

Exhibit G

U.S. Department of Homeland Security
National Records Center
P.O. Box 648010
Lee's Summit, MO 64064-8010



U.S. Citizenship
and Immigration
Services

January 25, 2013

NRC2012115981

Anna Stepanova
Murphy Law Firm
10451 Mill Run Circle, Ste. 100
Owings Mills, MD 21117

Dear Anna Stepanova:

This is in response to your Freedom of Information Act/Privacy Act (FOIA/PA) request received in this office December 27, 2012 regarding Jayesh Srivastava.

We have completed the review of all documents and have identified 179 pages that are responsive to your request. Enclosed are 178 pages released in their entirety, and 1 page released in part. We have reviewed and have determined to release all information except those portions that are exempt pursuant to 5 U.S.C. § 552 (b)(6) of the FOIA.

The following exemptions are applicable:

Exemption (b)(6) permits the government to withhold all information about individuals in personnel, medical and similar files where the disclosure of such information would constitute a clearly unwarranted invasion of personal privacy. The types of documents and/or information that we have withheld may consist of birth certificates, naturalization certificates, drivers' licenses, social security numbers, home addresses, dates of birth, or various other documents and/or information belonging to a third party that are considered personal.

As a result of discussion between agency personnel and a member of our staff, as a matter of administrative discretion, we are releasing computer codes found on system screen prints previously withheld under exemption b(2). There may be additional documents that contain discretionary releases of exempt information. If made, these releases are specifically identified in the responsive record. These discretionary releases do not waive our ability to invoke applicable FOIA exemptions for similar or related information in the future.

The enclosed record consists of the best reproducible copies available.

If you wish to appeal this determination, you may write to the USCIS FOIA/PA Appeals Office, 150 Space Center Loop, Suite 500, Lee's Summit, MO 64064-2139, within 60 days of the date of this letter. Both the letter and the envelope should be clearly marked "Freedom of Information Act Appeal."

NRC2012115981

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The National Records Center does not process petitions, applications or any other type of benefit under the Immigration and Nationality Act. If you have questions or wish to submit documentation relating to a matter pending with the bureau, you must address these issues with your nearest District Office.

All FOIA/PA related requests, including address changes, must be submitted in writing and be signed by the requester. Please include the control number listed above on all correspondence with this office. Requests may be mailed to the FOIA/PA Officer at the PO Box listed at the top of the letterhead, or sent by fax to (816) 350-5785. You may also submit FOIA/PA related requests to our e-mail address at uscis.foia@uscis.dhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Jill A. Eggleston". The signature is fluid and cursive, with the first name "Jill" being particularly prominent.

Jill A. Eggleston
Director, FOIA Operations

OMB No. 1615-0023

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


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

START HERE - Type or Print (Use black ink)

For USCIS Use Only

Part 1. Information About You

Family Name (Last Name)	Given Name (First Name)	Middle Name
SRIVASTAVA	JAYESH	
Address - Street Number and Name		Apt. #
STRAWBERRY CT.		2124
C/O (in care of)		
City	State	Zip Code
EDISON	NEW JERSEY	08817
Date of Birth (mm/dd/yyyy)	Country of Birth	
1979	INDIA	
Country of Citizenship/Nationality	U.S. Social Security # (if any)	A # (if any)
INDIA/INDIAN		200-856-760
Date of Last Arrival (mm/dd/yyyy)	I-94 #	
12/04/2010	188778096 25	
Current USCIS Status	Expires on (mm/dd/yyyy)	
H1-B	08/30/2012	

Returned	Receipt
	
Resubmitted	
Reloc Sent	
Reloc Rec'd	
Applicant Interviewed	
W	

Part 2. Application Type (Check one)

I am applying for an adjustment to permanent resident status because:

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

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

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

Section of Law

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

212(s)(6)(B) Waiver

Country Chargeable
India

Eligibility Under Sec. 245

- Approved Visa Petition
- Dependent of Principal Alien
- Special Immigrant
- Other

Preference E-26 2/9/10

Action Block

To be Completed by Attorney or Representative, If any

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

VOLAG #

ATTY State License #



2012473523310 2901447 049280 23 - 492157 021512 18:38 021412 Enrollment-620987



201247352310 2301447 049280 23 -493157 031412 18:30 031412 Employment-690857

Part 3. Processing Information

A. City/Town/Village of Birth **Current Occupation**
 HYDERABAD PROGRAMMER ANALYST

Your Mother's First Name **Your Father's First Name**
 RAJANI BAJRANG

Give your name exactly as it appears on your Form I-94, Arrival-Departure Record
 JAYESH SRIVASTAVA

Place of Last Entry Into the United States (City/State) **In what status did you last enter? (Visitor, student, exchange visitor, crewman, temporary worker, without inspection, etc.)**
 NEWARK/NEW JERSEY H1-B

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

Nonimmigrant Visa Number **Consulate Where Visa Was Issued**
 C9000163 KOLKATA

Date Visa Issued (mm/dd/yyyy) **Gender** **Marital Status**
 11/04/2010 Male Female Married Single Divorced Widowed

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

B. List your present spouse and all of your children (include adult sons and daughters). (If you have none, write "None." If additional space is needed, see Page 2 of the instructions.)

Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
UMBRALKAR	PAYAL	S	1982
Country of Birth	Relationship	A # (if any)	Applying with you?
INDIA	WIFE	000-000-000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
NONE			
Country of Birth	Relationship	A # (if any)	Applying with you?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
NONE			
Country of Birth	Relationship	A # (if any)	Applying with you?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
NONE			
Country of Birth	Relationship	A # (if any)	Applying with you?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
NONE			
Country of Birth	Relationship	A # (if any)	Applying with you?
			Yes <input type="checkbox"/> No <input type="checkbox"/>



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Part 3. Processing Information (Continued)

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



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Part 3. Processing Information (Continued)

17. Have you EVER assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person? Yes No

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

Part 4. Accommodations for Individuals With Disabilities and/or Impairments (See Page 10 of the instructions before completing this section.)

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

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

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

[Empty text box for accommodation details]

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

[Empty text box for accommodation details]

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

[Empty text box for accommodation details]

Part 5. Signature (Read the information on penalties on Page 10 of the instructions before completing this section. You must file this application while in the United States.)

Your Registration With U.S. Citizenship and Immigration Services

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

Selective Service Registration

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



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Part 5. Signature (Continued)

Applicant's Statement (Check one)

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

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

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

Signature (Applicant)	Print Your Full Name	Date (mm/dd/yyyy)	Daytime Phone Number (include area code)
<i>Jayesh</i>	JAYESH SRIVASTAVA	02/22/2012	(848) 219-0503

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

Interpreter's Statement and Signature

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

Language Used (language in which applicant is fluent)

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

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

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

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

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

<p>Firm Name and Address</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	<p>E-Mail Address (if any)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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Department of Homeland Security
U.S. Citizenship and Immigration Services

I-797, Notice of Action

UNITED STATES OF AMERICA

RECEIPT NUMBER SRC-10-901-63697		CASE TYPE I140 IMMIGRANT PETITION FOR ALIEN WORKER
RECEIPT DATE August 12, 2010	PRIORITY DATE February 9, 2010	PETITIONER FIRST TEK TECHNOLOGIES INC
NOTICE DATE March 16, 2011	PAGE 1 of 1	BENEFICIARY A200 856 760 SRIVASTAVA, JAYESH
FIRST TEK TECHNOLOGIES INC C/O DOREEN VILLAVARDE HR MANAGER 1551 S WASHINGTON AVE 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. The information submitted with the petition shows that the person for whom you are petitioning is not eligible to file an adjustment of status application at this time.

Additional information about eligibility for adjustment of status may be obtained from the local USCIS office serving the area where the person for whom you are petitioning.

Until the person for whom you are petitioning files an adjustment application, or application for an immigrant visa, this approved petition will be stored in this office. If the person for whom you are petitioning decides to apply for an immigrant 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, with the office 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 an 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 NOR MAY IT 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 & IMMIG SERVICE
P.O. BOX 82521
LINCOLN NE 68501-2521
Customer Service Telephone: 800-375-5283



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March 8, 2012

USCIS
Attn: AOS
2501 S State Hwy 121 Business
Suite 400
Lewisville TX 75067

**RE: Beneficiary: JAYESH SRIVASTAVA,
Position: COMPUTER SOFTWARE ENGINEER, SYSTEMS SOFTWARE**

Dear Sir/ Madam:

This is to reconfirm our offer of employment, as previously indicated on our Form I-140 Immigrant Petition for Alien Worker for Mr. Jayesh Srivastava as a Computer Software Engineer.

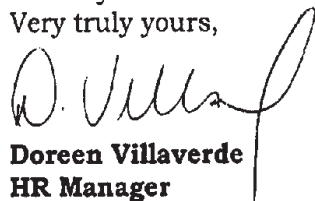
When granted lawful permanent resident status, Mr. Jayesh Srivastava will be employed with us as a Computer Software Engineer and will be responsible to research, design, and develop complex computer software systems, applying principles and techniques of computer science, engineering and mathematical analysis.

We are engaged in the design, development, and documentation of custom-developed application software. We have clients in public and private sector across the nation many of who are Fortune-500 and Fortune-100 companies.

Mr. Jayesh Srivastava will work for forty (40) hours per week, for 52 weeks in a year. He will receive a salary of \$1721.20 per week.

Should you have any questions in this matter, please direct them to us.

Thank you.
Very truly yours,


Doreen Villaverde
HR Manager

201247 523310 2901447 049280 23 493157 031512 18:39 031412 Employment-660857



March 8, 2012

USCIS
Attn: AOS
2501 S State Hwy 121 Business
Suite 400
Lewisville TX 75067

Re: FORM I-485, APPLICATION FOR ADJUSTMENT OF STATUS
Applicant: JAYESH SRIVASTAVA
Derivative: PAYAL UMBRALKAR

Dear Sir/Madam:

With reference to the captioned matter regarding the Form I-485, Application to Adjust Status pursuant to the I-140, Immigrant petition filed by First Tek Inc on behalf of Jayesh Srivastava, attached please find the Form I-485, along with the following supporting documents:

1. A check of \$1070.00 payable to Department of Homeland Security towards the filing fee for Form I-485, Adjustment of Status and Bio-Metrics Fee;
2. Form G-325A, Biographic Information
3. Form I-765, Application for Employment Authorization;
4. Form I-131, Application for Advanced Parole;
5. Offer of employment issued by First Tek, Inc;
6. Copy of Form I-797, Approval Notice of the Form I-140, Immigrant petition for Immigrant Worker;
7. Copy of Form I-797, H-1B Approval along with previous approvals
8. Copy of Birth Certificate/Affidavits;
9. Copy of passport pages along with I-94;
10. Copy of latest pay stubs / Copy of previous three year tax returns;
11. Sealed medical report;
12. Six (6) passport size photographs.

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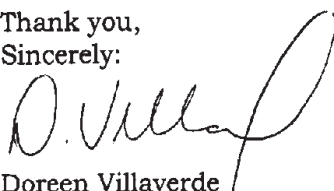


Derivative: PAYAL UMBRALKAR spouse of JAYESH SRIVASTAVA

13. A check of \$1070.00 payable to Department of Homeland Security towards the filing fee for Form I-485, Adjustment of Status and Bio Metrics Fee;
14. Form G-325A, Biographic Information;
15. Form I-765, Application for Employment Authorization;
16. Form I-131, Application for Advanced Parole;
17. Copy of Form I-797, Approval Notice of the Form I-140 of spouse, Immigrant petition for Immigrant Worker;
18. Copy of Form I-797, H1B Approval;
19. W-2 copies and recent paystubs;
20. Copy of Birth Certificate/Affidavits
21. Copy of passport pages along with I-94
22. Sealed medical report
23. Six(6) passport size photographs

Should there be need of any further information/documentation, please do not hesitate to contact us or the beneficiary. Your courtesy and co-operation in this matter will be highly appreciated.

Thank you,
Sincerely:


Doreen Villaverde
Human Resource Manager
732-745-0107
hr@first-tek.com

2013-11-05 09:23:10: 2901447 049280 23 - 493157 031512 18:29 031412 Employment-652862

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

OMB No. 1615-0008; Expires 08/31/2012

G-325A, Biographic Information

(Family Name) SRIVASTAVA	(First Name) JAYESH	(Middle Name)	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy) [REDACTED] 1979	Citizenship/Nationality INDIA/INDIAN	File Number A 200-856-760
All Other Names Used (include names by previous marriages) N/A			City and Country of Birth HYDERABAD/INDIA		U.S. Social Security # (if any) [REDACTED]	
Family Name Father SRIVASTAVA Mother (Maiden Name) SAXENA	First Name BAJRANG RAJANI	Date of Birth (mm/dd/yyyy) [REDACTED] 1937 [REDACTED] 1949	City, and Country of Birth (if known) HYDERABAD/INDIA HYDERABAD/INDIA		City and Country of Residence HYDERABAD/INDIA HYDERABAD/INDIA	
Current Husband or Wife (If none, so state) Family Name (For wife, give maiden name) UMBRALKAR	First Name PAYAL	Date of Birth (mm/dd/yyyy) [REDACTED] 1982	City and Country of Birth MUMBAI/INDIA	Date of Marriage 09/11/2010	Place of Marriage LODI, NEW JERSEY	
Former Husbands or Wives (If none, so state) Family Name (For wife, give maiden name) N/A	First Name N/A	Date of Birth (mm/dd/yyyy) N/A	Date and Place of Marriage N/A	Date and Place of Termination of Marriage N/A		

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

Street and Number	City	Province or State	Country	From		To	
				Month	Year	Month	Year
2124 STRAWBERRY CT.	EDISON	NEW JERSEY	USA	01	2010	Present Time	
832 APT.D MAIN STREET	BELLEVILLE	NEW JERSEY	USA	09	2008	01	2010
27 DOW ST.	NEW LONDON	CONNECTICUT	USA	03	2008	08	2008
838 APT B MAIN STREET	BELLEVILLE	NEW JERSEY	USA	08	2007	03	2008
6 HIGHPOINT CIRCLE APT.814	QUINCY	MASSACHUSETT	USA	10	2006	08	2007

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

Street and Number	City	Province or State	Country	From		To	
				Month	Year	Month	Year
50 SUNLEIGH ROAD	WEMBLEY	LONDON	UNITED KINGDOM	12	2004	06	2006

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

Full Name and Address of Employer	Occupation (Specify)	From		To	
		Month	Year	Month	Year
FIRST TEK TEC.1551S WASH.AVE #402A PISCATAWAY NJ	PROGRAMMER ANALYST	10	2009	Present Time	
INFOKALL, 510 THORNALL ST. SUITE 260 EDISON NJ	PROGRAMMER ANALYST	10	2008	10	2009
SRG AMERICA, 485 US-1SOUTH SUITE 240 ISELIN NJ	PROGRAMMER ANALYST	10	2006	09	2008

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

LADBROKES, IMPERIAL DR. RAYNERS LN HARROW UK	DEPUTY MANAGER	01	2004	03	2006
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This form is submitted in connection with an application for:

- Naturalization Other (Specify):
 Status as Permanent Resident

Signature of Applicant: *Jayesh* Date: 02/22/2012

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

जयेश श्रीवास्तवा

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

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

Complete This Box (Family Name) SRIVASTAVA	(Given Name) JAYESH	(Middle Name)	(Alien Registration Number) A 200-856-760
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2012473523310 2901447 049289 23 - 493157 031512 1A:29 031412 Form G-325A-1008327

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

I-797A, Notice of Action



RECEIPT NUMBER EAC-09-244-51077		CASE TYPE I129
RECEIPT DATE September 14, 2009		PETITION FOR A NONIMMIGRANT WORKER
PRIORITY DATE		PETITIONER FIRST TEK TECHNOLOGIES INC
NOTICE DATE October 5, 2009	PAGE 1 of 1	BENEFICIARY SRIVASTAVA, JAYESH

FIRST TEK TECHNOLOGIES INC
C/O RASIKA KAPSHIKAR MANAGER-HR AND
622 GEORGES ROAD 102
NORTH BRUNSWICK NJ 08902

Notice Type: Approval Notice
Class: H1B
Valid from 10/05/2009 to 08/30/2012

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. Any change in employment requires a new petition. Since this employment authorization stems from the filing of this petition, separate employment 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*. This should be turned in with the I-94 when departing the U.S. The left part is for his or her records. A person granted a change of status who leaves the U.S. must normally obtain a visa in the new classification 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*, with this office 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 an 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 NOR MAY IT 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.

