Exhibit G

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



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 Page 2

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,

Jill A. Eggleston

Director, FOIA Operations



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

Department of Homeland Security U.S. Citizenship and Immigration Ser	vices		Form I Permaner	-485, Appli nt Residence	OMB No. 1615-0023 cation to Register c or Adjust Status
START HERE - Type or Print (Use black ink)			For U	SCIS Use Only
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12/04/2010	188778096	25			
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H1-B	08/30/201	2		1.)	ü
Part 2. Application Type (C.	heck one)			Section of Law	N
I am applying for an adjustmen a. An immigrant petition givin that has been approved. (At immigrant juvenile, or speciapplication that will give yet.) b. My spouse or parent applied permanent residence in an infor spouses and children. c. I entered as a K-1 fiancé(e) entry, or I am the K-2 childrentry, or I am the special approval notice and I was granted asylum and am eligie. I am a native or citizen of C January 1, 1959, and thereated for at least 1 year. f. I am the husband, wife, or metale safter January 1, 1959 United States for at least 1 year. I have continuously residedth. Other basis of eligibility. Estatus has not been terminal States for 1 year after admininstructions.	ng me an immediately avaitach a copy of the approva- tiach a copy of the approva- tial immigrant military visiou an immediately available of for adjustment of status- immigrant visa category the of a U.S. citizen whom I related to a fiance (e). (Attact of the marriage certificate.) rivative asylum status as the gible for adjustment. Cuba admitted or paroled infer have been physically printed in the united of a state of the present of the company of the company of the company of the company of the united States since a splain (for example, I was ted, and I have been physically in the united States since a splain (for example, I was ted, and I have been physically in the united States since a splain (for example, I was ted, and I have been physically in the united States since a splain (for example, I was ted, and I have been physically in the united States since a splain (for example, I was ted, and I have been physically in the united States since a splain (for example, I was ted, and I have been physically in the united States since a splain (for example, I was ted, and I have been physically in the united States since a splain (for example, I was ted, and I have been physically in the united States since a splain (for example, I was ted, and I have been physically in the united States since a splain (for example, I was ted, and I have been physically in the united States since a splain (for example, I was ted, and I have been physically in the united States since a splain (for example, I was ted, and I have been physically in the united States and I have been physically in the united States and I have been physically in the united States and I have been physically in the united States and I have been physically in the united States and I have been physically in the united States and I have been physically in the united States and I have been physically in the united States and I have been physically in the united States and I have been physically in the united States and I have been physically in the united S	ilable immigrant al notice, or a rela petition filed was a number, is or was granted I hat allows derivated a copy of the me spouse or chill to the United Storesent in the United or paroled in physically present admitted as a recally present in the cally present in the call present	ative, special rith this if approved.) awful tive status 0 days of fiance(e) d of a person rates after nited States d above in to the United nt in the 1, 1972. fugee, my he United	Sec. 209(a), II Sec. 209(b), II Sec. 13, Act of Sec. 13, Act of Sec. 245, INA Sec. 1 Act of Other Country Charge Approved Vis Dependent of Special Immig Other Preference Action Block	NA of 9/11/57 (a) 11/2/66 11/2/66 22 24 25 24 26 27 28 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20
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 I am the husband, wife, or n description in (f) above. 	ninor unmarried child of a	the	ATTY State Licens	е#	

Form I-485 (Rev. 01/18/11) Y





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art.	3. Processing Information								
City/Town/Village of Birth			Current Occupation						
Н	YDERABAD		PROGRAMMER ANALYST						
Y	our Mother's First Name		Your Father's Fir	rst Name					
R	AJANI		BAJRANG						
G	ive your name exactly as it appe	ars on your Form I-94, Arrival-	Departure Record		·				
J	AYESH SRIVASTAVA								
	ace of Last Entry Into the United	d States		•	Visitor, student, exchange er, without inspection, etc.)				
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w	ere you inspected by a U.S. Imn	nigration Officer? Yes X	No 🗌						
	onimmigrant Visa Number		Consulate Where	e Visa Was Issued	1				
	9000163		KOLKATA	7 1 134 17 43 133444	•				
	ate Visa Issued (mm/dd/yyyy)	Gender	Marital Status						
	1/04/2010	Male Female	X Married	Single	Divorced Widowed				
L	1/04/2010	Niale remaie	[X] Marieu		Director				
Ha	ave you ever applied for perman	ent resident status in the U.S.?	Yes (If "Yes' filing and fine	' give date and pla al disposition.)	ace of 🗵 No				
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Pai	t 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 Informatio	n (Continued)	
	ticipated in selling or providing weapons to any person who to your other person, or in transporting weapons to any person who to your other person?	Yes No X
18. Have you EVER received any ty	pe of military, paramilitary, or weapons training?	Yes No X
Part 4. Accommodations for l	Individuals With Disabilities and/or Impairments (See Page 1 section.)	0 of the instructions
Are you requesting an accommodati	on because of your disability(ies) and/or impairment(s)?	Yes No 🔀
If you answered "Yes," check any a	pplicable box:	
	tring and request the following accommodation(s) (if requesting a sign- e (e.g., American Sign Language)):	language interpreter,
b. I am blind or sight-imp	aired and request the following accommodation(s):	
• •	disability and/or impairment (describe the nature of your disability(ies) are requesting):	and/or impairment(s) and

Your Registration With U.S. Citizenship and Immigration Services

must file this application while in the United States.)

"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."



Part 5. Signature (Continued)						
	Applicant's Statement (Check of	one)				
I can read and understand English, and as my answer to each question.	I have read and understand each and eve	ery question	and instruction	on on this form, as well		
language, a la	n on this form, as well as my answer to e nguage in which I am fluent, by the perso	on named in	Interpreter'	s Statement and		
Signature. I understand each and ever	y question and instruction on this form,	as well as my	y answer to e	ach question.		
I certify, under penalty of perjury under the all true and correct. I certify also that I hav	laws of the United States of America, the not withheld any information that wou	hat the informid affect the	nation provid outcome of t	led with this application is his application.		
I authorize the release of any information f determine eligibility for the benefit I am se		d Immigratio	on Services (USCIS) needs to		
Signature (Applicant)	Print Your Full Name	Da (m	ite m/dd/yyyy)	Daytime Phone Number (include area code)		
Haracon	JAYESH SRIVASTAVA		/22/2012	(848) 219-0503		
I certify that I am fluent in English and the Language Used (language in which applied I further certify that I have read each and example applicant in the above-mentioned language well as the answer to each question.	eant is fluent) very question and instruction on this for		struction and			
Signature (Interpreter)	Print Your Full Name		m/dd/yyyy)	(include area code)		
Part 6. Signature of Person Prepari	ng Form, If Other Than Above					
I declare that I prepared this application have knowledge.	at the request of the above applicant,	, and it is ba	sed on all in			
Signature	Print Your Full Name	ite m/dd/yyyy)	Phone Number (include area code)			
Firm Name and Address	E		ess (if any)			



I-797, Notice of Action

THE UNITED STATES OF AMERICA

-030		
RECEIPT NUMBER		CASE TYPE T140
SRC-10-901-63697		IMMIGRANT PETITION FOR ALIEN WORKER
RECEIPT DATE	PRIURITY DATE	PETITIONER .
August 12, 2010	February 9, 2010	
Notice a real	·	FIRST TEK TECHNOLOGIES INC
March 16, 2011	PAGE 1 of 1	BENEFICIARY A200 856 760
	1 01 1	SRIVASTAVA, JAYESH

FIRST TEK TECHNOLOGIES INC C/O DOREEN VILLAVERDE 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 indigstasis the person for whom you are petitioning is in the United States and will apply for adjustment of status. The are adjustment of status application at this time.

Additional information about eligibility for adjustment of status application at this time.

Additional information about eligibility for adjustment of status application at this time.

Additional information about eligibility for adjustment of status application from the local USCIS office serving the area where 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. It are the son for whom you are petitioning decides to apply for an immigrant visa outside the United States based on this servicion, 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 the site consular action. The NVC also determines which consular post is the appropriate consulate to complete visa the site. It will then forward the approved petition to that consulate.

The approval of this visa petition does not in itself grant and application to the United States, or for an extension, change, or adjustment of status.

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



Form 1-797 (Rev. 01/31/05) N



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 customdeveloped 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



March 8, 2012

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

Re: FORM 1-485, 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;
- 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.



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 <u>hr@first-tek.com</u>

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Department of Homeland S U.S. Citizenship and Immigr		s .					G-325	Α,				8; Expires Inforn	
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(Family Name)	(First Name)		(Middle N	iame)	me) Male Date of Birth Citi			Citiz	спаптил	Idilollall	y rı	ie ivumber	
SRIVASTAVA	JAYESH				☐ Fen	ale	1979	IND	NDIA/INDIAN A 200-856-			56-760	
All Other Names Used (include	names by prev	ious marriage	s)	С	ity and Co	untr	y of Birth			U.S.	Socia	al Security	# (if any)
N/A				E	IYDERAB	AD.	/INDIA						
Family Name		First Nam	ie	Date of E			, and Country of Birth	1	Cit	y and C	ountr	y of Reside	nce
				<u> </u>	(mm/dd/yyyy) (if known)			HYDERABAD/INDIA					
Father SRIVASTAVA		BAJRAN	Ģ		1937	HI	DERABAD/INDIA		"	LDEKA	BAU)	TNDIA	
Mother (Maiden Name) SAXENA		RAJANI			1949	HY	DERABAD/INDIA		H7	(DERA	BAD,	/INDIA	
Current Husband or Wife (If no		First Nan	ne		f Birth	Cit	ty and Country of Birt	h Da	te of Ma	arriage	Place	of Marriag	c
Family Name (For wife, give m	aiden name)			(mm/c	ld/yyyy) —					- 1	LOD	I,NEW J	ERSEY
UMBRALKAR		PAYAL			1982	M	UMBAI/INDIA	0	9/11/:	2010			
Former Husbands or Wives (If r Family Name (For wife, give ma		First Name		Date of Bi mm/dd/yy	1.	Date	and Place of Marriag	e	Date Marri		e of '	l'ermination	n of
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Status as Permanent Reside	ent				· · · · ·								
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Form G-325A (Rev. 08/08/11) Y

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

I-797A, Notice of Action

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Employment -5608

THE UNITED STATES OF AMERICA

RECEIPT NUMBER EAC-09-244-51077		CASE TYPE 1129 PETITION FOR A NONIMMIGRANT WORKER
September 14, 2009	PRIORITY DATE	FIRST TEK TECHNOLOGIES INC
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: HlB

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, Annival 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 and 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 1797A (Kev. 09/07/93)N



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

Receipt Number EAC-09-244-51077

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

Departure Record

Naturalization Service

042003455 12

Immigration and

I-94

Petitioner: FIRST TEK TEC

16. Date of Birth

1979

14. Family Name
SRIVASTAVA
15. First (Given) Name
JAYESH
17. Country of Clüzenship
TNDTA

Form I-797A (Rev. 10/31/05) N²

U.S. Department of Justice Immigration and Naturalization Service



Notice of Action



UNITED STATES OF AMERICA

- O(x/G		
RECEIPT NUMBER EAC-05-134-51275		CASE TYPE 1129
		PETITION FOR A NONIMMIGRANT WORKER
RECEIPT DATE	PRIORITY DATE	PETITIONER
April 12, 2005		SOFTWARE RESEARCH GROUP INC
April 28, 2005	PAGE 1 of 1	
l .		

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

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 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

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.

If circumstances change, the petitioner can file Form I \$22 to have us notify another consulate of this approval. If any of the workers are already in the U.S. the petitioner can fige 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.

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.

Number of workers: 1

DOB Name SRIVASTAVA, JAYESH

COB 1979 INDIA Class Consulate or POE HIB LONDON

OCC Code 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) 375-5083

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 Notice Date: April 28, 2005

Name

Case Type: I129

Petitioner: SOFTWARE RESEARCH GROUP INC

Number of Workers: 1 Class Consulate or POE

HIE LONDON

OCC Code 030

Petition Validity Dates: 10/01/2005 through 10/01/2003 DOB COB SRIVASTAVA, JAYESH 1979 INDIA

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Employment-660867

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

I-797A, Notice of Action

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RECEIPT NUMBER EAC-08-236-50753	CASE TYPE I129					
	PETITION FOR A NONIMMIGRANT WORKER					
RECEIPT DATE PRIORITY DATE	PETITIONER					
September 3, 2008	INFOKALL INC					
NOTICE DATE PAGE	BENEFICIARY					
September 10, 20081 of 1	SRIVASTAVA, JAYESH					
	Notice Type: Amended Approval Notice					
INFOKALL INC	Class: H1B					
C/O B R VENKATESH	Valid from 10/02/2008 to 10/01/2011					
2000 DED HITT SHEETING SAD						

INFOKALL INC C/O B R VENKATESH 2850 RED HILL AVENUE 140 SANTA ANA CA 92705

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 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 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-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 16. Date of Birth **JAYESH** 17. Country of Citizenship TNDTA

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

I-797A, Notice of Action

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THE UNITED STATES OF AMERICA

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RECEIPT NUMBER EAC-09-139-54102			CASE TYP	E I539				~~	اچُ [
EAC-09-139-54102			APPLI	CATION TO	EXTEND/C	HANGE NON	IMMIGRANT	STATUS	1	
RECEIPT DATE	PRIORITY DATE		APPLICAN	ते ।					ķň	
April 15, 2009			SRIVA	SRIVASTAV, JAYESH B.						
NOTICE DATE	PAGE		BENEFICL	ARY					100	
May 29, 2009	1 of 1		SRIVA	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-2. II (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 \overline{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



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

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

Naturalization Service

I-94

Departure Record

Petitioner:

14. Family Name
SRIVASTAV
15. First (Given) Name
JAYESH

16. Date of Birth

Country of Citizenship

831 412 Employment - 550867

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> HILC MUNICIPAL REPUBLIC Thenother Methonality Stret week aum /Given Names VAVLSYATES MOIAN 31/05/2006 BYBERABAB **HYDERABAD** राष्ट्रीय wits /Country Code 20 OH OH worther all field /Date of Expery INDIA 30/05/2016 F8425077 पारवानेके जं. /Passport No. And Date of Birth



इसके द्वारा, भारत गणराज्य के राष्ट्रपति के नाम पर, उन सब से जिनका इस बात में मरीकार हो, यह प्रार्थना एवं अपेका की जाती है कि वे दाहक को बिना रोक-टोक, आज़ादी से आने-जाने दें, और उसे हर तरह की ऐसी सहायता और सुरक्षा प्रदान करें जिसकी उसे आवश्यकता हो।

These are to request and require in the name op the president of the repuelle of india all those whom it may concern to allow the bearer to pass freely without let gr hindrance, and to appord him or her, every assistance and protection of which he or she may stand in need.

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



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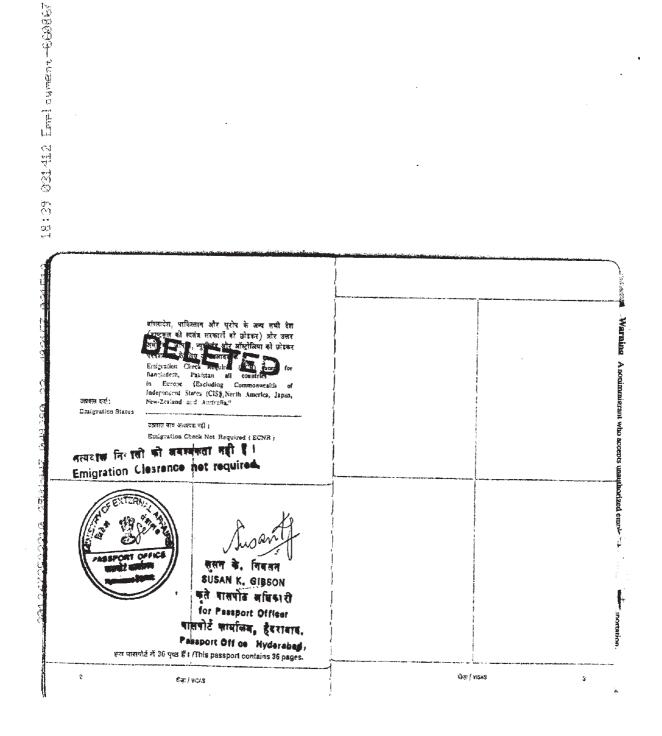
सुसन के. निवतन SUSAN K. GIBSON कते पासपोड अधिकारी

for Passport Officer बासपोट कार्यास्त्र, हैदराबाद. Passport Office Hydershaft

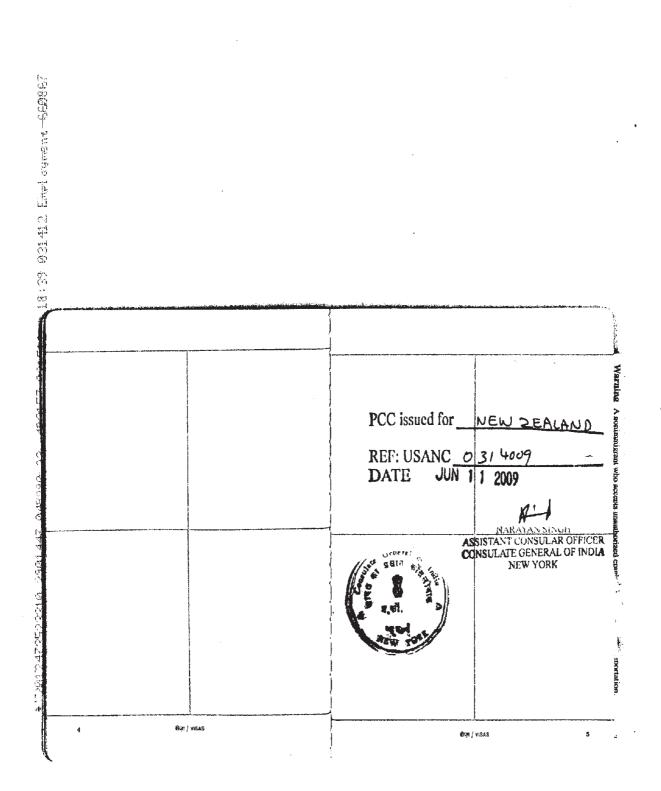
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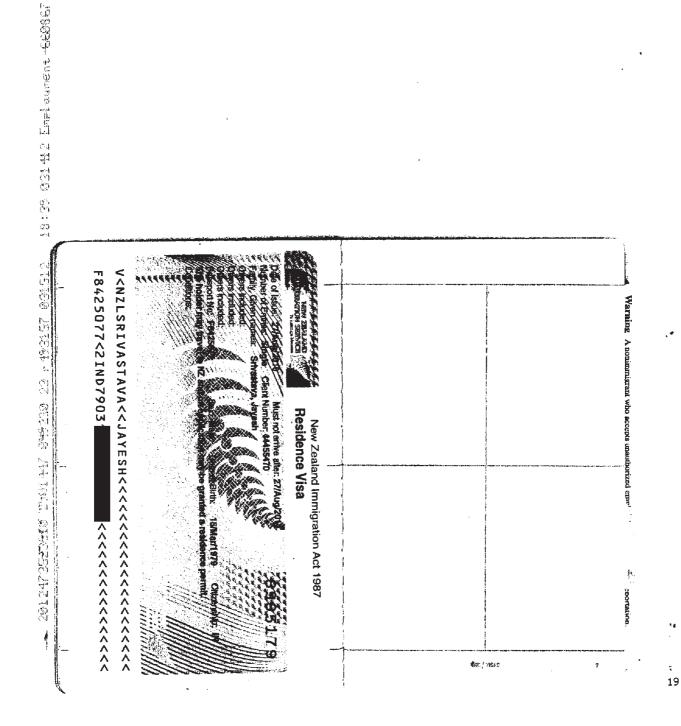
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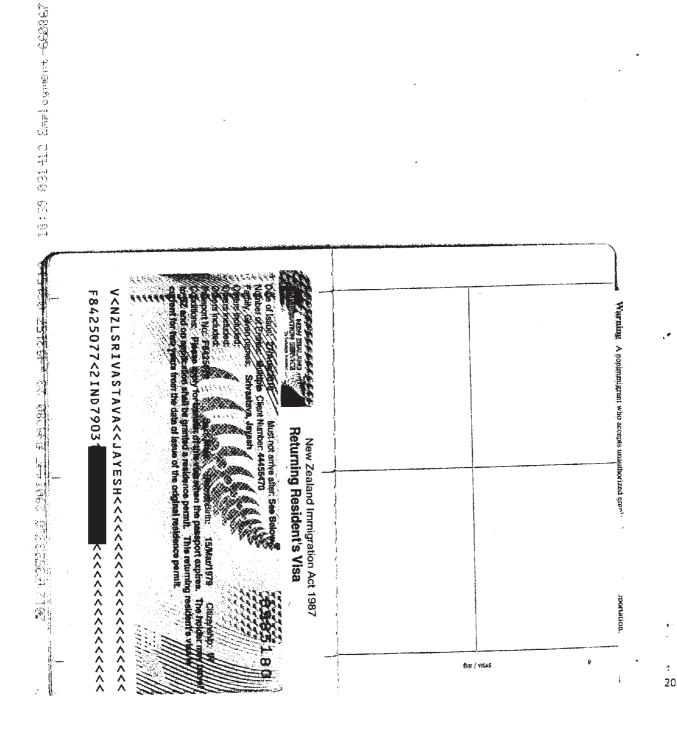


