

(ANSWER ALL ITEMS: FILL IN WITH TYPEWRITER OR PRINT IN BLOCK LETTERS IN INK.)

I, THUYET THI NGUYEN residing at \_\_\_\_\_  
(Name) (Street and Number)  
CINCINNATI OHIO U.S.A  
(City) (State) (ZIP Code if in U.S.) (Country)

BEING DULY SWORN DEPOSE AND SAY:

1. I was born on AUG. 10, 1950 at MY THO (SOUTH) VIET NAM  
(Date) (City) (Country)

If you are *not* a native born United States citizen, answer the following as appropriate:

- a. If a United States citizen through naturalization, give certificate of naturalization number \_\_\_\_\_  
b. If a United States citizen through parent(s) or marriage, give citizenship certificate number \_\_\_\_\_  
c. If United States citizenship was derived by some other method, attach a statement of explanation.  
d. If a lawfully admitted permanent resident of the United States, give "A" number A074460715

2. That I am 47 years of age and have resided in the United States since (date) SEPT. 23, 1994

3. That this affidavit is executed in behalf of the following person:

Name	<u>THE KHUONG NGUYEN</u>	Sex	<u>M</u>	Age	<u>51</u>
Citizen of—(Country)	<u>VIET NAM</u>	Marital Status	<u>MARRIED</u>	Relationship to Deponent <u>BROTHER-IN-LAW</u>	
Presently resides at—(Street and Number)	<u>219/9 PHUOC BINH THU DUC</u>	(City)	<u>HO CHI MINH CITY</u>	(State)	(Country) <u>VIET NAM</u>

Name of spouse and children accompanying or following to join person:

Spouse	Sex	Age	Child	Sex	Age
<u>LIEN PHUONG THI NGO</u>	<u>F</u>	<u>48</u>			
<u>QUANG THANH NGUYEN</u>	<u>M</u>	<u>20</u>			
<u>LIEM THANH NGUYEN</u>	<u>M</u>	<u>20</u>			

4. That this affidavit is made by me for the purpose of assuring the United States Government that the person(s) named in item 3 will not become a public charge in the United States.

5. That I am willing and able to receive, maintain and support the person(s) named in item 3. That I am ready and willing to deposit a bond, if necessary, to guarantee that such person(s) will not become a public charge during his or her stay in the United States, or to guarantee that the above named will maintain his or her nonimmigrant status if admitted temporarily and will depart prior to the expiration of his or her authorized stay in the United States.

6. That I understand this affidavit will be binding upon me for a period of three (3) years after entry of the person(s) named in item 3 and that the information and documentation provided by me may be made available to the Secretary of Health and Human Services and the Secretary of Agriculture, who may make it available to a public assistance agency.

7. That I am employed as, or engaged in the business of ELECTRICAL ASSEMBLER with KECO IND. INC.  
(Type of Business) (Name of concern)  
at 7375 INDUSTRIAL ROAD FLORENCE KY. 41042  
(Street and Number) (City) (State) (Zip Code)

I derive an annual income of (if self-employed, I have attached a copy of my last income tax return or report of commercial rating concern which I certify to be true and correct to the best of my knowledge and belief. See instruction for nature of evidence of net worth to be submitted.)

\$ 15,600

I have on deposit in savings banks in the United States (JOINT ACCOUNT)

\$ 4,712.81

I have other personal property, the reasonable value of which is

\$ —

I have stocks and bonds with the following market value, as indicated on the attached list which I certify to be true and correct to the best of my knowledge and belief.

\$ NONE

I have life insurance in the sum of

\$ "

With a cash surrender value of

\$ "

I own real estate valued at

\$ "

With mortgages or other encumbrances thereon amounting to \$

Which is located at \_\_\_\_\_  
(Street and Number) (City) (State) (Zip Code)

8. That the following persons are dependent upon me for support: (Place an "X" in the appropriate column to indicate whether the person named is *wholly or partially* dependent upon you for support.)

Name of Person	Wholly Dependent	Partially Dependent	Age	Relationship to Me
THE KHUONG NGUYEN	X		51	BROTHER-IN-LAW
LIEN PHUONG THI NGO	X		48	SISTER-IN-LAW
QUANG THANH NGUYEN	X		20	NEPHEW
LIEM THANH NGUYEN	X		20	NEPHEW

9. That I have previously submitted affidavit(s) of support for the following person(s). If none, state "None"

Name \_\_\_\_\_ Date submitted \_\_\_\_\_

NONE

10. That I have submitted visa petition(s) to the Immigration and Naturalization Service on behalf of the following person(s). If none, state none.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date submitted \_\_\_\_\_

NONE

11. (Complete this block only if the person named in item 3 will be in the United States temporarily.)

That I ☐ do intend ☐ do not intend, to make specific contributions to the support of the person named in item 3. (If you check "do intend", indicate the exact nature and duration of the contributions. For example, if you intend to furnish room and board, state for how long and, if money, state the amount in United States dollars and state whether it is to be given in a lump sum, weekly, or monthly, or for how long.)

### OATH OR AFFIRMATION OF DEPONENT

I acknowledge that I have read Part III of the Instructions, Sponsor and Alien Liability, and am aware of my responsibilities as an immigrant sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended.

I swear (affirm) that I know the contents of this affidavit signed by me and the statements are true and correct.

Signature of deponent [Signature] DDL RM113942  
EXP 8/99

Subscribed and sworn to (affirmed) before me this 23 day of August, 1997

by Tuyen T. Nguyen My commission expires on \_\_\_\_\_  
CYNTHIA M. ARMBRUSTER  
Notary Public, State of Ohio  
My Commission Expires Sept. 16, 1997

Signature of Officer Administering Oath Cynthia M. Armbruster Title \_\_\_\_\_

If affidavit prepared by other than deponent, please complete the following: I declare that this document was prepared by me at the request of the deponent and is based on all information of which I have knowledge.

(Signature)

(Address)

(Date)

**IMPORTANT** This document must be read and signed by persons wishing to submit an affidavit of support on behalf of an alien applying for an immigrant visa. A signed copy of this document must be attached to each copy of any affidavit of support submitted on behalf of an applicant.

The Social Security Act, as amended, establishes certain requirements for determining the eligibility of aliens for Supplemental Security Income (SSI) and Aid to Families with Dependent Children (AFDC) benefits. The Food Stamp Act, as amended, contains similar provisions. These amendments require that the income and resources of any person (and that person's spouse) who executes an affidavit of support or similar agreement on behalf of an immigrant alien be deemed to be the income and resources of the alien under formulas for determining eligibility for SSI, AFDC, and Food Stamp benefits during the three years following the alien's entry into the United States.

The eligibility of aliens for SSI, AFDC, and Food Stamp benefits will be contingent upon their obtaining the cooperation of their sponsors in providing the necessary information and evidence to enable the Social Security Administration and/or State Welfare Agencies to carry out these provisions. An alien applying for SSI, AFDC, or Food Stamp benefits must make available to the Social Security Administration and/or sponsors, including documentation concerning his income or resources or those of his sponsors, including information which he provided in support of his application for an immigrant visa or adjustment of status. The Secretary of Health and Human Services and/or State Welfare Agencies are authorized to obtain copies of any such documentation from other agencies.

The Social Security Act and the Food Stamp Act also provide that an alien and his or her sponsor shall be jointly and severally liable to repay any SSI, AFDC, and Food Stamp benefits which are incorrectly paid because of misinformation provided by sponsor or because of sponsor's failure to provide information. Also, any incorrect payments of SSI and AFDC benefits which are not repaid will be withheld from any subsequent payments for which the alien or sponsors are otherwise eligible under the Social Security Act.

These provisions do not apply to aliens admitted as refugees or granted political asylum by the Attorney General. They also will not apply to the SSI eligibility of aliens who become blind or disabled after entry into the United States. The AFDC provisions do not apply to aliens who are dependent children of the sponsor or sponsor's spouse.