IMMIGRATION & NATURALIZATION SERVICE
VERMONT SERVICE CENTER
75 LOWER WELDEN STREET
SAINT ALBANS VT 05479-0001
Customer Service Telephone: (800) 375-5283



Form I797A (Rev. 09/07/95)jN

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

Detach This Half for Personal Records

Receipt # EAC-09-244-51077

I-94# 042003455 12

NAME SRIVASTAVA, JAYESH

CLASS H1B

VALID FROM 10/05/2009 UNTIL 08/30/2012

PETITIONER: FIRST TEK TECHNOLOGIES IN
622 GEORGES ROAD 102
NORTH BRUNSWICK NJ 08902

042003455 12

Receipt Number EAC-09-244-51077

Immigration and
Naturalization Service

I-94

Departure Record

Petitioner: FIRST TEK TEC

14. Family Name SRIVASTAVA		16. Date of Birth [REDACTED] 1979
15. First (Given) Name JAYESH		
17. Country of Citizenship INDIA		

U.S. Department of Justice
Immigration and Naturalization Service

Notice of Action



RECEIPT NUMBER EAC-05-134-51275		CASE TYPE I129 PETITION FOR A NONIMMIGRANT WORKER													
RECEIPT DATE April 12, 2005	PRIORITY DATE	PETITIONER SOFTWARE RESEARCH GROUP INC													
NOTICE DATE April 28, 2005	PAGE 1 of 1														
SOFTWARE RESEARCH GROUP INC C/O NARAYAN RAVISETTI CEO 485E ROUTE 1 SOUTH 240 ISELIN NJ 08830		Notice Type: Approval Notice Class: H1B Valid from 10/01/2005 to 10/01/2008													
<p>The above petition has been approved, and notification has been sent to the listed consulate. You may also send the tear-off bottom part of this notice to the worker(s) to show the approval. Please contact the consulate with any questions about visa issuance. THIS FORM IS NOT A VISA AND MAY NOT BE USED IN PLACE OF A VISA</p> <p>Petition approval does not authorize employment. When the workers are granted status based on this petition they can then work for the petitioner, but only as detailed in the petition and for the period authorized. Please contact the IRS with any questions about tax withholding.</p> <p>If circumstances change, the petitioner can file Form I-524 to have us notify another consulate of this approval. If any of the workers are already in the U.S. the petitioner can file a new Form I-129 to seek to change or extend their status based on this petition. Changes in employment also require a new petition. Include a copy of this notice with any other required documentation.</p> <p>If any of the worker(s) included in this petition do not actually enter the United States, substitutions of different workers are not made, the petitioner must notify this office so the allocated nonimmigrant visa numbers can be re-used.</p>															
Number of workers: 1 <table border="0"> <tr> <td>Name</td> <td>DOB</td> <td>COB</td> <td>Class</td> <td>Consulate or POE</td> <td>OCC Code</td> </tr> <tr> <td>SRIVASTAVA, JAYESH</td> <td>██████████</td> <td>1979</td> <td>INDIA</td> <td>H1B LONDON</td> <td>030</td> </tr> </table>				Name	DOB	COB	Class	Consulate or POE	OCC Code	SRIVASTAVA, JAYESH	██████████	1979	INDIA	H1B LONDON	030
Name	DOB	COB	Class	Consulate or POE	OCC Code										
SRIVASTAVA, JAYESH	██████████	1979	INDIA	H1B LONDON	030										

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

IMMIGRATION & NATURALIZATION SERVICE
VERMONT SERVICE CENTER
75 LOWER WELDEN STREET
SAINT ALBANS VT 05479-0001
Customer Service Telephone: (800) 375-5282

Form I797B (Rev. 09/07/93)N



Please tear off portion below and forward it to the alien worker.

The alien may use this portion when applying for a visa at an American consulate abroad, or if no visa is required, when applying for admission to the U.S.

Receipt#: EAC-05-134-51275	Case Type: I129				
Notice Date: April 28, 2005	Petitioner: SOFTWARE RESEARCH GROUP INC				
Petition Validity Dates: 10/01/2005 through 10/01/2008	Number of Workers: 1				
Name	DOB	COB	Class	Consulate or POE	OCC Code
SRIVASTAVA, JAYESH	██████████	1979	INDIA	H1B LONDON	030

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

I-797A, Notice of Action



RECEIPT NUMBER EAC-08-236-50753		CASE TYPE I129
RECEIPT DATE September 3, 2008		PETITION FOR A NONIMMIGRANT WORKER
PRIORITY DATE	PETITIONER INFOKALL INC	
NOTICE DATE September 10, 2008	PAGE 1 of 1	BENEFICIARY SRIVASTAVA, JAYESH
INFOKALL INC C/O B R VENKATESH 2850 RED HILL AVENUE 140 SANTA ANA CA 92705		Notice Type: Amended Approval Notice Class: H1B Valid from 10/02/2008 to 10/01/2011
<p>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. Any change in employment requires a new petition. Since this employment authorization stems from the filing of this petition, separate employment authorization documentation is not required. Please contact the IRS with any questions about tax withholding.</p> <p>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, <i>Arrival-Departure Record</i>. This should be turned in with the I-94 when departing the U.S. 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, <i>Application for Action on an Approved Application or Petition</i>, with this office to request that we notify a consulate, port of entry, or pre-flight inspection office of this approval.</p> <p>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.</p> <p>THIS FORM IS NOT A VISA NOR MAY IT BE USED IN PLACE OF A VISA.</p>		

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

IMMIGRATION & NATURALIZATION SERVICE
VERMONT SERVICE CENTER
75 LOWER WELDEN STREET
SAINT ALBANS VT 05479-0001
Customer Service Telephone: (800) 375-5283

Form I-797A (Rev. 09/07/03)N



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

Detach This Half for Personal Records

Receipt # EAC-08-236-50753
I-94# 042003455 12

NAME SRIVASTAVA, JAYESH
CLASS H1B

VALID FROM 10/02/2008 UNTIL 10/01/2011

PETITIONER: INFOKALL INC
2850 RED HILL AVENUE 140
SANTA ANA CA 92705

042003455 12

Receipt Number EAC-08-236-50753
Immigration and
Naturalization Service

I-94
Departure Record Petitioner: INFOKALL INC

14. Family Name SRIVASTAVA	
15. First (Given) Name JAYESH	16. Date of Birth [REDACTED] 1979
17. Country of Citizenship INDIA	

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

I-797A, Notice of Action



RECEIPT NUMBER EAC-09-139-54102		CASE TYPE I539
RECEIPT DATE April 15, 2009		APPLICATION TO EXTEND/CHANGE NONIMMIGRANT STATUS
PRIORITY DATE	APPLICANT SRIVASTAV, JAYESH B.	
NOTICE DATE May 29, 2009	PAGE 1 of 1	BENEFICIARY SRIVASTAV, JAYESH B.
JAYESH B. SRIVASTAV C/O VCC EDUCATION 66 MIDDLESEX AVENUE 104 ISELIN NJ 08830		Notice Type: Approval Notice Class: F1 Valid from 05/26/2009 Valid for Duration of Status

The above application for change of nonimmigrant status is approved. The new status is listed above. The length of authorized temporary stay in this status, for the applicant(s) named, is also listed above.

Form I-20 (student copy) has also been endorsed to show the student's new classification. This is an important document that he or she must submit with any future applications to this service as long as he or she remains in student status.


An updated I-94 is included in the lower portion of this notice. Each applicant must surrender his or her Form I-94 when leaving the U.S.

If any person included in this application must depart the U.S., he or she may wish to take this notice with them to facilitate their return to this status. He or she must obtain a new visa in the new classification before returning to the U.S.

THIS FORM IS NOT A VISA NOR MAY IT 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.

IMMIGRATION & NATURALIZATION SERVICE
VERMONT SERVICE CENTER
75 LOWER WELDEN STREET
SAINT ALBANS VT 05479-0001
Customer Service Telephone: (800) 375-5283



Form I797A (Rev. 09/07/93)N

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

Detach This Half for Personal Records

Receipt # EAC-09-139-54102
I-94# 042003455 12

NAME SRIVASTAV, JAYESH B.
CLASS F1

VALID FROM 05/26/2009
Valid for Duration of Status

PETITIONER: SRIVASTAV, JAYESH B.
66 MIDDLESEX AVENUE 104
ISELIN NJ 08830

042003455 12

Receipt Number EAC-09-139-54102
Immigration and
Naturalization Service

I-94
Departure Record Petitioner:

14. Family Name SRIVASTAV	
15. First (Given) Name JAYESH	16. Date of Birth [REDACTED] 1979
17. Country of Citizenship INDIA	

18:39 021412 Employment-608867

बंगलादेश, पाकिस्तान और यूरोप के अन्य सभी देश
 (यह सूची को स्वतंत्र सरकारों को छोड़कर) और उत्तर
 अफ्रीका, मध्य पूर्व और अफ्रीका को छोड़कर
 (यह सूची को छोड़कर) के लिए आवश्यक है।
 Emigration Check Required (ECR) for
 Bangladesh, Pakistan and all countries
 in Europe (Excluding Commonwealth of
 Independent States (CIS), North America, Japan,
 New Zealand and Australia.)

DELETED

उत्सवत हर्तः
Emigration Status

उत्सवत कए अलरक नही।
Emigration Check Not Required (ECNR)


उत्सवत कए अलरक नही है।
Emigration Clearance not required.



Susantj
 सुसन्त के. गिबसन
 SUSAN K. GIBSON
 कृते पासपोर्ट अधिकारी
 for Passport Officer
 पासपोर्ट कार्यालय, हैदराबाद,
 Passport Office Hyderabad,
 इस पासपोर्ट में 36 पृष्ठ हैं। / This passport contains 36 pages.

Warning: An administrator who accepts unauthorized email or information.

18:29 021412 Employment-662867

			<p>PCC issued for <u>NEW ZEALAND</u></p> <p>REF: USANC <u>0314009</u></p> <p>DATE <u>JUN 11 2009</u></p>
			<p><i>[Signature]</i></p> <p>NARAYAN SINGH ASSISTANT CONSULAR OFFICER CONSULATE GENERAL OF INDIA NEW YORK</p>

Warning: A nonimmigrant who accepts unauthorized employment.

2012473522210 2901447 0 0230 23 r 492157 021512 18:29 001410 Employment-660887

ENGLISH

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Warning: A nonimmigrant who accepts unauthorized employment is subject to deportation.

18 S.M. / 19 S.M. / 20 S.M.

88		
89		

विविध सेवा / MISCELLANEOUS SERVICE

दिल्ली / OBSERVATION

2012-11-05 09:15:12 18:39 031412 Employment-920867

2012473523210 2901447 049280 02 + 492157 021512 18:33 031410 Employment-660867

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

OMB No. 1691-0111

Departure Record

Admission Number

188778096 25

DEC 04/12

ANG 30, 2012

18. Family Name	S	R	I	V	A	S	T	I	A	V	A	20. BIRTH DATE (DDMMYY)	1	1	7	9
19. First (Given) Name	J	I	A	R	E	S	H	21. Country of Citizenship	I	N	D	I	A			

See Other Side

CBP Form 1-94 (05/08)
STABLE HERE



AC0924451077

- 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

Port: _____
 Date: _____
 Carrier: _____
 Flight No./ Ship Name: _____
 Departure Record

Book No.: 5276



Sl. No.: 527553

GREATER HYDERABAD MUNICIPAL CORPORATION

Form No. 5
(See Rule 8)

Government of Andhra Pradesh
Department of Medical & Health

BIRTH CERTIFICATE

(Issued Under Section 12/17)

This is to certify that the following information has been taken from the original record of birth which is the register for ward 5A, circle 8 of Greater Hyderabad Municipal Corporation, Andhra Pradesh State, India.

Name JAYESH SRIVASTAVA

Date Of Birth [REDACTED] 1979 Sex MALE

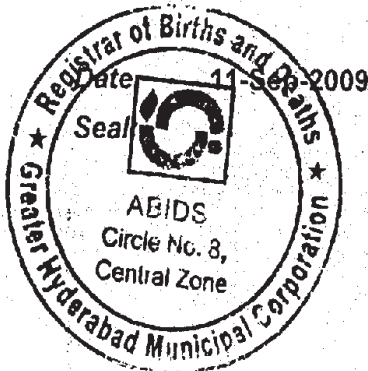
Place of Birth DR. SATWALKER GENERAL HOSPITAL,

Name of Father DR. BAJRANG PRASAD

Name of Mother RAJINI

Registration Number 299 Date Of Registration [REDACTED]

Address at the time of Birth HYDERABAD.,CMOH PROC NO. 3173/2009, DT: 05-09-2009



[Signature]
REGISTRAR
BIRTH & DEATHS
ABIDS
Circle No. 8, Central Zone
Greater Hyderabad Municipal Corporation

[Handwritten mark]

2012473522240 2901447 049290 03 1493157 031512 18:39 031412 Employment-60867

Copy B To Be Filed With Employee's FEDERAL Tax Return.		2011 OMB No. 1545-0008	
a Employee's SSN	1 Wages, tips, other comp. 85910.00	2 Federal income tax withheld 14213.00	
	3 Social security wages 85910.00	4 Social security tax withheld 3608.22	
b Employer ID no. (EIN)	5 Medicare wages and tips 85910.00	6 Medicare tax withheld 1245.70	
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 JAYESH SRIVASTAVA 2124 STRAWBERRY COURT EDISON NJ 08817			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	14 Other NJ-SDI 148.00 NJ-SUI 113.22 NJ-WFD 12.43 NJ-FLI 17.76	12b Code	
Retirement Plan		12c Code	
Third-party sick pay		12d Code	
NJ	85910.00	3573.53	
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.		2011 OMB No. 1545-0008	
a Employee's SSN	1 Wages, tips, other comp. 85910.00	2 Federal income tax withheld 14213.00	
	3 Social security wages 85910.00	4 Social security tax withheld 3608.22	
b Employer ID no. (EIN)	5 Medicare wages and tips 85910.00	6 Medicare tax withheld 1245.70	
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 JAYESH SRIVASTAVA 2124 STRAWBERRY COURT EDISON NJ 08817			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	14 Other NJ-SDI 148.00 NJ-SUI 113.22 NJ-WFD 12.43 NJ-FLI 17.76	12b Code	
Retirement Plan		12c Code	
Third-party sick pay		12d Code	
NJ	85910.00	3573.53	
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

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.