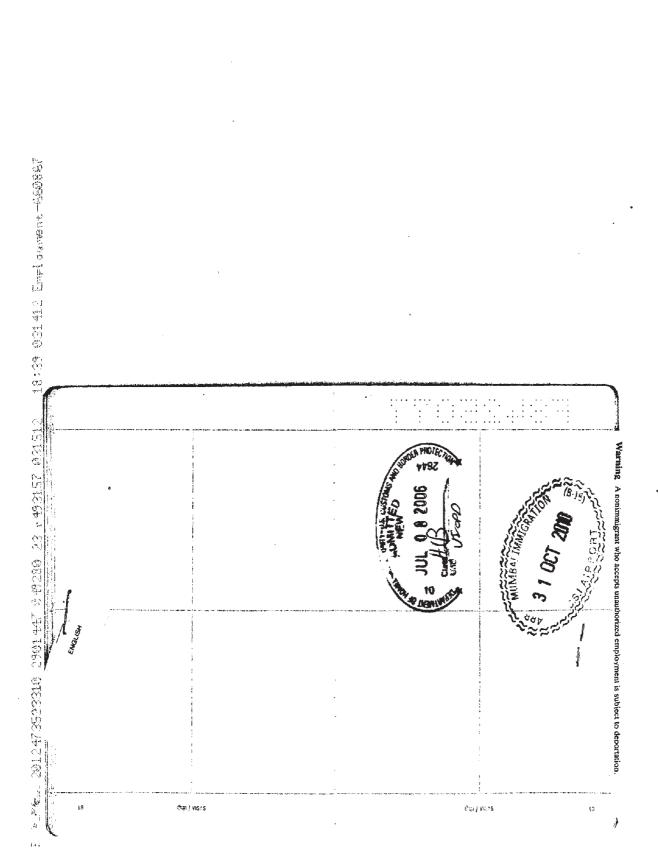
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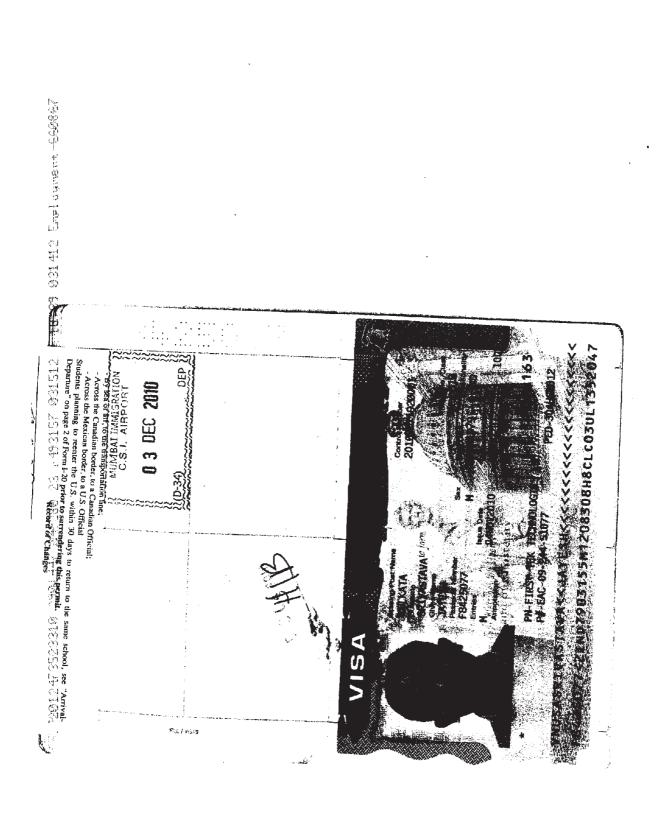


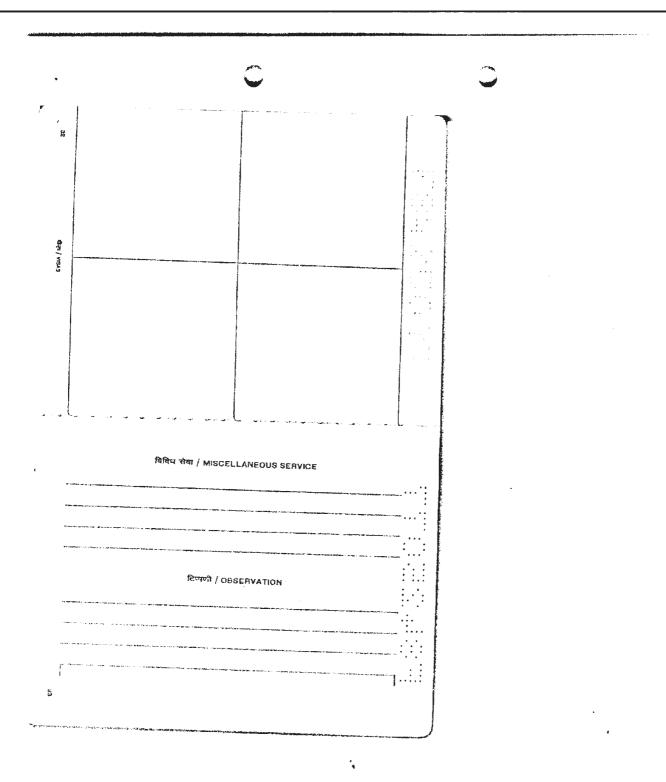
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18:39 031412 Employment -540867

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पंजीकरण

विदेशों भें एक्ने जारे भारतीय नागरिकों को सकाउ से करते है कि वे अपने को निकटतम मारतीय नियान / बीक्ट भर पंजीकृत करका से ।

धेतावनी

यक अतार्गर्ट भारत तरकार को सम्बंधि हैं। ग्रासार्गर्ट अधिकारी से इस पारपोर्ट से संबर्ध में कोई दुरुना मितने पर किसमें होते सुपूर्व करच सामेस हैं, ग्रसका दुस्ता अनुसानन किया बाद।

यह पारापोर्ट एक क्षमा कियों को देश से बाहर न मैना बाए। यह क्षसपोर्ट पारक का उसके क्षमा प्राप्तिक क्षान्ति के क्षमों में ही होना बाहिए; इसमें किसी की क्षमार के फेरप्टरन का विकृत नहीं किया जाना धानिए :

प्रसार्थेट पुत्र करता, घोती को वाला का जरूर हो जाने का उनकी रिपोर्ट तरकात पारत में निकटताव प्रशाबेट अधिकारी को (तथा पनि मारक हिरंत में हो) निकटतार मार्काम मिलन को और प्रशाबेट पुत्रियं को ही बाटी बाटिए। विस्तावित शुस्ताक के प्रकार को प्रतिपृत्य बारफोर्ट कारी

REGISTRATION

INDIAN CITIZENS RESIDENT APROAD ARE ADVISED TO REGISTER THEMSELVES AT THE MEAREST INDIAN MISSION / POST.

CAUTION

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

DEMAND FOR ITS SURRENDER, SHOULD BE COMPLIED WITH IM-MEDIATELY,
MEDIATELY,
PAGSTORY SHOULD NOT BE SENT OUT OF ANY COUNTRY BY POST.
IT SHOULD BE IN THE CUSTODY EITHER OF THE HOLDER OR OF A FERSON AUTHORISED BY THE HOLDER. IT MUST NOT BE ALTERED OR MUTLATER IN ANY WAY.

LOSE, THEFT OR ELECTRUCTION OF PASSPORTS SHOULD BE IMMEDIATELY REPORTED TO THE NEAREST PASSPORT AUTHORITY IN INCIA OR (IF THE HOLDER IS ABROAD) TO THE NEAREST INDIAN MICSION AND TO THE LOCAL POLICE, ONLY APPER EXHAUSTIVE ENQUIRIES SHAUL A REPLACEMENT PASSPORT BE ISSUED.

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official tared and many (Name of Spouse RAJIMI SRIVASTAVA

21-1-568 RICAB GUNJ JUBILEE POST OFFICE

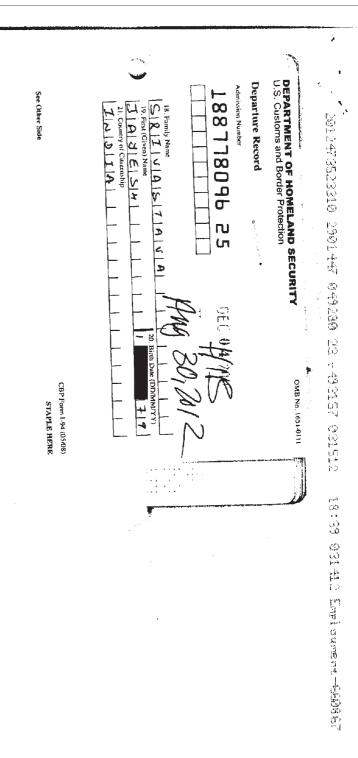
प्रताने पात्रमादि का नं, अनेर इस्मेदी जारी होने को स्थान एवं निवित /Old Passport No. with data and Place of Issue CHARMINAR HYBERABAD AP

A7678755

23/04/1999

HYDERABAD

MYDM01282706



Carrier: Flight No./ Ship Name:	Port: Departure Record	LECABIN TEST THE TEST

Book No.:

5276



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Employment

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 orginal 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

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

Address at the time of Birth

HYDERABAD., CMOH PROC NO. 3173/2009, DT: 05-09-2009



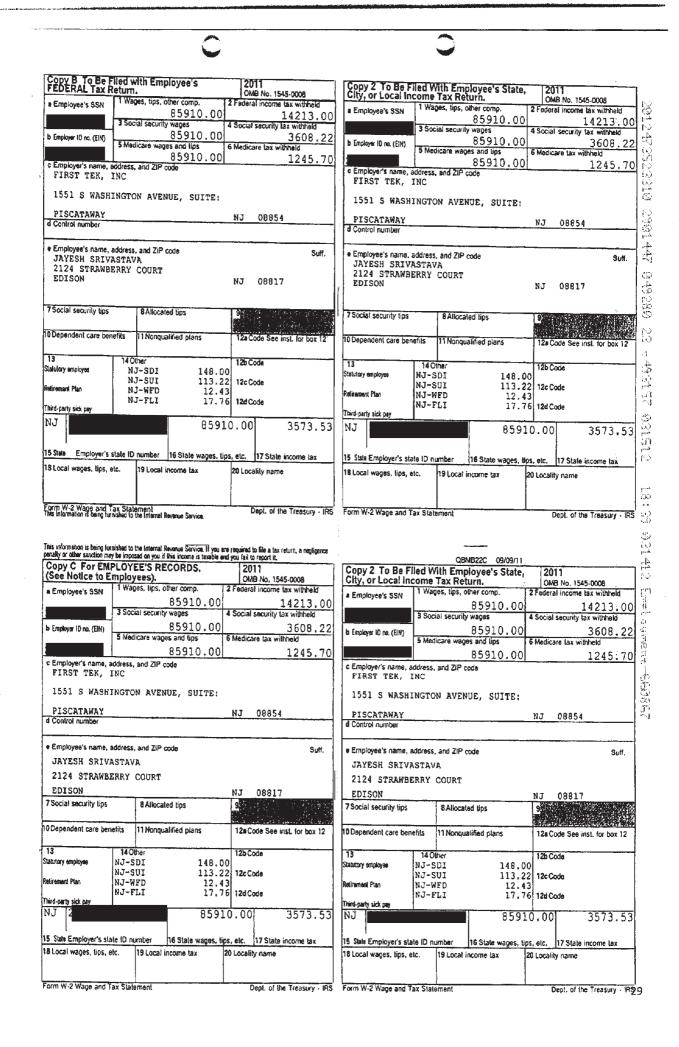
REGISTRAR

BIRTH & DEATHOURGAE MORITHS and Deaths

ABIDS

Circle No. 8, Central Zone Greater Hyderabad Municipal Corporation

28



		0				<u>a</u>	
Copy B To Be F FEDERAL Tax R	eturn		2010 OMB No. 1545-0008	Copy 2 To Be F City, or Local In		ith Employee's State, Tax Return.	2010 OMB No. 1545-0008
a Employee's SSN	1 Wag	res, tips, other comp, 70860.00	2 Federal Income tax withheld 11191.00	a Employee's SSN	1 War	70860.00	2 Federal Income tax withheld 11191.0(
	∄ Soc	al security wages 70860.00	4 Social security tax withheld		3 Soc	lal security wages 70860.00	4 Social security tax withheld
b Employer ID no. (EIN)	5 Med	care wages and tips	4393.32 6 Medicare lax withheld	to Employer 10 no. (EIN)	5 Med		4393.32 6 Medicare tax withheld
c Employer's name, a		70860.00	1027.47	c Employer's name,		70860.00 and ZIP code	1027.47
•		N AVENUE, SUITE:				N AVENUE, SUITE:	
PISCATAWAY			NJ 08854	PISCATAWAY			NJ 08854
d Control number				d Control number			
e Employee's name, JAYESH SRIVI 2124 STRAWBI EDISON	ASTAV	'A	Suff. NJ 08817	e Employee's name, JAYESH SRIV. 2124 STRAWB EDISON	ASTAV	'A	Suff.
7 Social security tips		8 Allocated tips	9 Advance EIC payment	7 Social security tips		8 Allocated tips	9Advance EIC payment
10 Dependent care ber	efits	11 Nonqualified plans	12a Code See inst. for box 12	10 Dependent care ben	efils	11 Nonqualified plans	12a Code See Inst. for box 12
18 Statulory employee	140 N.	ther J-SDI 148.50	12b Code	13 Statulory employee	140 NJ-S		12b Code
	N.	J-SUI 113.60	12c Code		NJ-S	UI 113.60	12c Code
Retirement Plen		J-WFD 12.47 J-FLI 35.64		Retirement Plan	NJ-W		12d Code
Third-party sick pay			<u> </u>	Third-party sick pay			
NJ		7086	0.00 2564.18	NJ		7086	2564.1
15 State Employer's	slate ID	number 16 State wages, tip	s, etc. 17 State income tax	15 State Employer's sta	lle ID ni	ımber 16 Stata wages, lip	s, elc. 17 State income tax
8 Local wages, lips, o	etc.	19 Local income tax	20 Locality name	18 Local wages, tips, o	itc.	19 Local income tax 2	O Locality name
	nished to		e required to file a tax return, a negligence I you fall to report it.	.l.		QBMB22C 10/13/10	
Copy C For EMI (See Notice to E		EE'S RECORDS. rees).	2010 OMB No. 1545-0008	Copy 2 To Se F City, or Local Inc	led W	ith Employee's State, Tax Return.	2010 OMB No. 1545-0008
a Employee's SSN	1 Wag		2 Federal income tax withheld	a Employee's SSN	1 Wag		2 Federal income tax withheld
	3 Soci	70860.00	11191.00 4 Social security tax withheld		3 Soc	70860.00 al security wages	11191.00 Social security tax withheld
b Employer ID no. (EIN)		70860.00	4393.32	to Employer (D no. (EIN)		70860.00	4393.32
	5 Med	care wages and tips 70860.00	6 Medicare (ax withhald 1027.47		5 Med	care wages and tips 70860.00	Medicare tax withheld 1027.47
c Employer's name, a FIRST TEK, I			1027.47	c Employer's name, a FIRST TEX,			1027.47
1551 S WASHI	NGTO	N AVENUE, SUITE:		1551 S WASH	NGTO	N AVENUE, SUITE:	
PISCATAWAY d Control number			NJ 08854	PISCATAWAY d Control number			NJ 08854
e Employee's name, a	ddrann	and 7/D pada	Suff.	• Employee's name, a	Adresa	and 7ID code	Suff.
JAYESH SRIVA			our.	JAYESH SRIVA			3011.
2124 STRAWBE				2124 STRAWBE			
EDISON			NJ 08817	EDISON		<u>.</u>	NJ 08817
7 Social security tips		8 Allocated tips	9 Advance EIC payment	7 Social security tips		8 Allocated tips	9 Advance EIC payment
Dependent care ben	ofits	11 Nonqualified plans	12a Code See inst. for box 12	18 Dependent care ben-	elits	11 Nonqualified plans	12a Code See Inst. for box 12
13	140		12b Code	13	1400		12b Code
tatutory employée	NJ-S NJ-S		12c Code	Statutory employee	nj-s nj-s		12c Code
etirement Plan	NJ-W	FD 12.47	1	Retirement Plan	NJ-W	FD 12.47	
hird-party sick pay	nj-f	7086	12d Code 0.00 2564.18	Third-party sick pay	NJ-F	70860	12d Code 0.00 2564.18
5 State Employer's sta			s, etc. 17 State income tax	15 State Employer's sta			, etc. 17 State income tax
8 Local wages, tips, e	rc,	19 Local income tex 2	C Locality name	18 Local wages, tips, e	c.	19 Local Income tax 20	Locality name
orm W-2 Wage and Ta	x Slate	ment	Dept. of the Treasury - IRS	Form W-2 Wage and To	x State	ment	Dept. of the Treasury - IRS

