



\$56, to the U.S. Treasury. There are no state tax liabilities on account of this error.

**AFFIDAVIT**

\_\_\_\_\_, being duly sworn, hereby states that he/she has read and signed the foregoing Statement of Information Requested of Nominee and that the information provided therein is, to the best of his/her knowledge, true, accurate, and complete.

Subscribed and sworn before me this 21<sup>st</sup> day of October, 2009.

\_\_\_\_\_  
Notary Public

District of Columbia ; 33  
Subscribed and Sworn to before me  
this 21<sup>st</sup> day of October, 2009  
Helga Taylor Bosley  
Helga Taylor Bosley, Notary Public, D.C.  
My commission expires July 14, 2014

Rev. 1/97

SCHEDULE H  
(Form 1040)

Household Employment Taxes  
(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)  
▶ Attach to Form 1040, 1040NR, 1040-SS, or 1041.  
▶ See separate instructions.

OMB No. 1545-1971

2005  
Attachment  
Sequence No. 44

Department of the Treasury  
Internal Revenue Service (99)

Name of employer

Social security number

Employer identification number

ALAN D. BERSIN & LISA A. FOSTER

A Did you pay any one household employee cash wages of \$1,400 or more in 2005? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions on page H-3 before you answer this question.)

- Yes. Skip lines B and C and go to line 1.
 No. Go to line B.

Attachment B

B Did you withhold federal income tax during 2005 for any household employee?

- Yes. Skip line C and go to line 5.
 No. Go to line C.

C Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2004 or 2005 to all household employees? (Do not count cash wages paid in 2004 or 2005 to your spouse, your child under age 21, or your parent.)

- No. Stop. Do not file this schedule.
 Yes. Skip lines 1-9 and go to line 10 on page 2. (Calendar year taxpayers having no household employees in 2005 do not have to complete this form for 2005.)

Social Security, Medicare, and Income Taxes

Table with 8 rows and 3 columns: Line number, Description, Amount. Row 1: Total cash wages subject to social security taxes (see page H-4) 28,032. Row 2: Social security taxes. Multiply line 1 by 12.4% (.124) 3,476. Row 3: Total cash wages subject to Medicare taxes (see page H-4) 28,032. Row 4: Medicare taxes. Multiply line 3 by 2.9% (.029) 813. Row 5: Federal income tax withheld, if any. Row 6: Total social security, Medicare, and income taxes (add lines 2, 4, and 5) 4,289. Row 7: Advance earned income credit (EIC) payments, if any. Row 8: Net taxes (subtract line 7 from line 6) 4,289.

9 Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2004 or 2005 to household employees? (Do not count cash wages paid in 2004 or 2005 to your spouse, your child under age 21, or your parent.)

- No. Stop. Enter the amount from line 8 above on Form 1040, line 62. If you are not required to file Form 1040, see the line 9 instructions on page H-4.
 Yes. Go to line 10 on page 2.

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

Schedule H (Form 1040) 2005

**Part II Federal Unemployment (FUTA) Tax**

10	Did you pay unemployment contributions to only one state? (If you paid contributions to New York State, check "No.")	Yes	No
11	Did you pay all state unemployment contributions for 2005 by April 17, 2006? Fiscal year filers, see page H-4	X	
12	Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	X	

Next: If you checked the "Yes" box on all the lines above, complete Section A.  
If you checked the "No" box on any of the lines above, skip Section A and complete Section B.

**Section A**

13 Name of the state where you paid unemployment contributions **CA**

14 State reporting number as shown on state unemployment tax return **08 RATE**

15 Contributions paid to your state unemployment fund (see page H-4) **15**

16 Total cash wages subject to FUTA tax (see page H-4) **16**

17 FUTA tax. Multiply line 16 by .008. Enter the result here, skip Section B, and go to line 26 **17**

**Section B**

18 Complete all columns below that apply (if you need more space, see page H-5):

(a) Name of state	(b) State reporting number as shown on state unemployment tax return	(c) Taxable wages (as defined in state act)	(d) State experience rate period		(e) State experience rate	(f) Multiply col. (e) by .054	(g) Multiply col. (f) by col. (c)	(h) Subtract col. (g) from col. (f). If zero or less, enter -0-	(i) Contributions paid to state unemployment fund
			From	To					

19 Totals **19**

20 Add columns (h) and (i) of line 19 **20**

21 Total cash wages subject to FUTA tax (see the line 16 instructions on page H-4) **21**

22 Multiply line 21 by 6.2% (.062) **22**

23 Multiply line 21 by 5.4% (.054) **23**

24 Enter the smaller of line 20 or line 23 (New York State employers must use the worksheet in the separate instructions and check here)  **24**

25 FUTA tax. Subtract line 24 from line 22. Enter the result here and go to line 26 **25**

**Part III Total Household Employment Taxes**

26 Enter the amount from line 8 **26** 4,289.

27 Add line 17 (or line 25) and line 26 **27** 4,289.

28 Are you required to file Form 1040?  
 Yes. Stop. Enter the amount from line 27 above on Form 1040, line 62. Do not complete Part IV below.  
 No. You may have to complete Part IV. See page H-5 for details.

**Address and Signature - Complete this part only if required. See the line 28 instructions on page H-5.**

Address (number and street) or P.O. box if mail is not delivered to street address \_\_\_\_\_ Apt, room, or suite no. \_\_\_\_\_

City, town or post office, state, and ZIP code \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees.

Employer's signature \_\_\_\_\_ Date \_\_\_\_\_

# Child and Dependent Care Expenses

▶ Attach to Form 1040.  
▶ See separate instructions.

Name(s) shown on Form 1040

Your social security number

**ALAN D. BERSIN & LISA A. FOSTER**

Before you begin: You need to understand the following terms. See Definitions on page 1 of the Instructions.

◆ Dependent Care Benefits

• Qualifying Person(s)

• Qualified Expenses

**Part III** Persons or Organizations Who Provided the Care - You must complete this part.  
(If you need more space, use the bottom of page 2.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid
# 5	[REDACTED]	[REDACTED]	[REDACTED]	4,712.
# 1	[REDACTED]	[REDACTED]	[REDACTED]	23,320.

Did you receive dependent care benefits?   
 No → Complete only Part II below.   
 Yes → Complete Part III on page 2 next.

Caution. If the care was provided in your home, you may owe employment taxes. See the Instructions for Form 1040, line 62.

**Part III** Credit for Child and Dependent Care Expenses

2 Information about your qualifying person(s). If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2005 for the person listed in column (a)
First	Last		
[REDACTED]	BERSIN	[REDACTED]	14,016.

3 Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 32

4 Enter your earned income. See instructions

5 If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4

6 Enter the smallest of line 3, 4, or 5

7 Enter the amount from Form 1040, line 38

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:			If line 7 is:		
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
\$0 - 15,000		.35	\$29,000 - 31,000		.27
15,000 - 17,000		.34	31,000 - 33,000		.26
17,000 - 19,000		.33	33,000 - 35,000		.25
19,000 - 21,000		.32	35,000 - 37,000		.24
21,000 - 23,000		.31	37,000 - 39,000		.23
23,000 - 25,000		.30	39,000 - 41,000		.22
25,000 - 27,000		.29	41,000 - 43,000		.21
27,000 - 29,000		.28	43,000 - No limit		.20

9 Multiply line 6 by the decimal amount on line 8. If you paid 2004 expenses in 2005, see the instructions

10 Enter the amount from Form 1040, line 46, minus any amount on Form 1040, line 47

11 Credit for child and dependent care expenses: Enter the smaller of line 9 or line 10 here and on Form 1040, line 48

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2441 (2005)

**Part III Dependent Care Benefits**

12	Enter the total amount of dependent care benefits you received in 2005. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Do not include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership.	12	8,000.
13	Enter the amount forfeited or carried forward to 2006, if any (see the instructions)	13	
14	Subtract line 13 from line 12	14	8,000.
15	Enter the total amount of qualified expenses incurred in 2005 for the care of the qualifying person(s)	15	14,016.
16	Enter the smaller of line 14 or 15	16	8,000.
17	Enter your earned income. See instructions	17	[REDACTED]
18	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> <li>• If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5).</li> <li>• If married filing separately, see the instructions for the amount to enter.</li> <li>• All others, enter the amount from line 17.</li> </ul>	18	[REDACTED]
19	Enter the smallest of line 16, 17, or 18	19	8,000.
20	Enter the amount from line 12 that you received from your sole proprietorship or partnership. If you did not receive any such amounts, enter -0-	20	
21	Subtract line 20 from line 14	21	8,000.
22	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 18)	22	5,000.
23	Deductible benefits. Enter the smallest of line 19, 20, or 22. Also, include this amount on the appropriate line(s) of your return (see the instructions)	23	
24	Enter the smaller of line 19 or 22	24	5,000.
25	Enter the amount from line 23	25	
26	Excluded benefits. Subtract line 25 from line 24. If zero or less, enter -0-	26	5,000.
27	Taxable benefits. Subtract line 26 from line 21. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7. On the dotted line next to line 7, enter "DCB"	27	3,000.

To claim the child and dependent care credit, complete lines 28-32 below.

28	Enter \$3,000 (\$6,000 if two or more qualifying persons)	28	3,000.
29	Add lines 23 and 26	29	5,000.
30	Subtract line 29 from line 28. If zero or less, stop. You cannot take the credit. Exception. If you paid 2004 expenses in 2005, see the instructions for line 9	30	0.
31	Complete line 2 on page 1 of this form. Do not include in column (c) any benefits shown on line 29 above. Then, add the amounts in column (c) and enter the total here	31	
32	Enter the smaller of line 30 or 31. Also, enter this amount on line 3 on page 1 of this form and complete lines 4-11	32	

Form 2441 (2005)

**SCHEDULE H  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Household Employment Taxes**

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

▶ Attach to Form 1040, 1040NR, 1040-SS, or 1041.

▶ See separate instructions.

OMB No. 1545-1971

**2006**

Attachment  
Sequence No. 44

Name of employer

**ALAN D. BERSIN & LISA A. FOSTER**

Social security number

Employer identification number

**A** Did you pay any one household employee cash wages of \$1,500 or more in 2006? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions on page H-3 before you answer this question.)

- Yes.** Skip lines B and C and go to line 1.  
 **No.** Go to line B.

**Attachment C**

**B** Did you withhold federal income tax during 2006 for any household employee?

- Yes.** Skip line C and go to line 5.  
 **No.** Go to line C.

**C** Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2005 or 2006 to all household employees? (Do not count cash wages paid in 2005 or 2006 to your spouse, your child under age 21, or your parent.)

- No.** Stop. Do not file this schedule.  
 **Yes.** Skip lines 1-9 and go to line 10 on page 2. (Calendar year taxpayers having no household employees in 2006 do not have to complete this form for 2006.)