Copy C For EMPLOYEE'S RECORDS, (See Notice to Employees).		2011 OMB No. 1545-0008	
a Employee's SSN	1 Wages, tips, other comp. 85910.00	2 Federal income tax withheld 14213.00	
	3 Social security wages 85910.00	4 Social security tax withheld 3608.22	
b Employer ID no. (EIN)	5 Medicare wages and tips 85910.00	6 Medicare tax withheld 1245.70	
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 JAYESH SRIVASTAVA 2124 STRAWBERRY COURT EDISON NJ 08817			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	14 Other NJ-SDI 148.00 NJ-SUI 113.22 NJ-WFD 12.43 NJ-FLI 17.76	12b Code	
Retirement Plan		12c Code	
Third-party sick pay		12d Code	
NJ	85910.00	3573.53	
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

QBMB22C 09/09/11

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.		2011 OMB No. 1545-0008	
a Employee's SSN	1 Wages, tips, other comp. 85910.00	2 Federal income tax withheld 14213.00	
	3 Social security wages 85910.00	4 Social security tax withheld 3608.22	
b Employer ID no. (EIN)	5 Medicare wages and tips 85910.00	6 Medicare tax withheld 1245.70	
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 JAYESH SRIVASTAVA 2124 STRAWBERRY COURT EDISON NJ 08817			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	14 Other NJ-SDI 148.00 NJ-SUI 113.22 NJ-WFD 12.43 NJ-FLI 17.76	12b Code	
Retirement Plan		12c Code	
Third-party sick pay		12d Code	
NJ	85910.00	3573.53	
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

2012452502310 0901447 049280 22 - 493157 031512 18:39 031412 Employee-940867

Copy B To Be Filed with Employee's FEDERAL Tax Return.		2010 OMB No. 1545-0008	
a Employee's SSN	1 Wages, tips, other comp. 70860.00	2 Federal income tax withheld 11191.00	
	3 Social security wages 70860.00	4 Social security tax withheld 4393.32	
b Employer ID no. (EIN)	5 Medicare wages and tips 70860.00	6 Medicare tax withheld 1027.47	
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 JAYESH SRIVASTAVA 2124 STRAWBERRY COURT EDISON NJ 08817			
7 Social security tips	8 Allocated tips	9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee	14 Other NJ-SDI 148.50 NJ-SUI 113.60	12b Code	
Retirement Plan	NJ-WFD 12.47 NJ-FLI 35.64	12c Code	
Third-party sick pay		12d Code	
NJ	70860.00	2564.18	
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.

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.		2010 OMB No. 1545-0008	
a Employee's SSN	1 Wages, tips, other comp. 70860.00	2 Federal income tax withheld 11191.00	
	3 Social security wages 70860.00	4 Social security tax withheld 4393.32	
b Employer ID no. (EIN)	5 Medicare wages and tips 70860.00	6 Medicare tax withheld 1027.47	
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 JAYESH SRIVASTAVA 2124 STRAWBERRY COURT EDISON NJ 08817			
7 Social security tips	8 Allocated tips	9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee	14 Other NJ-SDI 148.50 NJ-SUI 113.60	12b Code	
Retirement Plan	NJ-WFD 12.47 NJ-FLI 35.64	12c Code	
Third-party sick pay		12d Code	
NJ	70860.00	2564.18	
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. 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.

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employees).		2010 OMB No. 1545-0008	
a Employee's SSN	1 Wages, tips, other comp. 70860.00	2 Federal income tax withheld 11191.00	
	3 Social security wages 70860.00	4 Social security tax withheld 4393.32	
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d Control number			
e Employee's name, address, and ZIP code JAYESH SRIVASTAVA 2124 STRAWBERRY COURT EDISON NJ 08817			
7 Social security tips	8 Allocated tips	9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee	14 Other NJ-SDI 148.50 NJ-SUI 113.60	12b Code	
Retirement Plan	NJ-WFD 12.47 NJ-FLI 35.64	12c Code	
Third-party sick pay		12d Code	
NJ	70860.00	2564.18	
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

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.		2010 OMB No. 1545-0008	
a Employee's SSN	1 Wages, tips, other comp. 70860.00	2 Federal income tax withheld 11191.00	
	3 Social security wages 70860.00	4 Social security tax withheld 4393.32	
b Employer ID no. (EIN)	5 Medicare wages and tips 70860.00	6 Medicare tax withheld 1027.47	
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 JAYESH SRIVASTAVA 2124 STRAWBERRY COURT EDISON NJ 08817			
7 Social security tips	8 Allocated tips	9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee	14 Other NJ-SDI 148.50 NJ-SUI 113.60	12b Code	
Retirement Plan	NJ-WFD 12.47 NJ-FLI 35.64	12c Code	
Third-party sick pay		12d Code	
NJ	70860.00	2564.18	
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

2013-07-25 09:23:10 2901447 049280 23 1492157 021512 13:59 021412 Employment-55857

Form 1040 Department of the Treasury - Internal Revenue Service (99) **U.S. Individual Income Tax Return 2011** OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2011, or other tax year beginning , 2011, ending , 20

Your first name and initial: **JAYESH** Last name: **SRIVASTAVA** Your social security number: [REDACTED]

If a joint return, spouse's first name and initial: **PAYAL** Last name: **UMBRALKAR** Spouse's social security number: [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. **2124 STRAWBERRY COURT** Apt. no. [REDACTED]

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **Edison NJ 08817**

Foreign country name Foreign province/county Foreign postal code

Presidential Election Campaign: Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Check a box below will not change your tax or refund. You Spouse

Filing Status

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here.

4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.

5 Qualifying widow(er) with dependent child

Exemptions

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

b Spouse

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

d Total number of exemptions claimed **2**

Boxes checked on 6a and 6b: No. of children on 6c who: lived with you; did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above: **2**

Add numbers on lines above: **2**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	173,246
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount	20b	
21	Other income	21	
22	Combine the amounts in the far right col for lines 7 through 21. This is your total income	22	173,246

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid	31a	
b	Recipient's SSN		
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income	37	173,246

Form 1040 (2011) **JAYESH SRIVASTAVA & PAYAL UMBRALKAR**

Page 2

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	173,246
	39a	Check <input type="checkbox"/> You were born before January 2, 1947, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1947, <input type="checkbox"/> Blind. <input checked="" type="checkbox"/> checked <input type="checkbox"/> 39a		
Standard Deduction for -	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here	<input type="checkbox"/> 39b	
People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	17,707
All others:	41	Subtract line 40 from line 38	41	155,539
Single or Married filing separately, \$5,800	42	Exemptions. Multiply \$3,700 by the number on line 6d	42	7,400
Married filing jointly or Qualifying widow(er), \$11,600	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	148,139
Head of household, \$8,500	44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 962 election	44	29,548
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Add lines 44 and 45	46	29,548
	47	Foreign tax credit. Attach Form 1116 if required	47	
	48	Credit for child and dependent care expenses. Attach Form 2441	48	
	49	Education credits from Form 8863, line 23	49	
	50	Retirement savings contributions credit. Attach Form 8880	50	
	51	Child tax credit (see instructions)	51	
	52	Residential energy credits. Attach Form 5695	52	
	53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
	54	Add lines 47 through 53. These are your total credits	54	
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	29,548
Other Taxes	56	Self-employment tax. Attach Schedule SE	56	
	57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59a	Household employment taxes from Schedule H	59a	
	59b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
	60	Other taxes. Enter code(s) from instructions	60	
	61	Add lines 55 through 60. This is your total tax	61	29,548
Payments	62	Federal income tax withheld from Forms W-2 and 1099	62	29,671
	63	2011 estimated tax payments and amount applied from 2010 return	63	
If you have a qualifying child, attach Schedule EIC.	64a	Earned income credit (EIC)	64a	
	b	Nontaxable combat pay election	64b	
	65	Additional child tax credit. Attach Form 8812	65	
	66	American opportunity credit from Form 8863, line 14	66	
	67	First-time homebuyer credit from Form 5405, line 10	67	
	68	Amount paid with request for extension to file	68	
	69	Excess social security and tier 1 RRTA tax withheld	69	
	70	Credit for federal tax on fuels. Attach Form 4136	70	
	71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	29,671
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	123
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	123
Direct deposit? See instructions.	b	Routing number	0 2 1 2 0 0 3 3 9	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
	d	Account number	3 8 1 8 6 0 8 9 8 9	
	75	Amount of line 73 you want applied to your 2012 estimated tax	75	
Amount You Owe	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76	
	77	Estimated tax penalty (see instructions)	77	

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

Third Party Designee
 Designee's name: **MANOJ INAMDAR** Phone no.: **732-398-3995** Personal identification number (PIN): **[REDACTED]**

Sign Here
 Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions.	Your signature	Date	Your occupation	Daytime phone number
	77052	02-17-2012	COMPUTER ENGINEER	848-219-0503
Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	Identity Protection PIN (see inst.)
	96622		ANALYST	

Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
MANOJ INAMDAR	02-17-2012		P00545976

Paid Preparer Use Only
 Print/Type preparer's name: **MANOJ INAMDAR**
 Firm's name: **MANOJ INAMDAR** Firm's EIN: **[REDACTED]**
 Firm's address: **32 PEBBLE CREEK RD Dayton, NJ 08810** Phone no.: **732-398-3995**

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2011

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040. ▶ See Instructions for Schedule A (Form 1040).

Name(s) shown on Form 1040

Your social security number

JAYESH SRIVASTAVA & PAYAL UMBRALKAR

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions)		
	2	Enter amount from Form 1040, line 38	2	
	3	Multiply line 2 by 7.5% (.075)	3	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4
Taxes You Paid	5 State and local (check only one box):			
	<input checked="" type="checkbox"/>	Income taxes, or	5	7,420
	<input type="checkbox"/>	General sales taxes		
	6	Real estate taxes (see instructions)	6	
	7	Personal property taxes	7	
	8	Other taxes. List type and amount ▶	8	
	9	Add lines 5 through 8	9	7,420
	Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10
11		Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	11	
12		Points not reported to you on Form 1098. See instructions for special rules	12	
13		Mortgage insurance premiums (see instructions)	13	
14		Investment interest. Attach Form 4952 if required. (See instructions.)	14	
15		Add lines 10 through 14	15	
Gifts to Charity	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	325
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	
	18	Carryover from prior year	18	
	19	Add lines 16 through 18	19	325
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20	
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instr.) ▶ STM 01	21	13,227
	22	Tax preparation fees	22	200
	23	Other expenses - investment, safe deposit box, etc. List type and amount ▶	23	
	24	Add lines 21 through 23	24	13,427
	25	Enter amount from Form 1040, line 38	25	173,246
	26	Multiply line 25 by 2% (.02)	26	3,465
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	9,962
Other Miscellaneous Deductions	28	Other - from list in instructions. List type and amount ▶	28	
Total Itemized Deductions	29	Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40	29	17,707
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ <input type="checkbox"/>		

For Paperwork Reduction Act Notice, see Form 1040 instructions.

EEA

Schedule A (Form 1040) 2011

2012472522310 2101447 049299 23 193157 031512 18:39 031412 Employment-600867

Form **2106-EZ**

Unreimbursed Employee Business Expenses

OMB No. 1545-0074

2011

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.

Attachment
Sequence No. **129A**

Your name JAYESH SRIVASTAVA Occupation in which you incurred expenses COMPUTER ENGINEER Social security number [REDACTED]

You Can Use This Form Only If All of the Following Apply.

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense does not have to be required to be considered necessary.
- You **do not** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2011.

Caution: You can use the standard mileage rate for 2011 **only if:** (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, or (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

Part I Figure Your Expenses

1	Complete Part II. Multiply line 8a by 51 cents (.51) for miles driven before July 1, 2011, and by 55.5 cents (.555) for miles driven after June 30, 2011. Add the amounts, then enter the result here	1	2,815
2	Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work	2	190
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4	Business expenses not included on lines 1 through 3. Do not include meals and entertainment	4	1,340
5	Meals and entertainment expenses: \$ <u>1,180</u> x 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.)	5	590
6	Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	4,935

Part II Information on Your Vehicle. Complete this part **only** if you are claiming vehicle expense on line 1.

7 When did you place your vehicle in service for business use? (year, month, day) ▶ 2011-01-01

8 Of the total number of miles you drove your vehicle during 2011, enter the number of miles you used your vehicle for:

a Business 5,520 b Commuting (see instructions) 4,980 c Other _____

9 Was your vehicle available for personal use during off-duty hours? Yes No

10 Do you (or your spouse) have another vehicle available for personal use? Yes No

11a Do you have evidence to support your deduction? Yes No

b If "Yes," is the evidence written? Yes No

For Paperwork Reduction Act Notice, see your tax return Instructions.

EEA

Form 2106-EZ (2011)

Form **2106**

Employee Business Expenses

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

2011

▶ Attach to Form 1040 or Form 1040NR.

Attachment
Sequence No. **129**

Your name

PAYAL UMBALKAR

Occupation in which you incurred expenses

ANALYST

Social security number

Part 1 Employee Business Expenses and Reimbursements

Step 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)	5,437	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work	915	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment		
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment	600	
5 Meals and entertainment expenses (see instructions)		2,680
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6,952	2,680

Note: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1

7 Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see instructions)	7		
---	---	--	--

Step 3 Figure Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR)

8 Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8) Note: If both columns of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to your return.	6,952	2,680
9 In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.)	6,952	1,340
10 Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules on where to enter the total.)		8,292

For Paperwork Reduction Act Notice, see your tax return instructions.