I, TUYET THI NGUYEN; residing at 1  
(street and number)

CINCINNATI

OHIO

City

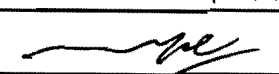
State

Zip

, acknowledge that I have read the

above and am aware of my responsibilities as an immigrant sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended. This attachment is submitted on behalf of the following persons:

NAME	SEX	AGE	COUNTRY OF BIRTH	MARITAL STATUS	RELATIONSHIP TO SPONSOR
THE KHUONG NGUYEN	M	51	VIET NAM	M	BROTHER-IN-LAW
LIEN PHUONG THI NGO	F	48	VIET NAM		SISTER-IN-LAW
QUANG THANH NGUYEN	M	20	VIET NAM		NEPHEW
LIEM THANH NGUYEN	M	20	VIET NAM		NEPHEW

  
Signature of Sponsor(s)

Bà Lê Thị Quế Chi

Florence, KY.

Kính gửi :

Hội gia đình Cựu Nhân Chính Trị Việt Nam

Falls Church, VA.

Kính Ông/Bà Chủ Tịch,

Trường hợp Thứ 1 :

Tôi có người em trai là : Nguyễn Khương Thế  
Võ, Ngô Thị Liên Phương và 3 con.

Trước năm 1975, cả hai đều phục vụ cho Quân Đội  
Hoa Kỳ, tại Long Bình.

Đến ngày 28-4-1975, em tôi và gia đình được  
hẹn đến phi trường Tân Sơn Nhất để được di tản.  
Nhưng khi đến nơi thì phi trường đã đóng và gia  
đình em tôi, cũng như nhiều gia đình nhân viên Sở  
Mỹ, bị bỏ lại một cách không thương tiếc.

Vì lúc đó gia đình em tôi cư ngụ tại làng Phê Bình  
(Thị Đức) nên sở ban cán bộ VC ở địa phương trả thù  
đã tiêu hủy tất cả giấy tờ và hình ảnh liên quan đến  
công an việc làm.

Năm 1980, gia đình tôi đã sang Mỹ. Sau đó, với  
Sứ chỉ dẫn của Bà Khúc Minh (Thị) tôi đã cố gắng xin  
lại được các giấy tờ chứng nhận thâm niên đã làm việc  
với quân đội Mỹ và do đó mới biết em tôi đã phục vụ  
cho quân, Đội Hoa Kỳ chưa được 5 năm thì Quân Đội  
trật thoái và sau đó cầu sang làm cho hãng Thầu  
Leav, Siegler, Inc. cho đến 28-4-75 (Thật vậy, tôi  
có gửi thư đề xin giấy chứng nhận thâm niên cho em  
tôi nhưng không được họ trả lời).

Kiên cố em dâu (thiếu gây chứng nhân) đã phục vụ cho quân Đới Hoa Kỳ hơn 6 năm.

Sau đó cả hai làm đơn xin sang Hoa Kỳ theo diện tị nạn nhưng cách đây hơn 1 năm, các em được gọi ra phỏng vấn nhưng lại bị Phái Đoàn bác đơn một cách oan uổng viên có không chứng minh được là bị Chánh Quyền Cộng Sản ngược đãi mặc dù từ ngày 30-4-75 đến nay, gia đình em tôi không xin được việc làm và riêng 3 cháu nhỏ cũng chẳng vào được Đại Học. Họ chỉ làm việc lặt vặt để kiếm tiền sinh sống qua ngày. Đời sống của gia đình em tôi thật là vất vả nếu không nhờ sự giúp đỡ của gia đình tôi.

Hình xin quý hội giúp đỡ để khiến nại và xin họ cứu xét lại hồ sơ và xin cho các em sang theo diện Refugee (có thể nhanh hơn). Chúng tôi đã làm hồ sơ bảo lãnh các em vì sơ các cháu (1 đứa đã 21 tuổi và 2 đứa song sinh đã 20 tuổi) bị kẹt lại.

Ơn của quý hội chúng tôi không bao giờ dám quên.

### Trường hợp thứ 2 :

Tôi có một cô em gái duy nhất là : Nguyễn Thị Quế Phường, sinh năm 1942, chồng là Vũ Văn Anh và 6 con.

Sau năm 1975, chồng cô ấy đi cải tạo, mãi đến năm 1980 vì bệnh quá nặng mới được thả về. Từ ngày về, đi chữa trị mới biết là anh ấy bị Viêm gan và bệnh vẫn không thuyên giảm và đến tháng 4/1995 thì anh ấy qua đời để lại vợ và 6 con.

Hình xin quý hội cho biết là trường hợp cô ấy có thể nộp đơn để xin sang Hoa Kỳ theo diện Refugee? Nếu được, tôi sẽ cho cô ấy biết để xúc tiến hồ sơ gấp.

Chân thành cảm tạ quý hội và kính chúc quý hội thành công trong mọi công việc.  
Hình thư 8/27/77

NATIONAL PERSONNEL RECORDS CENTER  
Civilian Personnel Records  
111 Winnebago Street  
St. Louis, Missouri 63118

Attn: Mr. William D. Bassman

Verification of employment for the Orderly Departure Program is  
needed for the following individual:

NAME: *THE, NGUYEN KHUONG* ODP #:  
DATE/PLACE OF BIRTH: *3-10-46* *VIETNAM*  
EMPLOYING AGENCY: *ARMY*  
POSITION TITLE: *CAREER PROGRAM INTERNAL TRAINEE*  
LOCATION: *LONG BINH RVN*  
DATES OF SERVICE: *1970-PRESENT*

The Official Personnel Folder at NPRC shows the above named  
individual worked for the U.S. Government during the following  
period:

From: *7-1-70* To: *9-30-72*

Type of Separation: *RIF*

Reason for Separation: *DEACTIVATION OF UNIT*

[ ] No record of employment found for the above-named individual.

DEPARTMENT OF STATE  
American Embassy  
Orderly Departure Program Office (ODP)  
Mr. Bruce A. Beardsley, Director  
Box 58  
APO San Francisco - 96346-0001

*W. D. Bassman*  
FOR WILLIAM D. BASSMAN, Chief  
Civilian Reference Branch  
*10-28-91*

## REPLY TO INQUIRY (NCP)

DATE

10-28-91

SUBJECT:

THE, NGUYEN KHUONG

Your reference

LETTER

Date of inquiry

4-9-91

The answer to your inquiry is furnished below. This abbreviated form of reply has been adopted as a means of supplying information speedily.

Attached is a copy of the form we sent to the Orderly Departure Program Office.

CHI QUETHI LE

CINCINNATI, OHIO

NCP

FOR

WILLIAM D. BASSMAN, CHIEF  
Civilian Reference Branch

## NATIONAL PERSONNEL RECORDS CENTER

☐ Military Personnel Records  
9700 Page Boulevard  
St. Louis, MO 63132  
☒ Civilian Personnel Records  
111 Winnebago Street  
St. Louis, MO 63118

NATIONAL PERSONNEL RECORDS CENTER  
Civilian Personnel Records  
111 Winnebago Street  
St. Louis, Missouri 63118

Attn: Mr. William D. Bassman

Verification of employment for the Orderly Departure Program is  
needed for the following individual:

NAME: *LIEU, PHUONG NGO THI* ODP #:

DATE/PLACE OF BIRTH: *1949* *VIETNAM*

EMPLOYING AGENCY: *ARMY*

POSITION TITLE: *CLERK TYPIST*

LOCATION: *LONG BINH, RVN*

DATES OF SERVICE: *1966 - 1972*

The Official Personnel Folder at NPRC shows the above named  
individual worked for the U.S. Government during the following  
period:

From: *9-23-66* To: *6-17-72*

Type of Separation: *R.I.F.*

Reason for Separation: *TRANSFER OF MISSION TO CONTRACTOR*

[ ] No record of employment found for the above-named individual.

DEPARTMENT OF STATE  
American Embassy  
Orderly Departure Program Office (ODP)  
Mr. Bruce A. Beardsley, Director  
Box 58  
APO San Francisco 96346-0001

*[Signature]*

FOR WILLIAM D. BASSMAN: Chief  
Civilian Reference Branch  
*10-28-91*



REPLY TO INQUIRY (NCP)

DATE

10-28-91

SUBJECT:

LIEN, PHUONG NGO THI

Your reference

LETTER

Date of inquiry

8-9-91

The answer to your inquiry is furnished below. This abbreviated form of reply has been adopted as a means of supplying information speedily.