**Social Security, Medicare, and Income Taxes**

<b>1</b>	Total cash wages subject to social security taxes (see page H-4)	<b>1</b>	25,584.
<b>2</b>	Social security taxes. Multiply line 1 by 12.4% (.124)	<b>2</b>	3,172.
<b>3</b>	Total cash wages subject to Medicare taxes (see page H-4)	<b>3</b>	25,584.
<b>4</b>	Medicare taxes. Multiply line 3 by 2.9% (.029)	<b>4</b>	742.
<b>5</b>	Federal income tax withheld, if any	<b>5</b>	
<b>6</b>	Total social security, Medicare, and income taxes. Add lines 2, 4, and 5	<b>6</b>	3,914.
<b>7</b>	Advance earned income credit (EIC) payments, if any	<b>7</b>	
<b>8</b>	Net taxes (subtract line 7 from line 6)	<b>8</b>	3,914.

**9** Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2005 or 2006 to household employees? (Do not count cash wages paid in 2005 or 2006 to your spouse, your child under age 21, or your parent.)

**No.** Stop. Enter the amount from line 8 above on Form 1040, line 62. If you are not required to file Form 1040, see the line 9 instructions on page H-4.

**Yes.** Go to line 10 on page 2.

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

Schedule H (Form 1040) 2006

**Part III Federal Unemployment (FUTA) Tax**

	Yes	No
10 Are you required to pay unemployment contributions to only one state? .....	X	
11 Did you pay all state unemployment contributions for 2006 by April 16, 2007? Fiscal year filers, see page H-4. ....	X	
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax? .....	X	

Next: If you checked the "Yes" box on all the lines above, complete Section A.  
If you checked the "No" box on any of the lines above, skip Section A and complete Section B.

**Section A**

13 Name of the state where you paid unemployment contributions ..... **CA**

14 State reporting number as shown on state unemployment tax return ..... **[REDACTED]**

15 Contributions paid to your state unemployment fund (see page H-4) ..... **15** | **245.**

16 Total cash wages subject to FUTA tax (see page H-4) ..... **16**

17 FUTA tax. Multiply line 16 by .008. Enter the result here, skip Section B, and go to line 26 ..... **17**

**Section B**

18 Complete all columns below that apply (if you need more space, see page H-5):

(a) Name of state	(b) State reporting number as shown on state unemployment tax return	(c) Taxable wages (as defined in state act)	(d) State experience rate period		(e) State experience rate	(f) Multiply col. (c) by .054	(g) Multiply col. (c) by col. (e)	(h) Subtract col. (g) from col. (f). If zero or less, enter -0-	(i) Contributions paid to state unemployment fund
			From	To					

19 Totals ..... **19**

20 Add columns (h) and (i) of line 19 ..... **20**

21 Total cash wages subject to FUTA tax (see the line 16 instructions on page H-4) ..... **21**

22 Multiply line 21 by 6.2% (.062) ..... **22**

23 Multiply line 21 by 5.4% (.054) ..... **23**

24 Enter the smaller of line 20 or line 23 ..... **24**

25 FUTA tax. Subtract line 24 from line 22. Enter the result here and go to line 26 ..... **25**

**Part III Total Household Employment Taxes**

26 Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0- ..... **26** | **3,914.**

27 Add line 17 (or line 25) and line 26 ..... **27** | **3,914.**

28 Are you required to file Form 1040?  
 Yes. Stop. Enter the amount from line 27 above on Form 1040, line 62. Do not complete Part IV below.  
 No. You may have to complete Part IV. See page H-5 for details.

**Part IV Address and Signature - Complete this part only if required. See the line 28 instructions on page H-5.**

Address (number and street) or P.O. box if mail is not delivered to street address ..... Apt., room, or suite no. ....

City, town or post office, state, and ZIP code .....

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees.

Employer's signature ..... Date .....



# Child and Dependent Care Expenses

▶ Attach to Form 1040 or Form 1040NR.  
▶ See separate instructions.

Name(s) shown on return

Your social security number

**ALAN D. BERSIN & LISA A. FOSTER**

Before you begin: You need to understand the following terms. See Definitions on page 1 of the instructions.

• Dependent Care Benefits

• Qualifying Person(s)

• Qualified Expenses

**Part I** Persons or Organizations Who Provided the Care - You must complete this part.  
(If you need more space, use the bottom of page 2.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid
# 6	[REDACTED]	[REDACTED]	[REDACTED]	3,224.
# 1	[REDACTED]	[REDACTED]	[REDACTED]	22,360.

Did you receive dependent care benefits?

No

Yes

Complete only Part II below.

Complete Part III on page 2 next.

Caution. If the care was provided in your home, you may owe employment taxes. See the instructions for Form 1040, line 62, or Form 1040NR, line 57.

**Part II** Credit for Child and Dependent Care Expenses

2 Information about your qualifying person(s). If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2006 for the person listed in column (a)
First	Last		
[REDACTED]	BERGIN	[REDACTED]	25,584.

3 Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 33

4 Enter your earned income. See instructions

5 If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4

6 Enter the smallest of line 3, 4, or 5

7 Enter the amount from Form 1040, line 38 Form 1040NR, line 36

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:			If line 7 is:		
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
\$0 - 15,000		.35	\$29,000 - 31,000		.27
15,000 - 17,000		.34	31,000 - 33,000		.26
17,000 - 19,000		.33	33,000 - 35,000		.25
19,000 - 21,000		.32	35,000 - 37,000		.24
21,000 - 23,000		.31	37,000 - 39,000		.23
23,000 - 25,000		.30	39,000 - 41,000		.22
25,000 - 27,000		.29	41,000 - 43,000		.21
27,000 - 29,000		.28	43,000 - No limit		.20

9 Multiply line 6 by the decimal amount on line 8. If you paid 2005 expenses in 2006, see the instructions

10 Enter the amount from Form 1040, line 46, minus any amount on Form 1040, line 47, or Form 1040NR, line 43, minus any amount on Form 1040NR, line 44

11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 48, or Form 1040NR, line 45

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2441 (2006)

**Part III Dependent Care Benefits**

12	Enter the total amount of dependent care benefits you received in 2006. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Do not include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership.	12	5,000.
13	Enter the amount, if any, you carried over from 2005 and used in 2006 during the grace period. See instructions.	13	
14	Enter the amount, if any, you forfeited or carried forward to 2007. See instructions.	14	
15	Combine lines 12 through 14. See instructions.	15	5,000.
16	Enter the total amount of qualified expenses incurred in 2006 for the care of the qualifying person(s).	16	25,584.
17	Enter the smaller of line 15 or 16.	17	5,000.
18	Enter your earned income. See instructions.	18	
19	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> <li>• If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5).</li> <li>• If married filing separately, see the instructions for the amount to enter.</li> <li>• All others, enter the amount from line 18.</li> </ul>	19	
20	Enter the smallest of line 17, 18, or 19.	20	5,000.
21	Enter the amount from line 12 that you received from your sole proprietorship or partnership. If you did not receive any such amounts, enter -0-	21	
22	Subtract line 21 from line 15.	22	5,000.
23	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19).	23	5,000.
24	Deductible benefits. Enter the smallest of line 20, 21, or 23. Also, include this amount on the appropriate line(s) of your return. See instructions.	24	
25	Enter the smaller of line 20 or 23.	25	5,000.
26	Enter the amount from line 24.	26	
27	Excluded benefits. Subtract line 26 from line 25. If zero or less, enter -0-	27	5,000.
28	Taxable benefits. Subtract line 27 from line 22. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7, or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7, or Form 1040NR, line 8, enter "DCB"	28	

To claim the child and dependent care credit, complete lines 29-33 below.

29	Enter \$3,000 (\$6,000 if two or more qualifying persons)	29	3,000.
30	Add lines 24 and 27	30	5,000.
31	Subtract line 30 from line 29. If zero or less, stop. You cannot take the credit. Exception. If you paid 2005 expenses in 2006, see the instructions for line 9.	31	0.
32	Complete line 2 on page 1 of this form. Do not include in column (c) any benefits shown on line 30 above. Then, add the amounts in column (c) and enter the total here.	32	
33	Enter the smaller of line 31 or 32. Also, enter this amount on line 3 on page 1 of this form and complete lines 4-11.	33	

**SCHEDULE H  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

Name of employer

**Household Employment Taxes**  
(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

▶ Attach to Form 1040, 1040NR, 1040-SS, or 1041.

▶ See separate instructions.

OMB No. 1545-1971

**2007**

Attachment  
Sequence No. 44

**ALAN D. BERSIN & LISA A. FOSTER**

Social security number

Employer identification number

**A** Did you pay any one household employee cash wages of \$1,500 or more in 2007? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions on page H-3 before you answer this question.)

- Yes. Skip lines B and C and go to line 1.  
 No. Go to line B.

**Attachment D**

**B** Did you withhold federal income tax during 2007 for any household em.

- Yes. Skip line C and go to line 5.  
 No. Go to line C.

**C** Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2006 or 2007 to all household employees? (Do not count cash wages paid in 2006 or 2007 to your spouse, your child under age 21, or your parent.)

- No. Stop. Do not file this schedule.  
 Yes. Skip lines 1-9 and go to line 10 on page 2. (Calendar year taxpayers having no household employees in 2007 do not have to complete this form for 2007.)

**Social Security, Medicare, and Income Taxes**

1	Total cash wages subject to social security taxes (see page H-4)	1	26,717.
2	Social security taxes. Multiply line 1 by 12.4% (.124)	2	3,313.
3	Total cash wages subject to Medicare taxes (see page H-4)	3	26,717.
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	4	775.
5	Federal income tax withheld, if any	5	
6	Total social security, Medicare, and income taxes. Add lines 2, 4, and 5	6	4,088.
7	Advance earned income credit (EIC) payments, if any	7	
8	Net taxes (subtract line 7 from line 6)	8	4,088.

**9** Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2006 or 2007 to all household employees? (Do not count cash wages paid in 2006 or 2007 to your spouse, your child under age 21, or your parent.)

- No. Stop. Enter the amount from line 8 above on Form 1040, line 62. If you are not required to file Form 1040, see the line 9 instructions on page H-4.  
 Yes. Go to line 10 on page 2.

LHA For Privacy Act and Paperwork Reduction Act Notice, see page H-7 of the instructions.

Schedule H (Form 1040) 2007

**Part III Federal Unemployment (FUTA) Tax**

	Yes	No
10 Did you pay unemployment contributions to only one state? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 Did you pay all state unemployment contributions for 2007 by April 15, 2008? Fiscal year filers, see page H-4. ....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Next: If you checked the "Yes" box on all the lines above, complete Section A.  
If you checked the "No" box on any of the lines above, skip Section A and complete Section B.