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7 1114411 1		of the Treasury - Internal Revenue	` '	2011	OMB No. 1548	5-0074 IRS Use O	nlv-Do r	not write or st	aple in this spa	aca		
		2011, or other tax year beginning		, 2011, endin		, 20	1		instructions.	200,		
Your first name and			Last name	72017 4110111	4	, 20	$\overline{}$	Your social security number				
JAYESH			SRIVASTA	VA						loui Inci		
if a joint return, spo	ouse's first	name and initial	Last name				Spo	ouse's social s	ecurity number	= =		
PAYAL			UMBRALKA	R						(x)		
Home address (nun	nber and s	street), if you have a P.O. box, se				Apt. no.		Make sui	e the SSN(s) above		
2124 ST	RAWB:	ERRY COURT						and on I	ine 6c are co	orrect. 😥		
City, town or post o	ffice, state	e, and ZIP code. If you have a for	eign address, also con	nplete spaces belo	w (see instru	ctions).		Presidential	Election Campa	ign (S)		
Edison			NJ		08817	,			u, or your spo			
Foreign country nar	me	-	Fareign	province/county		Foreign postal cod	e ab	ox below will	to go to this fu not change yo			
	,						ref	und.	You	Spouse		
Filing 1	Single	. <u> </u>		4 📗		sehold (with qualifying				17)		
Status 2	X Marrie	d filing jointly (even if only one	e had income)*		child's name	g person is a child but here.	not you	r gependent,	enter this	ලා ඩ		
Check only 3	Married	filing separately. Enter spouse's	SSN above		-	 				<u>_</u>		
one box.	and ful	name here.				widow(er) with depe	ndent	child		<u>್</u> ಬಿಂ		
Exemptions	6a	X Yourself. If someone of	an daim you as a	dependent, do	not check	box 6a		3	Boxes checke on 6a and 6b	ed a		
-	b	X Spouse					140 15		No. of childre	n - jo		
	С	Dependents:		(2) Depender		(3) Dependent's relationship to you	age 1	child under 7 qualifying Id tax credit Instructions)	on 6c who:	you		
<u>!</u>	(1) First na	me Last name	â .	social security r	nuper	Tatationality to you	(see	instructions)	did not live	with GD		
If mere than four							├		or separation (see instruction	1 1		
dependents, see							-		Dependents of			
instructions and _							-		not entered a	bove 3		
check here 🕨 📙							<u> </u>		Add numbers on lines			
		Total number of exemptions						1 4 1	above 177	<u>} 2</u> 2		
Income	7	Wages, salaries, tips, etc. A					• • •	7 8a	1/3	, 240		
	8a b	Taxable interest. Attach S	•		. 8b			Oa	·	- min		
Attach Form(s)	9a	Tax-exempt interest. Do r Ordinary dividends. Attach			. 00	···		9a		io.		
W-2 here. Also attach Forms	b				9b					<u> </u>		
W-2G and	10	Taxable refunds, credits, or						10		ঞ		
1099-R if tax	11	Alimony received						11		- (3		
was withheld.	12	Business income or (loss).						12		profits profits		
	13	Capital gain or (loss). Attact			red, check h	nere 🕨		13	_	15		
If you did not get a W-2,	14	Other gains or (losses). Atta	•					14		3		
see instructions.	15a	IRA distributions	. 15a		b Tax	able amount		15b		prised.		
	16a	Pensions and annuities .	. 16a		b Tax	able amount		16b		(3) (5)		
Enclose, but do	17	Rental real estate, royalties,	partnerships, S cor	porations, trusts	, etc. Attacl	h Schedule E		17		ă		
not attach, any	18	Farm income or (loss). Atta	ch Schedule F					18				
payment. Also, please use	19	Unemployment compensation	on		1			19		<u></u>		
Form 1040-V.	20a	Social security benefits .	. 20a		b Tax	able amount		20b		<u> </u>		
	21	Other income		7 Ab 1 A	nd State to a		_	21	172	,246		
	22	Combine the amounts in the				your total income		22	1/3	,240.		
Adjusted	23 24	Educator expenses			. 23				•			
Gross	24	Certain business expenses of re- fee-basis government officials,	•		. 24							
Income	25	Health savings account ded		·				Star I				
	26	Moving expenses. Attach F			 			S-2.1				
•	27	Deductible part of self-empk				· · · · · · · · · · · · · · · · · · ·		3000000 30000				
	28	Self-employed SEP, SIMPLI	•					2.29.75				
	29	Self-employed health insura				-W- 1 ⁻		sparker.				
	30	Penalty on early withdrawal			————							
	31a	Alimony paid b Recipient's			- 							
	32	IRA deduction										
	33	Student loan interest deduct						1.79				
	34	Tuition and fees, Attach For	m 8917		. 34							
	35	Domestic production activities	es deduction. Attach	Form 8903	. 35							
	36	Add lines 23 through 35						36				
	27	Subtract line 26 from line 2	2. This is your add	uetad araea la	aama		•	37	173	246		

		O			
Form 1040 (2011)		KESH SRIVASTAVA & PAYAL UMBRALKAR			Page 2
Tax and	38	Amount from line 37 (adjusted gross income)		38	173,246
Credits	39a	Check You were born before January 2, 1947, Blind. Total boxes			4.5
Standard	7	if: Spouse was born before January 2, 1947, ☐ Blind. checked > 39a			
Deduction for -	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here > 39b	· 🗀 📗		<u>(4)</u>
People who	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	17,707:tj
check any	41	Subtract line 40 from line 38		41	155,539
box on line 39a or 39b or	42	Exemptions. Multiply \$3,700 by the number on line 6d	-	42	7,400\S
who can be claimed as a	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	[43	<u> 148,139일</u>
dependent,	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c 982 ele	ction	44	29,548 [©]
see instructions.	45	Alternative minimum tax (see instructions). Attach Form 6251	[45	13
All others:	46	Add lines 44 and 45	. 🕨 👢	46	29,548💆
Single or	47	Foreign tax credit. Attach Form 1116 if required 47	-		r E
Married filing separately,	48	Credit for child and dependent care expenses. Attach Form 2441)
\$5,800	49	Education credits from Form 8863, line 23			্
Married filing	50	Retirement savings contributions credit. Attach Form 8880			th
jointly or Qualifying	51	Child tax credit (see instructions)	8	400	ර වෙ අව
widow(er), \$11,600	52	Residential energy credits. Attach Form 5695	2	Marie .	
Head of	53	Other credits from Form: a 3800 b 8801 c 53			(3 (3
household,	54	Add lines 47 through 53. These are your total credits		54	ri
\$8,500	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	. ▶ [55	29,548
Other	56	Self-employment tax. Attach Schedule SE		56	<u> </u>
_	57	Unreported social security and Medicare tax from Form: a 4137 b 8919	[57	្យ
Taxes	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		58	PS.
	59 a	Household employment taxes from Schedule H	[59a	<u> </u>
	ь	First-time homebuyer credit repayment. Attach Form 5405 if required	[59b	ĮŪ.
	60	Other taxes. Enter code(s) from instructions	[60	N
	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, 6	71	<i>A</i> /-	rus (L)
	63	2011 estimated tax payments and amount applied from 2010 return		7	• •
If you have a gualifying	64a	Earned Income credit (EIC) 64a			(A)
child, attach	Ь	Nontaxable combat pay election 64b	T)	\$1.7 S	S S
Schedule EIC.	65	Additional child tax credit. Attach Form 8812 65		23	
	66	American opportunity credit from Form 8863, line 14	į.		#
	67	First-time homebuyer credit from Form 5405, line 10 67			, N
	68	Amount paid with request for extension to file 68			<u> </u>
	69	Excess social security and tier 1 RRTA tax withheld 69	<i>***</i>	90°	l alu-
	70	Credit for federal tax on fuels. Attach Form 4136		10 to	G 23
	71	Credits from Form: a 2439 b 8839 c 8801 d 8885 71		WF P	ā
	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 overpal	d_	73	123
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here •		74a	123🖫
Direct deposit?	b	Routing number 0 2 1 2 0 0 3 3 9 c Type: X Checking Saving		#7"."	යිව ආ
See instructions.	d	Account number 3 8 1 8 6 0 8 9 8 9		3/22 e	¥4.
	75	Amount of line 73 you want applied to your 2012 estimated tax		7.42	
Amount	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	-	76	n On Wadawa
You Owe	77	Estimated tax penalty (see instructions)	_	and constitution of the first	
Third Party	Do yo	u want to allow another person to discuss this return with the IRS (see instructions)?	Yes.	. Complet	e below. No
Designee	Design		l identifi	cation	
Claus	name	► MANOJ INAMDAR no. ► 732-398-3995 number			
Sign		penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, a e true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic			
Here		gnature Date Your occupation	ii propei		
Joint return? See instructions.			7 T N T T	I _ `	ytime phone number
Keep a copy	770		TNE		348-219-0503
for your				Ide	ntity Protection PIN (see inst.)
records.	966		- 1	37 5-	
			Check		
Paid			elf-empl		200545976
Preparer	Print/T	ype preparer's nameMANOJ INAMDAR	graphy.	Magazi	A STATE OF THE STA
Use Only	Firm's	A 30 DEDDIE CDEEK DD	Firm's E	IN P	
	Firm's	address 32 PEBBLE CREEK RD			
EEA		Dayton, NJ 08810	Phone n	_{10.} 732-	-398-3995

SCHEDULE	Α			Item	ized Deductio	ns	0	L	DMB No. 1545-007	74	
(Form 1040)								2011		
Department of the	•	surv	Attach to Form 10	10. b S	ee Instructions for So	chedule A	(Form 1040).		Attachment		
Internal Revenue	Servi	ce (99)						1		07 ⊱	
Name(s) shown or			73113 A MAIIST 191	DD 4 7 11				Your socia	al security number	i i	
JAYESH	SR.		TAVA & PAYAL UM		7.79	Seed, vol. 1		Programa 1			
Medical			n. Do not include expenses re		or paid by others.	5 5000				(5 <u>)</u> (1)	
and			and dental expenses (see inst	1 1		1		1000		13	
Dental			mount from Form 1040, line 38	2		2011 2011		200		(i) He	
Expenses	3	Multiply	line 2 by 7.5% (.075)			3				CS.	
	4	Subtract	t line 3 from line 1. If line 3 is m	ore than lin	e 1, enter -0			4		f\	
Taxes You	5	State ar	nd local (check only one box	t) :						ď.	
Paid		a 🛭 In	ncome taxes, or .			5	7,420	1500		4-,	
		ь 🗌 G	General sales taxes					77 %		42	
	6	Real est	tate taxes (see instructions)			6		2000		,গ্ৰ	
			al property taxes	,		7	·	\dashv		.4	
			exes. List type and amount			100.00		H-18-1			
	0	Outer ta	2X05. List type and amount					77.34		3	
		6 J J B	Cab			8.		-	7 40	n fo	
	9				F 4500			9	7,42	U i	
Interest			mortgage interest and points rep			10				**	
You Pald	11		nortgage interest not reported to			-		2772			
Note.		to the pe	erson from whom you bought the	ie home, se	ee instructions	1.54.03		70.0		ja Lr	
Your mortgage		and sho	ow that person's пагле, identifyi	ng no., and	address •			1.44		iii Co	
interest						Harri		32.77		35	
deduction may						11		- AMBINIO		S	
be limited (see	12	Points n	not reported to you on Form 109	8. See inst	ructions for					U	
instructions).			rules			12		7.5		(%	
	13	Mortgag	ge insurance premiums (see ins	tructions)		13					
	14		ent interest. Attach Form 4952	,	(See instructions.)	14				ģ	
	15		40.0		•			15		je.	
			cash or check. If you made an		O or more	2,579		1,000		(A) 958	
Gifts to	10					t I	325	100			
Charity	4=					16	323			<u> </u>	
If you made a	1/		nan by cash or check. If any gift								
gift and got a			ions. You must attach Form	8283 if ove	er\$500	17				- - - - - - - - - - - - -	
benefit for it, see instructions.		•		• • • • •		18				175	
	19	Add line	es 16 through 18				 ,	19	32		
Casualty and										77	
Theft Losses	20	Casualty	y or theft loss(es). Attach Form	4684. (See	e instructions.)			20		<u> </u>	
Job Expenses	21	Unreimb	bursed employee expenses - jo	b travel, un	ion dues, job	3.22		4		7 76	
and Certain		educatio	on, etc. Attach Form 2106 or 21	06-EZ if red	quired. (See instr.)	11.00				Ř H	
Miscellaneous	i	▶ STM	4 01			21	13,227	100			
Deductions	22	Tax pre	paration fees			22	200				
	23	Other ex	xpenses - investment, safe dep			1880 Sec.		7 7 7007		(\$ (\$	
		and amo				1944 - 144 1478 148		9.279mg/9740		, j	
						23					
	24	Add line	es 21 through 23			24	13,427	7.24			
	25		mount from Form 1040, line 38	25	173,246	11/2/2014	,,				
	26		•		175,240	26	3,465	Wang	4		
	27		t line 26 from line 24. If line 26					27	9,96	2	
						1 1 1 1	· · · · · · · · · · · · ·	T. mile Come	2,30		
Other		omer - Ir	from list in instructions. List type	ano amou	nt F			34,340			
Miscellaneous								ne mil Shiri			
Deductions								28			
Total	29		amounts in the far right column								
Itemized			1 1040, line 40					29	17,70	1	
Deductions	30	If you ele	ect to itemize deductions even	though they	are less than your star	ndard		September 197	and the second s	energy Hall	
		deductio	on, check here			<u>.</u> .	, . , . ▶	Section 1	weeks of the state of		
For Dananuard	Da	duction f	Act Notice see Form 1040 in	eta etlone		EEA		Schadu	le A (Form 1040)	2011	

	,	0	3				
Form	2106-EZ	Unreimbursed Employe	ee Business Expenses		OMB No. 1545-0074		
	rtment of the Treasury al Revenue Service (99)	Attach to Form 104	0 or Form 1040NP		Attachment Sequence No.	129A	
Your			cupation in which you incurred expenses	Social se	curity number	THUS	
_J	AYESH SRIVA	STAVA CO	MPUTER ENGINEER			Ţ,	
• Y comi your	ou are an employee de mon and accepted in yo business. An expense o	nly If All of the Following Apply. lucting ordinary and necessary expenses attributab ar field of trade, business, or profession. A necessar oes not have to be required to be considered neces	ry expense is one that is helpful and appr ssary.	opriate for		7	
cons	idered reimbursements	sed by your employer for any expenses (amounts for this purpose). expense, you are using the standard mileage rate		our Form W-2	2 are not)	
	•	standard mileage rate for 2011 only if: (a) you or		d mileage ra	te for the first yea		
		ervice, or (b) you leased the vehicle and used the					
Pa	rt! Figure	our Expenses				A S S	
1		tiply line 8a by 51 cents (.51) for miles driven bet after June 30, 2011. Add the amounts, then en	- · · · · · · · · · · · · · · · · · · ·	1	2,	ិ 815 -	
2	Parking fees, tolls, a travel or commuting to	d transportation, including train, bus, etc., that di	id not Involve overnight	2		190 3	
3	Travel expense while not include meals ar	away from home overnight, including lodging, ald entertainment	Irplane, car rental, etc. Do	3		in in	
4	Business expenses r	ot included on lines 1 through 3. Do not include	meals and			- -	
	entertainment	,		4	1,	340	
5		ortation (DOT) hours of service limits: Multiply meal		_		33 34 500	
	while away from home	on business by 80% (.80) instead of 50%. For deta	alls, see instructions.)	5		590	
6	on Schedule A (For government officials, or	lines 1 through 5. Enter here and on Schedule in 1040NR), line 7). (Armed Forces reservists, for ualified performing artists, and individuals with disabrules on where to enter this amount.)	e-basis state or local	6	4.	935 g	
Do		ion on Your Vehicle. Complete this part			/	7-7-8	
ı a	inioinia	Total Vernicle. Complete this part	only if you are claiming vehicle expen	se on line 1.			
7	When did you place yo	r vehicle in service for business use? (year, month,	day)	1-01	- .	1 1 1	
8	Of the total number of r	iles you drove your vehicle during 2011, enter the r	number of miles you used your vehicle for	.		***	
	a Business	5,520 b Commuting (see instructions)	4,980 c Other				
9	Was your vehicle availa	ole for personal use during off-duty hours?	<i></i>		🛚 Yes	□No	

b If "Yes," is the evidence written?

10 Do you (or your spouse) have another vehicle available for personal use?

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

11a Do you have evidence to support your deduction?

Form 2106-EZ (2011)

For	1	Frank a Park	_			1
	m 2106	Employee Busine > See separate In	•			2011
	artment of the Treasury	·				Attachment
_	nal Revenue Service (99) r name	Attach to Form 1040 o		40NR.		Sequence No. 129 Social security number
	PAYAL UMBRAI		ALYST	, or you mean or appoint		
=		ee Business Expenses and Reimbursen				
		•		Column A	<u> </u>	Column B
Ste	ep 1 Enter Your	Expenses		Other Than Meals and Entertainment		Meals and Entertainment
1	Vehicle expense from	line 22 or line 29. (Rural mail carriers: See			er kale Artist	syden.
٠	instructions.)		1	5,437		
2	•	I transportation, including train, bus, etc., that	· · —	3/13/	100	
_		ight travel or commuting to and from work	2	915	1	337 33 11
3		away from home overnight, including lodging,			a granica	mariante de la companya de la compan
	•	tc. Do not include meals and entertainment	3		100	100 - 100 -
4		ot included on lines 1 through 3. Do not include			77	
	meals and entertainme	•	4	600	17.77	197
				Min .	17012	
5	Meals and entertainme	ent expenses (see instructions)	5	A STATE OF THE STA	estado (2,680
6	Total expenses. In (Column A, add lines 1 through 4 and enter the			- 32	
	result. In Column B, e	nter the amount from line 5	6	6,952	147	2,680
	Enter reimbursement	s received from your employer that were not			10773 13.05 13.05	5
	•	1 of Form W-2. Include any reimbursements			The second	
	reported divider code. f	* in boy 12 of your Form \M 2 (ego			100	
	instructions)	." in box 12 of your Form W-2 (see	7		## ## ##	
Ste		· ·		orm 1040NR)		
Ste	p 3 Figure Expe	nses To Deduct on Schedule A (Form 1) e 6. If zero or less, enter -0 However, if line 7		orm 1040NR)	## P	
Ste	p 3 Figure Expe Subtract line 7 from line is greater than line 6 in	nses To Deduct on Schedule A (Form 1) e 6. If zero or less, enter -0 However, if line 7 Column A, report the excess as income on	040 or Fe		***	2.680
Ste	Subtract line 7 from line is greater than line 6 in Form 1040, line 7 (or o	nses To Deduct on Schedule A (Form 1) e 6. If zero or less, enter -0 However, if line 7 Column A, report the excess as income on in Form 1040NR, line 8)		orm 1040NR) 6,952	e me	2,680
Ste	Subtract line 7 from line is greater than line 6 in Form 1040, line 7 (or o Note: If both column	nses To Deduct on Schedule A (Form 1) e 6. If zero or less, enter -0 However, if line 7 Column A, report the excess as income on	040 or Fe			2,680
8	Subtract line 7 from line is greater than line 6 in Form 1040, line 7 (or or Note: If both column employee business expour return.	nses To Deduct on Schedule A (Form 1) e 6. If zero or less, enter -0 However, if line 7 . Column A, report the excess as income on in Form 1040NR, line 8) us of line 8 are zero, you cannot deduct penses. Stop here and attach Form 2106 to	040 or Fe			2,680
8	Subtract line 7 from line is greater than line 6 in Form 1040, line 7 (or or Note: If both column employee business expour return.	nses To Deduct on Schedule A (Form 1) e 6. If zero or less, enter -0 However, if line 7 . Column A, report the excess as income on in Form 1040NR, line 8) us of line 8 are zero, you cannot deduct penses. Stop here and attach Form 2106 to amount from line 8. In Column B, multiply line	040 or Fe			2,680
8	Subtract line 7 from line is greater than line 6 in Form 1040, line 7 (or or Note: If both column employee business expour return. In Column A, enter the 8 by 50% (.50). (Emplo	nses To Deduct on Schedule A (Form 1) e 6. If zero or less, enter -0 However, if line 7 . Column A, report the excess as income on in Form 1040NR, line 8) us of line 8 are zero, you cannot deduct penses. Stop here and attach Form 2106 to	040 or Fe			2,680
8	Subtract line 7 from line is greater than line 6 in Form 1040, line 7 (or or Note: If both column employee business expour return. In Column A, enter the 8 by 50% (.50). (Emplo (DOT) hours of service away from home on business or service away from home on business are substantially substantiall	nses To Deduct on Schedule A (Form 1) e 6. If zero or less, enter -0 However, if line 7 Column A, report the excess as income on in Form 1040NR, line 8) is of line 8 are zero, you cannot deduct penses. Stop here and attach Form 2106 to amount from line 8. In Column B, multiply line byees subject to Department of Transportation limits: Multiply meal expenses incurred while usiness by 80% (.80) instead of 50%. For	040 or Fe	6,952		
8	Subtract line 7 from line is greater than line 6 in Form 1040, line 7 (or or Note: If both column employee business expour return. In Column A, enter the 8 by 50% (.50). (Emplo(DOT) hours of service	nses To Deduct on Schedule A (Form 1) e 6. If zero or less, enter -0 However, if line 7 Column A, report the excess as income on in Form 1040NR, line 8) is of line 8 are zero, you cannot deduct penses. Stop here and attach Form 2106 to amount from line 8. In Column B, multiply line byees subject to Department of Transportation limits: Multiply meal expenses incurred while usiness by 80% (.80) instead of 50%. For	040 or Fe		27.00	2,680
8	Subtract line 7 from lining greater than line 6 in Form 1040, line 7 (or or Note: If both column employee business expour return. In Column A, enter the 8 by 50% (.50). (Employee) (DOT) hours of service away from home on budetails, see instructions.	nses To Deduct on Schedule A (Form 1) e 6. If zero or less, enter -0 However, if line 7 Column A, report the excess as income on in Form 1040NR, line 8) as of line 8 are zero, you cannot deduct penses. Stop here and attach Form 2106 to amount from line 8. In Column B, multiply line or limits: Multiply meal expenses incurred while usiness by 80% (.80) instead of 50%. For s.)	040 or Fe	6,952 6,952		
8	Subtract line 7 from lining greater than line 6 in Form 1040, line 7 (or or Note: If both column employee business expour return. In Column A, enter the 8 by 50% (.50). (Employee) (DOT) hours of service away from home on budetails, see instructions. Add the amounts on it Schedule A (Form 16).	nses To Deduct on Schedule A (Form 1) e 6. If zero or less, enter -0 However, if line 7 Column A, report the excess as income on in Form 1040NR, line 8) as of line 8 are zero, you cannot deduct penses. Stop here and attach Form 2106 to amount from line 8. In Column B, multiply line by sessiblect to Department of Transportation of limits: Multiply meal expenses incurred while usiness by 80% (.80) instead of 50%. For 6.) ine 9 of both columns and enter the total here. Also, 040), line 21 (or on Schedule A (Form 1040NR), line 1)	040 or Fo	6,952 6,952 total on		
8	Subtract line 7 from lining greater than line 6 in Form 1040, line 7 (or or Note: If both column employee business expour return. In Column A, enter the 8 by 50% (.50). (Employee) (DOT) hours of service away from home on budetails, see instructions. Add the amounts on it Schedule A (Form 1) reservists, qualified per	nses To Deduct on Schedule A (Form 1) e 6. If zero or less, enter -0 However, if line 7 Column A, report the excess as income on in Form 1040NR, line 8) as of line 8 are zero, you cannot deduct penses. Stop here and attach Form 2106 to amount from line 8. In Column B, multiply line or limits: Multiply meal expenses incurred while usiness by 80% (.80) instead of 50%. For s.)	8 enter the totals, and indicates.	6,952 6,952 total on	10	