Attached is a copy of the form we sent to the Orderly Departure Program Office.

NCP

*[Signature]*

FOR

WILLIAM D. BASSMAN, Chief  
X-2-Reference Branch

NATIONAL PERSONNEL RECORDS CENTER

☐ Military Personnel Records  
9700 Page Boulevard  
St. Louis, MO 63132  
☒ Civilian Personnel Records  
111 Winnebago Street  
St. Louis, MO 63118

Applicant/Petitioner A # A25 001 538		Application/Petition I1300 IMMIGRANT PETITION FOR RELATIVE
Receipt # LIN-92-125-50420		Applicant/Petitioner LE, CHI Q.
Notice Date May 26, 1992	Page 1 of 1	Beneficiary NGUYEN, THE K.

CHI Q. LE  
3085 WORTHINGTON AVE  
CINCINNATI OH 45211

Approval Notice  
Class: F41  
Priority Date: March 20, 1992

Notice also sent to:  
None

The above petition has been approved.

We have sent it to the Department of State Immigrant Visa Processing Center (TIVPC), Suite 700, 1401 Wilson Blvd, Arlington, VA 22209.

This completes all INS action on this petition. The Department of State Immigrant Visa Processing Center will communicate shortly with the person the petition is for concerning further immigrant visa processing steps.

Please read the back of this form carefully for more information.

You will be notified separately about any other applications or petitions you filed. Save this notice. Please enclose a copy of it if you write to us about this case, or if you file another application based on this decision. Our address is:

NORTHERN SERVICE CENTER Tel:  
FEDERAL BLDG/US COURTHOUSE - B26  
100 CENTENNIAL MALL NORTH  
LINCOLN NE 68508-3898

## **Additional Information for Applicants and Petitioners**

### **General:**

The filing of an application or petition does not in itself allow a person to enter or remain in the United States and does not confer any other right or benefit.

### **Inquiries:**

— If you do not hear from us within the processing time given on this notice and you want to know the status of this case, contact your local INS office.

You should also contact your local INS office if you have questions about this notice.

Please have this form with you whenever you contact a local office about this case.

### **Requests for Evidence:**

If this notice asks for more evidence, you can submit it or you can ask for a decision based on what you have already filed. When you reply please include a copy of the other side of this notice and also include any papers attached to this notice.

### **Reply Period:**

— If this notice indicates that you must reply by a certain date and you do not reply by that date, then we will issue a decision based on the evidence on file. No extension of time will be granted. After we issue a decision any new evidence must be submitted with a new application or petition, motion or appeal, as discussed under "Denials."

### **Approval of a Petition:**

Approval of an immigrant or nonimmigrant petition means that the person for whom it was filed, called the beneficiary, has been found eligible for the requested classification. However, approval of a petition does not give any status or right. Actual status is given when the beneficiary is given the proper visa and uses it to enter the United States. Please contact the appropriate U.S. Consulate directly if you have any questions about visa issuance.

For nonimmigrant petitions, the beneficiary should contact the consulate after he or she receives our approval notice. For approved immigrant petitions, the beneficiary should wait to be contacted by the consulate.

If the beneficiary is now in the United States and believes he or she may be eligible for the new status without going abroad for a visa, then he or she should contact a local INS office about applying here.

### **Denials:**

A denial means that, after every consideration, INS has concluded that the evidence submitted does not establish eligibility for the requested benefit.

If you believe there is more evidence that will establish eligibility, you can file a new application or petition or you can file a motion to reopen this case. If you believe the denial is inconsistent with precedent decisions or regulations, you can file a motion for reconsideration.

If the front of this notice states that this denial can be appealed and you believe the decision is in error, you can file an appeal.

You can obtain more information about these processes from your local INS office.

THE IMMIGRATION AND NATURALIZATION SERVICE  
OF THE UNITED STATES OF AMERICA

Dear/Kính gửi Ngô Thị Liên Phương :  
(ODP applicant/Tên người đứng đơn)

IV# \_\_\_\_\_, 701-1622

- ☒ We regret we are unable to approve your application for refugee resettlement admission to the United States.

To be resettled in the United States as a refugee, an applicant must meet the statutory definition of refugee contained in section 101(a)(42) of the Immigration and Nationality Act (INA), as amended. Refugee status can be approved only if the applicant establishes a credible claim of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion. Additionally, all applicants for refugee status in the United States must establish that they are not precluded from entry into the United States under other sections of law.

During your interview with an officer of the United States Immigration and Naturalization Service (INS), your claim to having been persecuted or having a well-founded fear of persecution was reviewed. At that time, you were given the opportunity to present evidence, documentation, and/or an accumulation of detail through verbal testimony of the events or circumstances that support your claim of persecution or a well-founded fear of persecution. After carefully reviewing your account of these events and surrounding circumstances, it has been determined that you do not qualify for refugee status.

- ☐ You may be eligible for Public Interest Parole (see attached letter).

- ☐ We are unable to approve your application for resettlement in the United States under the Public Interest Parole program because you do not meet the criteria indicated below:

3a) ☐ Married sons and daughters (of former re-education camp detainees who are eligible as refugees) must have approved petitions filed on their behalf, or on behalf of their spouse, by a sibling or closer relation who is currently residing in the United States, who is willing to pay transportation costs, and who demonstrates that he/she has the financial ability to support the parolees to ensure they do not become public charges.

3b) ☐ Former US government or private company employees who are not eligible for refugee status may be considered for public interest parole only if they have siblings or closer relations currently residing in the United States who are willing to pay transportation costs and demonstrate that they have the financial ability to support the parolees to ensure they do not become public charges.

3c) ☐ Unmarried children of former US government or private company employees who are approved as Public Interest Parolees are allowed to accompany their parents to the United States only if the children are under the age of twenty-one.

3d) ☐

U.S. INTERVIEW TEAM

06 JUN 1996

Office of the US Immigration and Naturalization Service  
Văn Chử Sở Di Trú Nhập Cư Và Nhập Tịch Hoa Kỳ

CHI MINH CITY

Date/Ngày

JUN 5, 1996

Applicant Copy

INS-1  
Refugee/IV denial (12/92)

## SỞ DI TRÚ NHẬP CƯ VÀ NHẬP TỊCH HOA KỲ

- 1) Chúng tôi rất tiếc chúng tôi không thể chấp thuận đơn xin tị nạn tái định cư tại Hoa Kỳ của Ông/Bà được.

Để được tái định cư tại Hoa Kỳ như một người tị nạn, người nộp đơn phải hội đủ định nghĩa do luật pháp qui định về người tị nạn có trong điều khoản 101(a)(42) của Đạo Luật Di Trú Nhập Cư Và Nhập Tịch đã được bổ sung sửa đổi.

Diện tị nạn chỉ có thể được chấp thuận nếu người nộp đơn đưa ra những lời khai bị ngược đãi đáng tin cậy, hoặc những lo sợ bị ngược đãi thấy rõ, vì lý do chủng tộc, tôn giáo, quốc tịch, hội viên của những nhóm hội hợp đặc biệt, hoặc phát biểu ý kiến chính trị. Thêm vào đó, những người nộp đơn xin tị nạn ở Hoa Kỳ phải chứng minh không bị loại ra khỏi sự nhập cư Hoa Kỳ do những điều luật khác nữa.

Trong khi được phỏng vấn bởi viên chức Sở Di Trú, Nhập Cư Và Nhập Tịch (INS), những lời khai về sự ngược đãi và sự lo sợ bị ngược đãi thấy rõ đã được duyệt xét lại. Ngay lúc đó, Ông/Bà đã có cơ hội để đưa bằng chứng, tài liệu, và những chi tiết góp nhặt qua lời chứng về những sự kiện, hoặc hoàn cảnh để bổ túc thêm cho lời khai bị ngược đãi hoặc sự lo sợ bị ngược đãi thấy rõ.

Sau khi đã duyệt xét cẩn thận sự tường trình về những sự kiện và hoàn cảnh xung quanh, chúng tôi đã quyết định rằng Ông/Bà không hội đủ tiêu chuẩn tị nạn.