**Section A**

13 Name of the state where you paid unemployment contributions ..... **CA**

14 State reporting number as shown on state unemployment tax return ..... **[REDACTED]**

15 Contributions paid to your state unemployment fund (see page H-5) ..... **15** **375.**

16 Total cash wages subject to FUTA tax (see page H-5) ..... **16**

17 FUTA tax. Multiply line 16 by .008. Enter the result here, skip Section B, and go to line 26 ..... **17**

**Section B**

18 Complete all columns below that apply (if you need more space, see page H-5):

(a) Name of state	(b) State reporting number as shown on state unemployment tax return	(c) Taxable wages (as defined in state act)	(d) State experience rate period		(e) State experience rate	(f) Multiply col. (c) by .054	(g) Multiply col. (c) by col. (e)	(h) Subtract col. (g) from col. (f). If zero or less, enter -0-	(i) Contributions paid to state unemployment fund
			From	To					

19 Totals ..... **19**

20 Add columns (h) and (i) of line 19 ..... **20**

21 Total cash wages subject to FUTA tax (see the line 16 instructions on page H-5) ..... **21**

22 Multiply line 21 by 6.2% (.062) ..... **22**

23 Multiply line 21 by 5.4% (.054) ..... **23**

24 Enter the smaller of line 20 or line 23 ..... **24**

25 FUTA tax. Subtract line 24 from line 22. Enter the result here and go to line 26 ..... **25**

**Part III Total Household Employment Taxes**

26 Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0- ..... **26** **4,088.**

27 Add line 17 (or line 25) and line 26 (see page H-5) ..... **27** **4,088.**

28 Are you required to file Form 1040?  
 Yes. Stop. Enter the amount from line 27 above on Form 1040, line 62. Do not complete Part IV below.  
 No. You may have to complete Part IV. See page H-5 for details.

**Part III Address and Signature - Complete this part only if required. See the line 28 instructions on page H-5.**

Address (number and street) or P.O. box if mail is not delivered to street address ..... Apt, room, or suite no. ....

City, town or post office, state, and ZIP code .....

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees.

Employer's signature

Date

710352  
12-05-07

**SCHEDULE H  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Household Employment Taxes**

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

▶ Attach to Form 1040, 1040NR, 1040-SS, or 1041.  
▶ See separate instructions.

OMB No. 1545-1971

**2008**  
Attachment  
Sequence No. 44

Name of employer

**ALAN D. BERSIN & LISA A. FOSTER**

Social security number

Employer identification number

**A** Did you pay any one household employee cash wages of \$1,600 or more in 2008? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions on page H-4 before you answer this question.)

- Yes.** Skip lines B and C and go to line 1.  
 **No.** Go to line B.

**Attachment E**

**B** Did you withhold federal income tax during 2008 for any household employee?

- Yes.** Skip line C and go to line 5.  
 **No.** Go to line C.

**C** Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2007 or 2008 to all household employees? (Do not count cash wages paid in 2007 or 2008 to your spouse, your child under age 21, or your parent.)

- No.** Stop. Do not file this schedule.  
 **Yes.** Skip lines 1-9 and go to line 10 on page 2. (Calendar year taxpayers having no household employees in 2008 do not have to complete this form for 2008.)

**Part I Social Security, Medicare, and Federal Income Taxes**

<b>1</b> Total cash wages subject to social security taxes (see page H-4)	<b>1</b>	<b>20,039.</b>
<b>2</b> Social security taxes. Multiply line 1 by 12.4% (.124)	<b>2</b>	<b>2,485.</b>
<b>3</b> Total cash wages subject to Medicare taxes (see page H-4)	<b>3</b>	<b>20,039.</b>
<b>4</b> Medicare taxes. Multiply line 3 by 2.9% (.029)	<b>4</b>	<b>581.</b>
<b>5</b> Federal income tax withheld, if any	<b>5</b>	<b>C</b>
<b>6</b> Total social security, Medicare, and federal income taxes. Add lines 2, 4, and 5	<b>6</b>	<b>3,066.</b>
<b>7</b> Advance earned income credit (EIC) payments, if any	<b>7</b>	
<b>8</b> Net taxes (subtract line 7 from line 6)	<b>8</b>	<b>3,066.</b>

**9** Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2007 or 2008 to all household employees? (Do not count cash wages paid in 2007 or 2008 to your spouse, your child under age 21, or your parent.)

**No.** Stop. Include the amount from line 8 above on Form 1040, line 60, and check box b on that line. If you are not required to file Form 1040, see the line 9 instructions on page H-4.

**Yes.** Go to line 10 on page 2.

LHA For Privacy Act and Paperwork Reduction Act Notice, see page H-7 of the instructions.

Schedule H (Form 1040) 2008

**Part II Federal Unemployment (FUTA) Tax**

	Yes	No
10 Did you pay unemployment contributions to only one state? .....	X	
11 Did you pay all state unemployment contributions for 2008 by April 15, 2009? Fiscal year filers, see page H-4 .....	X	
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax? .....	X	

Next: If you checked the "Yes" box on all the lines above, complete Section A.  
If you checked the "No" box on any of the lines above, skip Section A and complete Section B.

**Section A**

13 Name of the state where you paid unemployment contributions ..... CA

14 State reporting number as shown on state unemployment tax return ..... [REDACTED]

15 Contributions paid to your state unemployment fund (see page H-5) ..... 15 | 535.

16 Total cash wages subject to FUTA tax (see page H-5) ..... 16 | 7,000.

17 FUTA tax. Multiply line 16 by .008. Enter the result here, skip Section B, and go to line 26 ..... 17 | 56.

**Section B**

18 Complete all columns below that apply (if you need more space, see page H-5):

(a) Name of state	(b) State reporting number as shown on state unemployment tax return	(c) Taxable wages (as defined in state act)	(d) State experience rate period		(e) State experience rate	(f) Multiply col. (c) by .054	(g) Multiply col. (c) by col. (e)	(h) Subtract col. (g) from col. (f). If zero or less, enter -0-	(i) Contributions paid to state unemployment fund
			From	To					

19 Totals ..... 19

20 Add columns (h) and (i) of line 19 ..... 20

21 Total cash wages subject to FUTA tax (see the line 16 instructions on page H-5) ..... 21

22 Multiply line 21 by 6.2% (.062) ..... 22

23 Multiply line 21 by 5.4% (.054) ..... 23

24 Enter the smaller of line 20 or line 23 ..... 24

25 FUTA tax. Subtract line 24 from line 22. Enter the result here and go to line 26 ..... 25

**Part III Total Household Employment Taxes**

26 Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0- ..... 26 | 3,066.

27 Add line 17 (or line 25) and line 26 (see page H-5) ..... 27 | 3,122.

28 Are you required to file Form 1040?  
 Yes. Stop. Include the amount from line 27 above on Form 1040, line 60, and check box b on that line. Do not complete Part IV below.  
 No. You may have to complete Part IV. See page H-5 for details.

**Part IV Address and Signature - Complete this part only if required. See the line 28 instructions on page H-5.**

Address (number and street) or P.O. box if mail is not delivered to street address ..... Apt., room, or suite no. ....

City, town or post office, state, and ZIP code .....

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Employer's signature ..... Date .....

**Paid Preparer's Use Only**

Preparer's signature ..... Date .....

Firm's name (or yours if self-employed), address, and ZIP code ..... EIN ..... Phone no. ....

Check if self-employed

Preparer's SSN or PTIN .....

Attached.

11. Your response to Questions F.10 of the Questionnaire indicates that you have filed amended returns to pay FUTA taxes for 2006 and 2007. It does not appear this correction was included in the amended returns filed on January 26, 2009. Please clarify if it was, and, if not, please provide only the relevant pages of the new 1040Xs that were filed.

Amended returns for 2006 and 2007 were filed in October 2009 to pay the FUTA tax. Copies of the relevant pages are attached.

Household Employees

15. Please provide the Forms I-9 completed for each of your household employees employed during and since 2006. If Forms I-9 were not completed, please provide the documentation that was considered to establish the legal status of each of the employees.

# 1

[REDACTED] - Hired in mid to late 1990s; terminated employment 6/30/07. [REDACTED] was hired through an employment agency. My wife reviewed [REDACTED] U.S. Passport (No. [REDACTED]) and her Social Security card (No. [REDACTED]) at the employment agency, and signed an I-9 that the agency had prepared. The I-9 is attached. It does not appear to be dated, but my wife recalls signing it at the employment agency at the time she hired [REDACTED]

# 2

[REDACTED] - Hired 7/07; terminated employment 7/08. [REDACTED] is a U.S. citizen. She is [REDACTED] daughter and was born in the United States. My wife

# 3

[REDACTED] - Hired 10/08; currently employed. My wife reviewed her Permanent Resident Card and Social Security card at the time of hiring. An I-9 Form was filled out 11/09. Copies of all three items are attached.

**16. Were Forms W-2 timely provided to each of the employees and submitted to the IRS?**

W-2 forms were timely provided to the employees. We submitted the W-2 forms, accompanied by a W-3 form, to the Social Security Administration as required.



Form 1040X (Rev. 2-2007) ALAN D. BERSIN & LISA A. FOSTER

**Exemptions.** See Form 1040 or 1040A instructions.

Complete this part only if you are:  
• Increasing or decreasing the number of exemptions claimed on line 6d of the return you are amending, or  
• Increasing or decreasing the exemption amount for housing individuals displaced by Hurricane Katrina.

	A. Original number of exemptions reported or as previously adjusted	B. Net change	C. Correct number of exemptions
25 Yourself and spouse			
26 Your dependent children who lived with you			
27 Your dependent children who did not live with you due to divorce or separation			
28 Other dependents			
29 Total number of exemptions. Add lines 25 through 28			
30 Multiply the number of exemptions claimed on line 29 by the amount listed below for the tax year you are amending. Enter the result here and on line 4.			
31 If you are claiming an exemption amount for housing individuals displaced by Hurricane Katrina, enter the amount from Form 8914, line 2 for 2005 or line 6 for 2006 (see instructions for line 4)			
32 Add lines 30 and 31. Enter the result here and on line 4			

Tax year	Exemption amount	But see the instructions for line 4 on page 3 if the amount on line 1 is over:
2006	\$3,300	\$112,875
2005	3,200	108,475
2004	3,100	107,025
2003	3,060	104,825

31 If you are claiming an exemption amount for housing individuals displaced by Hurricane Katrina, enter the amount from Form 8914, line 2 for 2005 or line 6 for 2006 (see instructions for line 4)

32 Add lines 30 and 31. Enter the result here and on line 4

33 Dependents (children and other) not claimed on original (or adjusted) return:

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check if qualifying child for child tax credit
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

No. of children on 33 who:

• lived with you

• did not live with you due to divorce or separation

Dependents on 33 not entered above

**Explanation of Changes**

Enter the line number from page 1 for each item you are changing and give the reason for each change. Attach only the supporting forms and schedules for the items changed. If you do not attach the required information, your Form 1040X may be returned. Be sure to include your name and social security number on any attachments.

If the change relates to a net operating loss carryback or a general business credit carryback, attach the schedule or form that shows the year in which the loss or credit occurred. See page 2 of the instructions. Also, check here

TAXPAYER INADVERTENTLY OMITTED FUTA TAX OF \$56.

**Presidential Election Campaign Fund.** Checking below will not increase your tax or reduce your refund.

If you did not previously want \$3 to go to the fund but now want to, check here   
If a joint return and your spouse did not previously want \$3 to go to the fund but now wants to, check here

1040X 2006

Form 1040X (Rev. 11-2007) ALAN D. BERSIN & LISA A. FOSTER

**Exemptions.** See Form 1040 or 1040A instructions.

Complete this part only if you are:  
• Increasing or decreasing the number of exemptions claimed on line 6d of the return you are amending, or  
• Increasing or decreasing the exemption amount for housing individuals displaced by Hurricane Katrina.