C		2			(<u> </u>					
	2106 (2011) PAYAL UMBRALA	AR								Page	ө 2
	rt II Vehicle Expenses				,						
	tion A - General Information(You m	nust complete this section i	f you	(a) Ve	hicle 1		(b) V	ehicle	2	යි
	laiming vehicle expenses.)				, , , , , , , , , , , , , , , , , , ,						<u> </u>
11	Enter the date the vehicle was placed in s				2011-01-						₩.
12	Total miles the vehicle was driven during	2011		. 12		,800 miles				mile	es
13	Business miles included on line 12			. 13	10	,660 miles				mik	es
14	Percent of business use. Divide line 13 b	y line	12	. 14		63.45 %					%
15	Average daily roundtrip commuting distan	nce		. 15		miles				mile	es
16	Commuting miles included on line 12			. 16	6	, 140 miles				mile	es
17	Other miles. Add lines 13 and 16 and sub	tract t	he total from line 12	. 17		miles				mile	es.
18	Was your vehicle available for personal u	ise du	ring off-duty hours?					. х	Yes		lo.
19	Do you (or your spouse) have another ve	hicle a	available for personal use?	•				. X	Yes	□ N	lo;t
20	Do you have evidence to support your de	ductio	n?					. 🛛	Yes	□ N	lo i
21	If "Yes," is the evidence written?							. 🛛	Yes		lo 🖔
Sec	tion B - Standard Mileage Rate	e (Se	e the instructions for Part I	to find o	ut whether to con	nplete this section	or Section	on C.)			- ಡು (ನ)
22	Multiply line 13 by 51 cents (.51) for mi										- 137 (S)
	driven after June 30, 2011. Add the an		•		•	<u></u>	22			5,43	
Sec	tion C - Actual Expenses		T	hicle 1			(b) Veh	icle 2			Ţ
23	Gasoline, oil, repairs, vehicle		Secretarian			2 A	1.454				ri k
	insurance, etc	23	A CONTRACTOR OF THE PARTY OF TH			a special in	234.10				_ <u>Ç</u>
24 a	Vehicle rentals	24a	3,000	J. Francisco	and the two					The state of	En.
b	Indusion amount (see instructions)	. 24b		constitution of the second				1		Age of the second	ម្ប
C	Subtract line 24b from line 24a	24c	100			10 ye	t 45 -				25)
25	Value of employer-provided vehicle		and the second second								(A) journal
	(applies only if 100% of annual	1	-10-20			4 - 1	1.00				("ب) شم
	lease value was included on Form		##### - ###			15 pre-	3.4				$ \mathcal{F}\rangle$
	W-2 - see instructions)	25				<i>34</i>					
26	Add lines 23, 24c, and 25	26					100		-		500
27	Multiply line 26 by the percentage		Company (State)				S. 22. 1/4				
	on line 14	27	300 M			- T-					12
28	Depreciation (see Instructions)					7,467	miss.	•			. 5
						Section 188	77.				1
		28					277(204) 2774				
29	Add lines 27 and 28. Enter total					e de la companya de l					E
29	Add lines 27 and 28. Enter total here and on line 1	29	Use this section only if you	owned	the vehicle and a	re completing Sec	tion C for	the ve	nicle.)		<u>4</u> 1
29	Add lines 27 and 28. Enter total	29			the vehicle and a	re completing Sec			nicle.)		ALA Sam
29	Add lines 27 and 28. Enter total here and on line 1	29		owned	the vehicle and al	re completing Sec	tion C for (b) Veh		nicle.)		At A State of the
29 Sec	Add lines 27 and 28. Enter total here and on line 1	29			the vehicle and a	re completing Sec			nicle.)		The Control of The
29 Sec 30	Add lines 27 and 28. Enter total here and on line 1	29 es	(a) Ve		the vehicle and al	re completing Sec			nicle.)		Flankersking P.13
29 Sec	Add lines 27 and 28. Enter total here and on line 1	29 es		hicle 1	Tanks	The same areas year			nicle.)		ALA Loughousement
29 Sec 30	Add lines 27 and 28. Enter total here and on line 1	29 es ((a) Ve	hicle 1	Tanks	The same areas year	(b) Veh	ricle 2			
29 Sec 30	Add lines 27 and 28. Enter total here and on line 1	29 es ((a) Ve	hicle 1	Tanks	The same areas year	(b) Veh	ricle 2			
29 Sec 30	Add lines 27 and 28. Enter total here and on line 1	29 es ((a) Ve	hicle 1	Tanks	The same areas year	(b) Veh	ricle 2			
29 Sec 30	Add lines 27 and 28. Enter total here and on line 1	29 es ((a) Ve	hicle 1		The same areas year	(b) Veh	ricle 2			
29 Sec 30	Add lines 27 and 28. Enter total here and on line 1	29 es ((a) Ve	hicle 1		The same areas year	(b) Veh	ricle 2			
30 31 32	Add lines 27 and 28. Enter total here and on line 1	29 es ((a) Ve	hicle 1	Tanks	The same areas year	(b) Veh	ricle 2			
30 31 32	Add lines 27 and 28. Enter total here and on line 1	29 es 30 31	(a) Ve	hicle 1		The same areas year	(b) Veh	ricle 2			
30 31 32	Add lines 27 and 28. Enter total here and on line 1 Etion D - Depreciation of Vehicl Enter cost or other basis (see instructions) Enter section 179 deduction and special allowance (see instructions) Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance) Enter depreciation method and percentage (see instructions)	29 es 30 31	(a) Ve	hicle 1		The same areas year	(b) Veh	ricle 2			
30 31 32	Add lines 27 and 28. Enter total here and on line 1 Etion D - Depreciation of Vehicl Enter cost or other basis (see instructions) Enter section 179 deduction and special allowance (see instructions) Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance) Enter depreciation method and percentage (see instructions) Multiply line 32 by the percentage	30 31 32 33	(a) Ve	hicle 1		The same areas year	(b) Veh	ricle 2			
29 Sec 30 31 32 33 34	Add lines 27 and 28. Enter total here and on line 1 Etion D - Depreciation of Vehicl Enter cost or other basis (see instructions) Enter section 179 deduction and special allowance (see instructions) Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance) Enter depreciation method and percentage (see instructions) Multiply line 32 by the percentage on line 33 (see instructions)	29 es (30 31 32 33 34	(a) Ve	hicle 1		The same areas year	(b) Veh	icle 2		outstand in these	
29 Sec 30 31 32 33 34 35	Add lines 27 and 28. Enter total here and on line 1 Enter cost or other basis (see instructions) Enter section 179 deduction and special allowance (see instructions) Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance) Enter depreciation method and percentage (see instructions) Multiply line 32 by the percentage on line 33 (see instructions) Add lines 31 and 34	29 es (30 31 32 33 34 35	(a) Ve	hicle 1		The same areas year	(b) Veh	icle 2			
29 Sec 30 31 32 33 34 35	Add lines 27 and 28. Enter total here and on line 1 Enter cost or other basis (see instructions) Enter section 179 deduction and special allowance (see instructions) Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance) Enter depreciation method and percentage (see instructions) Multiply line 32 by the percentage on line 33 (see instructions) Add lines 31 and 34 Enter the applicable limit explained	29 es (30 31 32 33 34 35	(a) Ve	hicle 1			(b) Veh	icle 2			
30 31 32 33 34 35 36	Add lines 27 and 28. Enter total here and on line 1 Enter cost or other basis (see instructions) Enter section 179 deduction and special allowance (see instructions) Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance) Enter depreciation method and percentage (see instructions) Multiply line 32 by the percentage on line 33 (see instructions) Add lines 31 and 34 Enter the applicable limit explained in the line 36 instructions	29 es (30 31 32 33 34 35	(a) Ve	hicle 1			(b) Veh	icle 2			
30 31 32 33 34 35 36	Add lines 27 and 28. Enter total here and on line 1 Enter cost or other basis (see instructions) Enter section 179 deduction and special allowance (see instructions) Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance) Enter depreciation method and percentage (see instructions) Multiply line 32 by the percentage on line 33 (see instructions) Add lines 31 and 34 Enter the applicable limit explained in the line 36 instructions Multiply line 36 by the percentage	29 es (30 31 32 33 34 35	(a) Ve	hicle 1			(b) Veh	icle 2			
30 31 32 33 34 35 36 37	Add lines 27 and 28. Enter total here and on line 1 Enter cost or other basis (see instructions) Enter section 179 deduction and special allowance (see instructions) Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance) Enter depreciation method and percentage (see instructions) Multiply line 32 by the percentage on line 33 (see instructions) Add lines 31 and 34 Enter the applicable limit explained in the line 36 instructions Multiply line 36 by the percentage on line 14 Enter the smaller of line 35 or line	29 es (30 31 32 33 34 35	(a) Ve	hicle 1			(b) Veh	icle 2			
30 31 32 33 34 35 36 37	Add lines 27 and 28. Enter total here and on line 1 Enter cost or other basis (see instructions) Enter section 179 deduction and special allowance (see instructions) Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance) Enter depreciation method and percentage (see instructions) Multiply line 32 by the percentage on line 33 (see instructions) Add lines 31 and 34 Enter the applicable limit explained in the line 36 instructions Multiply line 36 by the percentage on line 14 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37,	29 es (30 31 32 33 34 35	(a) Ve	hicle 1			(b) Veh	icle 2			
30 31 32 33 34 35 36 37	Add lines 27 and 28. Enter total here and on line 1 Enter cost or other basis (see instructions) Enter section 179 deduction and special allowance (see instructions) Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance) Enter depreciation method and percentage (see instructions) Multiply line 32 by the percentage on line 33 (see instructions) Add lines 31 and 34 Enter the applicable limit explained in the line 36 instructions Multiply line 36 by the percentage on line 14 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35.	29 es (30 31 32 33 34 35	(a) Ve	hicle 1			(b) Veh	icle 2			
30 31 32 33 34 35 36 37	Add lines 27 and 28. Enter total here and on line 1 Enter cost or other basis (see instructions) Enter section 179 deduction and special allowance (see instructions) Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance) Enter depreciation method and percentage (see instructions) Multiply line 32 by the percentage on line 33 (see instructions) Add lines 31 and 34 Enter the applicable limit explained in the line 36 instructions Multiply line 36 by the percentage on line 14 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 28	29 es 30 31 32 33 34 35 36 37	(a) Ve	hicle 1			(b) Veh	icle 2			
30 31 32 33 34 35 36 37	Add lines 27 and 28. Enter total here and on line 1 Enter cost or other basis (see instructions) Enter section 179 deduction and special allowance (see instructions) Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance) Enter depreciation method and percentage (see instructions) Multiply line 32 by the percentage on line 33 (see instructions) Add lines 31 and 34 Enter the applicable limit explained in the line 36 instructions Multiply line 36 by the percentage on line 14 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35.	29 es (30 31 32 33 34 35	(a) Ve	hicle 1			(b) Veh	nicle 2			nt balance

, Form 8879	O IRS e-file	e Signature Autho	rization		1	OMB No. 1545-0074
Department of the Treasury		end to the IRS. This is not a				2011
Internal Revenue Service	▶ Keep this	form for your records. See i	instructions.			2011
Declaration Control Number (DCN)			<u>-</u>			<i>e</i> j
Taxpayer's name	,			Social security number		
JAYESH SRI	VASTAVA					<u> </u>
Spouse's name				Spouse's social security	number	
PAYAL UMBR Part I Tax Return Info		nding December 31, 2	2011 (Mbo	le Dollars Only)		
		, line 22; Form 1040EZ, line 4)			1	173,246
2 Total tax (Form 1040, line 61		· · · · · · · · · · · · · · · · · · ·			2	29,548
3 Federal income tax withheld	(Form 1040, line 62; Form 1	040A, line 36; Form 1040EZ, li			3	29,548 29,671
4 Refund (Form 1040, line 74a	; Form 1040A, line 43a; Form	n 1040EZ, line 11; Form 1040	-SS, Part I, line	12a)	4	123 3
5 Amount you owe (Form 104)	0, line 76; Form 1040A, <u>line</u> 4	15; Form 1040EZ, line 12)			5	
Part II Taxpayer Decla	ration and Signature	Authorization (Be su	ire you get	and keep a co	py of y	/our return)
b) the reason for any delay in processing Financial Agent to initiate an ACH electror payment of my Federal taxes owed on this punderstand that this authorization may ap (EFTPS). I authorize EFTPS to issue me a notify the U.S. Treasury Financial Agent to contact the U.S. Treasury Financial Agent to payment (settlement) date. I also authoriz information necessary to answer inquiries below is my signature for my electronic in	nic funds withdrawal (direct debit is return and/or a payment of esti ply to future Federal tax payment a personal identification number o terminate the authorization. To at 1-888-363-4537, Payment ca e the financial institutions involvi and resolve issues related to the) entry to the financial institution as mated tax, and the financial institu- ts that I direct to be debited throug (PIN) to access EFTPS. This author request that my PIN be mailed to a ncellation requests must be received in the processing of the electron e payment. I further acknowledge t	ccount indicated tion to debit the in the Electronic orization is to remme, or to revoke yed no later than nic payment of ta the personal	in the tax preparation sentry to this account. If Federal Tax Payment S main in full force and eff (cancel) a payment, I main in full force and eff (cancel) a payment, I main in full full force to business days prior to execute the confidential full full full full full full full fu	oftware for urther ystem ect until I sust o the tial	7
Taxpayer's PIN: check one box or X I authorize MANOJ IN as my signature on my tax y	AMDAR ERO firm name	to enter or gene		Enter five numbers, but do not enter all zeros		: : : : :
will enter my PIN as my s	ignature on my tax year 20	11 electronically filed income ne Practitioner PIN method. T				P
four signature				Date 🕨		r r
	AMDAR ERO firm name ear 2011 electronically filed in ignature on my tax year 20	to enter or gene ncome tax return. 11 electronically filed income ne Practitioner PIN method. To	tax return. Cl			7 2 6 7 1 1 1
Spouse's signature				Date >		
	Practitioner PIN M	lethod Returns Or	nly - cont	inue below		<u> </u>
		Practitioner PIN Metho	<u> </u>			
ERO's EFIN/PIN. Enter your six-dig	ait EEIN followed by your fo	up digit coff polasted PIN				
ERO'S EFINIFIA. Eliter your six-uiç	air Ethin ionomed by Your III	re-uigit sen-selected File.		do n	ot enter all :	teros
certify that the above numeric entry	is my PIN, which is my signa	iture for the tax year 2011 elec	tronically filed i	ncome tax return for		
he taxpayer(s) indicated above. I cor	nfirm that I am submitting this	return in accordance with the	requirements (of the Practitioner PII	1	
nethod and Publication 1345, Ha	ndbook for Authorized IRS	e-file Providers of Individual I	Income Tax R	eturns.		
RO's signature MANOJ IN	AMDAR			Date ▶ <u>02-17-</u>	2012	
_		tain This Form - See I				
		orm to the IRS Unless	Kequeste			Form 8879 (2011
For Paperwork Reduction Act No	uce, see your tax return in	su ucuons.		EEA		COURT 00/3 (201)

Yame(s) as shown on return	Supporting Statements		2011 PG01 our Social Security Number
JAYESH SRIVASTA	BRALKAR - LINE 21 - EMPLOYER	E EXPENSE	S STM 01
DESCRIPTION FORM 2106-EZ Spouse 2106	 AMOUNT 4,935 8,292	, HAFBINGE	S SIFI OI
TOTAL	 13,227		

1040		Overflow St	atement		<u> </u>	2011 Page 1
lame(s) as shown on return			_		our Social Se	curity Number
JAYESH SRIVAS	STAVA & PAY	AL UMBRALKA	R			
	Form 2106	, Line 4a -	Other bus	iness expens	es	
Description						Amount
Internet				·	\$	360
Telephone Hardware and	Coftware		*			480 500
hardware and	Software			Total:	\$	1,340
	Form 2106	, Line 4a -	Other bus	iness expens	es	
Description						Amount
Telephone				Total:	\$. \$	600 600
				IOCAI.	7	
			•			

AYESH SRIVASTAVA & PAYAL UMBRALKAR ACCOUNT #1 Cinancial Institution Name Couting Transit Number Account Number Account Type Checking Cederal Deposit 123 IJ Deposit 406	Acce	ount Transaction Summary		2011
PLEASE VERIFY BANK INFORMATION 1. Bank Routing Transit Number 1. Bank Name 2. Bank Routing Transit Number 2. Bank Routing Transit Number 3. Bank Account Number 4. Bank Account Type PLEASE VERIFY BANK INFORMATION 1. Bank Name 2. Bank Routing Transit Number 3. Bank Account Number 4. Bank Routing Transit Number 5. Bank Account Type This information is used to deposit your refund. If you have provided the incorrect information and certify that this information is correct and authorize MANCJ INAMEDAR	ime(s) as shown on return		Your So	
PLEASE VERIFY BANK INFORMATION 1. Bark Account Number 2. Bark Routing Transit Number 3. Bank Account Manue 2. Bank Routing Transit Number 3. Bank Account Type THIS INFORMATION SI USED TO DEPOSIT YOUR REFUND. IF YOU HAVE PROVIDED THE INCORRECT INFORMATION OR YOU HAVE CLOSED THE ACCOUNT, YOU ARE RESPONSIBLE. This reviewed the above information and certify that this information is correct and authorize MANGUI INAMDAR	JAYESH SRIVASTAVA & PAYAI	L UMBRALKAR		
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Routing Transit Number Account Type Checking Pederal Deposit 123 Wide Deposit 406 Net Deposit 529 PLEASE VERIFY BANK INFORMATION 1. Bark Name 2. Bank Routing Transit Number 3. Bank Account Number 4. Bark Account Type THIS INFORMATION IS USED TO DEPOSIT YOUR REFUND. IF YOU HAVE PROVIDED THE INCORRECT INFORMATION OR YOU HAVE CLOSED THE ACCOUNT, YOU ARE RESPONSIBLE. Thave reviewed the above information and certify that this information is correct and authorize MANOJ INAMDAR	account #1			
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INFORMATION OR YOU HAVE CLOSED THE ACCOUNT, YOU ARE RESPONSIBLE. I have reviewed the above information and certify that this information is correct and authorize MANOJ INAMDAR	THIS INFORMATION IS USED TO DEPOSIT YO	OUR REFUND. IF YOU HAVE PROVIDED THE	INCORRECT	
to use this account to deposit my refund.		that this information is correct and authorize	MANOJ INAMDAR	•
	to use this account to deposit my refund.			
				•

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 #

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 Di

Spouse/CU Partner's Signature (If filling jointly, BOTH must sign)