- 2) Ông/Bà đủ tiêu chuẩn theo diện Tam Dung Vì Công Ích (PIP) (coi thủ định kèm).

- 3) Chúng tôi không thể chấp thuận đơn xin tái định cư vào Hoa Kỳ theo diện Tam Dung Vì Công Ích (PIP) bởi vì Ông/Bà không hội đủ tiêu chuẩn đã được chỉ dẫn sau đây:

3a) Con trai và con gái đã có gia đình (của cựu cải tạo viên đã được chấp thuận là người tị nạn) phải có đơn xin tái định cư, chấp thuận do anh em hoặc thân nhân gần gũi hiện đang cư ngụ tại Hoa Kỳ nộp bảo lãnh cho họ hay cho vợ/chồng họ và thân nhân cũng ủng hộ thuận trả tiền di chuyển và chứng tỏ rằng họ có khả năng tài chính để cấp dưỡng cho người tam dung để bảo đảm người này không trở thành gánh nặng của xã hội.

3b) Cựu nhân viên của chính phủ Hoa Kỳ hoặc các hãng tư không đủ tiêu chuẩn ở tình trạng tị nạn có thể được coi như là người tam dung vì công ích nếu họ có anh em hoặc thân nhân gần gũi hiện đang cư ngụ tại Hoa Kỳ ủng hộ thuận trả tiền di chuyển và chứng tỏ rằng họ có khả năng tài chính để cấp dưỡng cho người tam dung để bảo đảm người này không trở thành gánh nặng của xã hội.

3c) Những người còn độc thân của cựu nhân viên của chính phủ Hoa Kỳ hoặc các hãng tư đã được chấp thuận là người tam dung vì công ích, chỉ được phép đi theo cha mẹ tới Hoa Kỳ nếu những người con này dưới 21 tuổi.

Please see the reverse for an English translation  
(Xin coi bản dịch tiếng Anh ở mặt sau)

(ANSWER ALL ITEMS: FILL IN WITH TYPEWRITER OR PRINT IN BLOCK LETTERS IN INK.)

I, STEVE LE (Name) residing at FLORENCE KENTUCKY USA (Street and Number) (City) (State) (ZIP Code if in U.S.) (Country)

BEING DULY SWORN DEPOSE AND SAY:

1. I was born on SEPT. 1<sup>st</sup>, 1932 at GLADINH (SOUTH) VIET NAM (Date) (City) (Country)

If you are *not* a native born United States citizen, answer the following as appropriate:

- a. If a United States citizen through naturalization, give certificate of naturalization number 12473156  
b. If a United States citizen through parent(s) or marriage, give citizenship certificate number \_\_\_\_\_  
c. If United States citizenship was derived by some other method, attach a statement of explanation.  
d. If a lawfully admitted permanent resident of the United States, give "A" number \_\_\_\_\_

2. That I am 65 years of age and have resided in the United States since (date) MARCH 20, 1980

3. That this affidavit is executed in behalf of the following person:

Name	<u>THE KHLONG NGUYEN</u>	Sex	<u>M</u>	Age	<u>51</u>
Citizen of—(Country)	<u>VIET NAM</u>	Marital Status	<u>MARRIED</u>	Relationship to Deponent <u>BROTHER-IN-LAW</u>	
Presently resides at—(Street and Number)	<u>219/9 PHUOC BINH THU DUC</u>	(City)	<u>HO CHI MINH CITY</u>	(State)	(Country) <u>VIET NAM</u>

Name of spouse and children accompanying or following to join person:

	Spouse	Sex	Age	Child	Sex	Age
	<u>LIEN PHUONG THI NGO</u>	<u>F</u>	<u>48</u>			
Child	<u>QUANG THANH NGUYEN</u>	<u>M</u>	<u>20</u>			
Child	<u>LIEM THANH NGUYEN</u>	<u>M</u>	<u>20</u>			

4. That this affidavit is made by me for the purpose of assuring the United States Government that the person(s) named in item 3 will not become a public charge in the United States.

5. That I am willing and able to receive, maintain and support the person(s) named in item 3. That I am ready and willing to deposit a bond, if necessary, to guarantee that such person(s) will not become a public charge during his or her stay in the United States, or to guarantee that the above named will maintain his or her nonimmigrant status if admitted temporarily and will depart prior to the expiration of his or her authorized stay in the United States.

6. That I understand this affidavit will be binding upon me for a period of three (3) years after entry of the person(s) named in item 3 and that the information and documentation provided by me may be made available to the Secretary of Health and Human Services and the Secretary of Agriculture, who may make it available to a public assistance agency.

7. That I am employed as, or engaged in the business of ASSEMBLER with KECO IND. INC. (Type of Business) (Name of concern)  
at 7375 INDUSTRIAL ROAD FLORENCE KY 4042 (Street and Number) (City) (State) (Zip Code)

I derive an annual income of (if self-employed, I have attached a copy of my last income tax return or report of commercial rating concern which I certify to be true and correct to the best of my knowledge and belief. See instruction for nature of evidence of net worth to be submitted.)

\$ 19,257

I have on deposit in savings banks in the United States (JOINT ACCOUNT) \$ 10,209

I have other personal property, the reasonable value of which is \$ 20,000

CERTIFICATE OF DEPOSIT 16,015  
OVER

I have stocks and bonds with the following market value, as indicated on the attached list which I certify to be true and correct to the best of my knowledge and belief.

\$ 35,044  
\$ 20,000  
\$ 120,000

I have life insurance in the sum of

With a cash surrender value of

I own real estate valued at

With mortgages or other encumbrances thereon amounting to \$ 55,000

Which is located at 188 BURGESS LANE FLORENCE KY. 41042  
(Street and Number) (City) (State) (Zip Code)

8. That the following persons are dependent upon me for support: (Place an "X" in the appropriate column to indicate whether the person named is wholly or partially dependent upon you for support.)

Name of Person	Wholly Dependent	Partially Dependent	Age	Relationship to Me
THE KHUONG NGUYEN	X		51	BROTHER-IN-LAW
LIEN PHUONG THI NGO	X		48	SISTER-IN-LAW
QUANG THANH NGUYEN	X		20	NEPHEW
LIEM THANH NGUYEN	X		20	NEPHEW

9. That I have previously submitted affidavit(s) of support for the following person(s). If none, state "None"

Name Date submitted

NONE

10. That I have submitted visa petition(s) to the Immigration and Naturalization Service on behalf of the following person(s). If none, state none.

Name Relationship Date submitted

NONE

11. (Complete this block only if the person named in item 3 will be in the United States temporarily.)

That I ☐ do intend ☐ do not intend, to make specific contributions to the support of the person named in item 3. (If you check "do intend", indicate the exact nature and duration of the contributions. For example, if you intend to furnish room and board, state for how long and, if money, state the amount in United States dollars and state whether it is to be given in a lump sum, weekly, or monthly, or for how long.)

### OATH OR AFFIRMATION OF DEPONENT

I acknowledge at that I have read Part III of the Instructions, Sponsor and Alien Liability, and am aware of my responsibilities as an immigrant sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended.

I swear (affirm) that I know the contents of this affidavit signed by me and the statements are true and correct.

Signature of deponent

Thuan in [Signature]

Subscribed and sworn to (affirmed) before me this 28 day of August, 1997

at 5/3 BANK My commission expires on 25 Nov 2000

Signature of Officer Administering Oath

Thuan in [Signature]

Title NOTARY

If affidavit prepared by other than deponent, please complete the following: I declare that this document was prepared by me at the request of the deponent and is based on all information of which I have knowledge.

(Signature)

(Address)

(Date)

# KRATZ · WILDE

MACHINE COMPANY

9826 Crescent Park Drive • West Chester, Ohio 45069 • Phone (513) 779-6888 • Facsimile (513) 779-6891

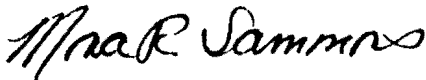
July 28, 1997

To Whom It May Concern:

Tho Nguyen has been a regular full-time employee of Kratz-Wilde Machine Co. since October 18, 1995 and he is currently making \$8.53 as an hourly wage. He is working in the Production Department as a part qualifier.

If you need additional information, please contact me.