	A. Original number of exemptions reported or as previously adjusted	B. Net change	C. Correct number of exemptions
25 Yourself and spouse			
26 Your dependent children who lived with you			
27 Your dependent children who did not live with you due to divorce or separation			
28 Other dependents			
29 Total number of exemptions. Add lines 25 through 28			
30 Multiply the number of exemptions claimed on line 29 by the amount listed below for the tax year you are amending. Enter the result here.			
31 If you are claiming an exemption amount for housing individuals displaced by Hurricane Katrina, enter the amount from Form 8814, line 2 for 2005 or line 6 for 2006 (see instructions for line 4). Otherwise enter -0-			
32 Add lines 30 and 31. Enter the result here and on line 4			

- 25 Yourself and spouse
- 26 Your dependent children who lived with you
- 27 Your dependent children who did not live with you due to divorce or separation
- 28 Other dependents
- 29 Total number of exemptions. Add lines 25 through 28
- 30 Multiply the number of exemptions claimed on line 29 by the amount listed below for the tax year you are amending. Enter the result here.
- 31 If you are claiming an exemption amount for housing individuals displaced by Hurricane Katrina, enter the amount from Form 8814, line 2 for 2005 or line 6 for 2006 (see instructions for line 4). Otherwise enter -0-
- 32 Add lines 30 and 31. Enter the result here and on line 4

Tax year	Exemption amount	But see the instructions for line 4 on page 4 if the amount on line 1 is over:
2007	\$3,400	\$117,300
2006	3,200	112,875
2005	3,200	109,475
2004	3,100	107,025

**33 Dependents (children and other) not claimed on original (or adjusted) return:**

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check if qualifying child for child tax credit

- No. of children on 33 who:
- lived with you
  - did not live with you due to divorce or separation
  - Dependents on 33 not entered above ...

**Explanation of Changes**

Enter the line number from page 1 for each item you are changing and give the reason for each change. Attach only the supporting forms and schedules for the items changed. If you do not attach the required information, your Form 1040X may be returned. Be sure to include your name and social security number on any attachments.

If the change relates to a net operating loss carryback or a general business credit carryback, attach the schedule or form that shows the year in which the loss or credit occurred. See page 2 of the instructions. Also, check here

**TAXPAYER INADVERTANTLY OMITTED FUTA TAX OF \$56.**

**Presidential Election Campaign Fund.** Checking below will not increase your tax or reduce your refund.

If you did not previously want \$3 to go to the fund but now want to, check here   
If a joint return and your spouse did not previously want \$3 to go to the fund but now wants to, check here

1040X 2007

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

OMB No. 1615-0047; Expires 08/31/12  
**Form I-9, Employment  
Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)**

Print Name: Last [REDACTED]	First [REDACTED]	Middle Initial [REDACTED]	Maiden Name [REDACTED]
Address (Street Name and Number) [REDACTED]		Apt. # [REDACTED]	Date of Birth (month/day/year) [REDACTED]
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Social Security # [REDACTED]

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) [REDACTED]
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

Employee's Signature  
[REDACTED]

Date (month/day/year)

**Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.**

Preparer's/Translator's Signature [REDACTED]	Print Name [REDACTED]
Address (Street Name and Number, City, State, Zip Code) [REDACTED]	Date (month/day/year) [REDACTED]

**Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)**

List A	OR	List B	AND	List C
Document title: <u>Permanent Resident Card</u>				
Issuing authority: _____				
Document #: [REDACTED]				
Expiration Date (if any): [REDACTED]				
Document #: _____				
Expiration Date (if any): _____				

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 10/26/08 and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>[Signature]</u>	Print Name <u>Lisa Foster</u>	Title <u>Employer</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) [REDACTED]		Date (month/day/year) <u>11/12/09</u>

**Section 3. Updating and Reverification (To be completed and signed by employer.)**

A. New Name (if applicable) [REDACTED]	B. Date of Rehire (month/day/year) (if applicable) [REDACTED]	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative [REDACTED]	Date (month/day/year) [REDACTED]
--	-------------------------------------

# EMPLOYMENT ELIGIBILITY VERIFICATION (Form I-9)

## 1 EMPLOYEE INFORMATION AND VERIFICATION: (To be completed and signed by employee.)

Name: (Print or Type) Last	First	Middle	Birth Name
Address: Street Name and Number	City	State	ZIP Code
Date of Birth (Month/Day/Year)	Social Security Number		

I attest, under penalty of perjury, that I am (check a box):

- 1. A citizen or national of the United States.
- 2. An alien lawfully admitted for permanent residence (Alien Number A \_\_\_\_\_).
- 3. An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A \_\_\_\_\_ or Admission Number \_\_\_\_\_, expiration of employment authorization, if any \_\_\_\_\_).

I attest, under penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

Signature	Date (Month/Day/Year)
-----------	-----------------------

## PREPARER/TRANSLATOR CERTIFICATION (To be completed if prepared by person other than the employee). I attest, under penalty of perjury, that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.

Signature	Name (Print or Type)
Address (Street Name and Number)	City State Zip Code

## 2 EMPLOYER REVIEW AND VERIFICATION: (To be completed and signed by employer.)

Instructions:

Examine one document from List A and check the appropriate box, OR examine one document from List B and one from List C and check the appropriate boxes. Provide the *Document Identification Number* and *Expiration Date* for the document checked.

### List A Documents that Establish Identity and Employment Eligibility

- 1. United States Passport
- 2. Certificate of United States Citizenship
- 3. Certificate of Naturalization
- 4. Unexpired foreign passport with attached Employment Authorization
- 5. Alien Registration Card with photograph

Document Identification

# \_\_\_\_\_

Expiration Date (if any)

\_\_\_\_\_

### List B Documents that Establish Identity

- 1. A State-issued driver's license or a State-issued I.D. card with a photograph, or information, including name, sex, date of birth, height, weight, and color of eyes. (Specify State) \_\_\_\_\_
- 2. U.S. Military Card
- 3. Other (Specify document and issuing authority) \_\_\_\_\_

Document Identification

# \_\_\_\_\_

Expiration Date (if any)

\_\_\_\_\_

### List C Documents that Establish Employment Eligibility

- 1. Original Social Security Number Card (other than a card stating it is not valid for employment)
- 2. A birth certificate issued by State, county, or municipal authority bearing a seal or other certification
- 3. Unexpired INS Employment Authorization Specify form \_\_\_\_\_

Document Identification

# \_\_\_\_\_

Expiration Date (if any)

\_\_\_\_\_

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine and to relate to the individual named, and that the individual, to the best of my knowledge, is eligible to work in the United States.

Signature <i>[Signature]</i>	Name (Print or Type) Lisa Foster	Title Employer
Employer Name Lisa Foster	Address _____	Date _____

February 11, 2010

Response to Senate Finance Committee Questions

Question: Forms I-9

# |

1) [REDACTED] was hired in the mid-to-late 1990s and terminated employment in 2007. She was hired through an employment agency which prepared the I-9. Your wife reviewed [REDACTED] US passport and social security card and signed the I-9 that the agency prepared. The I-9 is not signed or dated by the employee. In addition to her signature, your wife appears to have printed her name, title, employer name and address, but did not date the I-9.

- a. Why did [REDACTED] not sign or date the Form I-9?
- b. Why did your wife not fill in the date when she completed the other boxes in the employer's section of the form?

In 1999, my wife and I contracted with [REDACTED], an employment agency in San Diego, CA to assist us in hiring a nanny to help care for our children. Recognizing the critical importance of hiring an individual who was eligible to work in the U.S. and to whom we could entrust the care of our children, we utilized the employment agency to ensure that a prospective employee passed a background check and was authorized to work in the U.S.

After interviewing [REDACTED], a U.S. citizen, my wife selected her for the position. The agency then provided my wife with a group of employment related documents, including, we believe, the I-9 form. My wife personally examined and recorded both [REDACTED] U.S. passport ([REDACTED]) and social security card [REDACTED]

information that also appeared on the I-9. She also examined [REDACTED] driver's license. After more than ten years, neither my wife nor [REDACTED] can recall why [REDACTED] did not sign or date the employee portion of the form, or why my wife did not fill in the date when she completed and signed the employer portion of the form.

My wife and I did take significant steps to ensure that [REDACTED] was authorized to work in the U.S. While the I-9 did not require the examination of additional documents where a U.S. passport was presented, my wife took the extra step of examining multiple documents for proof of identity and authorization to work, in this case, [REDACTED] driver's license and social security card. [REDACTED] began to work for us on September 7, 1999 and left our employment on June 22, 2007.

As part of an effort to assemble documents for the Committee, my wife recently contacted [REDACTED]. [REDACTED] confirmed she provided my wife with her U.S. passport, driver's license and social security card for examination at the employment agency prior to her employment. She provided my wife with a photocopy of the U.S. passport that she had presented at the initial interview, which is also attached.

# 2

- 2) [REDACTED] The response regarding [REDACTED] was cut off. Please provide a complete response and provide her I-9. If no I-9 was secured, please describe the documentation you considered to determine her legal status.

By June of 2007, [REDACTED] was no longer working as a nanny, but rather was providing housekeeping services for my family three days a week. When [REDACTED] departed, she asked that her daughter [REDACTED], a U.S. citizen by birth, replace her on a part-time basis while attending community college. [REDACTED] was 19 at the time, newly married and in need of income. Even though we had known [REDACTED] since the age of eleven, my wife nonetheless examined and recorded the numbers on her driver's license [REDACTED] and her social security card [REDACTED] in order to ensure that she could legally work in the U.S. This documentation confirmed her identity and authorization to work.

My wife recently contacted [REDACTED] and reviewed her passport and driver's license. A photocopy of these items is attached. The substantive information is entirely consistent with that examined and recorded in 2007, supplemented by her passport.

# 3

- 3) [REDACTED] was hired in 10/08. Your wife reviewed her permanent resident card and social security card at the time of hiring. An I-9 was filled out 11/09; the I-9 is dated 11/12/09 in the employer section and not dated in the employee section. When you met with [REDACTED] and [REDACTED] in August, 2009, you indicated that you had a nanny and that you had an I-9.

- a. Why was an I-9 not completed at the time [REDACTED] was hired?

As with [REDACTED], [REDACTED] has only worked with my family in a part time capacity as a domestic housekeeper. My wife took steps to assure her eligibility to work before hiring her by reviewing and photocopying her Permanent Resident Card

[REDACTED] and her social security card [REDACTED]. We did not think an I-9 form was necessary when we hired [REDACTED] for part-time housecleaning work.

- b. *Why was an I-9 not completed when you learned you were under consideration to be nominated for a position with Homeland Security?*

Since the beginning of [REDACTED] employment, we have been fully prepared to demonstrate that [REDACTED] is eligible to work in the U.S. Later while going through the process of documenting proof of [REDACTED] work authorization and legal status in connection with this nomination, it appeared there was a benefit to formalizing and documenting our efforts through the completion of an I-9 form with the same information we obtained in 2008.