EEA

Form **2106** (2011)

0012472523310 230144Z 049280 23 493157 001512

18:29 021412 Employment 692857

Part II Vehicle Expenses

Section A - General Information (You must complete this section if you are claiming vehicle expenses.)		(a) Vehicle 1	(b) Vehicle 2
11	Enter the date the vehicle was placed in service	11 2011-01-01	
12	Total miles the vehicle was driven during 2011	12 16,800 miles	miles
13	Business miles included on line 12	13 10,660 miles	miles
14	Percent of business use. Divide line 13 by line 12	14 63.45 %	%
15	Average daily roundtrip commuting distance	15 miles	miles
16	Commuting miles included on line 12	16 6,140 miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17 miles	miles
18	Was your vehicle available for personal use during off-duty hours?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
20	Do you have evidence to support your deduction?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
21	If "Yes," is the evidence written?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Section B - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 51 cents (.51) for miles driven before July 1, 2011, and by 55.5 cents (.555) for miles driven after June 30, 2011. Add the amounts, then enter the result here and on line 1	22	5,437
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Section C - Actual Expenses		(a) Vehicle 1	(b) Vehicle 2
23	Gasoline, oil, repairs, vehicle insurance, etc	23	
24 a	Vehicle rentals	24a	
b	Inclusion amount (see instructions)	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2 - see instructions)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation (see instructions)	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

Section D - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

Section D - Depreciation of Vehicles		(a) Vehicle 1	(b) Vehicle 2
30	Enter cost or other basis (see instructions)	30	
31	Enter section 179 deduction and special allowance (see instructions)	31	
32	Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance)	32	
33	Enter depreciation method and percentage (see instructions)	33	
34	Multiply line 32 by the percentage on line 33 (see instructions)	34	
35	Add lines 31 and 34	35	
36	Enter the applicable limit explained in the line 36 instructions	36	
37	Multiply line 36 by the percentage on line 14	37	
38	Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38	

2012-12-17 10:47:04 AM 091512 13:39 031419 Employment Contract

1040

Overflow Statement

2011
Page 1

Name(s) as shown on return

Your Social Security Number

JAYESH SRIVASTAVA & PAYAL UMBRALKAR

Form 2106, Line 4a - Other business expenses

Description	Amount
Internet	\$ 360
Telephone	480
Hardware and Software	500
Total:	\$ 1,340

Form 2106, Line 4a - Other business expenses

Description	Amount
Telephone	\$ 600
Total:	\$ 600

Account Transaction Summary		2011
Name(s) as shown on return	Your Social Security Number	
JAYESH SRIVASTAVA & PAYAL UMBRALKAR		[REDACTED]
Account #1		
Financial Institution Name		
Routing Transit Number		
Account Number		
Account Type		
	Checking	
Federal Deposit	123	
NJ Deposit	406	
Net Deposit	529	
<p>PLEASE VERIFY BANK INFORMATION</p> <ol style="list-style-type: none"> 1. Bank Name 2. Bank Routing Transit Number 3. Bank Account Number 4. Bank Account Type <p>THIS INFORMATION IS USED TO DEPOSIT YOUR REFUND. IF YOU HAVE PROVIDED THE INCORRECT INFORMATION OR YOU HAVE CLOSED THE ACCOUNT, YOU ARE RESPONSIBLE.</p> <p>I have reviewed the above information and certify that this information is correct and authorize MANOJ INAMDAR to use this account to deposit my refund.</p>		
_____	_____	_____
Date	Date	Date

FORMERLY SUBMITTED TO THE IRS BY MAIL ON 11/05/13

NJ-1040
2011



PAGE 1

STATE OF NEW JERSEY INCOME TAX - RESIDENT RETURN

For Privacy Act Notification, See Instructions.
For Tax Year Jan. - Dec. 2011 or Other Tax Year

Beginning _____ Month Ending _____
On-line Federal Extension Confirmation # _____

2012473502010 0501447 048380 20-492157 00110 10-03 001410 E-1 10/05/13 10:00:00

SRIVASTAVA JAYESH & UMBRALKAR PAYAL

2124 STRAWBERRY COURT

EDISON NJ 08817 1205
2081



Under the penalties of perjury, I declare that I have examined this income tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

> _____
Your Signature Date Spouse/CU Partner's Signature (If filing jointly, BOTH must sign)

Paid Preparer's Signature MANOJ INAMDAR	Federal Identification Number [REDACTED]
Firm's Name MANOJ INAMDAR 32 PEBBLE CREEK RD DAYTON NJ	Federal Employer Identification Number 08810

Pay amount on line 55 in full. Write Social Security # on check or money order and make payable to:
STATE OF NEW JERSEY - TGI
If you have an amount due, enclose your check and NJ-1040-V payment voucher and your return to: NJ Division of Taxation, Revenue Processing Center, PO Box 111, Trenton, NJ 08645-0111
If REFUND: NJ Division of Taxation, Revenue Processing Center, PO Box 555, Trenton, NJ 08647-0555

NJ-1040 (2011)

PAGE 3

Name **SRIVASTAVA JAYESH & UMBRALKAR PAYAL** Social Security Number [REDACTED]

RESIDENCY STATUS If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency: From _____ To _____
 MONTH DAY YEAR MONTH DAY YEAR

FILING STATUS 1. Single 2. Married/CU Couple, filing joint return 3. Married/CU Partner, filing separate return 4. Head of Household 5. Qualifying Widow(er) Surviving CU Partner
 Domestic Partner Ind

EXEMPTIONS 6. Regular 2 10. Number of other dependents 0
 7. Age 65 or Over 11. Dependents attending colleges 0
 8. Blind or Disabled 12. Totals (Line 12a - Add Lines 6, 7, 8 and 11) 2
 9. Number of qualified dependent children 0 (Line 12b - Add Lines 9 and 10) 0

13. Dependent's information from Lines 9 and 10. (ATTACH RIDER IF MORE THAN FOUR)

	LAST NAME, FIRST NAME, MIDDLE INITIAL	SOCIAL SECURITY #	BIRTH YEAR	If the dependent does not have health insurance including NJ Family Care:
a.				<input type="checkbox"/> Medicaid, Medicare, private or other, check the box (see instructions)
b.				<input type="checkbox"/>
c.				<input type="checkbox"/>
d.				<input type="checkbox"/>

GUERNATORIAL ELECTIONS FUND Do you wish to designate \$1 of your taxes for this fund? Yes No
 If joint return, does your spouse/CU partner wish to designate \$1? Yes No

14.	Wages, salaries, tips, and other employee compensation (Enclose W-2) Be sure to use State wages from Box 16 of your W-2(s).	14	173,246
15a.	Taxable interest income (See instructions) (Enclose Fed Sch B if over \$1,500)	15a	
15b.	Tax exempt interest income. DO NOT include on Line 15a	15b	
16.	Dividends	16	
17.	Net profits from business (Enclose copy of Federal Schedule C, Form 1040)	17	
18.	Net gains or income from disposition of property (Schedule B, Line 4)	18	
19.	Pensions, Annuities, and IRA Withdrawals (See instruction page 24)	19	
20.	Distributive Share of Partnership Income (See instruction page 27)	20	
21.	Net pro rata share of S Corporation Income (See instruction page 27) (Enclose Schedule)	21	
22.	Net gain or income from rents, royalties, patents & copyrights (Schedule C, Line 3)	22	
23.	Net Gambling Winnings (See Instructions page 27)	23	
24.	Alimony and separate maintenance payments received	24	
25.	Other (Enclose Schedule) (See instruction page 28)	25	
26.	Total income (Add Lines 14, 15a, 16 through 25)	26	173,246
27a.	Pension Exclusion (See instruction page 28)	27a	
27b.	Other Retirement Income Exclusion (See Worksheet and Instr. page 30)	27b	
27c.	Total Exclusion Amount (Add line 27a and Line 27b)	27c	
28.	New Jersey Gross Income (Subtract Line 27c from Line 26) See instruction page 30.	28	173,246
29.	Total Exemption Amount - See instruction page 30 (Part Year Residents see instruction page 9.)	29	2,000
30.	Medical Expenses (See Worksheet and instr. page 31)	30	
31.	Alimony and Separate Maintenance Payments	31	
32.	Qualified Conservation Contribution	32	
33.	Health Enterprise Zone Deduction	33	
34.	Total Exemptions and Deductions (Add Lines 29, 30, 31, 32 and 33)	34	2,000
35.	Taxable Income (Subtract Line 34 from Line 28) If zero or less, MAKE NO ENTRY.	35	171,246
36a.	Total Property Taxes Paid (See instruction page 32)	36a	2,236
36b.	Check this box if you were a New Jersey homeowner on October 1, 2011 <input type="checkbox"/>		
36c.	Property Tax Deduction (See instruction page 35)	36c	2,236
37.	NEW JERSEY TAXABLE INCOME (Subtract Line 36c from Line 35) If zero or less, MAKE NO ENTRY.	37	169,010
38.	Tax (From Tax Tables, page 53)	38	6,723
39.	THIS LINE IS NOT USED ON COMPUTER GENERATED RETURNS		
40.	Credit For Income Taxes Paid to Other Jurisdictions. Enter other jurisdiction code (See instr.) <input type="checkbox"/> 99	40	
41.	Balance of Tax (Subtract Line 40 from Line 38)	41	6,723
42.	Sheltered Workshop Tax Credit	42	
43.	Balance of Tax after Credit (Subtract Line 42 from 41)	43	6,723
44.	Use Tax Due on Out-of-State Purchases (See instruction page 38) If no Use Tax, enter ZERO.	44	0
45.	Penalty for Underpayment of Estimated Tax Check if Form 2210 enclosed. <input type="checkbox"/>	45	
46.	Total Tax and Penalty (Add Lines 43, 44 and 45)	46	6,723

PAGE 3 AND PAGE 4 MUST BE ENCLOSED WITH PAGE 1 AND 2 OF YOUR 2011 NJ-1040

NJ-1040 (2011)

PAGE 4

Name		Social Security Number	
SRIVASTAVA JAYESH & UMBRALKAR PAYAL		[REDACTED]	
47	Total New Jersey Income Tax Withheld (Enclose forms W-2 and 1099)	47	7,129
48	Property Tax Credit (See instruction page 35)	48	
49	New Jersey Estimated Tax Payments/Credit from 2010 tax return.	49	
50	New Jersey Earned Income Tax Credit (See instruction page 40) (Fill in only one)	50	
Fill in the box if you had the IRS figure your Federal Earned Income Credit. <input type="checkbox"/>			
Fill in box if you are a CU couple claiming the NJ Earned Income Tax Credit. <input type="checkbox"/>			
51	EXCESS New Jersey UI/SF/SWF Withheld (See instr. page 40) (Enclose Form NJ-2450)	51	
52	EXCESS New Jersey Disability Insurance Withheld (See instr. page 40) (Enclose Form NJ-2450)	52	
53	EXCESS New Jersey Family Leave Withheld (See instr. Page 40) (Enclose Form NJ-2450)	53	
54	Total Payments/Credits (Add Lines 47 through 53)	54	7,129
55	If Line 54 is LESS THAN Line 46, enter AMOUNT YOU OWE.	55	
If you owe tax, you may make a donation by entering an amount on Lines 58, 59, 60, 61, 62 and/or 63 and adding this to your payment amount.			
56	If Line 54 is MORE THAN Line 46, enter OVERPAYMENT	56	406
Deductions from Overpayment on Line 56 which you elect to credit to:			
57	Your 2012 tax	57	
58	N.J. Endangered Wildlife Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	58	
59	N.J. Children's Trust Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	59	
60	N.J. Vietnam Veterans' Memorial Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	60	
61	N.J. Breast Cancer Research Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	61	
62	U.S.S. New Jersey Educational Museum Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	62	
63	Other Designated Contribution (See instruction page 41) <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other <input type="checkbox"/>	63	
64	Total Deductions from Overpayment (Add Lines 57 through 63)	64	
65	REFUND (Amount to be sent to you. Subtract Line 64 from Line 56)	65	406

DIRECT DEPOSIT INFORMATION

'1' for Refund and '4' for no.

Check Routing Number

[REDACTED]

Account Number

Type of account ('C' for Checking, 'S' for Savings)

[REDACTED]

Fill in check box if refund is going to an account outside the United States

I authorize the Division of Taxation to discuss my return and enclosures with my preparer

13-03 031412 Employment-009857

NJ-8879

NJ e-file Signature Authorization

Department of the Treasury
Division of Revenue

▶ Do not send to New Jersey. Keep for your records.
▶ See Instructions.

2011

2013-07-25 09:28:10 2901-10-08 09:29:03 1493157 031512 19:29 021412 Employment-650867

Taxpayer's name
JAYESH SRIVASTAVA

Spouse's name
or Civil Union Partner's
PAYAL UMBRALKAR

Social security number
[Redacted]

Spouse's social security number or Civil Union Partner's
[Redacted]

Part I Tax Return Information - Tax Year Ending December 31, 2011 (Whole Dollars Only)

1	New Jersey Taxable income	169,010
2	Total tax	6,723
3	New Jersey income tax withheld	7,129
4	Refund	406
5	Amount you owe	

Part II Declaration and Signature Authorization of Taxpayer

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2011, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I acknowledge that I have read the Consent to Disclosure and, if applicable, Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return and I agree to the provisions contained therein. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

RTN [Redacted]
DAN [Redacted]
DUE DATE

Taxpayer's PIN: check one box only

I authorize MANOJ INAMDAR to enter my PIN [Redacted] as my signature
ERO firm name do not enter all zeros
on my tax year 2011 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2011 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only
(or Civil Union Partner's PIN)

I authorize MANOJ INAMDAR to enter my PIN [Redacted] as my signature
ERO firm name do not enter all zeros
on my tax year 2011 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2011 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____
or Civil Union Partner's

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. [Redacted]
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the tax year 2011 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to New Jersey Unless Requested To Do So**

Form **1040**

Department of the Treasury - Internal Revenue Service
U.S. Individual Income Tax Return **2010**

(99) IRS Use Only-Do not write or staple in this space.

Name, Address, and SSN

For the year Jan. 1-Dec. 31, 2010, or other tax year beginning _____, 2010, ending _____, 20

Your first name and initial **JAYESH** Last name **SRIVASTAVA**

If a joint return, spouse's first name and initial **PAYAL** Last name **UMBRAKAR**

Home address (number and street). If you have a P.O. box, see instructions. **2124 STRAWBERRY COURT** Apt. no. _____

City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. **Edison NJ 08817**

OMB No. 1545-0074

Your social security number _____

Spouse's social security number _____

Make sure the SSN(s) above and on line 6c are correct.

Checking a box below will not change your tax or refund.

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund You Spouse

Filing Status

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above _____ and full name here. _____

4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. _____

5 Qualifying widow(er) with dependent child

Exemptions

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

b Spouse

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) If child under age 17 qualifying for child tax credit (see page 15)
(1) First name	Last name			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed **2**

Boxes checked on 6a and 6b

No. of children on 6c who:

lived with you

did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above **2**

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 20.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	125,528
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	723
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount	20b	
21	Other income	21	
22	Combine the amounts in the far right col for lines 7 through 21. This is your total income	22	126,251
23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid	31a	
b	Recipient's SSN		
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 31a and 32 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income	37	126,251

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

EEA

Form 1040 (2010)

Form 1040 (2010) **JAYESH SRIVASTAVA & PAYAL UMBRALKAR** Page 2

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 126,251

39a Check You were born before January 2, 1946, Blind. Total boxes
 if: Spouse was born before January 2, 1946, Blind. checked ▶ 39a

b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b

40 Itemized deductions (from Schedule A) or your standard deduction (see instructions) 40 11,400

41 Subtract line 40 from line 38 41 114,851

42 Exemptions. Multiply \$3,650 by the number on line 6d 42 7,300

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 107,551

44 Tax (see instructions). Check if any tax is from: a Form(s) 8814 b Form 4972 44 19,250

45 Alternative minimum tax (see instructions). Attach Form 6251 45

46 Add lines 44 and 45 46 19,250

47 Foreign tax credit. Attach Form 1116 if required 47

48 Credit for child and dependent care expenses. Attach Form 2441 48

49 Education credits from Form 8863, line 23 49

50 Retirement savings contributions credit. Attach Form 8880 50

51 Child tax credit (see instructions) 51 0

52 Residential energy credits. Attach Form 5695 52

53 Other credits from Form: a 3800 b 8801 c 53

54 Add lines 47 through 53. These are your total credits 54

55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- 55 19,250

Other Taxes

56 Self-employment tax. Attach Schedule SE 56

57 Unreported social security and Medicare tax from Form: a 4137 b 8919 57

58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 58

59 a Form(s) W-2, box 9 b Schedule H c Form 5405, line 16 59

60 Add lines 55 through 59. This is your total tax 60 19,250

Payments

61 Federal income tax withheld from Forms W-2 and 1099 61 18,301

62 2010 estimated tax payments and amount applied from 2009 return 62

63 Making work pay credit. Attach Schedule M 63 800

64a Earned income credit (EIC) 64a

b Nontaxable combat pay election . . . 64b

65 Additional child tax credit. Attach Form 8812 65

66 American opportunity credit from Form 8863, line 14 66

67 First-time homebuyer credit from Form 5405, line 10 67

68 Amount paid with request for extension to file 68

69 Excess social security and tier 1 RRTA tax withheld 69

70 Credit for federal tax on fuels. Attach Form 4136 70

71 Credits from Form: a 2439 b 8839 c 8801 d 8885 71

72 Add lines 61, 62, 63, 64a, and 65 through 71. These are your total payments 72 19,101

Refund

73 If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid 73

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here . . ▶ 74a

Direct deposit? ▶ b Routing number ▶ c Type: Checking Savings
 See ▶ d Account number

75 Amount of line 73 you want applied to your 2011 estimated tax 75

76 Amount you owe. Subtract line 72 from line 60. For details on how to pay, see instructions ▶ 76 149

Amount You Owe

77 Estimated tax penalty (see instructions) 77

Third Party Designee

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

Designee's name ▶ MANOJ INAMDAR Phone no. ▶ 732-398-3995 Personal identification number (PIN) ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See page 12.