Very truly yours,



Mona R. Sammons  
H.R. Manager

mrs



**IMPORTANT** This document must be read and signed by persons wishing to submit an affidavit of support on behalf of an alien applying for an immigrant visa. A signed copy of this document must be attached to each copy of any affidavit of support submitted on behalf of an applicant.

The Social Security Act, as amended, establishes certain requirements for determining the eligibility of aliens for Supplemental Security Income (SSI) and Aid to Families with Dependent Children (AFDC) benefits. The Food Stamp Act, as amended, contains similar provisions. These amendments require that the income and resources of any person (and that person's spouse) who executes an affidavit of support or similar agreement on behalf of an immigrant alien be deemed to be the income and resources of the alien under formulas for determining eligibility for SSI, AFDC, and Food Stamp benefits during the three years following the alien's entry into the United States.

The eligibility of aliens for SSI, AFDC, and Food Stamp benefits will be contingent upon their obtaining the cooperation of their sponsors in providing the necessary information and evidence to enable the Social Security Administration and/or State Welfare Agencies to carry out these provisions. An alien applying for SSI, AFDC, or Food Stamp benefits must make available to the Social Security Administration and/or sponsors, including documentation concerning his income or resources or those of his sponsors, including information which he provided in support of his application for an immigrant visa or adjustment of status. The Secretary of Health and Human Services and/or State Welfare Agencies are authorized to obtain copies of any such documentation from other agencies.

The Social Security Act and the Food Stamp Act also provide that an alien and his or her sponsor shall be jointly and severally liable to repay any SSI, AFDC, and Food Stamp benefits which are incorrectly paid because of misinformation provided by sponsor or because of sponsor's failure to provide information. Also, any incorrect payments of SSI and AFDC benefits which are not repaid will be withheld from any subsequent payments for which the alien or sponsors are otherwise eligible under the Social Security Act.

These provisions do not apply to aliens admitted as refugees or granted political asylum by the Attorney General. They also will not apply to the SSI eligibility of aliens who become blind or disabled after entry into the United States. The AFDC provisions do not apply to aliens who are dependent children of the sponsor or sponsor's spouse.

I, STEVE LE, residing at 188 BURGESS LANE  
(street and number)

FLORENCE, KY. 41042, acknowledge that I have read the  
City State Zip

above and am aware of my responsibilities as an immigrant sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended. This attachment is submitted on behalf of the following persons:

NAME	SEX	AGE	COUNTRY OF BIRTH	MARITAL STATUS	RELATIONSHIP TO SPONSOR
THE KHUONG NGUYEN	M	51	VIETNAM	M	BROTHER-IN-LAW
LIEN PHUONG THI NGO	F	48	VIETNAM		SISTER-IN-LAW
QUANG THANH NGUYEN	M	20	VIETNAM		NEPHEW
LIEM THANH NGUYEN	M	20	VIETNAM		NEPHEW

Steve Le  
Signature of Sponsor(s)

(ANSWER ALL ITEMS: FILL IN WITH TYPEWRITER OR PRINT IN BLOCK LETTERS IN INK.)

I, CHI QUE THI LE residing at \_\_\_\_\_  
(Name) (Street and Number)  
FLORENCE KENTUCKY U.S.A  
(City) (State) (ZIP Code if in U.S.) (Country)

BEING DULY SWORN DEPOSE AND SAY:

1. I was born on MARCH 13, 1937 at GIADINH (SOUTH) VIET NAM  
(Date) (City) (Country)

If you are *not* a native born United States citizen, answer the following as appropriate:

- If a United States citizen through naturalization, give certificate of naturalization number 12473142
  - If a United States citizen through parent(s) or marriage, give citizenship certificate number \_\_\_\_\_
  - If United States citizenship was derived by some other method, attach a statement of explanation.
  - If a lawfully admitted permanent resident of the United States, give "A" number \_\_\_\_\_
2. That I am 60 years of age and have resided in the United States since (date) MARCH 20, 1980
3. That this affidavit is executed in behalf of the following person:

Name	<u>THE KHUONG NGUYEN</u>			Sex	<u>M</u>	Age	<u>51</u>
Citizen of—(Country)	<u>VIET NAM</u>	Marital Status	<u>MARRIED</u>	Relationship to Deponent <u>BROTHER</u>			
Presently resides at—(Street and Number)	<u>219/9 PHUOC BINH THU DUC</u>	(City)	<u>HO CHI MINH CITY</u>	(State)	(Country) <u>VIET NAM</u>		

Name of spouse and children accompanying or following to join person:

Spouse	Sex	Age	Child	Sex	Age
<u>LIEN PHUONG THI NGO</u>	<u>F</u>	<u>48</u>			
<u>QUANG THANH NGUYEN</u>	<u>M</u>	<u>20</u>			
<u>LIEM THANH NGUYEN</u>	<u>M</u>	<u>20</u>			

4. That this affidavit is made by me for the purpose of assuring the United States Government that the person(s) named in item 3 will not become a public charge in the United States.

5. That I am willing and able to receive, maintain and support the person(s) named in item 3. That I am ready and willing to deposit a bond, if necessary, to guarantee that such person(s) will not become a public charge during his or her stay in the United States, or to guarantee that the above named will maintain his or her nonimmigrant status if admitted temporarily and will depart prior to the expiration of his or her authorized stay in the United States.

6. That I understand this affidavit will be binding upon me for a period of three (3) years after entry of the person(s) named in item 3 and that the information and documentation provided by me may be made available to the Secretary of Health and Human Services and the Secretary of Agriculture, who may make it available to a public assistance agency.

7. That I am employed as, or engaged in the business of PRODUCTION RELEASE PLANNER with KECO IND. INC.  
(Type of Business) (Name of concern)  
at 7375 INDUSTRIAL ROAD FLORENCE KY 41042  
(Street and Number) (City) (State) (Zip Code)

I derive an annual income of (if self-employed, I have attached a copy of my last income tax return or report of commercial rating concern which I certify to be true and correct to the best of my knowledge and belief. See instruction for nature of evidence of net worth to be submitted.)

\$ 23,574

I have on deposit in savings banks in the United States (JOINT ACCOUNT)

\$ 10,209

I have other personal property, the reasonable value of which is

\$ 20,000

CERTIFICATE OF DEPOSIT  
OVER

16,015

I have stocks and bonds with the following market value, as indicated on the attached list which I certify to be true and correct to the best of my knowledge and belief.

I have life insurance in the sum of

With a cash surrender value of

I own real estate valued at

With mortgages or other encumbrances thereon amounting to \$ 55,000

\$ 32,000  
\$ 40,000  
\$ 120,000

Which is located at 188 BURGESS LANE FLORENCE KY 41042  
(Street and Number) (City) (State) (Zip Code)

8. That the following persons are dependent upon me for support: (Place an "X" in the appropriate column to indicate whether the person named is *wholly* or *partially* dependent upon you for support.)

Name of Person	Wholly Dependent	Partially Dependent	Age	Relationship to Me
THE KHUONG NGUYEN	X		51	BROTHER
LIEN PHONG THI NGO	X		48	SISTER-IN-LAW
QUANG THANH NGUYEN	X		20	NEPHEW
LIEM THANH NGUYEN	X		20	NEPHEW

9. That I have previously submitted affidavit(s) of support for the following person(s). If none, state "None"

Name	Date submitted
NONE	

10. That I have submitted visa petition(s) to the Immigration and Naturalization Service on behalf of the following person(s). If none, state none.

Name	Relationship	Date submitted
NONE		

11. (Complete this block only if the person named in item 3 will be in the United States temporarily.)

That I ☐ do intend ☐ do not intend, to make specific contributions to the support of the person named in item 3. (If you check "do intend", indicate the exact nature and duration of the contributions. For example, if you intend to furnish room and board, state for how long and, if money, state the amount in United States dollars and state whether it is to be given in a lump sum, weekly, or monthly, or for how long.)

### OATH OR AFFIRMATION OF DEPONENT

I acknowledge that I have read Part III of the Instructions, Sponsor and Alien Liability, and am aware of my responsibilities as an immigrant sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended.

I swear (affirm) that I know the contents of this affidavit signed by me and the statements are true and correct.