- c. *Why is the employee section not dated on [REDACTED] I-9?*

We asked [REDACTED] to complete an I-9 to further document her identity and eligibility to work. The form contains the same information she earlier supplied, and the substantive information is entirely consistent with that examined and recorded in 2008. We do not know why [REDACTED] did not date the form. However, [REDACTED] recalls signing the I-9 the same day in November 2009 when my wife gave her the form, and she has submitted the attached declaration to confirm that fact.

- d. *Why did you indicate you had an I-9 for your nanny during the meeting with Finance Committee staff in August of 2009?*

If I stated that [REDACTED] had an I-9 in August 2009, then I misspoke and apologize for any misunderstanding. As I noted above, we employed [REDACTED] as a casual domestic housekeeper who works on a part-time basis, not as a nanny, beginning in October 2008, when our youngest children were already sixteen [REDACTED] and fourteen [REDACTED]. When we spoke in August, I did know that we had verified her identity and lawful permanent residence prior to hiring her.

I underline my belief that it is critically important that employers verify the eligibility of all potential employees. I have taken this responsibility seriously in my personal life and have strictly required all potential employees to provide documentation that proves they are eligible to work in the U.S. My wife and I have never hired anyone who has been unable to prove they are eligible to work in this country.

DECLARATION OF [REDACTED]

# 3

I, [REDACTED], declare:

1. I am over the age of 18, am suffering from no mental disability, and am legally competent to make this declaration.
2. I was hired in October 2008 to work part time as a domestic housekeeper at the Bersin residence.
3. Before I was hired and before I began performing any work, I presented to Lisa Foster, Alan Bersin's wife, the following forms of identification:
  - a. My Permanent Resident Card, No. [REDACTED]
  - b. My Social Security Card, No. [REDACTED]
4. On November 12, 2009, Lisa Foster presented me with a Form I-9 (Employment Eligibility Verification), to review and sign.
5. Immediately after reviewing the Form I-9 on November 12, 2009, I signed the Form I-9.
6. When I signed the Form I-9, I neglected to provide a date next to my signature. This was done unintentionally.

I declare under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

[REDACTED]

02-10-2010  
Date





- Attachment H -

Alan D. Bersin - I-9

Attached, in response to the Committee's request, are currently dated I-9 forms for the three individuals my wife and I have hired over the last 11 years, [REDACTED] and [REDACTED]

#1 + #2  
+ #3

I agree with the Committee that it is extremely important for employers to verify the eligibility of individuals to work prior to hiring them, and to follow the requirements for completing I-9 forms fully and accurately. At the time of hiring [REDACTED] and [REDACTED], my wife and I believed that I-9 forms were not required for this type of domestic housecleaning service. I am concerned that this might suggest that I have not taken seriously the need to verify the eligibility of individuals to work prior to hiring them. This is not the case. I have always understood the importance of verifying the eligibility of employees to work legally in the United States, and I have never employed anyone who was not eligible to work lawfully in this country. To do otherwise would encourage illegal immigration, undermine the wages and working conditions of those authorized to work, and support employment practices that exploit illegal immigrants.

#2 + #3

As the Committee is aware, my wife and I did establish the legal work eligibility of all three of these individuals prior to hiring them. We obtained the required documentation and kept records of that documentation. I have always taken my obligations as an employer seriously, and I continue to do so.

I want to ensure that the Committee is fully satisfied with the explanation that I have provided and am available to meet at any time to provide additional information.

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

**Form I-9, Employment Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)**

Print Name: Last # 1 [REDACTED]	First [REDACTED]	Middle Initial [REDACTED]	Maiden Name [REDACTED]
Address (Street Name and Number) [REDACTED]		Apt. # [REDACTED]	Date of Birth (month/day/year) [REDACTED]
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Social Security # [REDACTED]

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year) \_\_\_\_\_

Employee's Signature [REDACTED] Date (month/day/year) 1/27/2010

**Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.**

Preparer's/Translator's Signature [REDACTED]	Print Name [REDACTED]
Address (Street Name and Number, City, State, Zip Code) [REDACTED]	Date (month/day/year) [REDACTED]

**Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)**

List A	OR	List B	AND	List C
Document title: <u>U.S. Passport Card</u>		<u>Calif Driver's License</u>		<u>Social Security Card</u>
Issuing authority: <u>U.S. Dept. of State</u>		<u>State of Calif.</u>		<u>U.S. Dept. of H. &amp; H.S.</u>
Document #: [REDACTED]		[REDACTED]		[REDACTED]
Expiration Date (if any): [REDACTED]		[REDACTED]		[REDACTED]
Document #: [REDACTED]		[REDACTED]		[REDACTED]
Expiration Date (if any): [REDACTED]		[REDACTED]		[REDACTED]

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 9/7/1999 and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>[Signature]</u>	Print Name <u>Lisa Foster</u>	Title <u>Employer</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) [REDACTED]		Date (month/day/year) <u>1.27.2010</u>

**Section 3. Updating and Reverification (To be completed and signed by employer.)**

A. New Name (if applicable) [REDACTED]	B. Date of Rehire (month/day/year) (if applicable) [REDACTED]	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: [REDACTED]	Document #: [REDACTED]	Expiration Date (if any): [REDACTED]

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative [REDACTED]	Date (month/day/year) [REDACTED]
--	-------------------------------------

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

**Form I-9, Employment Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)**

#2

Print Name: Last [REDACTED]	First [REDACTED]	Middle Initial [REDACTED]	Maiden Name [REDACTED]
Address (Street Name and Number) [REDACTED]		Apt. # [REDACTED]	Date of Birth (month/day/year) [REDACTED]
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Social Security # [REDACTED]

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

A citizen of the United States

A noncitizen national of the United States (see instructions)

A lawful permanent resident (Alien #) \_\_\_\_\_

An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year) \_\_\_\_\_

Employee's Signature: [REDACTED] Date (month/day/year) 01/29/2010

**Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.**

Preparer's/Translator's Signature [REDACTED]	Print Name [REDACTED]
Address (Street Name and Number, City, State, Zip Code) [REDACTED]	Date (month/day/year) [REDACTED]

**Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)**

List A	OR	List B	AND	List C
Document title: US passport		Calif - driver's license		
Issuing authority: US Dept. of State		[REDACTED]		
Document #: [REDACTED]		State of California		
Expiration Date (if any): [REDACTED]		[REDACTED]		
Document #: [REDACTED]				
Expiration Date (if any): [REDACTED]				

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 6/25/2007 and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative [REDACTED]	Print Name Lisa Foster	Title Employer
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) [REDACTED]		Date (month/day/year) 1/29/2010

**Section 3. Updating and Reverification (To be completed and signed by employer.)**

A. New Name (if applicable) [REDACTED]	B. Date of Rehire (month/day/year) (if applicable) [REDACTED]
---	--

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): \_\_\_\_\_

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative [REDACTED]	Date (month/day/year) [REDACTED]
--	-------------------------------------

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
FRESNO CA 93888

DATE OF THIS NOTICE: 02-23-93  
NUMBER OF THIS NOTICE: CP 575 B  
EMPLOYER IDENTIFICATION NUMBER: [REDACTED]  
FORM: SS-4 TAX PERIOD: N/A

[REDACTED]

Attachment I

LISA A FOSTER  
SAN DIEGO CA [REDACTED]

FOR ASSISTANCE PLEASE  
WRITE TO US AT:  
INTERNAL REVENUE SERVICE  
FRESNO CA 93888

BE SURE TO ATTACH THE  
BOTTOM PART OF NOTICE  
OR YOU MAY CALL US AT:

1-800-829-1040

TAX FORMS YOU MUST FILE:  
942

NOTICE OF NEW EMPLOYER IDENTIFICATION NUMBER ASSIGNED

THANK YOU FOR YOUR FORM SS-4, APPLICATION FOR EMPLOYER IDENTIFICATION NUMBER (EIN). THE NUMBER ASSIGNED TO YOU IS SHOWN ABOVE. IT WILL BE USED TO IDENTIFY YOUR BUSINESS ACCOUNT, TAX RETURNS AND DOCUMENTS, EVEN IF YOU DON'T HAVE EMPLOYEES.

1. KEEP A COPY OF THE NUMBER IN YOUR PERMANENT RECORDS.
2. USE YOUR NAME AND THE NUMBER EXACTLY AS SHOWN ABOVE ON ALL FEDERAL TAX FORMS.
3. USE THE NUMBER ON ALL TAX PAYMENTS AND TAX-RELATED CORRESPONDENCE OR DOCUMENTS.

USING A VARIATION OF YOUR NAME OR NUMBER MAY RESULT IN DELAYS OR ERRORS IN POSTING PAYMENTS TO YOUR ACCOUNT. IT ALSO COULD RESULT IN THE ASSIGNMENT OF MORE THAN ONE EMPLOYER IDENTIFICATION NUMBER.

WE HAVE ESTABLISHED THE FILING REQUIREMENTS AND TAX PERIOD SHOWN ABOVE FOR YOUR ACCOUNT BASED UPON THE INFORMATION PROVIDED. IF YOU NEED HELP TO DETERMINE YOUR REQUIRED TAX YEAR, GET PUBLICATION 538, ACCOUNTING PERIODS AND METHODS, WHICH IS AVAILABLE AT MOST IRS OFFICES.

THANK YOU FOR YOUR COOPERATION.

KEEP THIS PART FOR YOUR RECORDS.

CP 575 B (REV. 8-90)

ONLY RETURN THIS PART WITH YOUR CORRESPONDENCE IF YOU  
HAVE ANY QUESTIONS SO WE MAY IDENTIFY YOUR ACCOUNT.  
PLEASE CORRECT ANY ERRORS IN YOUR NAME OR ADDRESS.

CP 575 B  
[REDACTED]

YOUR TELEPHONE NUMBER BEST TIME TO CALL  
( ) -

DATE OF THIS NOTICE: 02-23-93  
EMPLOYER IDENTIFICATION NUMBER: [REDACTED]  
FORM NUMBER: SS-4  
TAX PERIOD: N/A

INTERNAL REVENUE SERVICE  
FRESNO CA 93888

LISA A FOSTER  
SAN DIEGO CA [REDACTED]



ANNUAL PAYROLL TAX RETURN FOR EMPLOYER OF HOUSEHOLD WORKERS

APPROVED EXTENSION TO: \_\_\_\_\_

PLEASE TYPE ALL INFORMATION

YEAR ENDED DEC. 31, 2004 DUE JAN. 1, 2005

DELINQUENT IF NOT POSTMARKED OR RECEIVED BY JAN. 31, 2005

YEAR 2004

Attachment J

EMPLOYER ACCOUNT NO. [Redacted]

LISA A FOSTER  
SAN DIEGO CA [Redacted]

DO NOT ALTER THIS AREA  
P1 P2 C P U S T A  
EFFECTIVE DATE Mo. Day Yr.