Federal Identification Number

Paid Preparer's Signature

MANOJ INAMDAR

Firm's Namemanoj inamdar 32 pebble creek RD DAYTON NJ

08810

Federal Employer Identification Number

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 Taxatlon, Revenue Processing Center, PO Box 555, Trenton, NJ 08647-0555



STATE OF NEW JERSEY INCOME TAX - RESIDENT RETURN

SRIVASTAVA JAYESH & UMBRALKAR PAYAL

001 12 014 040 0 SS#	
006 2 017 0 045 0 SS2	
007 0 018 0 046 6723 BY2	
008 0 019 0 047 7129 SS3	
009 0 020 0 048 0 BY3	
010 0 021 0 049 0 SS4	
011 0 022 0 050 0 BY4	
12A 2 023 0 50B 0 DDI	
12B 0 024 0 50C 0 AT	
RSF 000000 025 0 051 0 FOR	
RST 000000 026 173246 052 0 RN	
GEF 0 27A 0 053 0 PID	
HCA 0 27B 0 054 7129 FID	
HCB 0 27C 0 055 0	
HCC 0 029 2000 056 406	
HCD 0 030 0 057 0	
22C 0 031 0 058 0	
VC 1024 032 0 059 0	
CTY 1205 033 0 060 0	
PDR 0 36A 2236 061 0	
DNM 1 36B 0 062 0	
PA 1 36C 2236 063 0	
CDV 2502 037 169010 63C 0	
038 6723 064 0	
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NJ-104	0 (2011)						PAG	E 3
Na				Social Se	curity Nur	nber		
S	RIVASTAVA JAYESH & UMBRALKAR PAYAL							
DEC	DENAY	_						点
	DENCY If you were a New Jersey resident for ONLY part of the ATUS taxable year, give the period of New Jersey residency:	From	MONTH DAY	VEAD	To	HOUT	D D D D	(Apr. 1977)
		d/CII Dar	MONTH DAY	YEAR	Household	MONT		YEAR Widow(alt)
LICIN		separate] Head of	nousendia	ο.	Surviving	g CU Partnet
EXE	APTIONS 6. Regular 2	2 10). Number of other	depende	nts			TIN
	7. Age 65 or Over	╡	Dependents atte	•				
	8. Blind or Disabled	Ī 1:	2. Totals (Line 12	•	•	and 1	11)	72 7
	Number of qualified dependent children	ĺ	(Line 12	b - Add Li	ines 9 and	10)	•	
13.	Dependent's information from Lines 9 and 10. (ATTACH RIDER IF MORE	THAN F	OUR)				If the depen	dent does not
	LAST NAME, FIRST NAME, MIDDLE INITIAL		SOCIAL SECURITY		BIRTH YE	AR	including NJ	Family Care
a.								Medicate, Medicate, private or
b.		ļ	- **					other, che
C.		 					1	instruction
d.							J	
	RNATORIAL Do you wish to designate \$1 of your taxes for this fund		***				Yes	No the
	IONS FUND If joint return, does your spouse/CU partner wish to de					-	Yes 173	X No 公 3.246可
14. 15a.	Wages, salaries, tips, and other employee compensation (Enclose W-2)		ure to use State wage: of you	r W-2(s).	16 14 15a		1.73	3,240
15a. 15b.	Taxable interest income (See instructions) (Enclose Fed Sch B if over \$1,50 Tax exempt Interest income. DO NOT include on Line 15a	15b			154			
16.	Dividends	100			16			រីវា
17.	Net profits from business (Enclose copy of Federal Schedule C, Form 1040)) ·			17			13
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			ند. ا
20.	Distributive Share of Partnership Income (See instruction page 27)				20			(.)(.)
21.	Net pro rata share of S Corporation Income (See Instruction page 27) (Encl	lose Sch	edule)		21			i j
22.	Net gain or income from rents, royalties, patents & copyrights (Schedule C,	Line 3)	•		22			್ರ
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			N
26.	Total income (Add Lines 14, 15a, 16 through 25)				26		173	3,246
27a	Pension Exclusion (See instruction page 28)	27a			-			1
27b	Other Retirement Income Exclusion (See Worksheet and Instr. page 30)	27b			-ll			4
27c	Total Exclusion Amount (Add line 27a and Line 27b)				27c		197	246
28.	New Jersey Gross Income (Subtract Line 27c from Line 26) See instruction				28			2,000
29. 30.	Total Exemption Amount - See instruction page 30 (Part Year Residents so Medical Expenses (See Worksheet and instr. page 31)	ee instru	cuon page 9.)		30			2,000
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	2,000
35.	Taxable Income (Subtract Line 34 from Line 28) If zero or less, MAKE NO B	ENTRY.			35		171	1,246
36a.	Total Property Taxes Paid (See instruction page 32)	36a		2,23	5			_
36b.	Check this box if you were a New Jersey homeowner on October 1, 2011							
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 El	NTRY.	37			0,010
38.	Tax (From Tax Tables, page 53)				38		- 6	723
39.	THIS LINE IS NOT USED ON COMPUTER GENERATED RETURNS			Interpret	,. T			·····
40.	Credit For Income Taxes Paid to Other Jurisdictions. Enter other jurisdiction	n code	(See instr.)	99	40			700
41.	Balance of Tax (Subtract Line 40 from Line 38)				41		- 6	723
42.	Sheltered Workshop Tax Credit				42			775
43.	Balance of Tax after Credit (Subtract Line 42 from 41)	_ T	7 EDO		43		- 6	723
44.	Use Tax Due on Out-of-State Purchases (See instruction page 38) If no Use	e iax,e ┌─	nier ZERU.		44			U
45.	Penalty for Underpayment of Estimated Tax Check if Form 2210 enclosed. Total Tax and Penalty (Add Lines 42, 44 and 45)	Ш			45 46		-	723
46.	Total Tax and Penalty (Add Lines 43, 44 and 45)		•		40			,,,,,,

Name SRIVASTAVA JAYESH & UMBRALKAR PAYAL 47 Total New Jersey Income Tax Withheld (Enclose forms W-2 and 1099) 48 Property Tax Credit (See instruction page 35) 49 New Jersey Estimated Tax Payments/Credit from 2010 tax return. 50 New Jersey Estimated Tax Payments/Credit from 2010 tax return. 51 New Jersey Estimated Tax Payments/Credit from 2010 tax return. 52 EXCESS New Jersey Ui/SF/SWF Withheld (See Instr. page 40) 53 EXCESS New Jersey Ui/SF/SWF Withheld (See Instr. page 40) (Enclose Form NJ-2450) 54 EXCESS New Jersey Family Leave Withheld (See Instr. page 40) (Enclose Form NJ-2450) 55 EXCESS New Jersey Family Leave Withheld (See Instr. page 40) (Enclose Form NJ-2450) 56 Total Payments/Credits (Add Lines 47 through 53) 57 Total Payments/Credits (Add Lines 47 through 53) 58 If Line 54 is LESS THAN Line 46, enter AMOUNT YOU OWE. 59 If Line 54 is MORE THAN Line 46, enter OVERPAYMENT Deductions from Overpayment on Line 56 which you elect to credit to: Your 2012 tax 58 N.J. Endangered Wildlife Fund 59 N.J. Children's Trust Fund 50 See Instruction page 41) 51 Sea Other 52 Other 53 Other 54 Other 55 Other 56 Other 57 Sea Other 58 N.J. Seast Cancer Research Fund 59 N.J. Children's Trust Fund 50 See Instruction page 41) 510 S20 Other 53 Other 54 Total Deductions from Overpayment (Add Lines 57 through 63) 55 REFUND (Amount to be sent to you. Subtract Line 64 from Line 56)	PAGE 3 AND PAGE 4 MUST BE ENCLOS	ED WITH PAGE 1 AND 2 OF YOUR 2011 I	NJ-1040	PAGE 4
SRIVASTAVA JAYESH & UMBRALKAR PAYAL Total New Jersey Income Tax Withheld (Enclose forms W-2 and 1099) 47 7, 48 9 Properly Tax Credit (See instruction page 35) 48 9 New Jersey Estimated Tax Payments/Credit from 2010 tax return. 49 0 New Jersey Earned Income Tax Credit (See instruction page 40) Fill in the box if you and the IRS figure your Federal Earned Income Credit. Fill in box if you and the IRS figure your Federal Earned Income Credit. Fill in box if you are a CU couple claiming the NJ Earned Income Tax Credit EXCESS New Jersey UI/SF/SWF Withheld (See Instr. page 40) (Enclose Form NJ-2450) 52 EXCESS New Jersey Disability Insurance Withheld (See Instr. page 40) (Enclose Form NJ-2450) 53 EXCESS New Jersey Family Leave Withheld (See Instr. page 40) (Enclose Form NJ-2450) 54 Total Payments/Credits (Add Lines 47 through 53) 55 If Line 54 is LESS THAN Line 46, enter AMOUNT YOU OWE. If you owe lax, you may make a donation by entering an amount on Lines 58, 59, 60, 81, 82 and/or 83 and adding this to your payment amount. If Line 54 is MORE THAN Line 46, enter OVERPAYMENT Deductions from Overpayment on Line 55 which you elect to credit to: Your 2012 tax 7		Social Secur	ity Number	1700-4
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8 Properly Tax Credit (See instruction page 35) 9 New Jersey Estmated Tax Payments/Credit from 2010 tax return. 10 New Jersey Estmated Tax Payments/Credit from 2010 tax return. 11 EXCESS New Jersey Lamed Income Tax Credit (See instruction page 40) 12 EXCESS New Jersey UIS/F/SWF Withheld (See Instr. page 40) (Enclose Form NJ-2450) 13 EXCESS New Jersey Disability Insurance Withheld (See Instr. page 40) (Enclose Form NJ-2450) 14 Total Payments/Credits (Add Lines 47 through 53) 15 If Line 54 is LESS THAN Line 46, enter AMOUNT YOU OWE. 16 If Line 54 is MORE THAN Line 46, enter OVERPAYMENT 17 Deductions from Overpayment on Line 56 which you elect to credit to: 17 Your 2012 tax 18 N.J. Endangered Wildlife Fund 19 N.J. Children's Trust Fund 10 N.J. Wildren's Trust Fund 10 N.J. Wildren's Trust Fund 11 N.J. Breast Cancer Research Fund 12 U.S.S. New Jersey Educational Museum Fund 13 Other Designated Contribution (See Instruction page 41) 14 Total Deductions from Overpayment (Add Lines 57 through 63) 15 REFUND (Amount to be sent to you. Subtract Line 64 from Line 56)			47	7,129
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If Line 54 is LESS THAN Line 46, enter AMOUNT YOU OWE. If you owe tax, you may make a donation by entering an amount on Lines 58, 59, 60, 81, 62 and/or 63 and adding this to your payment amount. If Line 54 is MORE THAN Line 46, enter OVERPAYMENT Deductions from Overpayment on Line 56 which you elect to credit to: Your 2012 tax N.J. Endangered Wildlife Fund N.J. Children's Trust Fund N.J. Vietnam Veterans' Memorial Fund N.J. Vietnam Veterans' Memorial Fund N.J. Sreast Cancer Research Fund U.S.S. New Jersey Educational Museum Fund Other Designated Contribution (See instruction page 41) Total Deductions from Overpayment (Add Lines 57 through 63) REFUND (Amount to be sent to you. Subtract Line 64 from Line 56) RECT DEPOSIT INFORMATION	EXCESS New Jersey Family Leave Withheld (See instr. P	age 40) (Endose Form NJ-2450)	53	
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Your 2012 tax 57	If Line 54 is MORE THAN Line 46, enter OVERPAYMENT	Г	56	406
N.J. Children's Trust Fund \$10 \$20 Other N.J. Vietnam Veterans' Memorial Fund \$10 \$20 Other N.J. Breast Cancer Research Fund \$10 \$20 Other U.S.S. New Jersey Educational Museum Fund \$10 \$20 Other Other Designated Contribution (See instruction page 41) \$10 \$20 Other Total Deductions from Overpayment (Add Lines 57 through 63) REFUND (Amount to be sent to you. Subtract Line 64 from Line 56) RECT DEPOSIT INFORMATION	Deductions from Overpayment on Line 56 which you elect	to credit to:		
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N.J. Breast Cancer Research Fund	N.J. Children's Trust Fund	S10 S20 Other	59	
U.S.S. New Jersey Educational Museum Fund \$10 \$20 Other Other Designated Contribution (See instruction page 41) \$10 \$20 Other Total Deductions from Overpayment (Add Lines 57 through 63) REFUND (Amount to be sent to you. Subtract Line 64 from Line 56) RECT DEPOSIT INFORMATION	N.J. Vietnam Veterans' Memorial Fund	🗌 \$10 🔛 \$ 20 📗 Other	60	i
Other Designated Contribution (See instruction page 41) \$10 \$20 Other \$3 Other Total Deductions from Overpayment (Add Lines 57 through 63) 64 REFUND (Amount to be sent to you. Subtract Line 64 from Line 56) 65 ARECT DEPOSIT INFORMATION	N.J. Breast Cancer Research Fund	\$10 \$20 Other	61	
Total Deductions from Overpayment (Add Lines 57 through 63) REFUND (Amount to be sent to you. Subtract Line 64 from Line 56) RECT DEPOSIT INFORMATION	U.S.S. New Jersey Educational Museum Fund	🗌 \$10 📗 \$2 0 📗 Other	62	
REFUND (Amount to be sent to you. Subtract Line 64 from Line 56) 65 4 RECT DEPOSIT INFORMATION	Other Designated Contribution (See instruction page 41)	S10 S20 Other	63	
RECT DEPOSIT INFORMATION	Total Deductions from Overpayment (Add Lines 57 through	h 63)	64	
	REFUND (Amount to be sent to you. Subtract Line 64 from	n Line 56)	65	406
	RECT DEPOSIT INFORMATION			_
for Refund and '4' for no.	for Refund and '4' for no.	Type of account ('C' fo	or Checking, 'S' for Savings)	

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

X

	0			
NJ-8879	NJ (e-file Signature Authorization	-	
Department of the Treasury Division of Revenue	▶ Do n	oot send to New Jersey. Keep for your records See Instructions.	.	2011
				247
Taxpayer's name			Social security number	ည် ပိုင်
JAYESH SRIVA	STAVA			r or Civil Union Prints
Spouse's name or Civil Union Print's PAYAL UMBRALI	7 N D		Spouse's social security number	
		ear Ending December 31, 2011 (Wh	ole Dollars Only)	<u></u>
				169,010
			2	6,723
3 New Jersey income ta				7,129p 406
				406
	ion and Signature Auth			
statements for the tax year declare that the amounts in Consent to Disclosure and to the provisions contained	ending December 31, 2011, and Part I above are the amounts sl , if applicable, Electronic Funds \	copy of my electronic individual income tax return d to the best of my knowledge and belief, it is true, hown on the copy of my electronic income tax return Withdrawal Consent included on the copy of my electronic income tax return al identification number (PIN) as my signature for RTN DAN	correct, and complete. I furth m. I acknowledge that I have ectronic income tax return and	read the d lagree um and,
Taxpayer's PIN: check	one box only	DUE DATE		ဇာ ယ က
I will enter my PIN as	ectronically filed income tax retu my signature on my tax year 2	2011 electronically filed income tax return. Chec	· · ·	ტე ტე ტე ტე დე დე დე
are entering your own below.	n Pin and your return is tiled us	sing the Practitioner PIN method. The ERO mus	si complete Fart III	
Your signature	· · · · · · · · · · · · · · · · · · ·		Date 🕨	i A.J. Profit Facin
Spouse's PIN: check or (or Civil Union Print's PIN)	e box only		_	in the second se
X I authorize MANO	J INAMDAR ERO firm name lectronically filed income tax retu	to enter my PIN do not enter all zero	as my signature	ii, Re
	•	2011 electronically filed income tax return. Check	k this hav anhy if you	78 nt - 5898
		sing the Practitioner PIN method. The ERO mus	• •	;•
below.				
Spouse's signature			Date >	
or Civil Union Prtnr's	Practitioner i	PIN Method Returns Only - continue	below	
Part III Certifica		n - Practitioner PIN Method		
ERO's EFIN/PIN. Enter y	our six-digit EFIN followed by y	our five-digit self-selected PIN.	do not enter a	il zeros
•	dicated above. I confirm that I ar	y signature on the tax year 2011 electronically filed m submitting this return in accordance with the requ		
ERO's signature			Date 🕨	·
		ust Retain This Form - See Instructions See Form to New Jersey Unless Reque		

Form NJ-8879 2011

F								
⁶ 1040	De	partment of the Treasury - Internal Revenue Service						
m 10-40	U	S. Individual Income Tax Ret	turn	2010	(99) 1RS Use On	ıly-Do	not write or s	taple in this space.
Name,		ar Jan. 1-Dec. 31, 2010, or other tax year beginning), ending	, 20		OMB	No. 1545-0074
Address.		name and initial	Last name			Γ.	Your social se	curity number
and SSN	JAYE	SH lurn, spouse's first name and initial	SRIVASTA	VA				<u></u>
	PAYA	_	Lasi name	-		- I	Spouse's soci	lal security number
See separate		Li ress (number and street). If you have a P.O. box, see in	UMBRALKAI	<u> </u>	Apt. no.	-	Make	
instructions.	ľ	STRAWBERRY COURT	20.500,010.		Apt. no.	` I		sure the SSN(s) above \ on line 6c are correct.
		or post office, state, and ZIP code. If you have a foreig	n address, see instru	ictions.		╁	<u>'</u>	box below will not
Presidential	Edis	on	NJ (08817				ir tay or refund
Election Camp						→	You	
Filing 1	Single		4 He	and of househ	old (with qualifying p			ctions.) If
Status 2	X Marri	d filing jointly (even if only one had income)		e qualifying p ild's name he	erson is a child but n re.	iot you	ır dependent,	enter ma
Check only	Marrie	filling separately. Enter spouse's SSN above	>					22. 4. 7.
one box.	and fu	name here.	5 Q	ualifying wid	low(er) with deper	ndent	child	N
Exemption	s 6a	X Yourself. If someone can claim you as a	dependent, do no	ot check bo	x 6a		3	Boxes checked on 6a and 6b 2
	b	X Spouse	<u> </u>				<u>, , , , , , , , , , , , , , , , , , , </u>	No. of children
	С	Dependents:	(2) Dependent's social security num) Dependent's ationship to you	age 1	child under 7 qualifying	on 6c who:
	(1) First n	me Last name	aociai securiy nun	1091	anonsinp to you	(586	ld tex credit page 15)	did not live with you due to divorce
If more than four							-	or separation (see instructions)
dependents, see						_	- - -	Dependents on 6c
instructions and check here							-	not entered above
	d	Total number of exemptions claimed						on lines
	7	Wages, salaries, tips, etc. Attach Form(s) W-2					7	125,528
Income	8a	Taxable interest. Attach Schedule B if require	ed			 .	8a	
Attach Famile	, ь	Tax-exempt interest. Do not include on line	Ва	8b				
Attach Form(s W-2 here, Also		Ordinary dividends. Attach Schedule B if require	ed	, , , , ,			9a	ina Ta
attach Forms	b	Qualified dividends		9b			20 S	(4)
W-2G and 1099-R if tax	10	Taxable refunds, credits, or offsets of state and					10	723
was withheld.	11	Alimony received		• • • • •			11	i i
	12	Business income or (loss). Attach Schedule Co				· —	12	
If you did not	13 14	Capital gain or (loss). Attach Schedule D if requi	ired. If not required	i, check hen	Ð P	Ш	13	<u>N</u>
get a W-2,	15a	Other gains or (losses). Attach Form 4797 IRA distributions 15a		h Toyobl	eamount	• • •	14 15b	
see page 20.	16a	Pensions and annuities 16a		b Taxabi			16b	, -Y
Enclose, but do	17	Rental real estate, royalties, partnerships, S con	porations, trusts, e	_			17	
not attach, any	18						18	ŢĎ.
payment. Also,	19	Unemployment compensation					19	
please use Form 1040-V.	20a	Social security benefits 20a		b Taxabl	e amount		20b	\$
	21	Other income				_	21	i i
	22	Combine the amounts in the far right col for li			r total income	<u> </u>	22	126,251 🦅
Adjusted	23	Educator expenses		23			10.00	
Gross	24	Certain business expenses of reservists, performing ar		_				
Income	25	fee-basis government officials. Attach Form 2106 or 21		24			2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
	25 26	Health savings account deduction. Attach Form Moving expenses. Attach Form 3903		25 26				
	27	One-half of self-employment tax. Attach Schedu		27				
	28	Self-employed SEP, SIMPLE, and qualified plan		28				
	29			29				
	30			30				
	31a	Alimony paid b Recipient's SSN▶		31a				
	32	IRA deduction		32				
	33	Student loan interest deduction		33				
	34	Tultion 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 adju				•	37	126,251
For Disclosure	, Privacy	Act, and Paperwork Reduction Act Notice, se	e separate instru	ections.	EE	A		Form 1040 (2010)