Signature of deponent [Signature]

Subscribed and sworn to (affirmed) before me this 27 day of AUGUST, 1997

at 5/3 BAWK. My commission expires on 25 NOV 2000

Signature of Officer Administering Oath [Signature] Title NOTARY

If affidavit prepared by other than deponent, please complete the following: I declare that this document was prepared by me at the request of the deponent and is based on all information of which I have knowledge.

Chiquelle FLORENCE KY 8/27/97  
(Signature) (Address) (Date)

**IMPORTANT** This document must be read and signed by persons wishing to submit an affidavit of support on behalf of an alien applying for an immigrant visa. A signed copy of this document must be attached to each copy of any affidavit of support submitted on behalf of an applicant.

The Social Security Act, as amended, establishes certain requirements for determining the eligibility of aliens for Supplemental Security Income (SSI) and Aid to Families with Dependent Children (AFDC) benefits. The Food Stamp Act, as amended, contains similar provisions. These amendments require that the income and resources of any person (and that person's spouse) who executes an affidavit of support or similar agreement on behalf of an immigrant alien be deemed to be the income and resources of the alien under formulas for determining eligibility for SSI, AFDC, and Food Stamp benefits during the three years following the alien's entry into the United States.

The eligibility of aliens for SSI, AFDC, and Food Stamp benefits will be contingent upon their obtaining the cooperation of their sponsors in providing the necessary information and evidence to enable the Social Security Administration and/or State Welfare Agencies to carry out these provisions. An alien applying for SSI, AFDC, or Food Stamp benefits must make available to the Social Security Administration and/or sponsors, including documentation concerning his income or resources or those of his sponsors, including information which he provided in support of his application for an immigrant visa or adjustment of status. The Secretary of Health and Human Services and/or State Welfare Agencies are authorized to obtain copies of any such documentation from other agencies.

The Social Security Act and the Food Stamp Act also provide that an alien and his or her sponsor shall be jointly and severally liable to repay any SSI, AFDC, and Food Stamp benefits which are incorrectly paid because of misinformation provided by sponsor or because of sponsor's failure to provide information. Also, any incorrect payments of SSI and AFDC benefits which are not repaid will be withheld from any subsequent payments for which the alien or sponsors are otherwise eligible under the Social Security Act.

These provisions do not apply to aliens admitted as refugees or granted political asylum by the Attorney General. They also will not apply to the SSI eligibility of aliens who become blind or disabled after entry into the United States. The AFDC provisions do not apply to aliens who are dependent children of the sponsor or sponsor's spouse.

I, CHI GUE THI LE, residing at 188 BURGESS LANE  
(street and number)

FLORENCE KY. 41042, acknowledge that I have read the  
City State Zip

above and am aware of my responsibilities as an immigrant sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended. This attachment is submitted on behalf of the following persons:

NAME	SEX	AGE	COUNTRY OF BIRTH	MARITAL STATUS	RELATIONSHIP TO SPONSOR
THE KHUONG NGUYEN	M	51	VIETNAM	M	BROTHER
LIEN PHUONG THI NGO	F	48	VIETNAM		SISTER-IN-LAW
QUANG THANH NGUYEN	M	20	VIETNAM		NEPHEW
LIEM THANH NGUYEN	M	20	VIETNAM		NEPHEW

Chi Gue Thi Le  
Signature of Sponsor(s)



TELEPHONE 606-525-2102  
FAX 606-525-6667

**KECO INDUSTRIES, INC.**  
7375 INDUSTRIAL ROAD  
P.O. Box 428  
FLORENCE, KENTUCKY 41022-0428

July 25, 1997

To Whom It May Concern:

The following information is provided per your request.

Employee Name: Chi Le

Date of Employment: 5/18/81

Position: Production Release Planner (permanent position)

Hourly wage: \$10.75

Hours worked per week: 40

Sincerely,

Jean Russell  
Payroll Dept.

For the year Jan. 1–Dec. 31, 1996, or other tax year beginning

1996, ending

19

OMB No. 1545-0074

## Label

(See page 11.)

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign (See page 11.)

LABEL HERE

Your first name and initial

STEVE

Last name

LE

If a joint return, spouse's first name and initial

CHI

Q.T.

Last name

LE

Home address (number and street). If you have a P.O. box, see page 11.

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 11.

For help finding the instructions, see pages 2 and 3 in the booklet.

Yes	No	Note: Check if Yes. If not, check No.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do you want \$3 to go to this fund?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	If a joint return, does your spouse want \$3 to go to this fund?

## Filing Status

Check only one box.

- 1 ☐ Single
- 2 ☒ Married filing joint return (even if only one had income)
- 3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here. ▶
- 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
- 5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19 ). (See instructions.)

## Exemptions

If more than six dependents, see the instructions for line 6c.

6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a.b ☒ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number. If born in Dec. 1996, see inst.	(3) Dependent's relationship to you	(4) No. of months lived in your home in 1996

No. of boxes checked on lines 6a and 6b: 2

No. of your children on line 6c who:

- lived with you: 0
- did not live with you due to divorce or separation (see instructions): 0

Dependents on 6c not entered above: 0

Add numbers entered on lines above: 2

d Total number of exemptions claimed

## Income

Attach Copy B of your Forms W-2, W-2G, and 1099-R here.

If you did not get a W-2, see the instructions for line 7.

Enclose, but do not attach, any payment. Also, please enclose Form 1040-V (see the instructions for line 62).

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2
- 8a Taxable interest. Attach Schedule B if over \$400
- b Tax-exempt interest. DO NOT include on line 8a
- 9 Dividend income. Attach Schedule B if over \$400
- 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)
- 11 Alimony received
- 12 Business income or (loss). Attach Schedule C or C-EZ
- 13 Capital gain or (loss). If required, attach Schedule D
- 14 Other gains or (losses). Attach Form 4797
- 15a Total IRA distributions 15a 56843 b Taxable amount (see inst.)
- 16a Total pensions and annuities 16a 56843 b Taxable amount (see inst.)
- 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
- 18 Farm income or (loss). Attach Schedule F
- 19 Unemployment compensation
- 20a Social security benefits 20a b Taxable amount (see inst.)
- 21 Other income. List type and amount—see instructions

22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶

## Adjusted Gross Income

If line 31 is under \$28,495 (under \$9,500 if a child did not live with you), see the instructions for line 54.

- 23a Your IRA deduction (see instructions)
- b Spouse's IRA deduction (see instructions)
- 24 Moving expenses. Attach Form 3903 or 3903-F
- 25 One-half of self-employment tax. Attach Schedule SE
- 26 Self-employed health insurance deduction (see inst.)
- 27 Keogh & self-employed SEP plans. If SEP, check ☐
- 28 Penalty on early withdrawal of savings
- 29 Alimony paid. Recipient's SSN ▶
- 30 Add lines 23a through 29
- 31 Subtract line 30 from line 22. This is your adjusted gross income ▶

7	38694	55
8a	196	07
9	8	22
10	219	03
11		
12		
13		
14		
15b		
16b	0	
17		
18		
19		
20b		
21		
22	39117	87
23a		
23b		
24		
25		
26		
27		
28		
29		
30		
31	39117	87

**Tax Computation**

32	Amount from line 31 (adjusted gross income)	32	39118
33a	Check if: <input type="checkbox"/> You were 65 or older; <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older; <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here.	33a	
33b	If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see instructions and check here.	33b	
34	Enter the larger of: Itemized deductions from Schedule A, line 28, OR Standard deduction shown below for your filing status. But see the instructions if you checked any box on line 33a or b or someone can claim you as a dependent. Single—\$4,000 • Married filing jointly or Qualifying widow(er)—\$6,700 Head of household—\$5,900 • Married, filing separately—\$3,350	34	7320
35	Enter the amount from line 34. If you are married filing jointly, enter the amount for both of you.	35	31798
36	Enter the amount from line 35. If you are married filing jointly, enter the amount for both of you.	36	5100
37	Taxable income. Subtract line 35 from line 36. If line 36 is more than line 35, enter 0.	37	26698
38	Tax. See instructions. Check if total includes any tax from: <input type="checkbox"/> Form 981 <input type="checkbox"/> Form 972	38	4001

If you want the IRS to figure your tax, see the instructions for line 37.