DETAILED INSTRUCTIONS ARE LOCATED ON THE BACK

- CHECK BOX IF: [ ] No Wages Paid this Year [ ] No Longer have Household Employees (Date) [ ] Revert to Quarterly Reporting (Date)

A. TOTAL SUBJECT WAGES PAID THIS CALENDAR YEAR -----> 27,166.25

B. EMPLOYER'S UNEMPLOYMENT INSURANCE (UI) TAXES (Total Employee Wages up to \$7000 per employee per calendar year) 12,476.75 X 1.50 = 187.15

C. EMPLOYMENT TRAINING TAX (ETT) (Total Employee Wages up to \$7000 per employee per calendar year) 12,476.75 X 0.10 = 12.48

D. EMPLOYEE STATE DISABILITY INSURANCE (SDI) TAXES (Total Employee Wages up to a maximum limit of \$68,829 per employee per calendar year) 27,166.25 X 1.18 = 320.56

E. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD \*(Total PIT withheld per Forms W-2) -----> —

F. TOTAL TAXES DUE (Add Items B3, C3, D3, and E) -----> \_\_\_\_\_

G. LESS VOLUNTARY PREPAYMENT OF TAXES MADE DURING THE YEAR -----> \_\_\_\_\_

H. BALANCE OF TOTAL TAXES DUE -----> 520.19

INCLUDE EMPLOYER ACCOUNT NUMBER ON YOUR CHECK. Do not staple check to return. Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT

I. Be sure to sign this declaration: I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature [Signature] Title Employer Phone [Redacted] Date 1.17.05



# QUARTERLY REPORT OF WAGES AND WITHHOLDINGS FOR EMPLOYERS OF HOUSEHOLD WORKERS

Instructions for completion are available on the back of this form.

APPROVED EXTENSION TO: \_\_\_\_\_

PLEASE TYPE ALL INFORMATION

QUARTER ENDED MAR 31, 2004 DUE APR 1, 2004

DELINQUENT IF NOT POSTMARKED OR RECEIVED BY APR 30, 2004 YR 04 QTR 1

EMPLOYER ACCOUNT NUMBER  
[REDACTED]

LISA A FOSTER  
SAN DIEGO CA [REDACTED]



**DO NOT ALTER THIS AREA**

DEPT: P1  C  T  S  W  A

EFFECTIVE DATE: Mo. Day Yr. WIC

[ ] = [ ] = [ ] [ ] [ ]

A. NUMBER OF EMPLOYEES full-time and part-time who worked during or received pay subject to UI for payroll period which includes the 12th of the month.

1ST MONTH	2ND MONTH	3RD MONTH
2	2	2

B.  No Payroll This Quarter

# 4

# 1

C. SOCIAL SECURITY NUMBER [REDACTED]	D. EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST) [REDACTED]	E. TOTAL SUBJECT WAGES 2078.50	F. PIT WAGES 2078.50	G. PIT WITHHELD —
C. SOCIAL SECURITY NUMBER [REDACTED]	D. EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST) [REDACTED]	E. TOTAL SUBJECT WAGES 5280.00	F. PIT WAGES 5280.00	G. PIT WITHHELD
C. SOCIAL SECURITY NUMBER	D. EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST)	E. TOTAL SUBJECT WAGES	F. PIT WAGES	G. PIT WITHHELD
C. SOCIAL SECURITY NUMBER	D. EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST)	E. TOTAL SUBJECT WAGES	F. PIT WAGES	G. PIT WITHHELD
H. GRAND TOTAL SUBJECT WAGES 7358.50		I. GRAND TOTAL PIT WAGES		J. GRAND TOTAL PIT WITHHELD

K. I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature \_\_\_\_\_ Title \_\_\_\_\_ (Employer, Accountant, Preparer, etc.) Phone ( ) \_\_\_\_\_ Date \_\_\_\_\_

You have received this Report of Wages and Withholdings for Employers of Household Workers, DE 3BHW, in lieu of the Quarterly Wage and Withholding Report, DE 6, because you have elected to pay taxes for your Household Workers on an annual basis. This form will be mailed to you quarterly and an Annual Payroll Tax Return For Employer Of Household Workers, DE 3HW, will be mailed to you in the fourth quarter. This annual process is only available to employers who pay \$20,000 or less in household wages during the calendar year. If your wage estimate is understated and you do pay more than \$20,000 in wages in the calendar year, please follow the instructions on the back of this form under the "QUESTION" topic.

You must file this report even if you had no payroll by marking Item B, and indicating "0" in each of the three boxes in Item A, and in the Grand Total Boxes, Items H, I, and J.

MAIL TO: State of California / Employment Development Department / P.O. Box 826221 / MIC 288 / Sacramento, CA 94230-6221



ANNUAL PAYROLL TAX RETURN FOR EMPLOYER OF HOUSEHOLD WORKERS

APPROVED EXTENSION TO: \_\_\_\_\_

PLEASE TYPE ALL INFORMATION

YEAR ENDED DEC. 31, 2005 DUE JAN. 1, 2006

DELINQUENT IF NOT POSTMARKED OR RECEIVED BY JAN. 31, 2006

YEAR 2005

Attachment K

LISA A FOSTER

SAN DIEGO

CA

EMPLOYER ACCOUNT NO. \_\_\_\_\_

DO NOT ALTER THIS AREA									
DEPT. USE ONLY	P1	P2	C	P	U	S	T	A	
EFFECTIVE DATE		Mo.	Day	Yr.					
		=	=	=					

DETAILED INSTRUCTIONS ARE LOCATED ON THE BACK

CHECK BOX IF:

- No Wages Paid this Year
- No Longer have Household Employees (Date) \_\_\_\_\_
- Revert to Quarterly Reporting (Date) \_\_\_\_\_

A. TOTAL SUBJECT WAGES PAID THIS CALENDAR YEAR	----->	<u>28,031.78</u>									
B. EMPLOYER'S UNEMPLOYMENT INSURANCE (UI) TAXES (Total Employee Wages up to \$7000 per employee per calendar year)	<table border="0"> <tr> <td>WAGES</td> <td>UI %</td> <td></td> </tr> <tr> <td>(B1) <u>11,711.78</u> X</td> <td>(B2) <u>2.60</u> =</td> <td>(B3) <u>304.51</u></td> </tr> <tr> <td>(multiplied by)</td> <td></td> <td></td> </tr> </table>	WAGES	UI %		(B1) <u>11,711.78</u> X	(B2) <u>2.60</u> =	(B3) <u>304.51</u>	(multiplied by)			
WAGES	UI %										
(B1) <u>11,711.78</u> X	(B2) <u>2.60</u> =	(B3) <u>304.51</u>									
(multiplied by)											
C. EMPLOYMENT TRAINING TAX (ETT) TAXES (Total Employee Wages up to \$7000 per employee per calendar year)	<table border="0"> <tr> <td>WAGES</td> <td>ETT %</td> <td></td> </tr> <tr> <td>(C1) <u>11,711.78</u> X</td> <td>(C2) <u>0.10</u> =</td> <td>(C3) <u>11.71</u></td> </tr> <tr> <td>(multiplied by)</td> <td></td> <td></td> </tr> </table>	WAGES	ETT %		(C1) <u>11,711.78</u> X	(C2) <u>0.10</u> =	(C3) <u>11.71</u>	(multiplied by)			
WAGES	ETT %										
(C1) <u>11,711.78</u> X	(C2) <u>0.10</u> =	(C3) <u>11.71</u>									
(multiplied by)											
D. EMPLOYEE STATE DISABILITY INSURANCE (SDI) TAXES (Total Employee Wages up to a maximum limit of \$68,829 per employee per calendar year)	<table border="0"> <tr> <td>WAGES</td> <td>SDI %</td> <td></td> </tr> <tr> <td>(D1) <u>28,031.78</u> X</td> <td>(D2) <u>1.08</u> =</td> <td>(D3) <u>302.74</u></td> </tr> <tr> <td>(multiplied by)</td> <td></td> <td></td> </tr> </table>	WAGES	SDI %		(D1) <u>28,031.78</u> X	(D2) <u>1.08</u> =	(D3) <u>302.74</u>	(multiplied by)			
WAGES	SDI %										
(D1) <u>28,031.78</u> X	(D2) <u>1.08</u> =	(D3) <u>302.74</u>									
(multiplied by)											
E. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD *(Total PIT withheld per Forms W-2)	----->	<u>---</u>									
F. TOTAL TAXES DUE (Add Items B3, C3, D3, and E)	----->	<u>618.96</u>									
G. LESS VOLUNTARY PREPAYMENT OF TAXES MADE DURING THE YEAR	----->	<u>---</u>									
H. BALANCE OF TOTAL TAXES DUE	----->	<u>618.96</u>									

INCLUDE EMPLOYER ACCOUNT NUMBER ON YOUR CHECK. Do not staple check to return. Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT

I. Be sure to sign this declaration: I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Date \_\_\_\_\_  
(Owner, Accountant, Preparer, etc.)



QUARTERLY REPORT OF WAGES AND WITHHOLDINGS FOR EMPLOYERS OF HOUSEHOLD WORKERS

APPROVED EXTENSION TO: \_\_\_\_\_

Instructions for completion are available on the back of this form.

PLEASE TYPE ALL INFORMATION

DELINQUENT IF NOT POSTMARKED OR RECEIVED BY MAY 2, 2005 YR QTR 05 1

QUARTER ENDED MAR 31, 2005 DUE APR 1, 2005

EMPLOYER ACCOUNT NUMBER [REDACTED]



LISA A FOSTER [REDACTED] SAN DIEGO CA [REDACTED]

DO NOT ALTER THIS AREA DEPT USE ONLY EFFECTIVE DATE WIC

A. NUMBER OF EMPLOYEES full-time and part-time who worked during or received pay subject to UI for payroll period which includes the 12th of the month.

B. [ ] No Payroll This Quarter

1ST MONTH 2ND MONTH 3RD MONTH [2] [2] [2]

# S

Table with columns: C. SOCIAL SECURITY NUMBER, D. EMPLOYEE NAME, E. TOTAL SUBJECT WAGES, F. PIT WAGES, G. PIT WITHHELD. Includes handwritten entries for two employees and grand totals.

# )

K. I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Date \_\_\_\_\_ (Employer, Accountant, Preparer, etc.)

You have received this Report of Wages and Withholdings for Employers of Household Workers, DE 3BHW, in lieu of the Quarterly Wage and Withholding Report, DE 6, because you have elected to pay taxes for your Household Workers on an annual basis.

You must file this report even if you had no payroll by marking Item B, and indicating "0" in each of the three boxes in Item A, and in the Grand Total Boxes, Items H, I, and J.

MAIL TO: State of California / Employment Development Department / P.O. Box 826221 / MIC 28B / Sacramento, CA 94230-6221





ANNUAL PAYROLL TAX RETURN FOR EMPLOYERS OF HOUSEHOLD WORKERS

APPROVED EXTENSION TO: \_\_\_\_\_

PLEASE TYPE OR PRINT ALL INFORMATION IN BLACK INK - DO NOT ALTER PREPRINTED INFORMATION

YEAR ENDED DEC. 31, 2006 DUE JAN. 1, 2007

DELINQUENT IF NOT POSTMARKED OR RECEIVED BY JAN. 31, 2007

YEAR
2006

Attachment L

LISA A FOSTER

SAN DIEGO

CA

EMPLOYER ACCOUNT NO.