		THE STATE OF THE PAYAL III	WRDAT.KAR			Page 2
Form 1040 (2010)		ESH SRIVAL AVA & PAYAL UI	MEKALIKAK		38	126,251
Tax and	38	Amount from line 37 (adjusted gross income)		Total boxes		
Credits	39a	Check You were born before January 2, 19	···]	checked 39a		1
		if: Spouse was born before January 2,			□	
	b	If your spouse itemizes on a separate return or you were a	etondard daduction		_ \	11,400
	40	Itemized deductions (from Schedule A) or your	standard deduction		. 41	114,851
	41	Subtract line 40 from line 38			42	7,300
	42	Exemptions. Multiply \$3,650 by the number on li	ne ou	· line 41 enter · N-	43	107,551
	43	Taxable income. Subtract line 42 from line 41. I	r line 42 is more that	b Form 4972	44	19,250
	44	Tax (see instructions). Check if any tax is from:	a Form(s) 80 14		45	,
	45	Alternative minimum tax (see instructions). Atta			46	19,250
	46	Add lines 44 and 45	1		54.350	
	47	Full eight tax credit Futuron Form Filter	<u>4</u>			
	48	Credit for child and dependent care expenses. Attach Form	2441 4			
	49	Education credits from Form 8863, line 23	4	9		
	50	Retirement savings contributions credit. Attach Form	n 8880 <u>5</u>	0		
	51		<u>5</u>	1	0	
	52		5	2		
	53	Other credits from Form: a 3800 b 8801 c	5	3		
	54	Add lines 47 through 53. These are your total cr	edits		54	
	55	Subtract line 54 from line 46. If line 54 is more than	line 46, enter -0-		> 55	19,250
	 56	Self-employment tax. Attach Schedule SE			56	
Other	-	Unreported social security and Medicare tax from F	orm: a 41	137 b 8919	57	
Taxes	57	Additional tax on IRAs, other qualified retirement pla			58	<u> </u>
,	58			orm 5405, line 16	59	
	59	a Form(s) W-2, box 9 b Schedule Add lines 55 through 59. This is your total tax			▶ 60	19,250
	60	Federal income tax withheld from Forms W-2 and 1	000 6	18,30)1	
Payments	61			32		
¥	62	2010 estimated tax payments and amount applied from 20		33 80	00	
If you have a	<u>63</u>	Mighting work bay a data i made a series		4a		
qualifying	64a	Earned income credit (EIC)		· · ·		
child, attach	b	Nontaxable combat pay election 64b		55		
Schedule EIC.	65	Additional child tax credit. Attach Form 8812 .			200	
	66	American opportunity credit from Form 8863, line 1		36		
	67	First-time homebuyer credit from Form 5405, line 1	• • • • • • • •	67		
	68	Amount paid with request for extension to file		58		
	69	Excess social security and tier 1 RRTA tax withheld	, ,,,,,⊢	89	20 (25 (27) 18 (45)	
	70	Credit for federal tax on fuels. Attach Form 4136	- ' ' ' ' ' '	70		
	71	Credits from Form: a 2439 b 8839 c		71	▶ 72	19,101
	72	Add lines 61, 62, 63, 64a, and 65 through 71. The	nese are your total	payments	<u> </u>	13,101
Refund	73	If line 72 is more than line 60, subtract line 60 from	om line 72. This is th	ne amount you overpa	id 73	
	74a	Amount of line 73 you want refunded to you. If	Form 8888 is attach	ned, check here	74a	
Direct deposit?	▶ b	Routing number	▶c Type:	Checking Savin	gs	
See	▶ d	Account number				
instructions.	75	Amount of line 73 you want applied to your 2011 estimated to		75		149
Amount	76	Amount you owe. Subtract line 72 from line 60	. For details on how	to pay, see instruction	s 76	143
You Owe	77			77		2000 Total (2000) 11 11 11 10 10 10 10 10 10 10 10 10 10
	Do	ou want to allow another person to discuss this retur	n with the IRS (see in	structions)?	X Yes. Comp	nete pelow No
Third Party		gnee's	Dhone	Persona	al identification	
Designee	nam	MANOJ INAMDAR		398-3995 _{number}		
Sign	Ųnd	r penalties of perjury, I declare that I have examined this re	turn and accompanying	schedules and statements,	and to the best of	of my knowledge and belief,
Here	they	r penalties of perjury, I declare that I have examined this re are true, correct, and complete. Declaration of preparer (oth	er than taxpayer) is Das	eg on an información of info	(i) Maharri iiaa	Daytime phone number
Joint return?	You	signature	Date	Your occupation		1
See page 12.			03-02-2011	COMPUTER EN	GINEER	848-219-0503
Кеер а сору	Spo	ise's signature. If a joint return, both must sign.	Date	Spouse's occupation		
for your records.				ANALYST		是是7°年的10°年,在10°年至10°年
*	Pro	parer's signature		Date	Check X if	PTIN
		NOJ INAMDAR		03-03-2011	self-amployed	
Paid		t/Type preparer's nameMANOJ INAMDAR				
Preparer		MANOT TNAMDAR			Firm's EIN	
Use Only	_	A 22 DEBRIE CREEK	RD		1	
3	FILE	Dayton, NJ 0881		<u>-</u>	Phone no.73	32-398-3995
		Day C011, 110 0001				Form 1040 (2010)
EEA						47

		OMB No. 1545-007	74	
CHEDULE M orm 1040A or 1040) spartment of the Treasury Making Work Pay Credit		2010 Attachment		
ternal Revenue Service (99) Attach to Form 1040A or 1040. See separate instru	ctions.		166	
ame(s) shown on return	Your so	cial security number	(S)	
AYESH SRIVASTAVA & PAYAL UMBRALKAR			<u> </u>	
CAUTION 1 To take the making work pay credit, you must include your social security number (if filling a joint return, the number on your tax return. A social security number does not include an identification number issued by the IRS. Only the issues social security numbers.	•		3523319 (
CAUTION! You cannot take the making work pay credit if you can be claimed as someone else's dependent or if you are a non-	esident allen.		1855 1855	
	4.4		4	
nportant: Check the "No" box on line 1a and see the instructions if:	2 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		S S	
(a) You have a net loss from a business,			ď	
(b) You received a taxable scholarship or fellowship grant not reported on a Form W-2,			(S)	
(c) Your wages include pay for work performed while an inmate in a penal institution,			ઉં	
(d) You received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental			r.)	
section 457 plan, or			(4)	
(e) You are filing Form 2555 or 2555-EZ.			da da	
	13.50			
Do you (& your spouse if filing jointly) have 2010 wages of more than \$6,451 (\$12,903 if married filing jointly)?	2 5 T		<u> </u>	
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)			3	
v ⁷ 高級 V · · · · · · · · · · · · · · · · · · ·	1		- <u>23</u>	
b Nontaxable combat pay included on line 1a			وتسرسط	
(see instructions)			10	
	1.2.3			
! Multiply line 1a by 6.2% (.062)			(20)	
			W (6	
B Enter \$400 (\$800 if married filing jointly)			ů,	
			\$	
Enter the smaller of line 2 or line 3 (unless you checked "Yes" on line 1a)	4	81	00	
6 Enter the amount from Form 1040, line 38*, or Form 1040A, line 22	51		N	
B Enter \$75,000 (\$150,000 if married filing jointly)	nn		Callette	
Table \$13,000 (\$150,000 it matries many joinney)				
Is the amount on line 5 more than the amount on line 6?			3	
No. Skip line 8. Enter the amount from line 9 below.			4	
Yes. Subtract line 6 from tine 5			j.	
			35	
Multiply line 7 by 2% (.02)	8		4 ment -66086	
Subtract line 8 from line 4. If zero or less, enter -0-	9	8(00	
Did you (or your appured if filing injustry) reaches an account of the second of the s				
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	370			
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.	Ting of			
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 filling jointly)	10		0	
Minking work may gradia. Cultivat line 40 from the 0. If your advantage of Patrick and the				
Making work pay credit. Subtract line 10 from line 9. If zero or less, enter -0 Enter the result		0.7	00	
here and on Form 1040, line 63; or Form 1040A, line 40 "If you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico, see instructions.	11		00	

EEA

Form PMT	ACH Payment (Keep for your records)	0	2010
Name(s) shown on return			Taxpayer's SSN
JAYESH SRIVASTAVA & PAYAL	. IIMBRALKAR		
OAIESH SKIVASIAVA & IIIII	V.12-13-13-13-13-13-13-13-13-13-13-13-13-13-		Spouse's SSN
Routing Transit Number			
Bank Account Number			•
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	IRS e-file Signature Authorization)	OMB No.	1545-0074	
	Do not send to the IRS. This is not a tax return.	•		040	
Department of the Treasury Internal Revenue Service	▶ Keep this form for your records. See instructions	i		010	(
Declaration Control Number	(DCN)				1
Taxpayer's name	<u> </u>	Social security number			
JAYESH	SRIVASTAVA			,	4
Spouse's name		Spouse's social security	number	:	-
	UMBRALKAR				_
	rn Information - Tax Year Ending December 31, 2010 (Wrome (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	iole Dollars Only)	4 100	0.51	4
	10, line 60; Form 1040A, line 37; Form 1040EZ, line 11)			,251 ,250	-
	W			1,301	_
	l, line 74a; Form 1040A, line 46a; Form 1040EZ, line 12a; Form 1040-SS, Part I,		4	7301	_
5 Amount you owe (F	orm 1040, line 76; Form 1040A, line 48; Form 1040EZ, line 13)		5	149	٠,
Part II Taxpayer	Declaration and Signature Authorization (Be sure you ge	et and keep a cor	y of your r	eturn)	1
Under penalties of perjury, I ded	lare that I have examined a copy of my electronic individual income tax raturn and accompa	nying schedules and state	ments	-	
in Part I above are the amounts	er 31, 2010, and to the best of my knowledge and belief, it is true, correct, and complete. I fi from my electronic income lax return. I consent to allow my intermediate service provider, to	arther declars that the almo	unts		
originator (ERO) to send my retu	irn to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for r	ejection of the transmission	n,		
(b) the reason for any delay in po- Financial Agent to initiate an AC	rocessing the return or refund, and (c) the date of any refund. If applicable, I authorize the H electronic funds withdrawal (direct debit) entry to the financial institution account indicate	U.S. Treasury and its design	nated		
software for payment of my Fed	eral taxes owed on this return and/or a payment of estimated tax, and the financial institution	n to debit the entry to			
	d that this authorization may apply to future Federal tax payments that I direct to be debited der for me to initiate future paymenta, I request that the IRS send me a personal identification.				
	o full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authori				
	icial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlemen issing of the electronic payment of taxes to receive confidential information necessary to an				
	acknowledge that the personal identification number (PIN) below is my signature for my ele				
applicable, my Electronic Funds	Withdrawal Consent.				,
Taxpayer's PIN: check on	e box only				
X I authorize MANO	•				
	ERO firm name	Enter five numbers, but			į
as my signature on	my tax year 2010 electronically filed income tax return.	do not enter all zeros			,
I will enter my PIN	as my signature on my tax year 2010 electronically filed income tax return. C	heck this box only if y	rou		
are entering your o	wn PIN and your return is filed using the Practitioner PIN method. The ERO	must complete Part III			
below.					ĺ
Your signature 🕨		Date 🕨			_!
Coores-la Dible abook and	hau aak.				- 0
Spouse's PIN: check one X I authorize MANO					
X I authorize MANO	J INAMDAR to enter or generate my PIN	Enter five numbers, but			
as my signature on	my tax year 2010 electronically filed income tax return.	do not enter all zeros			1000
I will enter my PIN	as my signature on my tax year 2010 electronically filed income tax return. C	heck this boy only if y	OII are		
	PIN and your return is filed using the Practitioner PIN method. The ERO mus				
• •	,				
Spouse's signature		Date >			
	Dreatitioner Dial Method Deturns Only	4! b-l		···	_
Part III Certificat	Practitioner PIN Method Returns Only - con	unue below		·	_
Targin Certificat	ion and Addientication - Flacutioner Filt method offig				-
ERO's EFIN/PIN. Enter you	ur six-digit EFIN followed by your five-digit self-selected PIN.	50.00	enter al zeros		_
certify that the above numer	ric entry is my PIN, which is my signature for the tax year 2010 electronically filed				
	ve. I confirm that I am submitting this return in accordance with the requirements				
	145, Handbook for Authorized IRS e-file Providers of Individual Income Tax F				
ERO's signature MANO	J INAMDAR	Date > 03-03-2	2011		
	ERO Must Retain This Form - See Instruction	16			_
	Do Not Submit This Form to the IRS Unless Requeste				
For Paperwork Reduction	Act Notice, see your tax return instructions.	EEA	Form 8	879 (201	٥,

Account #1 Financial Institution Name Routing Transit Number Account Type Checking Federal Debit NJ Deposit Nat Deposit Nat Deposit Nat Deposit PLEASE VERRY BANK INFORMATION 1. Bush Name 2. Bush Routing Transit Number 332 PLEASE VERRY BANK INFORMATION 1. Bush Name 2. Bush Routing Transit Number 4. Bark Account Type THIS INFORMATION IS USED TO DEPOSIT YOUR REFUND. IF YOU HAVE PROVIDED THE INCORRECT INFORMATION RY COLUMN COLORED THE ACCOUNT, YOU ARE RESPONSIBLE. I have reviewed the above information and carify that this information is correct and authorize Date Date Date Date Date				
PLEASE VERIFY BANK INFORMATION 1. Bank Name 2. Bank Account Number Account Type Checking Paderal Debit No Deposit Plansia I Manber Account Type Checking Paderal Debit No Deposit Plansia I Manber Account Type Checking Paderal Debit No Deposit Plansia I Manber Assert Manber Assert Manber Assert Manber Assert Manber Assert Manber Bank Name Checking Paderal Debit Assert Manber Assert Manber Bank Name Checking Pate of Transaction 2011-03-23 Assert Manber Bank Name Checking Paderal Debit Assert Manber Assert Manber Bank Name Checking Bank Name Checking Assert Manber Assert Manber Assert Manber Bank Name Checking Bank Name Checking Assert Manber Assert Manber Assert Manber Bank Name Checking Bank Name Assert Manber Assert Manber MANOJ INAMDAR Touch The Manber Date Date		ount Transaction Summa	nv	2010 _
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Account Type Checking Rederal Debit (149) Date of Transaction 2011-03-23 Not Deposit 481 Not Deposit 332 PLEASE VERIFY BANK INFORMATION 1. Bank Name 2. Bank Routing Transi Number 2. Bank Routing Transi Number 3. Bank Account Type THIS INFORMATION IS USED TO DEPOSIT YOUR REFUND. IF YOU HAVE PROVIDED THE INCORRECT INFORMATION OR YOU HAVE CLOSED THE ACCOUNT, YOU ARE RESPONSIBLE. 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.	Financial Institution Na	ame		
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I have reviewed the above information and certify that this information is contest and determined to use this account to deposit my refund.	THIS INFORMATION IS USED TO DEPOSIT INFORMATION OR YOU HAVE CLOSED TH	YOUR REFUND. IF YOU HAVE PROVIDE HE ACCOUNT, YOU ARE RESPONSIBLE.	ED THE INCORRECT	
Date	I have reviewed the above information and ce to use this account to deposit my refund.	rtify that this information is correct and autho	rize MANOJ IN	AMDAR
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 #

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 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 laxpaver, 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

Federal Identification Number

MANOJ INAMDAR

Firm's Namemanoj INAMDAR 32 PEBBLE CREEK RD

DAYTON NJ

08810

Federal Employer Identification Number

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, Tranton, NJ 08647-0555

NJ-1040 2010 PAGE 2

STATE OF NEW JERSEY INCOME TAX - RESIDENT RETURN

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	ō	016	0	044	0	BY1	0
006	2	017	0	045	0	SS2	0
007	ō	018	0	046	3686	BY2	0
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12A	2	023	0	50B	0	DDI	1 C
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RSF	000000	025	0	051	0	FOR	0
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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		

•	O					
NJ-10	40 (2010)		PAGE	3		
- 1	ame Social	Security Number				
	GRIVASTAVA JAYESH & UMBRALKAR PAYAL					
DE	NIDENOV			<u> </u>		
	SIDENCY If you were a New Jersey resident for ONLY part of the From TATUS taxable year, give the period of New Jersey residency: 1 You were a New Jersey residency:	To				
	MONTH DAT YEA		7	YEAR		
, ,,,,,	NG STATUS 1. Single 2. X Married/CU Couple, filing 3. Married/CU Partner, filing 4. Head joint return separate return	of Household 5.		Widow(er)/ CU Partner		
EXE	MPTIONS 6. Regular 2 10. Number of other depend	ents		 		
	7. Age 65 or Over 11. Dependents attending or			出		
	8. Blind or Disabled 12. Totals (Line 12a - Add		11)			
	9. Number of qualified dependent children (Line 12b - Add		· · ,	置:		
13.	Dependent's information from Lines 9 and 10. (ATTACH RIDER IF MORE THAN FOUR)	· · · · · · · · · · · · · · · · · · ·	If the depends	است ارoes not		
	LAST NAME, FIRST NAME, MIDDLE INITIAL SOCIAL SECURITY #	BIRTH YEAR	have health in including NJ F			
á] {	Medicare		
Ł		:] [private of other, che		
C		3	. [he box. (instruction		
CHIRC]_ [
	and the state of t		Yes	K∐ No ,₁		
14.	TIONS FUND If joint return, does your spouse/CU partner wish to designate \$1? Wages, salaries, tips, and other employee compensation (Enclose W-2)	44		VI NO		
15a.	Taxable interest income (See instructions) (Enclose Fed Sch B if over \$1,500)	14 15a	125	<u>,778</u> [
15b.	Tax exempt interest income. DO NOT include on Line 15a 15b	154				
16.	Dividends	16		a,i.		
17.	Net profits from business (Enclose copy of Federal Schedule C, Form 1040)	17	-	<u> </u>		
18.	Net gains or income from disposition of property (Schedule B, Line 4)	18		<u> </u>		
19.	Pensions, Annuities, and IRA Withdrawals (See Instruction page 23)	19				
20.	Distributive Share of Partnership Income (See Instruction page 26)	20	***	; - 1 		
21.	Net pro rata share of S Corporation Income (See Instruction page 26) (Enclose Schedule)	21		is		
22.	Net gain or income from rents, royalties, patents & copyrights (Schedule C, Line 3)	22				
23.	Net Gambling Winnings (See Instructions page 25)	23		<u> </u>		
24.	Alimony and separate maintenance payments received	24				
25.	Other (See instruction page 26)	25		<u> </u>		
26.	Total income (Add Lines 14, 15a, 16 through 25)	26	125,	778		
27a	Pension Exclusion (See instruction page 27) Other Petisment Income Endings and August 1997 Other Petisment Income Endings an	-		·i		
27b 27c	Other Retirement Income Exclusion (See Worksheet and Instr. page 27) Total Exclusion Amount (Add line 27a and Line 27b)	-		ت نق		
28.	New Jersey Gross Income (Subtract Line 27c from Line 26) See instruction page 29.	27c	105	770		
29.	Total Exemption Amount - See instruction page 29 (Part Year Residents see instruction page 9.)	28	125,	778 000		
30.	Medical Expenses (See Worksheet and instr. page 29)	30				
31.	Alimony and Separate Maintenance Payments	31		<u> </u>		
32.	Qualified Conservation Contribution	32		684		
33.	Health Enterprise Zone Deduction	33		<u>.</u>		
34.	Total Exemptions and Deductions (Add Lines 29, 30, 31, 32 and 33)	34		684		
35.	Taxable Income (Subtract Line 34 from Line 28) If zero or less, MAKE NO ENTRY.	35	119,	094		
36a. 36b.	Total Property Taxes Paid 36a 2, 16	0				
36c.	Check this box if you were a New Jersey homeowner on October 1, 2010 Property Tax Deduction (See instruction page 30)	las I	^	1.00		
37.	NEW JERSEY TAXABLE INCOME (Subtract Line 36c from Line 35) If zero or less, MAKE NO ENTRY.	36c		160		
38.	Tax (From Tax Tables, page 53)	37	116,	686		
39.	THIS LINE IS NOT USED ON COMPUTER GENERATED RETURNS	38	٠,	000		
40.	Credit For Income Taxes Paid to Other Jurisdictions. Enter other jurisdiction code (See instr.)	40				
41.	Balance of Tax (Subtract Line 40 from Line 38)	41	3	686		
42.	Sheltered Workshop Tax Credit	42	٠,			
43.	Balance of Tax after Credit (Subtract Line 42 from 41) 43 3,686					
44.	Use Tax Due on Out-of-State Purchases (See instruction page 36) If no Use Tax, enter ZERO.	44		0		
45	Penalty for Underpayment of Estimated Tax Chack if Form 2210 enclosed.	45				
46.	Total Tax and Penalty (Add Lines 43, 44 and 45)	46	3.	686		