**Credits**

39	Credit for child and dependent care expenses. Attach Form 2441.	39	
40	Credit for the elderly or the disabled. Attach Schedule R.	40	
41	Foreign tax credit. Attach Form 1116.	41	
42	Other. Check if from: <input type="checkbox"/> Form 3900 <input type="checkbox"/> Form 3396 <input type="checkbox"/> Form 8801 <input type="checkbox"/> Form (specify)	42	
43	Enter the amount from line 42.	43	
44	Subtract line 43 from line 38. If line 43 is more than line 38, enter -0-	44	4001

**Other Taxes**

45	Self-employment tax. Attach Schedule SE.	45	
46	Alternative minimum tax. Attach Form 6251.	46	
47	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137.	47	
48	Tax on qualified retirement plans, including IRAs. If required, attach Form 5329.	48	
49	Advance earned income credit payments from Form(s) W-2.	49	
50	Household employment taxes. Attach Schedule H.	50	
51	Add lines 44 through 50. This is your total tax.	51	4001

**Payments**

Attach Forms W-2, W-2G, and 1099-R on the front.

52	Federal income tax withheld from Forms W-2 and 1099-R.	52	4014	53	
53	1996 estimated tax payments and amount applied from 1995 return.	53	0		
54	Earned income credit. Attach Schedule EIC if you have a qualifying child. Nontaxable earned income: amount and type.	54	0		
55	Amount paid with Form 4868 (request for extension).	55	0		
56	Excess social security and RRTA tax withheld (see inst.).	56	0		
57	Other payments. Check if from: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136	57	0		
58	Add lines 52 through 57. These are your total payments.	58	4014	53	

**Refund**

Have it sent directly to your bank account! See inst. and fill in 60b, c, and d.

59	If line 58 is more than line 51, subtract line 51 from line 58. This is the amount you OVERPAID.	59	13	53
60a	Amount of line 59 you want REFUNDED TO YOU.	60a	13	53
60b	Routing number: <input type="text"/>	60b		
60c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	60c		
60d	Account number: <input type="text"/>	60d		
61	Amount of line 59 you want APPLIED TO YOUR 1997 ESTIMATED TAX.	61		

**Amount You Owe**

62	If line 51 is more than line 58, subtract line 58 from line 51. This is the AMOUNT YOU OWE. For details on how to pay and use Form 1040-V, see instructions.	62	
63	Estimated tax penalty. Also include on line 62.	63	

**Sign Here**

Keep a copy of this return for your records.

Your signature <i>Stucke</i>	Date 4/4/97	Your occupation ASSEMBLER
Spouse's signature. If a joint return, BOTH must sign. <i>Chiquet</i>	Date 4/4/97	Spouse's occupation PROJECT PLANNER
Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
Firm's name (or yours if self-employed) and address	EIN	Preparer's social security no.
	ZIP code	

**Paid Preparer's Use Only**



COPY

**SCHEDULES A&B**

(Form 1040)

**Schedule A—Itemized Deductions**

(Schedule B is on back)

OMB No. 1545-0074

**1996**

Attachment  
Sequence No. 07

Department of the Treasury  
Internal Revenue Service

(1)

▶ Attach to Form 1040. ▶ See instructions for Schedules A and B (Form 1040).

Name(s) shown on Form 1040

STEVE & CHL Q.T. LE

<b>Medical and Dental Expenses</b>	<b>Caution:</b> Do not include expenses reimbursed or paid by others.				
1	Medical and dental expenses (see page A-1)	1	1400	00	
2	Enter amount from Form 1040, line 32. <u>2</u> 39124		2934	30	
3	Multiply line 2 above by 7.5% (.075)	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			0
<b>Taxes You Paid</b>	5 State and local income taxes	5	2356	98	
(See page A-1.)	6 Real estate taxes (see page A-2)	6	744	45	
	7 Personal property taxes	7	50	02	
	8 Other taxes. List type and amount ▶	8	0		
	9 Add lines 5 through 8	9			3151 45
<b>Interest You Paid</b>	10 Home mortgage interest and points reported to you on Form 1098	10	3844	95	
(See page A-2.)	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-2 and show that person's name, identifying no., and address ▶	11	0		
	12 Points not reported to you on Form 1098. See page A-3 for special rules.	12	93	33	
<b>Note:</b> Personal interest is not deductible.	13 Investment interest. If required, attach Form 4952. (See page A-3.)	13	0		
	14 Add lines 10 through 13	14			3938 28
<b>Gifts to Charity</b>	15 Gifts by cash or check. If you made any gift of \$250 or more, see page A-3	15	180	00	
If you made a gift and got a benefit for it, see page A-3.	16 Other than by cash or check. If any gift of \$250 or more, see page A-3. If over \$500, you <b>MUST</b> attach Form 8283	16	50	00	
	17 Carryover from prior year	17	0		
	18 Add lines 15 through 17	18			230 00
<b>Casualty and Theft Losses</b>	19 Casualty or theft loss(es). Attach Form 4684. (See page A-4.)	19			0
<b>Job Expenses and Most Other Miscellaneous Deductions</b>	20 Unreimbursed employee expenses—job travel, union dues, job education, etc. If required, you <b>MUST</b> attach Form 2106 or 2106-EZ. (See page A-4.) ▶	20	0		
(See page A-4 for expenses to deduct here.)	21 Tax preparation fees	21	0		
	22 Other expenses—investment, safe deposit box, etc. List type and amount ▶	22	0		
	23 Add lines 20 through 22	23	0		
	24 Enter amount from Form 1040, line 32. <u>24</u>	24			
	25 Multiply line 24 above by 2% (.02)	25			
	26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26			0
<b>Other Miscellaneous Deductions</b>	27 Other—from list on page A-4. List type and amount ▶	27			0
<b>Total Itemized Deductions</b>	28 Is Form 1040, line 32, over \$117,950 (over \$58,975 if married filing separately)? NO. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter on Form 1040, line 34, the larger of this amount or your standard deduction. YES. Your deduction may be limited. See page A-5 for the amount to enter.	28			7319 75



Name(s) shown on Form 1040. Do not enter name and social security number if shown on other side.

Your social security number

**Schedule B—Interest and Dividend Income**Attachment  
Sequence No. 08**Part I****Interest  
Income**

(See page B-1.)

**Note:** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

**Note:** If you had over \$400 in taxable interest income, you must also complete Part III.

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ►

**Amount**

1

- 2 Add the amounts on line 1 . . . . .

2

- 3 Excludable interest on series EE U.S. savings bonds issued after 1989 from Form 8815, line 14. You MUST attach Form 8815 to Form 1040 . . . . .

3

- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ►

4

**Part II****Dividend  
Income**

(See page B-1.)

**Note:** If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total dividends shown on that form.

**Note:** If you had over \$400 in gross dividends and/or other distributions on stock, you must also complete Part III.

- 5 List name of payer. Include gross dividends and/or other distributions on stock here. Any capital gain distributions and nontaxable distributions will be deducted on lines 7 and 8 ►

**Amount**

5

- 6 Add the amounts on line 5 . . . . .

6

- 7 Capital gain distributions. Enter here and on Schedule D\* . . . . .

7

- 8 Nontaxable distributions. (See the inst. for Form 1040, line 9.) . . . . .

8

- 9 Add lines 7 and 8 . . . . .

9

- 10 Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9 ►  
\*If you do not need Schedule D to report any other gains or losses, see the instructions for Form 1040, line 13.

10

**Part III  
Foreign  
Accounts  
and  
Trusts**(See  
page B-1.)

You must complete this part if you (a) had over \$400 of interest or dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

**Yes No**

- 11a At any time during 1996, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-1 for exceptions and filing requirements for Form TD F 90-22.1 . . . . .