Keep a copy for your records.

Your signature Date 03-02-2011 Your occupation COMPUTER ENGINEER Daytime phone number 848-219-0503

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation ANALYST

Preparer's signature MANOJ INAMDAR Date 03-03-2011 Check if self-employed PTIN

Paid Preparer Use Only

Print/Type preparer's name MANOJ INAMDAR

Firm's name ▶ MANOJ INAMDAR Firm's EIN ▶

Firm's address ▶ 32 PEBBLE CREEK RD Dayton, NJ 08810 Phone no. 732-398-3995

SCHEDULE M
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Making Work Pay Credit

▶ Attach to Form 1040A or 1040.

▶ See separate instructions.

OMB No. 1545-0074

2010

Attachment
Sequence No. **166**

Name(s) shown on return

JAYESH SRIVASTAVA & PAYAL UMBRAKAR

Your social security number

[REDACTED]

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

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

Important: Check the "No" box on line 1a and see the instructions if:

- (a) You have a net loss from a business,
- (b) You received a taxable scholarship or fellowship grant not reported on a Form W-2,
- (c) Your wages include pay for work performed while an inmate in a penal institution,
- (d) You received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, or
- (e) You are filing Form 2555 or 2555-EZ.

1a Do you (& your spouse if filing jointly) have 2010 wages of more than \$6,451 (\$12,903 if married filing jointly)?

Yes. Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.

No. Enter your earned income (see instructions) **1a**

b Nontaxable combat pay included on line 1a

(see instructions) **1b**

2 Multiply line 1a by 6.2% (.062) **2**

3 Enter \$400 (\$800 if married filing jointly) **3**

4 Enter the smaller of line 2 or line 3 (unless you checked "Yes" on line 1a) **4** 800

5 Enter the amount from Form 1040, line 38*, or Form 1040A, line 22 **5** 126,251

6 Enter \$75,000 (\$150,000 if married filing jointly) **6** 150,000

7 Is the amount on line 5 more than the amount on line 6?

No. Skip line 8. Enter the amount from line 4 on line 9 below.

Yes. Subtract line 6 from line 5 **7**

8 Multiply line 7 by 2% (.02) **8**

9 Subtract line 8 from line 4. If zero or less, enter -0- **9** 800

10 Did you (or your spouse, if filing jointly) receive an economic recovery payment in 2010? You may have received this payment in 2010 if you did not receive an economic recovery payment in 2009 but you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits in November 2008, December 2008, or January 2009 (see instructions).

No. Enter -0- on line 10 and go to line 11.

Yes. Enter the total of the payments you (and your spouse, if filing jointly) received in 2010. Do not enter more than \$250 (\$500 if married filing jointly) **10** 0

11 Making work pay credit. Subtract line 10 from line 9. If zero or less, enter -0-. Enter the result here and on Form 1040, line 63; or Form 1040A, line 40 **11** 800

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

For Paperwork Reduction Act Notice, see your tax return instructions.

EEA

Schedule M (Form 1040A or 1040) 2010

Form PMT

ACH Payment

2010

(Keep for your records)

Name(s) shown on return JAYESH SRIVASTAVA & PAYAL UMBRALKAR		Taxpayer's SSN [REDACTED]
Routing Transit Number [REDACTED]		Spouse's SSN [REDACTED]
Bank Account Number [REDACTED]		
Type of Account: 1 Checking		
Amount of Tax Payment 149		
Requested Payment Date 2011-03-23		
Taxpayer's Daytime Phone Number 848-219-0503		
Type of Form being filed 1040E		
Taxpayer's Signature		Date
Spouse's Signature		Date

Form **8879**
 Department of the Treasury
 Internal Revenue Service

IRS e-file Signature Authorization
 ▶ Do not send to the IRS. This is not a tax return.
 ▶ Keep this form for your records. See instructions.

OMB No. 1545-0074

2010

Declaration Control Number (DCN) ▶ [REDACTED]

Taxpayer's name
JAYESH SRIVASTAVA

Spouse's name
PAYAL UMBRALKAR

Social security number
 [REDACTED]

Spouse's social security number
 [REDACTED]

Part I Tax Return Information - Tax Year Ending December 31, 2010 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	126,251
2	Total tax (Form 1040, line 60; Form 1040A, line 37; Form 1040EZ, line 11)	2	19,250
3	Federal income tax withheld (Form 1040, line 61; Form 1040A, line 38; Form 1040EZ, line 7)	3	18,301
4	Refund (Form 1040, line 74a; Form 1040A, line 46a; Form 1040EZ, line 12a; Form 1040-SS, Part I, line 12a)	4	
5	Amount you owe (Form 1040, line 76; Form 1040A, line 48; Form 1040EZ, line 13)	5	149

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2010, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize MANOJ INAMDAR to enter or generate my PIN [REDACTED] as my signature on my tax year 2010 electronically filed income tax return.
ERO firm name Enter five numbers, but do not enter all zeroes
- I will enter my PIN as my signature on my tax year 2010 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize MANOJ INAMDAR to enter or generate my PIN [REDACTED] as my signature on my tax year 2010 electronically filed income tax return.
ERO firm name Enter five numbers, but do not enter all zeroes
- I will enter my PIN as my signature on my tax year 2010 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. [REDACTED]
do not enter all zeroes

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2010 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ MANOJ INAMDAR Date ▶ 03-03-2011

**ERO Must Retain This Form - See Instructions
 Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see your tax return instructions.

EEA

Form 8879 (2010)

Account Transaction Summary		2010
Name(s) as shown on return JAYESH SRIVASTAVA & PAYAL UMBRALKAR		Your Social Security Number [REDACTED]
Account #1		
Financial Institution Name	[REDACTED]	
Routing Transit Number	[REDACTED]	
Account Number	[REDACTED]	
Account Type	Checking	
Federal Debit	(149)	Date of Transaction 2011-03-23
NJ Deposit	481	
Net Deposit	332	
<p>PLEASE VERIFY BANK INFORMATION</p> <ol style="list-style-type: none"> 1. Bank Name 2. Bank Routing Transit Number 3. Bank Account Number 4. Bank Account Type <p>THIS INFORMATION IS USED TO DEPOSIT YOUR REFUND. IF YOU HAVE PROVIDED THE INCORRECT INFORMATION OR YOU HAVE CLOSED THE ACCOUNT, YOU ARE RESPONSIBLE.</p> <p>I have reviewed the above information and certify that this information is correct and authorize MANOJ INAMDAR to use this account to deposit my refund.</p>		
_____	_____	_____
	Date	Date

NJ-1040
2010



PAGE 1

STATE OF NEW JERSEY INCOME TAX - RESIDENT RETURN

For Privacy Act Notification, See Instructions
For Tax Year Jan. - Dec. 2010 or Other Tax Year

Beginning _____ Month Ending _____
On-line Federal Extension Confirmation # _____

201247502540 0901447 049280 22 492157 021510 18:29 021412 Enrollment-669827

SRIVASTAVA JAYESH & UMBRALKAR PAYAL

2124 STRAWBERRY COURT

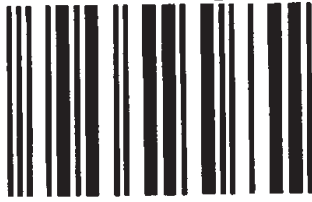
EDISON NJ 08817 1205

2081

[REDACTED]

<p>Under the penalties of perjury, I declare that I have examined this income tax return and rebate application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete and that I occupied the rental property for which I am applying for the tenant rebate as my principal residence on October 1, 2010. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.</p> <p>[REDACTED]</p>		<p>Pay amount on line 54 in full. Write Social Security # on check or money order and make payable to: STATE OF NEW JERSEY - TGI If you have an amount due, enclose your check and NJ-1040-V payment voucher and your return to: NJ Division of Taxation, Revenue Processing Center, PO Box 111, Trenton, NJ 08645-0111 If REFUND: NJ Division of Taxation, Revenue Processing Center, PO Box 555, Trenton, NJ 08647-0555</p>	
<p>Your Signature _____ Date _____</p>		<p>Spouse/CU Partner's Signature (if filing jointly, BOTH must sign) _____</p>	
<p>Paid Preparer's Signature MANOJ INAMDAR</p>		<p>Federal Identification Number [REDACTED]</p>	
<p>Firm's Name MANOJ INAMDAR 32 PEBBLE CREEK RD DAYTON NJ</p>		<p>Federal Employer Identification Number 08810</p>	

NJ-1040
2010



STATE OF NEW JERSEY INCOME TAX - RESIDENT RETURN



PAGE 2

SRIVASTAVA JAYESH & UMBRALKAR PAYAL

001	12	014	125778	040	0	SS#	
EXT	0	15A	0	40A	99	SP#	
FS	2	15B	0	042	0	SS1	0
DP	0	016	0	044	0	BY1	0
006	2	017	0	045	0	SS2	0
007	0	018	0	046	3686	BY2	0
008	0	019	0	047	4167	SS3	0
009	0	020	0	048	0	BY3	0
010	0	021	0	049	0	SS4	0
011	0	022	0	050	0	BY4	0
12A	2	023	0	50B	0	DDI	1
12B	0	024	0	50C	0	AT	C
RSF	000000	025	0	051	0	FOR	0
RST	000000	026	125778	052	0	RN	
GEF	0	27A	0	053	0	PID	
HCA	0	27B	0	054	4167	FID	
HCB	0	27C	0	055	0		
HCC	0	029	2000	056	481		
HCD	0	030	4684	057	0		
22C	0	031	0	058	0		
VC	1024	032	0	059	0		
CTY	1205	033	0	060	0		
PDR	0	36A	2160	061	0		
DNM	1	36B	0	062	0		
PA	1	36C	2160	063	0		
CDV	2352	037	116934	63C	0		
		038	3686	064	0		
				065	481		

PAGE 3 AND PAGE 4 MUST BE ENCLOSED WITH PAGE 1 AND 2 OF YOUR 2010 NJ-1040

PAGE 4

NJ-1040 (2010)

Name SRIVASTAVA JAYESH & UMBRALKAR PAYAL		Social Security Number	[REDACTED]
47	Total New Jersey Income Tax Withheld (Enclose forms W-2 and 1099)	47	4,167
48	Property Tax Credit (See instruction page 30)	48	
49	New Jersey Estimated Tax Payments/Credit from 2009 tax return.	49	
50	New Jersey Earned Income Tax Credit (See instruction page 37) (Fill in only one)	50	
Fill in the box if you had the IRS figure your Federal Earned Income Credit. <input type="checkbox"/>			
Fill in box if you are a CU couple claiming the NJ Earned Income Tax Credit <input type="checkbox"/>			
51	EXCESS New Jersey UI/SF/SWF Withheld (See instr. page 38) (Enclose Form NJ-2450)	51	
52	EXCESS New Jersey Disability Insurance Withheld (See instr. page 36) (Enclose Form NJ-2450)	52	
53	EXCESS New Jersey Family Leave Withheld (See instr. Page XX) (Enclose Form NJ-2450)	53	
54	Total Payments/Credits (Add Lines 47 through 53)	54	4,167
55	If Line 54 is LESS THAN Line 48, enter AMOUNT YOU OWE.	55	
If you owe tax, you may make a donation by entering an amount on Lines 58, 59, 60, 61, 62 and/or 63 and adding this to your payment amount.			
56	If Line 54 is MORE THAN Line 46, enter OVERPAYMENT	56	481
Deductions from Overpayment on Line 56 which you elect to credit to:			
57	Your 2011 tax	57	
58	N.J. Endangered Wildlife Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	58	
59	N.J. Children's Trust Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	59	
60	N.J. Vietnam Veterans' Memorial Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	60	
61	N.J. Breast Cancer Research Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	61	
62	U.S.S. New Jersey Educational Museum Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	62	
63	Other Designated Contribution (See instruction page 39) <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	63	
64	Total Deductions from Overpayment (Add Lines 57 through 63)	64	
65	REFUND (Amount to be sent to you. Subtract Line 64 from Line 56)	65	481

DIRECT DEPOSIT INFORMATION

'1' for Refund and '4' for no.

Check Routing Number [REDACTED]

Account Number [REDACTED]

Type of account ('C' for Checking, 'S' for Savings)

Fill in check box if refund is going to an account outside the United States

I authorize the Division of Taxation to discuss my return and enclosures with my preparer

NJ-8879

NJ e-file Signature Authorization

Department of the Treasury
Division of Revenue

▶ Do not send to New Jersey. Keep for your records.
▶ See Instructions.

2010

Taxpayer's name JAYESH SRIVASTAVA		Social security number [REDACTED]
Spouse's name or Civil Union Partner's PAYAL UMBRALKAR		Spouse's social security number or Civil Union Partner's [REDACTED]

Part I Tax Return Information - Tax Year Ending December 31, 2010 (Whole Dollars Only)		
1	New Jersey Taxable income	116,934
2	Total tax	3,686
3	New Jersey income tax withheld	4,167
4	Refund	481
5	Amount you owe	

Part II Declaration and Signature Authorization of Taxpayer

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2010, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I acknowledge that I have read the Consent to Disclosure and, if applicable, Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return and I agree to the provisions contained therein. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

RTN
DAN
DUE DATE

Taxpayer's PIN: check one box only

I authorize MANOJ INAMDAR to enter my PIN [REDACTED] as my signature
ERO firm name do not enter all zeros
on my tax year 2010 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2010 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only
(or Civil Union Partner's PIN)

I authorize MANOJ INAMDAR to enter my PIN [REDACTED] as my signature
ERO firm name do not enter all zeros
on my tax year 2010 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2010 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____
or Civil Union Partner's

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. [REDACTED]
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the tax year 2010 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to New Jersey Unless Requested To Do So

2012473523310 2901447 049280 03 - 493157 031512 18:39 031412 Employment-492867



Bank of America
Customer Service & Support
P.O. Box 25116
Tampa, FL 33622

2012022310 2901447 049280 23 493157 031512 18:29 021412 Emp1 ment-68M67

February 23, 2012

JAYESH SRIVASTAVA
2124 STRAWBERRY CT
EDISON NJ 08817-2754

To JAYESH SRIVASTAVA

Thank you for your recent request for information regarding the status of your deposit accounts at Bank of America, N.A. Our records indicate the following status on your account(s):

<u>TYPE OF ACCOUNT</u>	<u>ACCOUNT NUMBER</u>	<u>CURRENT BALANCE</u>	<u>AVERAGE BALANCE</u>	<u>DATE OPENED</u>
CHECKING				
CHECKING				
SAVINGS				
SAVINGS				

Average balance information for accounts, if reported, is based on the previous six months. Average balance information is not available for time deposit accounts.

We trust that this confidential information will be of assistance to you.