	PAGE 3 AND PAGE 4 MUST BE ENCLOSED WITH PAGE 1 AND 2 OF YOUR 2010 NJ-1040		PAGE 4
N <u>J-1</u>	040 (2010) Social Security Number	er .	
	Name SRIVASTAVA DAIESH & ONBRADICAR TITLE	47	4,167
47	Total New Jersey Income Tax Withheld (Enclose forms W-2 and 1099)	48	
48	Property Tax Credit (See instruction page 30)	49	
49	New Jersey Estimated Tax Payments/Credit from 2009 tax return.	50	
50	New Jersey Earned Income Tax Credit (See instruction page 37) (Fill in only one)	-	
	Fill in the box if you had the IRS figure your Federal Earned Income Credit.		
	Fill In box if you are a CU couple claiming the NJ Earned Income Tax Credit	51	
51	EXCESS New Jersey UI/SF/SWF Withheld (See instr. page 38) (Enclose Form NJ-2450)	52	
52	EXCESS New Jersey Disability Insurance Withheld (See instr. page 38) (Enclose Form NJ-2450)	53	
53	EXCESS New Jersey Family Leave Withheld (See instr. Page XX) (Enclose Form NJ-2450)	54	4,167
54	Total Payments/Credits (Add Lines 47 through 53)	55	
55	If Line 54 is LESS THAN Line 48, enter AMOUNT YOU OWE.	avment amount.	
	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 process.	56	481
56	If Line 54 is MORE THAN Line 46, enter OVERPAYMENT		
	Deductions from Overpayment on Line 56 which you elect to credit to:	57	7
57	Your 2011 tax State 5 and Stat	58	× _
58	N.J. Endangered Wijditie Fund	59	
59	N.J. Children's Trust Fund	60	
60	N.J. Vietnam Veterans' Memorial Fund	61	
61	N.J. Breast Cancer Research Fund	62	
62	U.S.S. New Jersey Educational Midseum Folio	63	
63	Other Designated Contribution (See Instruction page 59)	64	
64	Total Deductions from Overpayment (Add Lines 57 through 63)	65	481
65	REFUND (Amount to be sent to you. Subtract Line 64 from Line 56)		
	RECT DEPOSIT INFORMATION 1 Type of account ('C' for Check	ing, 'S' for Savings)	<u>C</u>
	for Refund and 4 rdr no.		
Ch	eck Routing Number		
	Fill in check box if refund is going to an account outside the United States		
	uthorize the Division of Taxation to discuss my return and enclosures with my preparer	X	
I a	UINGFIZE THE DIVISION OF LEAGUDING GREENS MY COMMITTEE THE STATE OF TH		

	C			, m,)		
NJ-8879		NJ e-file S	ignature Au	thorization			
Department of the Treasury	•		New Jersey. Keep See Instructions	-		20	010
Taxpayer's name					Social security number		
JAYESH SRIVA	STAVA						
Spouse's name or Civil Union Print's PAYAL UMBRAL	מאש				Spouse's social secur	ity number or Civil Un	ion Prints
	KAR urn Information - T	Tax Year Endi	ing December	31 2010 AANG	le Dollars Only)	, and the second	
	ncome					. 1 1	16,934
•							3,686
3 New Jersey income ta	x withheld					. 3	2/20/
							481
	tion and Signature					. 5	
Under penalties of perjury,			· · · · · · · · · · · · · · · · · · ·		and accompanying	schedules and	
statements for the tax year declare that the amounts in Consent to Disclosure and to the provisions contained if applicable, my Electronic	r ending December 31, 20 n Part I above are the amo I, if applicable, Electronic I d therein. I have selected a	olo, and to the best ounts shown on the Funds Withdrawal a personal identificant. RT1	t of my knowledge ai e copy of my electror Consent included on ation number (PIN) a	nd belief, it is true, on the copy of my elec- the copy of my elec-	correct, and completen. I acknowledge the ctronic income tax re	e. I further at I have read the sturn and I scree	:
		DAN	••				
Taxpayer's PIN: check	one box only	וטע	E DATE				
X lauthorize MANO	J INAMDAR		to enter my PIN		as my signatu	re	:
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Your signature				<u></u> .	Date 🕨		
Spouse's PIN: check or (or Civil Union Print's PIN)	ne box only						i
X Lauthorize MANO	J INAMDAR		to enter my PIN		as my signatu	re	; :
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Part III Certifica	ation and Authenti	cation - Pract	litioner PIN Me	thod			
ERO's EFIN/PIN. Enter y	our six-digit EFIN follow	ed by your five-di	git self-selected PIN	l.	do.	not enter all zeros	
I certify that the above num return for the taxpayer(s) in the Practitioner PIN metho	ndicated above. I confirm t		•	•			
ERO's signatura					Date 🕨		
	FR	O Must Reta	in This Form -	See Instruction	ns		
			o New Jersey l		-		
	DO HOL OGDIIII		- Hon dolddy (J.J. 10 DO 00		

Form NJ-8879 (2010)

Emplayment -689862





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

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):

TYPE OF	ACCOUNT NUMBER	CURRENT BALANCE	average <u>Balance</u>	DATE OPENED
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 commensuate 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 Earth 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 accounte 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 mother written inquiry is neceived. 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 neceived 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 Service



I-797A, Notice of Action

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RECEIPT NUMBER EAC-09-244-51077 CASE TYPE 1129 PETITION FOR A NONIMMIGRANT WORKER

PRIORITY DATE RECEIPT DATE September 14, 2009

FIRST TEK TECHNOLOGIES INC

BENEFICIARY

October 5, 2009 1 of 1

SRIVASTAVA, JAYESH

Notice Type: Approval Notice

Class: HIB

Valid from 10/05/2009 to 08/30/2012

atus of the named foreign worker(s) in this

FIRST TEX 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 approv classification is valid as indicated above. The foreign works the petition and for the period authorized. Any change in authorization stems from the filling of this patition. authorization stems from the filing of this petition separ Please contact the IRS with any questions about tax with

can work for the petitioner, but only as detailed in est requires a new perition. since this employment ment authorization documentation is not required. The petitioner should keep the upper portion of this r portion should be given to the worker. He or

er portion should be turned in with the she should keep the right part with his or her Form 1-98 the user departing the U.S. The left part is for his create to cords. A person granted a change of status who leaves the U.S. must normally obtain a visa in the new classification, store returning. The left part can be used in applying for the new visa. If a visa is not required, he or she say the term of the new other required documentation, when applying for reentry in this new classification at a visa of the received in this new classification at a visa of the received or pre-flight inspection station. The red Application of Petition, with this office to petitioner may also file Form 1-824, Application for Action of all request that we notify a consulate, port of entry, or pre-

The approval of this visa petition does not in itself gran ation status and does not guarantee that the alien beneficiary will subsequently be found to be eligible for idmission 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 1797A (Rev. 09/07/93)N

Detach This Half for Personal Records

Receipt # EAC-09-244-51077

I-94# 042003455 12

NAME SRIVASTAVA, JAYESH

CLASS HIB

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

PLEASE TEAR OFF FORM J-94 PRINTED BELOW, AND STAPLE TO DRIGINAL 194 IF AVAILABLE

Immigration and

Naturalization Service

I-94

Departure Record

Petitioner: FIRST TEK TEC

srtvastava

l. First (Given) Name JAYESH

U.S. Department of Justice Immigration and Naturalization Service

Notice of Action

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Ì	RECEIPT NUMBER	P. P. & P. 2. 1. 1. 1. 1. 1. 1. 1.	COST 126 / / / / / / / / / / / / / / / / / / /	۲
1	EAC-05-134-51275	ビス・アンド ビス・ス・ス・ス・ス	VXXX/2/2527/11/17/17/17/17/17/17/17/17/17/17/17/17	١.
ź	12/2/1/11/11/	<u> </u>	PETATION FOR A NONIMMIGRANT WORKER	<u>_</u>
1	RECEIPT DATE	PRIORITY DATE	PENTIONER	_
/	April 12, 2005	Vノイニア とアメリアル	いりぶん インベン・ストライン イン・イン・ファン・ファン・ファン・	_
	<i>1977:Z:Z:</i>	<u> </u>	SOFTWARE RESEARCH GROUP INC	•
ĺ	NOTICE DATE	BAGE /		_
1	April 28, 2005]i /9f/1//////////////////////////////////	MNHAZIINIZZIIN	' ر ر

SOFTWARE RESEARCH GROUP INC .C/O NARAYAN RAVISETTI CEO 485E ROUTE A SOUTH 240 ISELIN NJ 08830

Notice Type:/ Approval Notice Class: H1B

Valid from 10/01/2005/to/10/01/2008

of the listed consulate.

To the listed consulate.

To the approval. Please contact the stop by USEN IN PLACE OF a VISA to the listed consulate. You may also send roval. Please contact the consulate with any The above petition has been approved, and notification teat-off bottom part of this notice to the worker(s) to questions about visa issuance THIS FORM IS NOT A VISA

Perition approval does not authorize employment. Whe then work for the petitioner, but only as detailed in IRS with any questions about tax withholding

granted status based on this patition they can for the period authorized. Please contact the

If tircumstances change, the petitioner can file form I sit of us notify another consulate of this approval any of the workers are already in the U.S. the petitioner of a new Form I-129 to seek to change or extend the pased on this petition. Changes in employment if the talk a new petition. Include a copy of this notice a new Form 1-129 to seek to change or extend their a new petition. Include a copy of this notice with any other required documentation.

If any of the worker (s) included in this petition do enter the united states, substitutions of different the allocated nonlimiting and visa numbers can be requied workers are not made, the petitioner must notify this

Number of workers: 1 SKIVASTAVA, JAYESH ■1979 INDIA

s Consulate or POE HIR TONDON

occ code 930

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

Chatomar Service Telephone: (800) 375-6363

مكراش كالمشاعبة كالوارا

Form 1797B (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 consultate abroad, by if no visa is required, when applying for allmission to the U.S.

Receipt# EAC-05-134-51275 Notice Date: April 28, 2005 Case Type: 1149

Petitioner: SOFTHARE RESERVE GROUP INC

Petition Validity Dates: 10/51/2005 through 10/01/2009 DOB СОВ

Number of Workers/ 1 Class Consulate or POE

SKIVASTAVA, JAYESH

HIB LONDON

oeć co

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

7A. Notice of Action

STATES OF ANTERS

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٠.	RECEIPT NUMBER	CASE TYPE / 1129
- 1	FAF = 118 = 23 (A = 51) 7 S 3	たいし ガイ ボット いこめ アニア めいぶん アイイン オイン オイコミストリーキャリ はくけんはいりょう ヒュナ モイギ ざいしばり
4	<u> </u>	PETITION FOR A NONIMMIGRANT WORKER
-1	RECEIPT DATE PRIORITY DATE	PETITIONER
-4	September 3, 2008	\```````````````\\\\\\\\\\\\\\\\\\\\\\
71		INFOKALL INC
1		二年 正元 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
-{	NOTICE DATE PAGE	BENEVICIARY
-1	September 10, 20081 of 1	. 1344 154 154 14 14 14 14 15 4 16 16 16 16 16 16 16 16 16 16 16 16 16
:1	(1365-1515-1777-1777-1767-1767-1767-1767-17	/srivastava,/Jayesh/
٠Ŀ	<u>・ユエンス・モンス・コンスス スメガ もとり カン・ガン ドッピッピッピッピッ</u> プ デンディション・ディ モオ	くてスマラスタマップできるもの とうかきただだがい かいしい いっぱいだいがい かいしょく イスフリスタフィイス しょくしょり

INFOKALL INC C/O/B R VENKATESH 2850 RED HILL AVENUE 140 SANTA ANA CA 92705

Notice Type: Amended Approval Notice Class: #1B

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 departed in the petition and for the petitional department. Any charge is replaced a new farther. Serior this employment authorization stems from the filing of this petition, separate is classes a substitution of the petition of the petition as parameters. Please contact the IRS with any questions about tax

The petitioner should keep the upper portion of this porte. The fewer portion should be given to the worker. He or she should keep the right part with his or her form 1-34, into Departure Record. This should be turned in with the 1-94 when departing the U.S. The left part is for his or he seconds. 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 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 it is light inspection station. The petitioner way also file form 1-824. Application for Action on an Approved Application of Form 1-824. Application for Action on an Approved Application of the last this period to requise that we notify a consulate, port of entry, or pre-flight inspection office of the approval.

The approval of this visa petition does not in itself grant to the alrent benefitiary will subsequently be found to be eligible for the sold to the third 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 1797A (Rev. 09/07/93)N



Detach This Half for Personal Records

Receipt # EAC-08-236-50753

I-94# 042003455 12

NAME SRIVASTAVA, JAYESH

CLASS HIB

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

PLEASE THAR OFF FORM I -W PRINTED BELOW, AND STAPLE TO ORIGINAL 194 IF AVAILABLE

Immigration and

Naturalization Service

I-94

Departure Record

Petitioner: INFORALL INC

SRIVASTAVA

15 First (Given) Nan JAYESH

Country of Ci

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

I-797A, Notice of Action

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The Lake at

RECEDT NUMBER EAC-09-139-54102	CASE TYPE 1539 APPLICATION TO EXTEND/CHANGE NONIMMIGRANT STATUS
RECEIPT DATE PRIORITY DATE April 1 15, 2009	srtyastav, jayesh b.
May 29, 2009 PAGE 1 of 1	BENTVICIARY SRIVASTAV, JAYESH B.
TAVECH B COTVACTAV	Notice There America Notice

JAYESH B. SKIVASIA C/O VCC EDUCATION 66 MIDDLESEX AVENUE 104 ISELIN NJ 08830

Notice Type; Class: Pl Approval Notice Valid from 05/26/2009 Valid for Duration of Status

The above application for change of nonimmigrant status is applicant at the new status is listed above. The length of authorized temporary stay in this status, for the applicant status, as also listed above.

Form I by ID (student copy) has also been endorsed to show the first of a new classification. This is an important document that he or she must submit with any future included this service as long as he or she remainstatus. this service as long as he or she remains in student

An updated I-94 is included in the lower portion of this notice Mach applicant must surrender his or her Form 1-94 when leaving the U.S.

facilitate their return to this status. He or she must the U.S.

THIS FORM IS NOT A VISA NOR MAY IT BE USED IN PLACE OF A

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

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 1797A (Rev. 09/07/93)N.

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 BAC-09-139-54102

PLEASE TEAR OFF FORM LOW PRINTED BELOW, AND STAPLE TO ORIGINAL LOW IF AVAILABLE

Immigration and

Naturalization Service

I-94

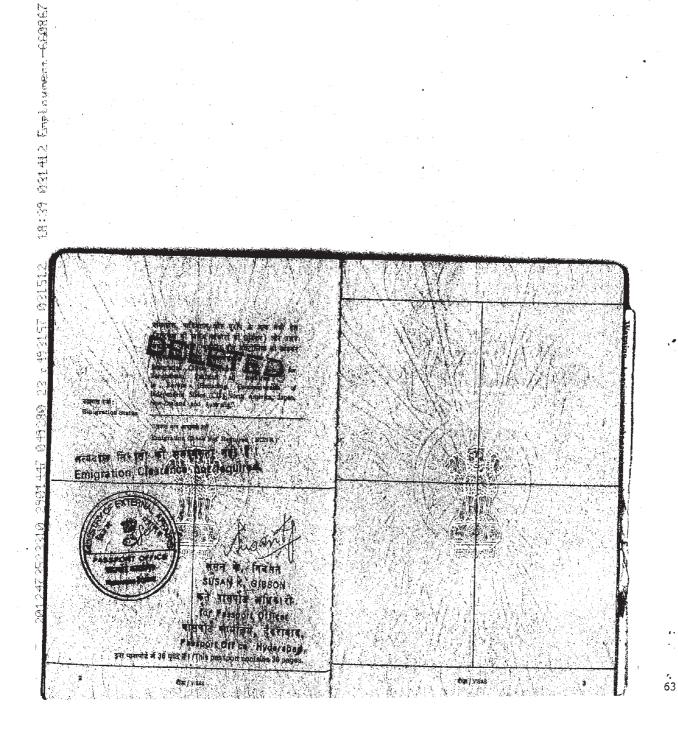
Departure Record

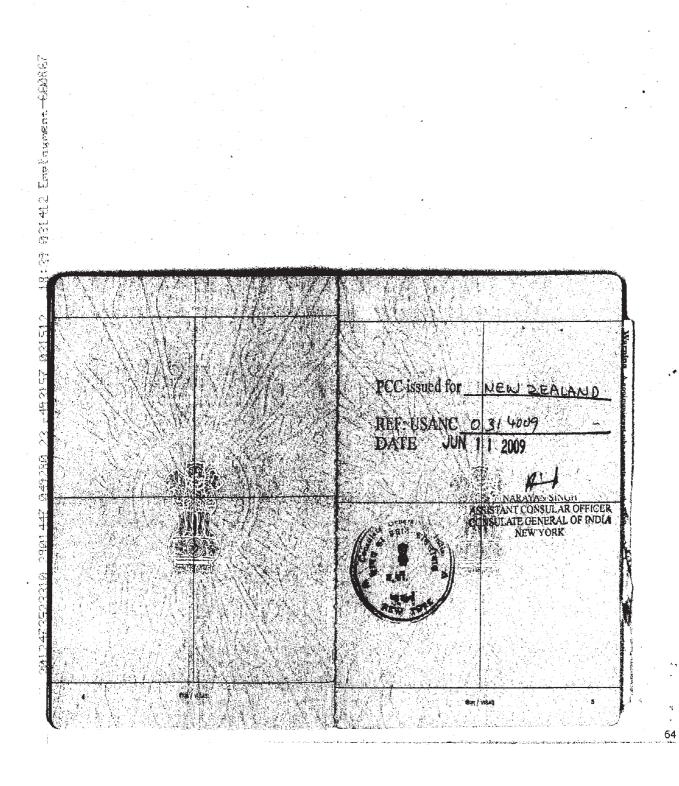
Petitioner:

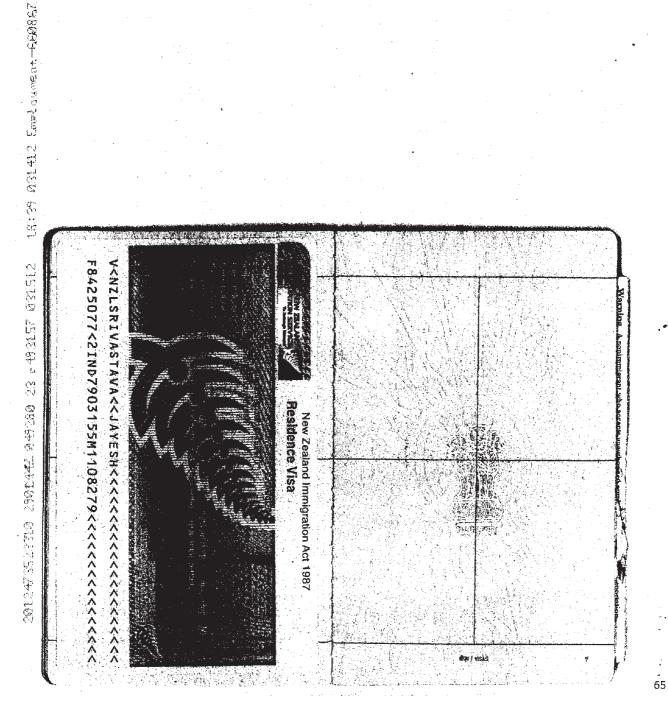
SKIVASTAV JAYESH 17. Country of Citizenshi INDIA