DO NOT ALTER THIS AREA

DEPT. USE ONLY	P1	P2	C	P	U	S	T	A
	Mo.	Day	Yr.					
EFFECTIVE DATE	=	=	=					

DETAILED INSTRUCTIONS ARE LOCATED ON THE BACK

- CHECK BOX IF:
- No Wages Paid This Year
  - No Longer Have Household Employees (Date) \_\_\_\_\_
  - Revert to Quarterly Reporting (Date) \_\_\_\_\_

A. TOTAL SUBJECT WAGES PAID THIS CALENDAR YEAR -----> 25,584.12

B. EMPLOYER'S UNEMPLOYMENT INSURANCE (UI) TAXES  
(Total Employee Wages up to \$7,000 per employee per calendar year)

WAGES (B1) 10,224.12 x UI % (B2) 2.40 = (B3) 245.38  
(multiplied by)

C. EMPLOYMENT TRAINING TAX (ETT) TAXES  
(Total Employee Wages up to \$7,000 per employee per calendar year)

WAGES (C1) 10,224.12 x ETT % (C2) 0.10 = (C3) 10.22  
(multiplied by)

D. EMPLOYEE STATE DISABILITY INSURANCE (SDI) TAXES  
(Total Employee Wages up to a maximum limit of \$79,418 per employee per calendar year)

WAGES (D1) 25,584.12 x SDI % (D2) 0.80 = (D3) 20467  
(multiplied by)

E. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD -----> —  
(Total PIT Withheld per Forms W-2)

F. TOTAL TAXES DUE (Add Items B3, C3, D3, and E) -----> 460.27

G. LESS VOLUNTARY PREPAYMENT OF TAXES MADE DURING THE YEAR -----> —

H. BALANCE OF TOTAL TAXES DUE -----> 460.27

INCLUDE EMPLOYER ACCOUNT NUMBER ON YOUR CHECK. Do not staple check to return. Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT

I. Be sure to sign this declaration: I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Date \_\_\_\_\_  
(Employer, Accountant, Preparer, etc.)



# QUARTERLY REPORT OF WAGES AND WITHHOLDINGS FOR EMPLOYERS OF HOUSEHOLD WORKERS

APPROVED EXTENSION TO: \_\_\_\_\_

Instructions for completion are available on the back of this form.

PLEASE TYPE ALL INFORMATION

QUARTER ENDED MAR. 31, 2006 DUE APR. 1, 2006

DELINQUENT IF NOT POSTMARKED OR RECEIVED BY MAY. 1, 2006 YR 06 QTR 1

EMPLOYER ACCOUNT NUMBER  
[REDACTED]



LISA A FOSTER  
SAN DIEGO CA [REDACTED]

**DO NOT ALTER THIS AREA**

DEF: P1  C  T  S  W  A

USE: Mo. Day Yr. WIC

ONLY: EFFECTIVE DATE = = =

A. NUMBER OF EMPLOYEES full-time and part-time who worked during or received pay subject to UI for payroll period which includes the 12th of the month.

1ST MONTH	2ND MONTH	3RD MONTH
2	2	2

B.  No Payroll This Quarter

# 6	C. SOCIAL SECURITY NUMBER [REDACTED]	D. EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST) [REDACTED]	E. TOTAL SUBJECT WAGES \$ 926.00	F. PIT WAGES \$ 926.00	G. PIT WITHHELD _____
	C. SOCIAL SECURITY NUMBER [REDACTED]	D. EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST) [REDACTED]	E. TOTAL SUBJECT WAGES \$ 520.00	F. PIT WAGES \$ 520.00	G. PIT WITHHELD _____
# )	C. SOCIAL SECURITY NUMBER [REDACTED]	D. EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST) [REDACTED]	E. TOTAL SUBJECT WAGES [REDACTED]	F. PIT WAGES [REDACTED]	G. PIT WITHHELD [REDACTED]
	C. SOCIAL SECURITY NUMBER [REDACTED]	D. EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST) [REDACTED]	E. TOTAL SUBJECT WAGES [REDACTED]	F. PIT WAGES [REDACTED]	G. PIT WITHHELD [REDACTED]
H. GRAND TOTAL SUBJECT WAGES \$ 6,126.00			I. GRAND TOTAL PIT WAGES \$ 6,126.00		J. GRAND TOTAL PIT WITHHELD [REDACTED]

K. I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature [Signature] Title Employer Phone [REDACTED] Date 4.16.06  
(Employer, Accountant, Preparer, etc.)

You have received this Report of Wages and Withholdings for Employers of Household Workers, DE 3BHW, in lieu of the Quarterly Wage and Withholding Report, DE 6, because you have elected to pay taxes for your Household Workers on an annual basis. This form will be mailed to you quarterly and an Annual Payroll Tax Return For Employer Of Household Workers, DE 3HW, will be mailed to you in the fourth quarter. This annual process is only available to employers who pay \$20,000 or less in household wages during the calendar year. If your wage estimate is understated and you do pay more than \$20,000 in wages in the calendar year, please follow the instructions on the back of this form under the "QUESTION" topic.

You must file this report even if you had no payroll by marking Item B, and indicating "0" in each of the three boxes in Item A, and in the Grand Total Boxes, Items H, I, and J.

MAIL TO: State of California / Employment Development Department / P.O. Box 826221 / MIC 28B / Sacramento, CA 94230-6221



EMPLOYER OF HOUSEHOLD WORKER(S) ANNUAL PAYROLL TAX RETURN

APPROVED EXTENSION TO: \_\_\_\_\_

PLEASE TYPE OR PRINT ALL INFORMATION IN BLACK INK - DO NOT ALTER PREPRINTED INFORMATION

YEAR ENDED DEC.31, 2007 DUE JAN.1, 2008

DELINQUENT IF NOT POSTMARKED OR RECEIVED BY JAN.31, 2008

YEAR 2007



Attachment M

LISA A FOSTER

SAN DIEGO CA

EMPLOYER ACCOUNT NO. [Redacted]

DO NOT ALTER THIS AREA. DEPT. USE ONLY. P1 P2 C P U S T A. EFFECTIVE DATE Mo. Day Yr.

DETAILED INSTRUCTIONS ARE LOCATED ON THE BACK

CHECK BOX

IF:

- No Wages Paid This Year
No Longer Have Household Employees (Date)
Revert to Quarterly Reporting (Date)

A. TOTAL SUBJECT WAGES PAID THIS CALENDAR YEAR \$26,717.20

B. EMPLOYER'S UNEMPLOYMENT INSURANCE (UI) TAXES (Total Employee Wages up to \$7,000 per employee per calendar year) WAGES (B1) 17,837.2 x UI % (B2) 2.00 = (B3) 356.74

C. EMPLOYMENT TRAINING TAX (ETT) (Total Employee Wages up to \$7,000 per employee per calendar year) WAGES (C1) 17,837.2 x ETT % (C2) 0.10 = (C3) 17.84

D. EMPLOYEE STATE DISABILITY INSURANCE (SDI) TAXES Refer to publication Tax Rates, Wage Limits, and Value of Meals and Lodging (DE 3395) or our Web site at www.edd.ca.gov/taxrep/de3395.pdf WAGES (D1) 26,717.20 x SDI % (D2) 0.60 = (D3) 160.30

E. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD (Total PIT Withheld per Forms W-2) [Redacted]

F. TOTAL TAXES DUE (Add Items B3, C3, D3, and E) 534.88

G. LESS VOLUNTARY PREPAYMENT OF TAXES MADE DURING THE YEAR [Redacted]

H. BALANCE OF TOTAL TAXES DUE 534.88

INCLUDE EMPLOYER ACCOUNT NUMBER ON YOUR CHECK. Do not staple check to return. Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT

I. Be sure to sign this declaration: I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature [Signature] Title Employer Phone [Redacted] Date 1/22/08



# QUARTERLY REPORT OF WAGES AND WITHHOLDINGS FOR EMPLOYERS OF HOUSEHOLD WORKERS

APPROVED EXTENSION TO: \_\_\_\_\_

Instructions for completion are available on the back of this form.

PLEASE TYPE OR PRINT ALL INFORMATION IN BLACK INK - DO NOT ALTER PREPRINTED INFORMATION

QUARTER ENDED MAR 31, 2007 DUE APR 1, 2007

DELINQUENT IF NOT POSTMARKED OR RECEIVED BY APR 30, 2007 YR 07 QTR 1

EMPLOYER ACCOUNT NUMBER  
[REDACTED]



LISA A FOSTER  
[REDACTED]  
SAN DIEGO CA [REDACTED]

DO NOT ALTER THIS AREA									
DEPT	P1	C	T	S	W	A			
LIST	Mo. Day Yr.						WIC		
ONLY	EFFECTIVE DATE	=	=	=					

A. NUMBER OF EMPLOYEES full-time and part-time who worked during or received pay subject to UI for payroll period which includes the 12th of the month.

1ST MONTH	2ND MONTH	3RD MONTH
<u>2</u>	<u>2</u>	<u>2</u>

B.  No Payroll This Quarter

# 1

C. SOCIAL SECURITY NUMBER [REDACTED]	D. EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST) [REDACTED]
E. TOTAL SUBJECT WAGES <u>15720.00</u>	F. PIT WAGES <u>5720.00</u>
G. PIT WITHHELD —	

# 7

C. SOCIAL SECURITY NUMBER [REDACTED]	D. EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST) [REDACTED]
E. TOTAL SUBJECT WAGES <u>1445.00</u>	F. PIT WAGES <u>51445.00</u>
G. PIT WITHHELD —	

C. SOCIAL SECURITY NUMBER	D. EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST)
E. TOTAL SUBJECT WAGES	F. PIT WAGES
G. PIT WITHHELD	

C. SOCIAL SECURITY NUMBER	D. EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST)
E. TOTAL SUBJECT WAGES	F. PIT WAGES
G. PIT WITHHELD	

H. GRAND TOTAL SUBJECT WAGES <u>17165.00</u>	I. GRAND TOTAL PIT WAGES <u>17165.00</u>	J. GRAND TOTAL PIT WITHHELD
---	---	-----------------------------

K. I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature [Signature] Title Employer Phone ( ) Date \_\_\_\_\_  
(Employer, Accountant, Preparer, etc.)

You have received this Quarterly Report of Wages and Withholdings for Employers of Household Workers (DE 3BHW) in lieu of the Quarterly Wage and Withholding Report (DE 6) because you have elected to pay taxes for your household workers on an annual basis. This form will be mailed to you quarterly, and an Annual Payroll Tax Return for Employers of Household Workers (DE 3HW) will be mailed to you in the fourth quarter. This annual process is only available to employers who may \$20,000 or less in household wages during the calendar year. If your wage estimate is understated and you do pay more than \$20,000 in wages in the calendar year, please follow the instructions on the back of this form under the "QUESTIONS" topic.

You must file this report even if you had no payroll by marking Item B, and indicating "0" in each of the three boxes in Item A, and in the Grand Total Boxes, Items H, I, and J.