Sincerely,

Bank of America
Customer Service & Support
1.800.862.1111 - Model Ref:

Our response is commensurate with the purpose and amount of your inquiry. The information provided is strictly confidential and intended for use solely by the requesting party and in reliance on your statement of intended purpose or use. The information is furnished as a matter of courtesy without a duty to do so and without responsibility, liability or warranty, express or implied, on the part of Bank of America to you or any third party. Information is obtained from electronic data sources, which may not contain all information in Bank of America's possession. Information is not guaranteed to be accurate and may be a matter of opinion. We do not accept any responsibility for errors, omissions or alterations after delivery. The information is constantly changing and therefore subject to change without notice. Bank of America will not update this response unless another written inquiry is received. This information applies to the name of the subject of the inquiry as styled in your request and does not include any indirect or related accounts or obligations, unless expressly specified in our response. Bank of America encourages you to contact more than one credit reference prior to making any credit decision. If you received this response by FAX, and you are not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error, and that any review, dissemination, distribution or copying of the information contained in this message is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the message to us by mail.

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

I-797A, Notice of Action

UNITED STATES OF AMERICA

RECEIPT NUMBER EAC-09-244-51077		CASE TYPE 1129
RECEIPT DATE September 14, 2009	PRIORITY DATE	PETITION FOR A NONIMMIGRANT WORKER
NOTICE DATE October 5, 2009	PAGE 1 of 1	PETITIONER FIRST TEK TECHNOLOGIES INC
		BENEFICIARY SRIVASTAVA, JAYESH

FIRST TEK TECHNOLOGIES INC
C/O RASIKA KAPSHIKAR MANAGER-HR AND
622 GEORGES ROAD 102
NORTH BRUNSWICK NJ 08902

Notice Type: Approval Notice
Class: H1B
Valid from 10/05/2009 to 08/30/2012

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. Any change in employment requires a new petition. Since this employment authorization stems from the filing of this petition, separate employment authorization documentation is not required. Please contact the IRS with any questions about tax withholding.

The petitioner should keep the upper portion of this receipt. 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*. This should be turned in with the I-94 when departing the U.S. The left part is for his or her records. A person granted a change of status who leaves the U.S. must normally obtain a visa in the new classification 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 a Pending Application or Petition*, with this office 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 immigration status and does not guarantee that the alien beneficiary will subsequently be found to be eligible for admission to the United States, or for an extension, change, or adjustment of status.

THIS FORM IS NOT A VISA NOR MAY IT 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.

IMMIGRATION & NATURALIZATION SERVICE
VERMONT SERVICE CENTER
75 LOWER WELDEN STREET
SAINT ALBANS VT 05479-0001
Customer Service Telephone: (800) 375-5283



Form I797A (Rev. 09/07/95)N

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

Detach This Half for Personal Records

Receipt # EAC-09-244-51077
I-94# 042003455 12

NAME SRIVASTAVA, JAYESH
CLASS H1B

VALID FROM 10/05/2009 UNTIL 08/30/2012

PETITIONER: FIRST TEK TECHNOLOGIES IN
622 GEORGES ROAD 102
NORTH BRUNSWICK NJ 08902

042003455 12

Receipt Number EAC-09-244-51077
Immigration and
Naturalization Service

I-94

Departure Record

Petitioner: FIRST TEK TEC

14. Family Name SRIVASTAVA	
15. First (Given) Name JAYESH	16. Date of Birth [REDACTED] 1979
17. Country of Citizenship INDIA	

U.S. Department of Justice
Immigration and Naturalization Service


Notice of Action

UNITED STATES OF AMERICA

RECEIPT NUMBER EAC-05-134-51275		CASE TYPE 1129													
RECEIPT DATE April 12, 2005		PETITION FOR A NONIMMIGRANT WORKER													
PRIORITY DATE		PETITIONER SOFTWARE RESEARCH GROUP INC													
NOTICE DATE April 28, 2005		PAGE 1 of 1													
SOFTWARE RESEARCH GROUP INC C/O NARAYAN RAVISETTI CEO 485E ROUTE 1 SOUTH 240 ISELIN NJ 08830		Notice Type: Approval Notice Class: H1B Valid from 10/01/2005 to 10/01/2008													
<p>The above petition has been approved, and notification has been sent to the listed consulate. You may also send the tear-off bottom part of this notice to the worker(s) to inform them of their approval. Please contact the consulate with any questions about visa issuance. THIS FORM IS NOT A VISA AND SHOULD BE USED IN PLACE OF A VISA.</p> <p>Petition approval does not authorize employment. When the worker(s) are granted status based on this petition they can then work for the petitioner, but only as detailed in the petition for the period authorized. Please contact the IRS with any questions about tax withholding.</p> <p>If circumstances change, the petitioner can file Form I-129 to advise us notify another consulate of this approval. If any of the workers are already in the U.S. the petitioner can file a new Form I-129 to seek to change or extend their status based on this petition. Changes in employment information require a new petition. Include a copy of this notice with any other required documentation.</p> <p>If any of the worker(s) included in this petition do not enter the United States, substitutions of different workers are not made, the petitioner must notify this office. The allocated nonimmigrant visa numbers can be re-used.</p>															
<p>Number of workers: 1</p> <table border="0"> <tr> <td>Name</td> <td>DOB</td> <td>COB</td> <td>Class</td> <td>Consulate or POB</td> <td>OCC Code</td> </tr> <tr> <td>SRIVASTAVA, JAYESH</td> <td>██████████</td> <td>1979 INDIA</td> <td>H1B</td> <td>LONDON</td> <td>030</td> </tr> </table>				Name	DOB	COB	Class	Consulate or POB	OCC Code	SRIVASTAVA, JAYESH	██████████	1979 INDIA	H1B	LONDON	030
Name	DOB	COB	Class	Consulate or POB	OCC Code										
SRIVASTAVA, JAYESH	██████████	1979 INDIA	H1B	LONDON	030										

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

IMMIGRATION & NATURALIZATION SERVICE
VERMONT SERVICE CENTER
75 LOWER WELDEN STREET
SAINT ALBANS VT 05479-0001
Customer Service Telephone: (800) 375-5262
Form I797B (Rev. 09/07/93)N



Please tear off portion below and forward it to the alien worker.

The alien may use this portion when applying for a visa at an American consulate abroad, or if no visa is required, when applying for admission to the U.S.

Receipt#: EAC-05-134-51275	Case Type: 1129
Notice Date: April 28, 2005	Petitioner: SOFTWARE RESEARCH GROUP INC
Petition Validity Dates: 10/01/2005 through 10/01/2008	Number of Workers: 1
Name: SRIVASTAVA, JAYESH ██████████/1979 INDIA	Class: H1B
	Consulate or POB: LONDON
	OCC Code: 030

201207250310 2011110409280 03 481157 00310 18:04 031412 Enforcement 002057

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

I-797A, Notice of Action

UNITED STATES OF AMERICA

RECEIPT NUMBER EAC-08-236-50753		CASE TYPE I129
RECEIPT DATE September 3, 2008		PETITION FOR A NONIMMIGRANT WORKER
PRIORITY DATE	PAGE 1 of 1	PETITIONER INFOKALL INC
NOTICE DATE September 10, 2008		BENEFICIARY SRIVASTAVA, JAYESH
INFOKALL INC C/O B R VENKATESH 2850 RED HILL AVENUE 140 SANTA ANA CA 92705		Notice Type: Amended Approval Notice Class: H1B Valid from 10/02/2008 to 10/01/2011
<p>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. Any change in employment requires a new petition. Since this employment authorization stems from the filing of this petition, separate employment authorization documentation is not required. Please contact the IRS with any questions about tax obligations.</p> <p>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, <i>Arrival/Departure Record</i>. This should be turned in with the I-94 when departing the U.S. 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, <i>Application for Action on an Approved Application or Extension of Stay</i>, with this office to request that we notify a consulate, port of entry, or pre-flight inspection office of the approval.</p> <p>The approval of this visa petition does not in itself grant immigration status and does not guarantee that the alien beneficiary will subsequently be found to be eligible for admission to the United States, or for an extension, change, or adjustment of status.</p> <p>THIS FORM IS NOT A VISA NOR MAY IT BE USED IN PLACE OF A VISA.</p>		

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

IMMIGRATION & NATURALIZATION SERVICE
VERMONT SERVICE CENTER
75 LOWER WILDEN STREET
SAINT ALBANS VT 05479-0001
Customer Service Telephone: (800) 375-5283
Form I-797A (Rev. 09/07/03)N



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

Detach This Half for Personal Records

Receipt # EAC-08-236-50753
I-94# 042003455 12

NAME SRIVASTAVA, JAYESH
CLASS H1B

VALID FROM 10/02/2008 UNTIL 10/01/2011

PETITIONER: INFOKALL INC
2850 RED HILL AVENUE 140
SANTA ANA CA 92705

042003455 12

Receipt Number EAC-08-236-50753
Immigration and Naturalization Service
I-94
Departure Record Petitioner: INFOKALL INC

14. Family Name SRIVASTAVA	
15. First (Given) Name JAYESH	16. Date of Birth 1979
17. Country of Citizenship INDIA	

00147523310 301144E 049220 23 1 45187 01512 18:28 021412 Exp/Amend: 09081

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

I-797A, Notice of Action

THE UNITED STATES OF AMERICA

RECEIPT NUMBER EAC-09-139-54102		CASE TYPE I539
RECEIPT DATE April 15, 2009	PRIORITY DATE	APPLICATION TO EXTEND/CHANGE NONIMMIGRANT STATUS
NOTICE DATE May 29, 2009	PAGE 1 of 1	APPLICANT SRIVASTAV, JAYESH B.
JAYESH B. SRIVASTAV C/O VCC EDUCATION 66 MIDDLESEX AVENUE 104 ISELIN NJ 08830		BENEFICIARY SRIVASTAV, JAYESH B.
		Notice type: Approval Notice Class: F1 Valid from 05/26/2009 Valid for Duration of Status
<p>The above application for change of nonimmigrant status is approved. The new status is listed above. The length of authorized temporary stay in this status, for the applicant(s) named, is also listed above.</p> <p>Form I-20 ID (student copy) has also been endorsed to show the student's new classification. This is an important document that he or she must submit with any future applications for this service as long as he or she remains in student status.</p> <p>An updated I-94 is included in the lower portion of this notice. Each applicant must surrender his or her Form I-94 when leaving the U.S.</p> <p>If any person included in this application must depart the U.S., he or she may wish to take this notice with them to facilitate their return to this status. He or she must obtain a new visa in the new classification before returning to the U.S.</p> <p>THIS FORM IS NOT A VISA NOR MAY IT BE USED IN PLACE OF A VISA.</p>		

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

IMMIGRATION & NATURALIZATION SERVICE
VERMONT SERVICE CENTER
75 LOWER WELDEN STREET
SAINT ALBANS VT 05479-0001
Customer Service Telephone: (800) 375-5283
Form I797A (Rev. 09/07/93)N



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

Detach This Half for Personal Records

Receipt # EAC-09-139-54102
I-94# 042003455 12

NAME SRIVASTAV, JAYESH B.
CLASS F1

VALID FROM 05/26/2009
Valid for Duration of Status

PETITIONER: SRIVASTAV, JAYESH B.
66 MIDDLESEX AVENUE 104
ISELIN NJ 08830

042003455 12

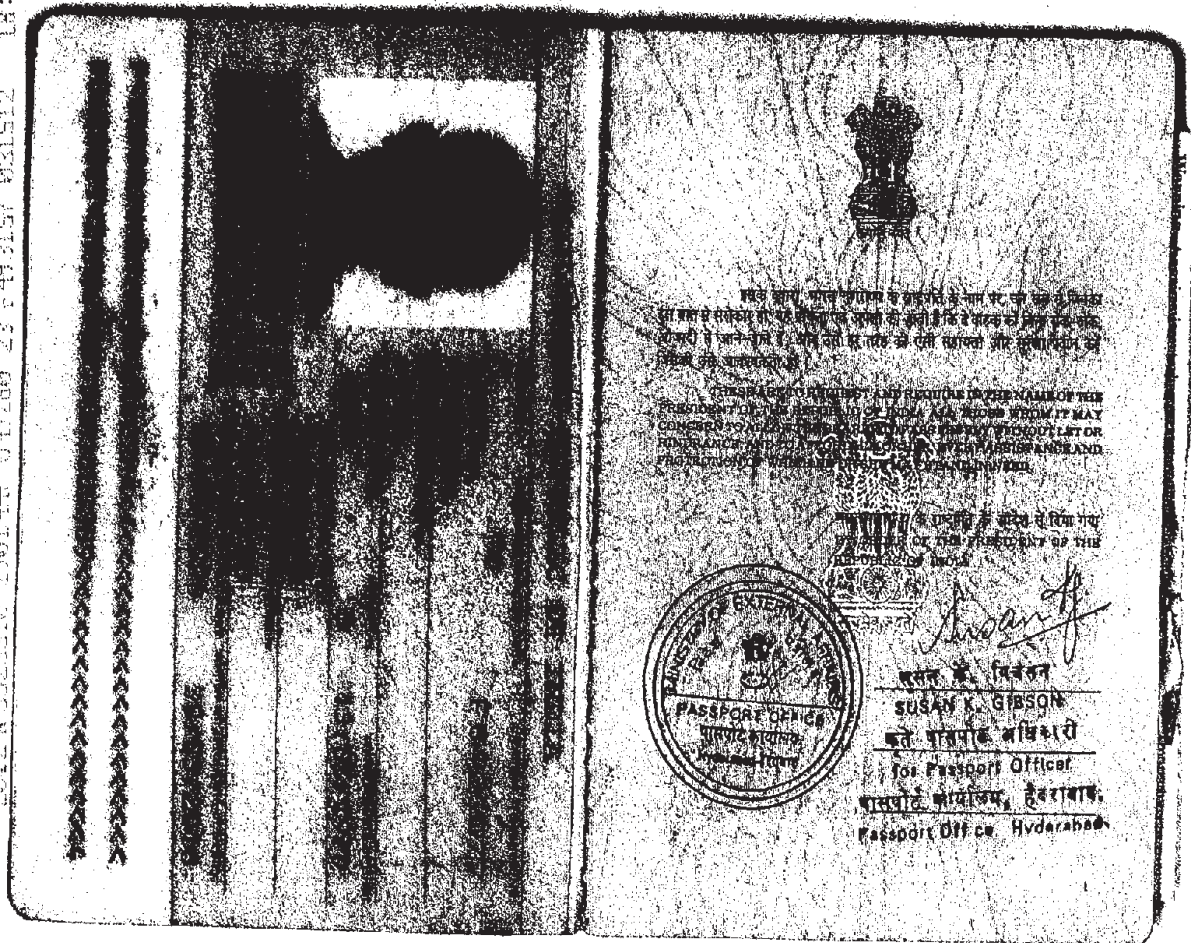
Receipt Number EAC-09-139-54102
Immigration and
Naturalization Service

I-94
Departure Record Petitioner:


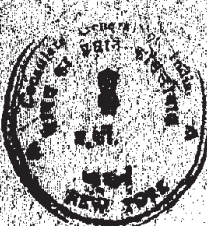
14. Family Name SRIVASTAV	
15. First (Given) Name JAYESH	16. Date of Birth [REDACTED] 1979
17. Country of Citizenship INDIA	