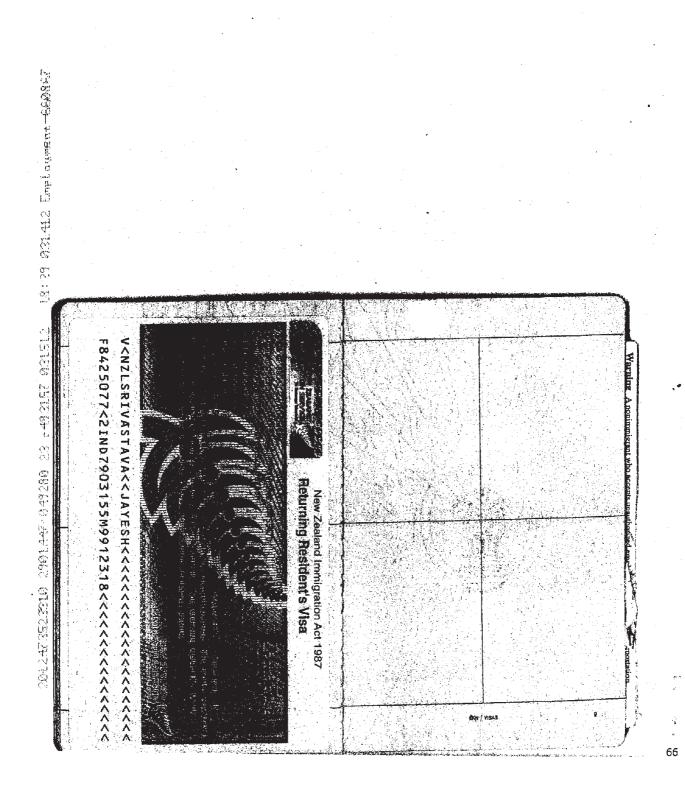


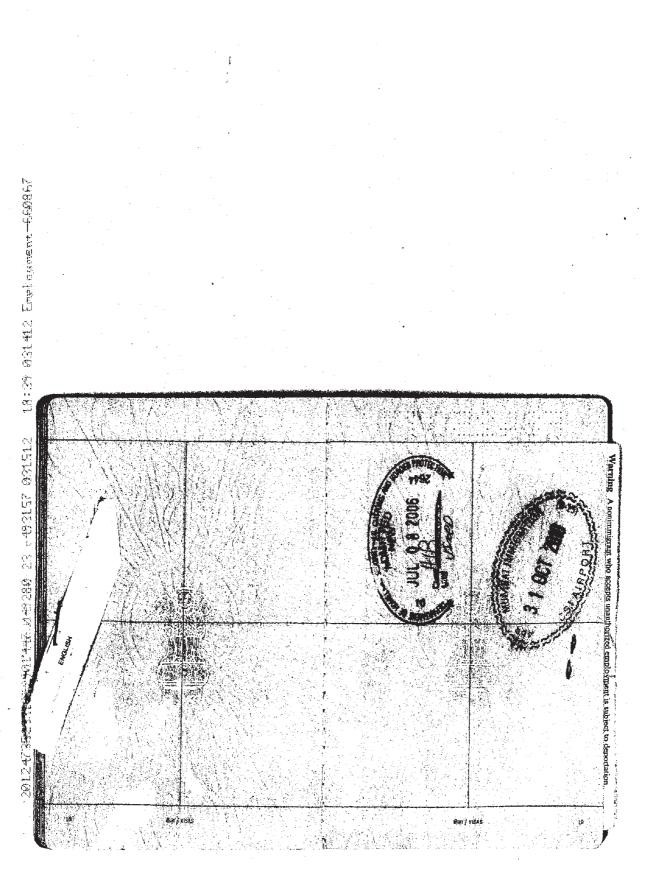
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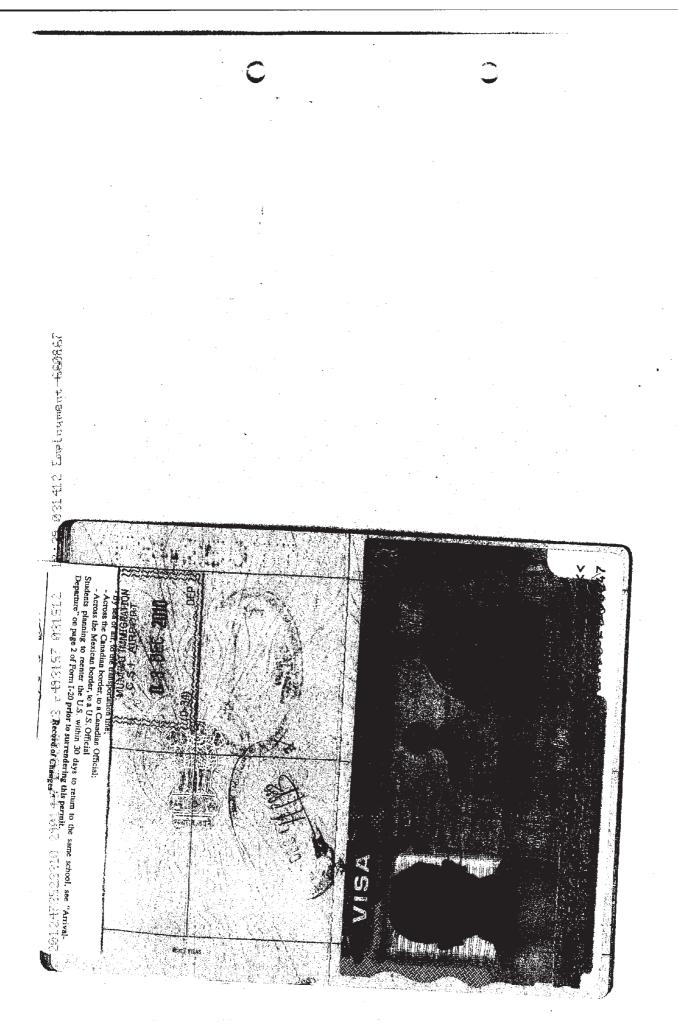


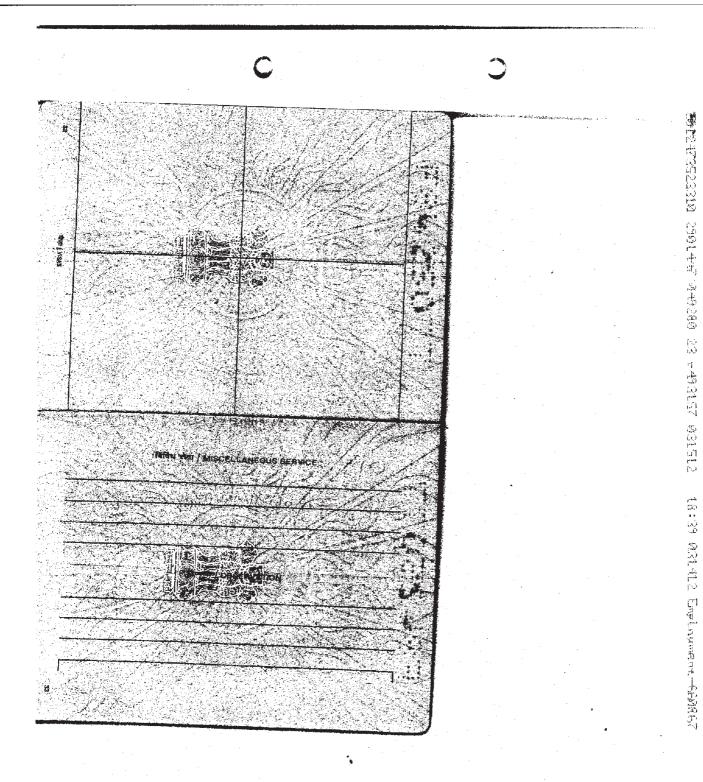


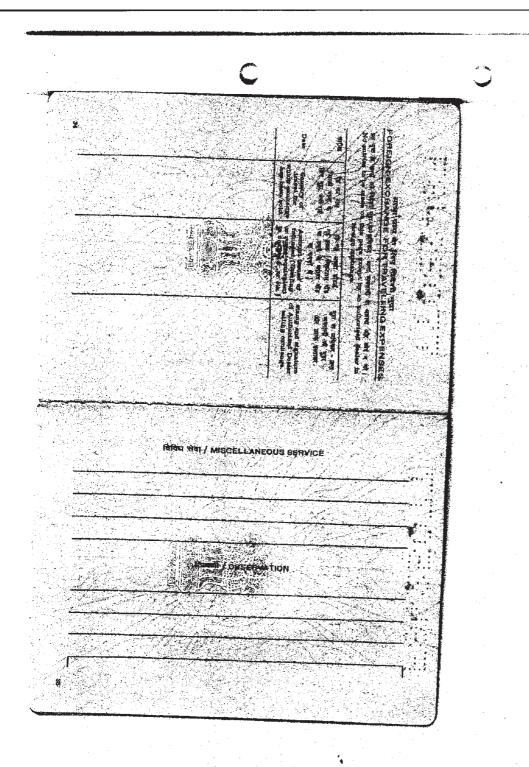




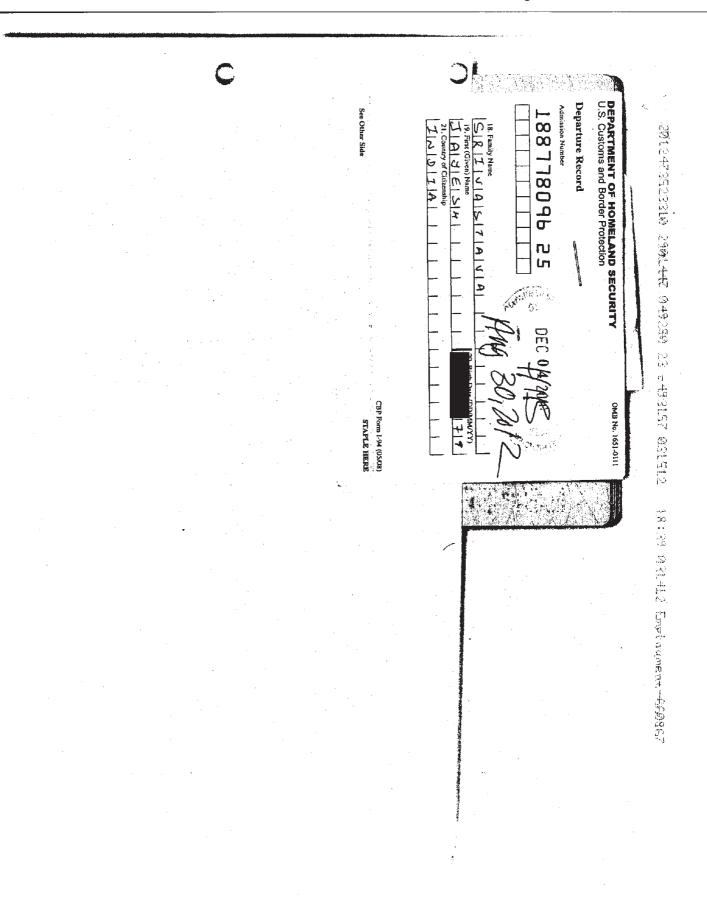








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		. 8		- Across the Mexican border, to a Canadian Official; Students planning to resulter the U.S. Official and the U.S. within 30 days to return to the same school, see "Antival-Departure" on page 2 of Form I-20 prior to surrendering this permit. Record of Changes CRUSS 2445 1077	LEGISTATION 18 CONTROL OF THE CONTRO		
				J.S. Official: J.S. Official: Within 30 days to note to surrendering the Record of Changes	Aume		
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18:39 931412 Employment -660867





CHEATH: EVAPERATION ON CHEATSON FROM

Form No. 5 (See Rule 8)

Government of Andhra Pradesh Department of Medical & Health

BIRTH GERMEIOW E

(Issued Under Section 12/17)

This is to certify that the following information has been taken from the orginal 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



Sex MALE

Place of Birth

DR. SÄTWALKER GENERAL HÖSPITAL

Name of Father

DR: BAJRANG PRASAD

Name of Mother

RAJINI

Registration Number 299

Date Of Registration



Address at the time of Birth

HYDERABAD, CMOH PROG NO. 3173/2009, DT: 05-09-2009



REGIST

BIRTH & DEATHOCINCLE ON Biths and Deaths

ABIDS

Circle No. 8, Central Zone Greater Hyderabad Municipal Corporation Department of Homeland Securi U.S. Citizenship and Immigration Services



I-797, Notice of Action

THE UNITED STATES OF AMERICA

466				
RECEIPT NUMBER		CASE TYPE T140		
SRC-10-901-63697		IMMIGRANT PETITION FOR ALIEN WORKER		
RECEIPT DATE	PRIORITY DATE	PETITIONER		
	February 9, 2010	FIRST TEK TECHNOLOGIES INC		
NOTICE DATE	PAGE	BENEFICIARY A200 856 760		
March 16, 2011	1 of 1	SRIVASTAVA, JAYESH		

FIRST TEK TECHNOLOGIES INC C/O DOREEN VILLAVERDE 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 in the person for whom you are petitioning is in the United States and will apply for adjustment of status. The indicates and will apply for adjustment of status application at this time.

person for whom you are petitioning is not engaged.

Additional information about eligibility for adjustment of street, 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. It has person for whom you are petitioning decides to apply for an immigrant visa outside the United States based on this service, on, 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 invite consular action. The NVC also determines which consular post is the approved immigrant visa petitions that the single sing. It will then forward the approved petition to that consulate.

The approval of this visa petition does not in itself grant the approval of this visa petition does not in itself grant the description of the United States, or for an extension, change, or adjustment of status.

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



Form I-797 (Rev. 01/31/05) N

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

I-797A, Notice of Action

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Employment - 649967

THE TONICHED STATES OF ANDERSOM

RECEIPT NUMBER EAC-09-244-51077		CASE TYPE 1129 PETITION FOR A NONIMMIGRANT WORKER
RECEIPT DATE September 14, 2009	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. It fatus of the named foreign worker(s) in this classification is valid as indicated above. The foreign worker can work for the petitioner, but only as detailed in the petition and for the meriod authorized. Any change in good these requires a new petition. Since this employment authorization stems from the filing of this petition, separate color ment authorization documentation is not required. Please contact the IRS with any questions about tax within

Please contact the IRS with any questions about tax within.

The petitioner should keep the upper portion of this poece. It is not poece. The portion should be given to the worker. He or she should keep the right part with his or her form I-94. Any produce Record. This should be turned in with the I-94 when departing the U.S. The left part is for his or once the U.S. must normally obtain a visa in the new classification afforce returning. The left part can be used in applying for the new visa. If a visa is not required, he or she shift when applying for reentry in this new classification at a sixt of a visa is not required documentation, when applying for reentry in this new classification at a sixt of a visa is not required documentation, when applying for reentry in this new classification at a sixt of a visa is not required documentation, when applying for reentry in this new classification at a sixt of a visa is not required documentation, when applying for recently in this new classification at a sixt of a visa is not required documentation, when applying for reentry in this new classification at a sixt of a visa and of the required documentation. The petitioner may also file form I-824, Application for Action of an of the production of Petition, with this office to request that we notify a consulate, port of entry, or pre-II.

The approval of this visa petition does not in itself grant the amigration status and does not guarantee that the alien beneficiary will subsequently be found to be sligible 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 1797A (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 HIB

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 Napre.
SRIVASTAVA
15. First (Given) Name
JAYESH

AYISSH suntry of Citizenship 16 Date of Righ 1979

17. Country of Citizenship INDIA U.S. Department of Justice Immigration and Naturalization Service

Notice of Action

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	RECEIPT NUMBER		CASE TYPE 1129
, *I	EAC-05-134-51275	プログラング・プラフラグ	さんがん スプス・オート・イン・カーイン・ファイーナード・イン・イン
			PETITION FOR A NONIMMIGRANT WORKER
Į	RECEIPT DATE	PRIORITY DATE	PETITIONER
4	April 12, 2005		保护 こうせい オート・ロース・スープ・オート・アンプロ
Ì		1.5. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	SOFTWARE RESEARCH GROUP INC
ļ	NOTICE DATE	PAGE	
	April 28, 2005	1 of 1	18. T. K. K. K. C. C. C. C. C. K. K. K. K. K. C. K

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

The above petition has been approved, and notification has een sent to the listed consulate. You may also send the tear-off bottom part of this notice to the worker(s) to the approval. Please contact the consulate with any questions about visa issuance. THIS FORM IS NOT A VIOLATION OF A VIO

If circumstances change, the petitioner can file Form I'all to the us notify another consulate of this approval If any of the workers are already in the U.S. the petitioner to be a new Form I-129 to seek to change or extend their status based on this petition. Changes in employment also registed a new petition. Include a copy of this notice with any other required documentation.

If any of the worker(s) included in this petition do the the the United States, substitutions of different workers are not made, the petitioner must notify this it is the allocated nonimmigrant visa numbers can be re-used

Number of workers: 1

Name SRIVASTAVA, JAYESH

DOB COB 1979 INDIA ss Consulate or POE HIR LONDON

OCC Fode

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) 375-5083

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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 consultate 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: SOFTMARE RESEARCH GROUP INC Number of Workers: 1

Petition Validity Dates: 10/01/2005 through 10/01/200\$.coa

Class Consulate or POE

SRIVASTAVA, JAYESH 1979 INDIA

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

I-797A, Notice of Action

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RECEIPT NUMBER EAC-08-236-50753		CASE TYPE I129
		PETITION FOR A NONIMMIGRANT WORKER
RECEIPT DATE September 3, 2008	PRIORITY DATE	PETITIONER
september 3, 2006		INFOKALL INC
NOTICEDATE September 10, 2006	PAGE	RENEGICIARY
september 10, 2000	1 01 1	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

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 partition and for the partial suthericad. Any charge in employment requires a new position. 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 with an incomplete.

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, Ann't Departure Record. This should be turned in with the I-94 when departing the U.S. The left part is for his or her fecords. A person granted an extension of stay who leaves the U.S. must normally obtain a new visa before returning the U.S. fight 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 are flight inspection station. The petitioner may also file form I-824. Application for Action on an Approved Application or Pention, with this office to request that we notify a consulate, port of entry, or pre-flight inspection office of LLS approval.

The approval of this visa petition does not in itself grant of immigration status and does not guarantee that the alien beneficiary will subsequently be found to be eligible for a tight 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 1797A (Rev. 09/07/93)N



PLEASE TEAR OFF FORM 1-94 PRINTED BELOW, AND STAPLE TO ORIGINAL 1-94 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 Right

17. Country of Citize INDIA

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

I-797A, Notice of Action

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RECEIPT NUMBER		CASE TYPE 1539		
EAC-09-139-54102		APPLICATION TO EXTEND/CHANGE NONIMMIGRANT STATUS		
RECEIPT DATE April 15, 2009	FRIORITY DATE	APPLICANT		
April 15, 2009		SRIVASTAV, JAYESH B.		
NOTICE DATE	PAGE 1 of 1	BENEFICIARY		
May 29, 2009	1 01 1	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 appropred. The new status is listed above. The length of authorized temporary stay in this status, for the applicant(s) and, is also listed above.

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 to this service as long as he or she remains in student status.

An updated I-94 is included in the latest the latest terms of the latest terms of

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 optain a new visa in the new classification before returning to

THIS FORM IS NOT A VISA NOR MAY IT BE USED IN PLACE OF A

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

Detach This Half for Personal Records

Receipt # BAC-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

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

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

17. Country of Citizenship INDIA

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