MAIL TO: State of California / Employment Development Department / P.O. Box 826221 / MIC 288 / Sacramento, CA 94230-6221



EMPLOYER OF HOUSEHOLD WORKER(S) ANNUAL PAYROLL TAX RETURN

APPROVED EXTENSION TO: \_\_\_\_\_

PLEASE TYPE OR PRINT ALL INFORMATION IN BLACK INK - DO NOT ALTER PREPRINTED INFORMATION

YEAR ENDED DEC. 31, 2008 DUE JAN. 1, 2009

DELINQUENT IF NOT POSTMARKED OR RECEIVED BY FEB. 2, 2009

YEAR 2008

Attachment N

LISA A FOSTER

SAN DIEGO CA

EMPLOYER ACCOUNT NO.

DO NOT ALTER THIS AREA. DEPT. USE ONLY. P1 P2 C P U S T A. EFFECTIVE DATE Mo. Day Yr.

DETAILED INSTRUCTIONS ARE LOCATED ON THE BACK

- CHECK BOX IF: No Wages Paid This Year, No Longer Have Household Employees (Date), Revert to Quarterly Reporting (Date)

A. TOTAL SUBJECT WAGES PAID THIS CALENDAR YEAR 20,000.49

B. EMPLOYER'S UNEMPLOYMENT INSURANCE (UI) TAXES (Total Employee Wages up to \$7,000 per employee per calendar year) 13,182.24 x 1.50 = 197.73

C. EMPLOYMENT TRAINING TAX (ETT) (Total Employee Wages up to \$7,000 per employee per calendar year) 13,182.24 x 0.10 = 13.18

D. EMPLOYEE STATE DISABILITY INSURANCE (SDI) TAXES Refer to publication Tax Rates, Wage Limits, and Value of Meals and Lodging (DE 3395) or our Web site at http://www.edd.ca.gov/pdf\_pub\_ctr/de3395.pdf. WAGES (D1) x SDI % (D2) = (D3) 0.80

E. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD (Total PIT Withheld per Forms W-2)

F. TOTAL TAXES DUE (Add Items B3, C3, D3, and E)

G. LESS VOLUNTARY PREPAYMENT OF TAXES MADE DURING THE YEAR

H. BALANCE OF TOTAL TAXES DUE 371.23

INCLUDE EMPLOYER ACCOUNT NUMBER ON YOUR CHECK. Do not staple check to return. Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT

I. Be sure to sign this declaration: I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_ (Employer, Accountant, Preparer, etc.)



# EMPLOYER OF HOUSEHOLD WORKER(S) QUARTERLY REPORT OF WAGES AND WITHHOLDINGS

APPROVED EXTENSION TO: \_\_\_\_\_

Instructions for completion are available on the back of this form.

PLEASE TYPE OR PRINT ALL INFORMATION IN BLACK INK - DO NOT ALTER PREPRINTED INFORMATION

QUARTER ENDED MAR 31, 2008 DUE APR 1, 2008

DELINQUENT IF NOT POSTMARKED OR RECEIVED BY APR 30, 2008 YR 08 QTR 1

EMPLOYER ACCOUNT NUMBER

[REDACTED]

LISA A FOSTER  
SAN DIEGO CA [REDACTED]

**DO NOT ALTER THIS AREA**

DEPT: P1  C  T  S  W  A

EFF. DATE: Mo. Day Yr. WIC

Mo. Day Yr. WIC

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

A. NUMBER OF EMPLOYEES full-time and part-time who worked during or received pay subject to UI for payroll period which includes the 12th of the month.

1ST MONTH	2ND MONTH	3RD MONTH
2	2	2

B.  No Payroll This Quarter

#2  
#7

C. SOCIAL SECURITY NUMBER	D. EMPLOYEE NAME (FIRST, MIDDLE INITIAL, LAST)	E. TOTAL SUBJECT WAGES	F. PIT WAGES	G. PIT WITHHELD
[REDACTED]	[REDACTED]	5720.00	5720.00	
[REDACTED]	[REDACTED]	1532.00	1532.00	
[REDACTED]	[REDACTED]			
[REDACTED]	[REDACTED]			
H. GRAND TOTAL SUBJECT WAGES		I. GRAND TOTAL PIT WAGES		J. GRAND TOTAL PIT WITHHELD
7252.00		7252.00		

K. I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature Lisa Foster Title Employer Phone [REDACTED] Date 9-20-08  
(Employer, Accountant, Preparer, etc.)

You have received this Employer of Household Worker(s) Quarterly Report of Wages and Withholdings (DE 3BHW) in lieu of the Quarterly Wage and Withholding Report (DE 6) because you have elected to pay taxes for your household workers on an annual basis. This form will be mailed to you quarterly, and an Employer of Household Worker(s) Annual Payroll Tax Return (DE 3HW) will be mailed to you in the fourth quarter. This annual process is only available to employers who pay \$20,000 or less in household wages during the calendar year. If your wage estimate is understated and you do pay more than \$20,000 in wages in the calendar year, please follow the instructions on the back of this form under the "QUESTIONS" topic.

You must file this report even if you had no payroll by marking Item B, and indicating "0" in each of the three boxes in Item A, and in the Grand Total Boxes, Items H, I, and J. If you no longer have household worker(s) and would like to inactivate your employer account number, please complete a Change of Employer Account Information (DE 24), available on our Web site at <http://www.edd.ca.gov/taxrep/de24.pdf> or call our Taxpayer Assistance Center at 1-888-745-3886. See the back of this form for further instructions.

MAIL TO: State of California / Employment Development Department / P.O. Box 826221 / MIC 28B / Sacramento, CA 94230-6221

# 6

a Control number		OMB No. 1545-0008				
b Employer identification number (EIN)		1 Wages, tips, other compensation \$ 3224.12	2 Federal income tax withheld			
c Employer's name, address, and ZIP code Lisa Foster San Diego CA		3 Social security wages \$ 3224.12	4 Social security tax withheld \$ 201.51			
		5 Medicare wages and tips \$ 3224.12	6 Medicare tax withheld \$ 48.20			
		7 Social security tips	8 Allocated tips			
d Employee's social security number		9 Advance EIC payment	10 Dependent care benefits			
e Employee's first name and initial Last name Suff. [Redacted]		11 Nonqualified plans	12a See instructions for box 12			
		13 Statutory employee Retirement plan Third-party stock pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	12b			
		14 Other	12c			
			12d			
f Employee's address and ZIP code						
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
CA	[Redacted]	\$ 3224.12		\$ 3224.12		San Diego

Form **W-2** Wage and Tax Statement  
Copy D—For Employer.

2006

Department of the Treasury—Internal Revenue Service  
For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.

[Redacted]  
- Attachment O -

# 7

Void <input type="checkbox"/>		a Employee's social security number [REDACTED]		OMB No. 1545-0008	
b Employer identification number (EIN) [REDACTED]		1 Wages, tips, other compensation 16,580.00	2 Federal income tax withheld		
c Employer's name, address, and ZIP code Lisa Foster [REDACTED] San Diego, CA [REDACTED]		3 Social security wages 16,580.00	4 Social security tax withheld 10363		
		5 Medicare wages and tips 16,580.00	6 Medicare tax withheld 24.04		
		7 Social security tips	8 Allocated tips		
		9 Advance EIC payment	10 Dependent care benefits		
d Control number 1		11 Nonqualified plans	12a See instructions for box 12		
e Employee's first name and initial [REDACTED] [REDACTED] [REDACTED] Last name [REDACTED] [REDACTED] [REDACTED] Suff.		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b		
		14 Other	12c		
			12d		
f Employee's address and ZIP code					
15 State CA	Employer's state ID number [REDACTED]	16 State wages, tips, etc. 16,580.00	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
					20 Locality name San Diego

Form **W-2** Wage and Tax Statement  
Copy D—For Employer.

2008

Department of the Treasury—Internal Revenue Service  
For Privacy Act and Paperwork Reduction Act Notice, see the back of Copy D.



# 8

Void <input type="checkbox"/>		a Employee's social security number		OMB No. 1545-0008		
b Employer identification number (EIN)		1 Wages, tips, other compensation		2 Federal income tax withheld		
c Employer's address, including ZIP code		3 Social security wages		4 Social security tax withheld		
LISA FOSTER		5 Medicare wages and tips		6 Medicare tax withheld		
San Diego, CA		7 Social security tips		8 Allocated tips		
d Control number		9 Advance EIC payment		10 Dependent care benefits		
e Employee's first name and initial		Last name		Suff.		
[Redacted]		[Redacted]		[Redacted]		
[Redacted]		[Redacted]		[Redacted]		
[Redacted]		[Redacted]		[Redacted]		
[Redacted]		[Redacted]		[Redacted]		
f Employee's		11 Nonqualified plans		12a See instructions for box 12		
[Redacted]		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b		
[Redacted]		14 Other		12c		
[Redacted]		[Redacted]		12d		
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
CA	[Redacted]	\$15,524				San Diego

Form **W-2** Wage and Tax Statement  
 Copy D—For Employer.

2008

Department of the Treasury—Internal Revenue Service  
 For Privacy Act and Paperwork Reduction Act Notice, see the back of Copy D.

## Bersin Attachments

Attachment A: Senate Finance Committee Questionnaire, Financial Data, Question 10

Attachment B: Schedule H and Form 2441 from 2005 Form 1040 (Employees #5 and #1)

Attachment C: Schedule H and Form 2441 from 2006 Form 1040 (Employees #6 and #1)

Attachment D: Schedule H from 2007 Form 1040

Attachment E: Schedule H from 2008 Form 1040

Attachment F: Responses to Round 1 of written questions dated November 13, 2010, Question 11, with 2006 and 2007 Forms 1040X, Question 15, with Forms I-9, and Question 16 (Employees #1, #2, and #3)

Attachment G: Responses to Round 2 of written questions dated February 11, 2010, with declaration from employee #3 (Employees #1, #2, and #3)

Attachment H: third submission , not in response to written questions, dated March 4, 2010, with Forms I-9 (Employees #1, #2, and #3)

Attachment I: Notice of New Employer Identification Number Assigned, from State of California to Lisa Foster

Attachment J: Annual Payroll Tax Return for 2004 and Quarterley Report of Wages and Withholdings for first quarter of 2004, State of California (Employees #4 and #1)

Attachment K: Annual Payroll Tax Return for 2005 and Quarterley Report of Wages and Withholdings for first quarter of 2005, State of California (Employees #5 and #1)

Attachment L: Annual Payroll Tax Return for 2006 and Quarterley Report of Wages and Withholdings for first quarter of 2006, State of California (Employees #6 and #1)

Attachment M: Annual Payroll Tax Return for 2007 and Quarterley Report of Wages and Withholdings for first quarter of 2007, State of California (Employees #1 and #7)

Attachment N: Annual Payroll Tax Return for 2008 and Quarterley Report of Wages and Withholdings for first quarter of 2008, State of California (Employees #2 and #7)

Attachment O: Wage and Tax Statements (Employees #6, #7, and #8)