20147332309-201411090903-4315701512 13:33 041412 Expirement-680567

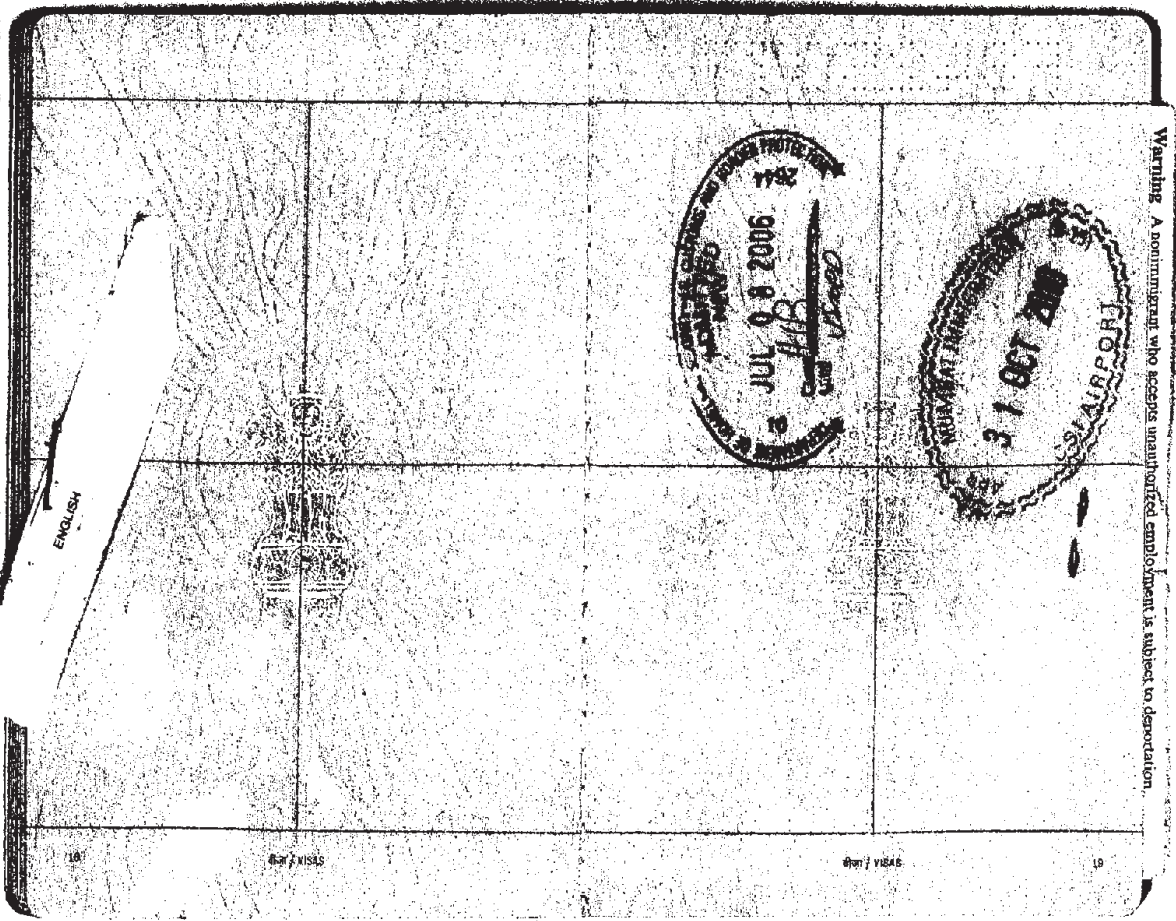
20120920120 2001457 049260 23 493157 021512 18:39 02142 Employment-660897

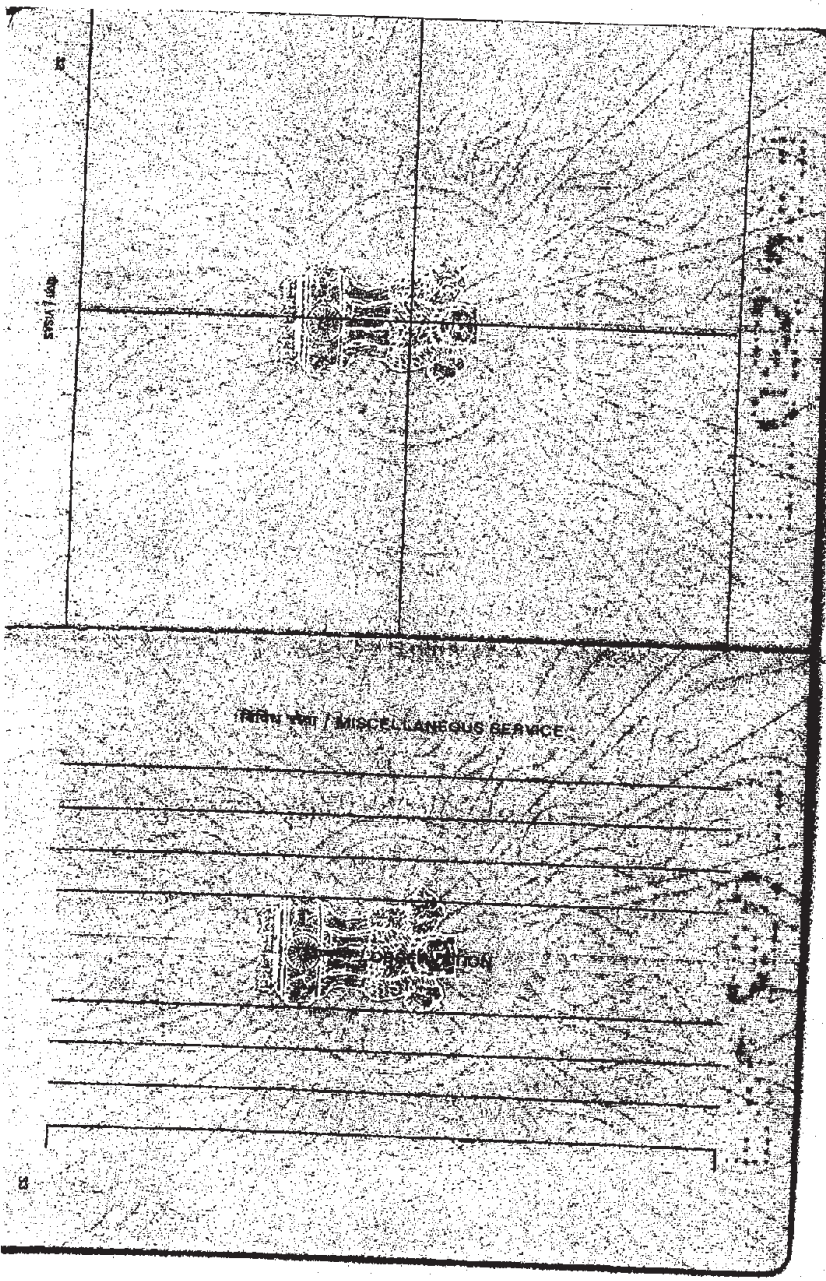


2012472522210 2961447 049260 22 5492157 021512 18:23 031412 Employment-662867

	<p>PCC issued for <u>NEW ZEALAND</u></p> <p>REF-<u>USANC 0314009</u></p> <p>DATE <u>JUN 11 2009</u></p>
	<p><i>N.S.</i></p> <p>NARAYAN SINGH ASSISTANT CONSULAR OFFICER CONSULATE GENERAL OF INDIA NEW YORK</p> 

201247 882116 40146 4 289 23 492157 021512 18:29 021412 Employment-669867



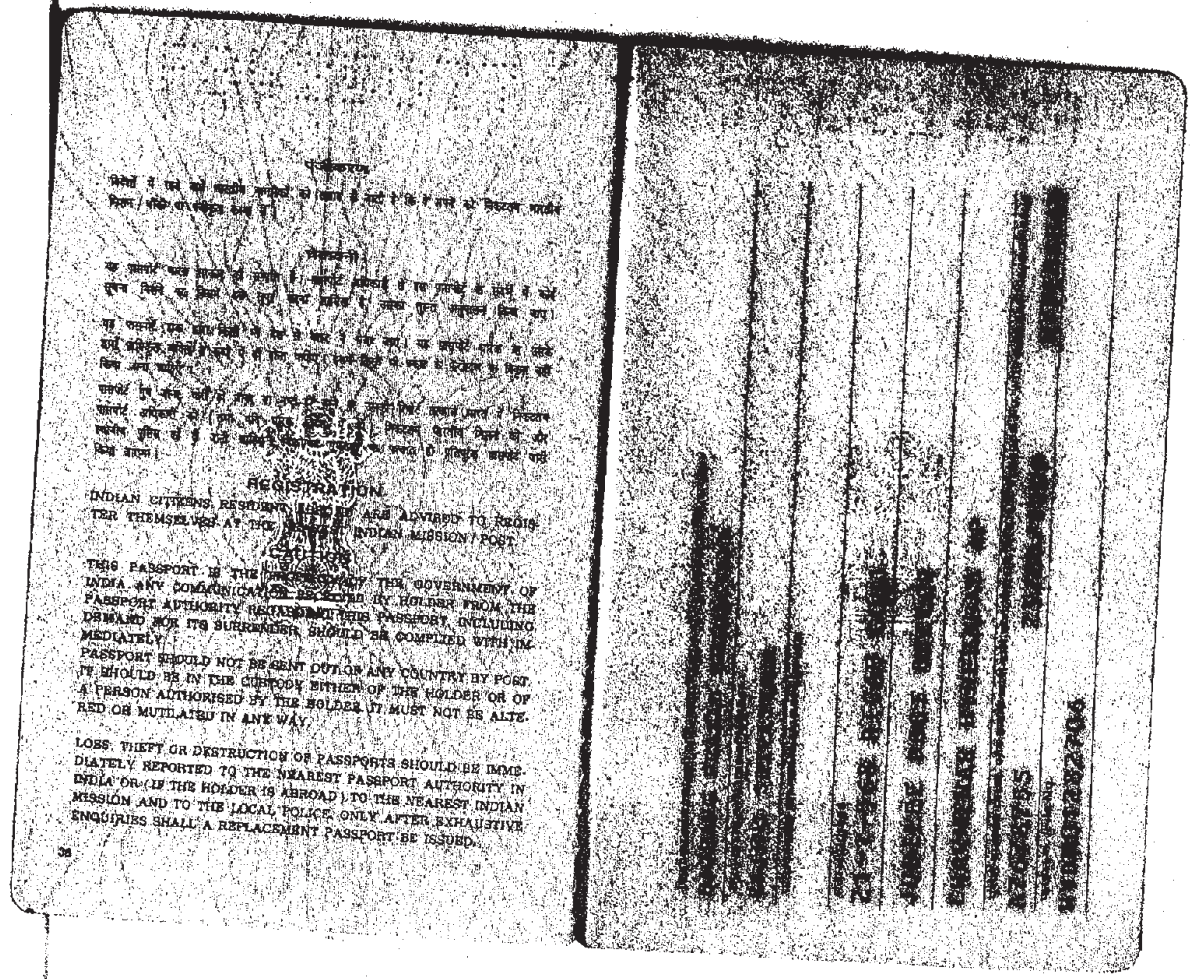


1012173523310 2501447 440280 23 493157 031512 18:39 031412 Equipment - 628867

18:39 03142 Employment-660867

22 493157 031512

2961447 049260



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

REGISTRATION

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

THIS PASSPORT IS THE PROPERTY OF THE GOVERNMENT OF INDIA. ANY COMMUNICATION RECEIVED BY HOLDER FROM THE PASSPORT AUTHORITY RELATIVE TO THIS PASSPORT INCLUDING DEMAND FOR ITS SURRENDER SHOULD BE COMPLIED WITH IMMEDIATELY. PASSPORT SHOULD NOT BE SENT OUT OF ANY COUNTRY BY POST. IT SHOULD BE IN THE CUSTODY EITHER OF THE HOLDER OR OF A PERSON AUTHORIZED BY THE HOLDER. IT MUST NOT BE ALTERED OR MUTILATED IN ANY WAY.

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

2012035022187 271147 N-5289 22 493157 201512 18:39 0:2142 Employment-650867

HEADLINE U.S. & MEXICAN BORDER INSPECTION
BY USE OF AIR TO THE INSPECTION 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

CA0924451071

Port: _____ Departure Record
Date: _____
Carrier: _____
Flight No./ Ship Name: _____

Book No. 5276

Sl. No. 527553



GREATER HYDERABAD MUNICIPAL CORPORATION

Form No. 5
(See Rule 8)

Government of Andhra Pradesh
Department of Medical & Health

BIRTH CERTIFICATE

(Issued Under Section 12/17)

This is to certify that the following information has been taken from the original record of birth which is the register for ward 5A, circle 8 of Greater Hyderabad Municipal Corporation, Andhra Pradesh State, India.

Name JAYESH SRIVASTAVA

Date Of Birth [REDACTED] 1979 Sex MALE

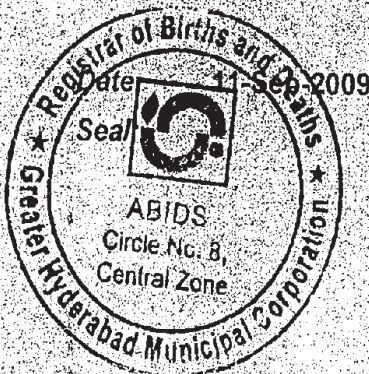
Place of Birth DR. SATWALKER GENERAL HOSPITAL,

Name of Father DR. BAJRANG PRASAD

Name of Mother RAJINI

Registration Number 299 Date Of Registration [REDACTED]

Address at the time of Birth HYDERABAD, CMOH PROC NO: 3173/2009, DT: 05-09-2009



[Signature]
REGISTRAR
BIRTH & DEATHS
ABIDS
Circle No. 8, Central Zone
Greater Hyderabad Municipal Corporation

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

I-797, Notice of Action


THE UNITED STATES OF AMERICA

RECEIPT NUMBER SRC-10-901-63697		CASE TYPE I140
RECEIPT DATE August 12, 2010		IMMIGRANT PETITION FOR ALIEN WORKER
PRIORITY DATE February 9, 2010	PETITIONER FIRST TEK TECHNOLOGIES INC	
NOTICE DATE March 16, 2011	PAGE 1 of 1	BENEFICIARY A200 856 760 SRIVASTAVA, JAYESH
FIRST TEK TECHNOLOGIES INC C/O DOREEN VILLAVARDE HR MANAGER 1551 S WASHINGTON AVE 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)
<p>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. The information submitted with the petition shows that the person for whom you are petitioning is not eligible to file an adjustment of status application at this time.</p> <p>Additional information about eligibility for adjustment of status may be obtained from the local USCIS office serving the area where the person for whom you are petitioning.</p> <p>Until the person for whom you are petitioning files an adjustment application, or application for an immigrant visa, this approved petition will be stored in this office. If the person for whom you are petitioning decides to apply for an immigrant 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, with this office to request that we send the petition to the Department of State National Visa Center (NVC).</p> <p>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.</p> <p>The approval of this visa petition does not in itself grant 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.</p> <p>THIS FORM IS NOT A VISA NOR MAY IT BE USED IN PLACE OF A VISA.</p>		

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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 & IMMIG SERVICE
P.O. BOX 82521
LINCOLN NE 68501-2521
Customer Service Telephone: 800-375-5283



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

I-797A, Notice of Action



RECEIPT NUMBER EAC-09-244-51077		CASE TYPE I129	
RECEIPT DATE September 14, 2009		PETITION FOR A NONIMMIGRANT WORKER	
PRIORITY DATE		PETITIONER FIRST TEK TECHNOLOGIES INC	
NOTICE DATE October 5, 2009		BENEFICIARY SRIVASTAVA, JAYESH	
PAGE 1 of 1		Notice Type: Approval Notice Class: H1B Valid from 10/05/2009 to 08/30/2012	
FIRST TEK TECHNOLOGIES INC C/O RASIKA KAPSHIKAR MANAGER-HR AND 622 GEORGES ROAD 102 NORTH BRUNSWICK NJ 08902			
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. Any change in employment requires a new petition. Since this employment authorization stems from the filing of this petition, separate employment 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, <i>Arrival/Departure Record</i> . This should be turned in with the I-94 when departing the U.S. The left part is for his or her records. A person granted a change of status who leaves the U.S. must normally obtain a visa in the new classification 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, <i>Application for Action on an Approved Application or Petition</i> , with this office 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 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 NOR MAY IT 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.

