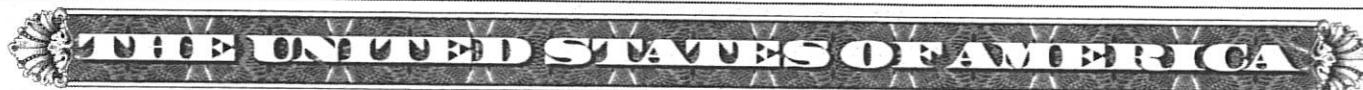


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Rec'd #	VOID	VOID	VOID
I-94#			
NAME	VOID	VOID	VOID
CLASS			
VAL'D	VOID	UNLTD	VOID
PETITIONER	VOID	VOID	VOID
	VOID	VOID	VOID
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	VOID	VOID	VOID

Receipt Number	VOID	VOID	VOID
US Citizenship and Immigration Services			
VOID	VOID	VOID	
I94 Departure Record			
Petitioner	VOID	VOID	VOID
14. Family Name			
VOID		VOID	VOID
15. First (Given) Name		16. Date of Birth	
VOID		VOID	VOID
17. Country of Citizenship			
VOID		VOID	VOID
VOID			



RECEIPT NUMBER EAC-15-132-51935		CASE TYPE I129 PETITION FOR A NONIMMIGRANT WORKER
RECEIPT DATE April 10, 2015	PRIORITY DATE	PETITIONER FIRST TEK INC
NOTICE DATE April 20, 2015	PAGE 1 of 2	BENEFICIARY A206 820 710 SHAIK, USMAN A.
FIRST TEK INC 1551 S WASHINGTON AVE STE 402A PISCATAWAY NJ 08854	Notice Type: Approval Notice Class: H1B Valid from 07/02/2015 to 07/01/2018 Consulate:	

The above petition and extension of stay have been approved. The status of the named foreign worker(s) in this classification is valid as indicated above. The foreign worker(s) can work for the petitioner, but only as detailed in the petition and for the period authorized. Changes in employment or training may require you to file a new Form I-129 petition. Since this employment or training authorization stems from the filing of this petition, separate employment or training authorization documentation is not required. Please contact the IRS with any questions about tax withholding.

The petitioner should keep the upper portion of this notice. The lower portion should be given to the worker. He or she should keep the right part with his or her Form I-94, Arrival-Departure Record. The I-94 portion should be given to the U.S. Customs and Border Patrol when he or she leaves the United States. The left part is for his or her records. A person granted an extension of stay who leaves the U.S. must normally obtain a new visa before returning. The left part can be used in applying for the new visa. If a visa is not required, he or she should present it, along with any other required documentation, when applying for reentry in this new classification at a port of entry or pre-flight inspection station. The petitioner may also file Form I-824, Application for Action on an Approved Application or Petition, to request that we notify a consulate, port of entry, or pre-flight inspection office of this approval.

The approval of this visa petition does not in itself grant any immigration status and does not guarantee that the alien beneficiary will subsequently be found to be eligible for a visa, for admission to the United States, or for an extension, change, or adjustment of status.

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The Small Business Regulatory Enforcement and Fairness Act established the Office of the National Ombudsman (ONO)

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U.S. CITIZENSHIP & IMMIGRATION SVCS

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Form I797A (Rev. 10/31/05)N



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Receipt# EAC-15-132-51935

I-94# 394213482 23

NAME SHAIK, USMAN A.

CLASS H1B

VALID FROM 07/02/2015 UNTIL 07/01/2018

PETITIONER: FIRST TEK INC

1551 S WASHINGTON AVE STE 402A
PISCATAWAY NJ 08854

394213482 23

Receipt Number EAC-15-132-51935

United States Citizenship and Immigration Services

I-94

Departure Record

Petitioner: FIRST TEK INC

14. Family Name
SHAIK

15. First (Given) Name
USMAN

16 Date of Birth
08/20/1976

17. Country of Citizenship
INDIA



RECEIPT NUMBER EAC-15-132-51935		CASE TYPE I129 PETITION FOR A NONIMMIGRANT WORKER
RECEIPT DATE April 10, 2015	PRIORITY DATE	PETITIONER FIRST TEK INC
NOTICE DATE April 20, 2015	PAGE 2 of 2	BENEFICIARY A206 820 710 SHAIK, USMAN A.

(continued)

at the Small Business Administration. The OMB assists small businesses with issues related to federal regulations. If you are a small business with a comment or complaint about regulatory enforcement, you may contact the OMB at www.ombudsman.sba.gov or phone 202-205-2417 or fax 202-481-5719.

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U.S. CITIZENSHIP & IMMIGRATION SVCS

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Receipt#
I-94#

NAME

CLASS

VOID

PETITIONER:

VOID

14. Family Name

VOID

16. Date of Birth

VOID



RECEIPT NUMBER EAC-12-154-51258		CASE TYPE I129 PETITION FOR A NONIMMIGRANT WORKER
RECEIPT DATE May 11, 2012	PRIORITY DATE	PETITIONER INCEPTRON GROUP INC
NOTICE DATE December 20, 2012	PAGE 1 of 2	BENEFICIARY SHAIK, USMAN A.
INCEPTRON GROUP INC C/O RAJANI K SANGANI 22375 BRODERICK DR STE 135 STERLING VA 20166	Notice Type: Approval Notice Class: H1B Valid from 12/20/2012 to 07/01/2015 Consulate:	

The above petition and change of status have been approved. The status of the named foreign worker(s) in this classification is valid as indicated above. The foreign worker(s) can work for the petitioner, but only as detailed in the petition and for the period authorized. Changes in employment or training may require you to file a new Form I-129 petition. Since this employment or training authorization stems from the filing of this petition, separate employment or training authorization documentation is not required. Please contact the IRS with any questions about tax withholding.

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Receipt# EAC-12-154-51258

I-94# 394213482 23

NAME SHAIK, USMAN A.

CLASS H1B

VALID FROM 12/20/2012 UNTIL 07/01/2015

PETITIONER: INCEPTRON GROUP INC
22375 BRODERICK DR STE 135
STERLING VA 20166

394213482 23

Receipt Number EAC-12-154-51258
United States Citizenship and Immigration
Services

I-94

Departure Record

Petitioner: INCEPTRON GROUP

14. Family Name SHAIK	16. Date of Birth 08/20/1976
15. First (Given) Name USMAN	
17. Country of Citizenship INDIA	



RECEIPT NUMBER EAC-12-154-51258		CASE TYPE I129 PETITION FOR A NONIMMIGRANT WORKER	
RECEIPT DATE May 11, 2012	PRIORITY DATE	PETITIONER INCEPTRON GROUP INC	
NOTICE DATE December 20, 2012	PAGE 2 of 2	BENEFICIARY SHAIK, USMAN A.	

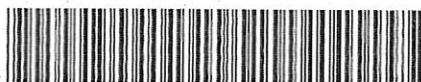
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Receipt# I-94#	VOID	VOID	VOID	VOID	VOID	VOID
NAME	VOID	VOID	VOID	VOID	VOID	VOID
CLASS	VOID	VOID	VOID	I-94	VOID	VOID
PETITIONER:	VOID	VOID	VOID	Departure Record	VOID	Petitioner
	VOID	VOID	VOID	14. Family Name	VOID	VOID
	VOID	VOID	VOID	15. First (Given) Name	VOID	16. Date of Birth
	VOID	VOID	VOID	17. Country of Citizenship	VOID	VOID
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