IMMIGRATION & NATURALIZATION SERVICE
VERMONT SERVICE CENTER
75 LOWER WELDEN STREET
SAINT ALBANS VT 05479-0001
Customer Service Telephone: (800) 375-5283

Form I797A (Rev. 09/07/93)N



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

Detach This Half for Personal Records

Receipt # EAC-09-244-51077
I-94# 042003455 12
NAME SRIVASTAVA, JAYESH
CLASS H1B
VALID FROM 10/05/2009 UNTIL 08/30/2012

PETITIONER: FIRST TEK TECHNOLOGIES IN
622 GEORGES ROAD 102
NORTH BRUNSWICK NJ 08902

042003455 12

Receipt Number EAC-09-244-51077
Immigration and
Naturalization Service
I-94
Departure Record Petitioner: FIRST TEK TEC

14. Family Name SRIVASTAVA	
15. First (Given) Name JAYESH	16. Date of Birth [REDACTED] 1979
17. Country of Citizenship INDIA	

00124755232310 2901447 049280 23 443157 031512 18:39 031412 Employment-090867

U.S. Department of Justice
Immigration and Naturalization Service


Notice of Action



RECEIPT NUMBER EAC-05-134-51275		CASE TYPE 1129 PETITION FOR A NONIMMIGRANT WORKER													
RECEIPT DATE April 12, 2005	PRIORITY DATE	PETITIONER SOFTWARE RESEARCH GROUP INC													
NOTICE DATE April 28, 2005	PAGE 1 of 1														
SOFTWARE RESEARCH GROUP INC C/O NARAYAN RAVISETTI CEO 485E ROUTE 1 SOUTH 240 ISELIN NJ 08830		Notice Type: Approval Notice Class: H1B Valid from 10/01/2005 to 10/01/2008													
<p>The above petition has been approved, and notification has been sent to the listed consulate. You may also send the tear-off bottom part of this notice to the worker(s) to inform them of the approval. Please contact the consulate with any questions about visa issuance. THIS FORM IS NOT A VISA AND SHOULD NOT BE USED IN PLACE OF A VISA.</p> <p>Petition approval does not authorize employment. When workers are granted status based on this petition they can then work for the petitioner, but only as detailed in the petition and for the period authorized. Please contact the IRS with any questions about tax withholding.</p> <p>If circumstances change, the petitioner can file Form I-129 to have us notify another consulate of this approval. If any of the workers are already in the U.S. the petitioner can file a new Form I-129 to seek to change or extend their status based on this petition. Changes in employment status require a new petition. Include a copy of this notice with any other required documentation.</p> <p>If any of the worker(s) included in this petition do not legally enter the United States, substitutions of different workers are not made, the petitioner must notify this office so the allocated nonimmigrant visa numbers can be re-used.</p>															
<p>Number of workers: 1</p> <table border="0"> <tr> <td>Name</td> <td>DOB</td> <td>COB</td> <td>Class</td> <td>Consulate or POB</td> <td>OCC Code</td> </tr> <tr> <td>SRIVASTAVA, JAYESH</td> <td>[REDACTED]</td> <td>1979</td> <td>INDIA</td> <td>H1B LONDON</td> <td>030</td> </tr> </table>				Name	DOB	COB	Class	Consulate or POB	OCC Code	SRIVASTAVA, JAYESH	[REDACTED]	1979	INDIA	H1B LONDON	030
Name	DOB	COB	Class	Consulate or POB	OCC Code										
SRIVASTAVA, JAYESH	[REDACTED]	1979	INDIA	H1B LONDON	030										

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

IMMIGRATION & NATURALIZATION SERVICE
VERMONT SERVICE CENTER
75 LOWER WELDEN STREET
SAINT ALBANS VT 05479-0001
Customer Service Telephone: (800) 375-5283



Form I797B (Rev. 09/07/93)N

Please tear off portion below and forward it to the alien worker.

The alien may use this portion when applying for a visa at an American consulate abroad, or if no visa is required, when applying for admission to the U.S.

Receipt#: EAC-05-134-51275	Case Type: 1129
Notice Date: April 28, 2005	Petitioner: SOFTWARE RESEARCH GROUP INC
Petition Validity Dates: 10/01/2005 through 10/01/2008	Number of Workers: 1
Name: SRIVASTAVA, JAYESH	DOB: [REDACTED]
COB: 1979	INDIA
Class: H1B	Consulate or POB: LONDON
OCC Code: 030	

2013052810 090148 040309 23 443157 02512 18:39 W2142 Emp/Imm/ent+660887

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

I-797A, Notice of Action



RECEIPT NUMBER EAC-08-236-50753		CASE TYPE I129
RECEIPT DATE September 3, 2008		PRIORITY DATE
NOTICE DATE September 10, 2008		PAGE 1 of 1
INFOKALL INC C/O B R VENKATESH 2850 RED HILL AVENUE 140 SANTA ANA CA 92705		PETITIONER INFOKALL INC BENEFICIARY SRIVASTAVA, JAYESH
		Notice Type: Amended Approval Notice Class: H1B Valid from 10/02/2008 to 10/01/2011

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. Any change in employment requires a new petition. Since this employment authorization stems from the filing of this petition, separate employment 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*. This should be turned in with the I-94 when departing the U.S. 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*, with this office 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 NOR MAY IT 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.

IMMIGRATION & NATURALIZATION SERVICE
VERMONT SERVICE CENTER
75 LOWER WELDEN STREET
SAINT ALBANS VT 05479-0001
Customer Service Telephone: (800) 375-5283



Form I-797A (Rev. 09/07/02)N

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

Detach This Half for Personal Records

Receipt # EAC-08-236-50753

I-94# 042003455 12

NAME SRIVASTAVA, JAYESH

CLASS H1B

VALID FROM 10/02/2008 UNTIL 10/01/2011

PETITIONER: INFOKALL INC
2850 RED HILL AVENUE 140
SANTA ANA CA 92705

042003455 12

Receipt Number EAC-08-236-50753

Immigration and
Naturalization Service

I-94

Departure Record

Petitioner: INFOKALL INC

14. Family Name SRIVASTAVA		16. Date of Birth 1979
15. First (Given) Name JAYESH		
17. Country of Citizenship INDIA		

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

I-797A, Notice of Action

THE UNITED STATES OF AMERICA

RECEIPT NUMBER EAC-09-139-54102		CASE TYPE I539
RECEIPT DATE April 15, 2009		APPLICATION TO EXTEND/CHANGE NONIMMIGRANT STATUS
PRIORITY DATE		APPLICANT SRIVASTAV, JAYESH B.
NOTICE DATE May 29, 2009	PAGE 1 of 1	BENEFICIARY SRIVASTAV, JAYESH B.
JAYESH B. SRIVASTAV C/O VCC EDUCATION 66 MIDDLESEX AVENUE 104 ISELIN NJ 08830		Notice Type: Approval Notice Class: F1 Valid from 05/26/2009 Valid for Duration of Status

The above application for change of nonimmigrant status is approved. The new status is listed above. The length of authorized temporary stay in this status, for the applicant(s) named, is also listed above.

Form I-20 is (student copy) has also been endorsed to show the student's new classification. This is an important document that he or she must submit with any future applications to this service as long as he or she remains in student status.

An updated I-94 is included in the lower portion of this notice. Each applicant must surrender his or her Form I-94 when leaving the U.S.

If any person included in this application must depart the U.S., he or she may wish to take this notice with them to facilitate their return to this status. He or she must obtain a new visa in the new classification before returning to the U.S.

THIS FORM IS NOT A VISA NOR MAY IT 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.

IMMIGRATION & NATURALIZATION SERVICE
VERMONT SERVICE CENTER
75 LOWER WELDEN STREET
SAINT ALBANS VT 05479-0001
Customer Service Telephone: (800) 375-5283



Form I797A (Rev. 09/07/93)N

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

Detach This Half for Personal Records

Receipt # EAC-09-139-54102

I-94# 042003455 12

NAME SRIVASTAV, JAYESH B.

CLASS F1

VALID FROM 05/26/2009

Valid for Duration of Status

PETITIONER: SRIVASTAV, JAYESH B.

66 MIDDLESEX AVENUE 104

ISELIN NJ 08830

042003455 12

Receipt Number EAC-09-139-54102

Immigration and
Naturalization Service

I-94

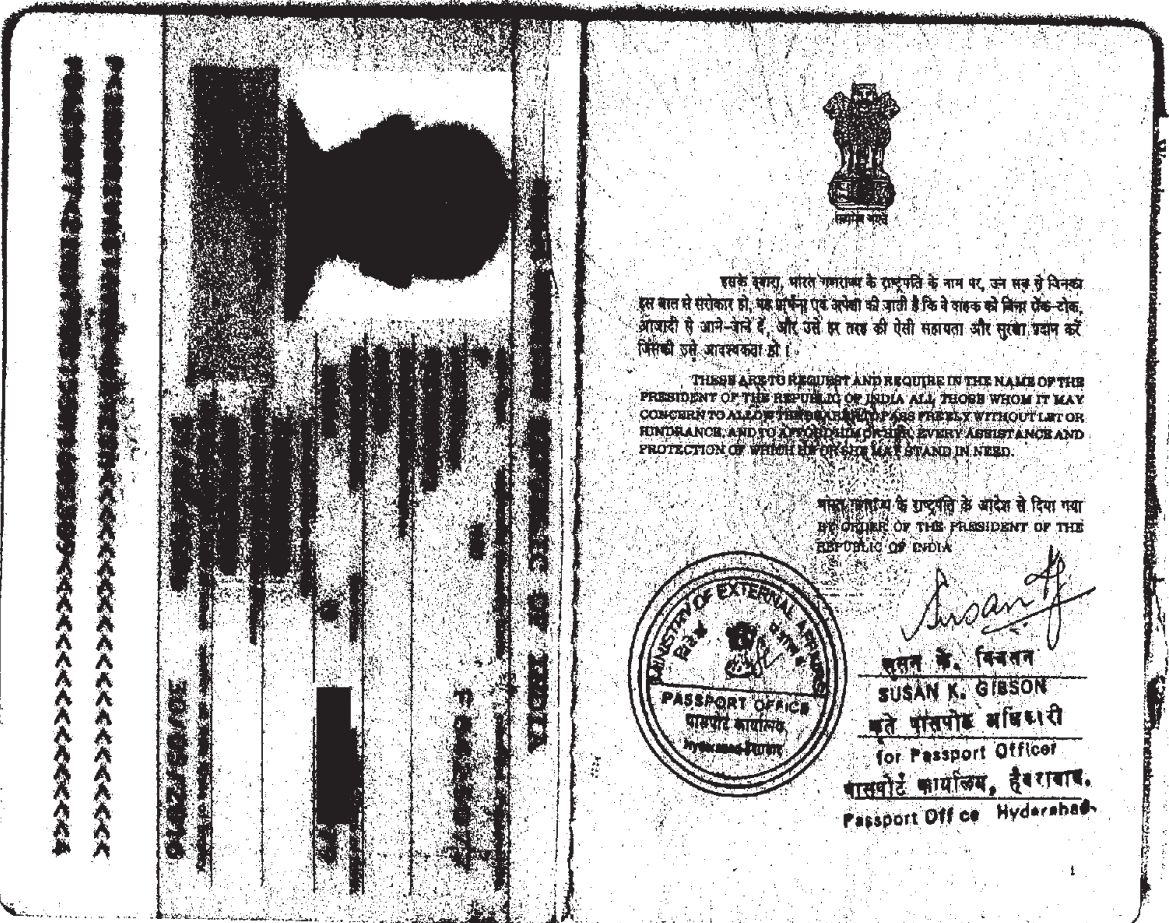
Departure Record

Petitioner:

14. Family Name SRIVASTAV	
15. First (Given) Name JAYESH	16. Date of Birth 1979
17. Country of Citizenship INDIA	

2012452523310 2901447 042200 23 493157 021512 18:39 021412 Department 420857

0812472522210 2401447 049280 23 49 2157 031512 18:39 021412 Enflament-990867



इसके द्वारा, भारत गणराज्य के राष्ट्रपति के नाम पर, उन सब से विनम्र
 इस बात से सरोकार हो, यह प्रार्थना एवं अनुरोध की जाती है कि वे याहक को निम्न एक-दोब,
 आवादी से जाने-बैठे दें, और उसे हर तरह की ऐसी सहायता और सुखा प्रदान करें
 जिसकी उसे आवश्यकता हो।

THESE ARE TO REQUEST AND REQUIRE IN THE NAME OF THE
 PRESIDENT OF THE REPUBLIC OF INDIA ALL THOSE WHOM IT MAY
 CONCERN TO ALLOW THEM TO PASS FREELY WITHOUT LET OR
 HINDERANCE, AND TO AFFORD THEM EVERY ASSISTANCE AND
 PROTECTION OF WHICH THEY MAY STAND IN NEED.

भारत गणराज्य के राष्ट्रपति के आदेश से दिया गया
 BY ORDER OF THE PRESIDENT OF THE
 REPUBLIC OF INDIA



Susan K. Gibson
 सुसान के. गिबसन
 SUSAN K. GIBSON
 for Passport Officer
 पासपोर्ट कार्यालय, हैदराबाद.
 Passport Office Hyderabad

2012422523347 290147 049280 22 F 493157 032512 16:39 021412 Emigration-990847

दक्षिण अफ्रीका, पाकिस्तान और यूरोप के अन्य सभी देश (उत्तर अफ्रीका की सभी सरकारों को छोड़कर) और उत्तर अफ्रीका के कुछ देशों और अमेरिका की सरकारों के क्षेत्रों में प्रवेश के लिए।
Emigration Check Not Required (ECNR) for Bangladesh, Pakistan, all countries in Europe (Excluding Commonwealth of Independent States (CIS), North America, Japan, New Zealand and Australia.)

DELETED

उत्पत्ति स्थान:
Emigration Status

उत्पत्ति शीट आवश्यक नहीं।
Emigration Check Not Required (ECNR)

व्यवस्थापन विभाग की आवश्यकता नहीं है।
Emigration Clearance not required.

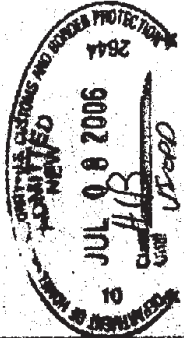
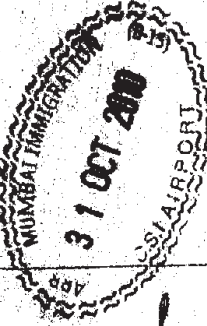


Susan K. Gibson
सुसान के. गिबसन
SUSAN K. GIBSON
हैदराबाद विभाग की अधिकारी
for Passport Officer
पासपोर्ट अधिकारी, हैदराबाद,
Passport Off of Hyderabad.

इस पासपोर्ट में 36 पृष्ठ हैं। / This passport contains 36 pages.

18:29 031412 Employment-660667

2012-07-25 09:28:10 2901447 044288 22 -462157 001513

<p>ENGLISH</p>		
<p>18</p>	<p>19</p>	<p>19</p>

Warning: A nonimmigrant who accepts unauthorized employment is subject to deportation.