- b If "Yes," enter the name of the foreign country ►

- 12 During 1996, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," see page B-2 for other forms you may have to file . . . . .

a Control number		OMB No. 1545-0008					<b>Copy C For EMPLOYEE'S RECORDS (see Notice on back.)</b>				
b Employer's identification number 31-0501407			1 Wages, tips, other compensation 17407.13		2 Federal income tax withheld 1605.35						
c Employer's name, address, and ZIP code KECO INDUSTRIES, INC. 7375 INDUSTRIAL ROAD P.O. BOX 428 FLORENCE, KY 41022-0428			3 Social security wages 19257.01		4 Social security tax withheld 1194.00						
			5 Medicare wages and tips 19257.01		6 Medicare tax withheld 279.14						
			7 Social security tips		8 Allocated tips						
			9 Advance EIC payment		10 Dependent care benefits						
e Employee's name, address, and ZIP code STEVE LE  189 BURGESS LAUREL  FLORENCE, KY 41042			11 Nonqualified plans		12 Benefits included in box 1						
			13 See Instrs. for box 13 D 1049.80		14 Other  LIFE 42.12						
			15 Statutory employee		Deceased pension plan		Legal rep.		Hshld. emp.	Deferred compensation X	
16 State Employer's state I.D. No. KY 091754		17 State wages, tips, etc. 17407.13		18 State income tax 233.91		19 Locality name RCMH		20 Local wages, tips, etc. 16666.67		21 Local income tax 25.00	
						RCMH		19299.13		154.31	
						RCST		19299.13		96.49	

(7)

Department of the Treasury—Internal Revenue Service

**Form W-2 Wage and Tax Statement 1996**

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

a Control number		OMB No. 1545-0008					<b>Copy C For EMPLOYEE'S RECORDS (see Notice on back.)</b>				
b Employer's identification number 31-0501407			1 Wages, tips, other compensation 21287.42		2 Federal income tax withheld 2409.18						
c Employer's name, address, and ZIP code KECO INDUSTRIES, INC. 7375 INDUSTRIAL ROAD P.O. BOX 428 FLORENCE, KY 41022-0428			3 Social security wages 23574.84		4 Social security tax withheld 1461.48						
			5 Medicare wages and tips 23574.84		6 Medicare tax withheld 341.90						
			7 Social security tips		8 Allocated tips						
			9 Advance EIC payment		10 Dependent care benefits						
e Employee's name, address, and ZIP code CHIT QUETHLE  189 BURGESS LAUREL  FLORENCE, KY 41042			11 Nonqualified plans		12 Benefits included in box 1						
			13 See Instrs. for box 13 D 2287.42		14 Other MEDICAL 292.24 LIFE 42.12						
			15 Statutory employee		Deceased pension plan		Legal rep.		Hshld. emp.	Deferred compensation X	
16 State Employer's state I.D. No. KY 091754		17 State wages, tips, etc. 21287.42		18 State income tax 1011.37		19 Locality name RCMH		20 Local wages, tips, etc. 16666.67		21 Local income tax 25.00	
						RCMH		23909.20		191.35	
						RCST		23909.20		119.55	

(7)

Department of the Treasury—Internal Revenue Service

**Form W-2 Wage and Tax Statement 1996**

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

FTNK DISP DDA 56289480			POSTED	7/24/97
LED \$	7,086.91	ACCT TYPE 16	OPENED	2/25/94
AVL \$	7,086.91	PRIVILEGE		
ACH MEMO		HELD FUNDS	LST ACTV DTE	7/24/97
HOLDS		STATUS CODE	LST MISC DTE	3/13/95
1DAY FLT		ALERT CODE	LST DEP DTE	7/18/97
2DAY FLT		INDICATOR	DEP AMT	343
TELLER HOLD NO.		MISC CODE	LST STMT DTE	7/03/97
AMOUNT		RESTRAINT	ST BAL	6,983.08
TELLER DEP. NO.		PROC. IND. DL	AVG BAL	9,615
AMOUNT		SIGNERS REQ.		
CUSTOMER STEVE LE			BRANCH NO.	250
OVD # 12		UCF # 12	DIVISION CODE	
OVD DAYS 12		UCF DAYS 12	ASSIGNMENT CODE	
OVD \$ 12		UCF \$ 12	RELATED GROUP	
OVD # RETURNS			COMPOSITE GROUP	
PRV OVD DATE		PRV UCF DATE	ANALYSIS CODE	T
PRV OVD DAYS		PRV UCF DAYS	STMT CYCLE CODE	05
PRV OVD \$		PRV UCF \$	ANAL. CYCLE CODE	05
CUR OVD DATE		CUR UCF DATE	TAX CODE	00
CUR OVD DAYS		CUR UCF DAYS	CLOSE OVERRIDE	
CUR OVD \$		CUR UCF \$	COMP ANL METHOD	0
DEPRESS ENTER TO CONTINUE				
FTNK DISP DDA 56289480 STEP=01S PAGE=002				

*Fifth Third Bank of Northern Ky. Inc.*  
*7911 U.S. 42*  
*Florence Kentucky 41042*

*Debbie L. Collins*  
*Acct. Rep.*

**Fifth Third Bank**

**Debbie L. Collins**  
 New Accounts Representative

U.S. 42 Banking Center  
 7911 U.S. 42 • Florence, KY 41042  
 Tel 606-371-1666 • Fax 606-371-9042

FTNK DISP DDA 56289480

POSTED 7/24/97

LED \$  
AVL \$ 7,086.91  
ACH MEMO  
HOLDS  
1DAY FLT  
2DAY FLT  
TELLER HOLD NO.  
AMOUNT  
TELLER DEP. NO.  
AMOUNT  
CUSTOMER STEVE LE  
OVD # 12  
OVD DAYS 12  
OVD \$ 12  
OVD # RETURNS  
PRV OVD DATE  
PRV OVD DAYS  
PRV OVD \$  
CUR OVD DATE  
CUR OVD DAYS  
CUR OVD \$  
DEPRESS ENTER TO CONTINUE  
FTNK DISP DDA 56289480 STEP=01S PAGE=002

ACCT TYPE 16  
PRIVILEGE  
HELD FUNDS  
STATUS CODE  
ALERT CODE  
INDICATOR  
MISC CODE  
RESTRAINT  
PROC. IND. DL  
SIGNERS REQ.

UCF # 12  
UCF DAYS 12  
UCF \$ 12  
PRV UCF DATE  
PRV UCF DAYS  
PRV UCF \$  
CUR UCF DATE  
CUR UCF DAYS  
CUR UCF \$

LST ACTV DTE 7/24/97  
LST MISC DTE 3/13/95  
LST DEP DTE 7/18/97  
DEP AMT 343  
LST STMT DTE 7/03/97  
ST BAL 6,983.08  
AVG BAL

BRANCH NO. 250  
DIVISION CODE  
ASSIGNMENT CODE  
RELATED GROUP  
COMPOSITE GROUP  
ANALYSIS CODE T  
STMT CYCLE CODE 05  
ANAL. CYCLE CODE 05  
TAX CODE 00  
CLOSE OVERRIDE  
COMP ANL METHOD 0

*Fifth Third Bank of Northern Ky. Inc.*  
*7911 U.S. 42*  
*Florence Kentucky 41042*

*Debbie L. Collins*  
*Acct. Rep.*

**Fifth Third Bank**

**Debbie L. Collins**  
New Accounts Representative

U.S. 42 Banking Center  
7911 U.S. 42 • Florence, KY 41042  
Tel 606-371-1666 • Fax 606-371-9042

PAGE 1  
STATEMENT DATE JUNE 30, 1997  
TAX IDENTIFICATION #



CHI LE  
5/3 BANK CUSTODIAN U/A IRA  
188 BURGESS LANE  
FLORENCE KY 41042-9513

12/31/96 BALANCE,	15,483.84
2 DEPOSITS	31,889.37
2 WITHDRAWALS	31,889.37
INTEREST EARNED	510.88
06/30/97 BALANCE	15,994.52
INTEREST ACCRUED	21.40
FAIR MARKET VALUE	16,015.92

IRA NUMBER  
TYPE 10 MONTHS  
ISSUE DATE 03/21/96  
CLOSED DATE 01/21/97  
BEGINNING BALANCE 15,483.84  
01/21/97 INTEREST EARNED 191.21+  
01/21/97 WITHDRAWAL 15,674.85-  
ENDING BALANCE .00  
INTEREST ACCRUED .00+  
FAIR MARKET VALUE .00

IRA NUMBER  
TYPE 5 MONTHS  
ISSUE DATE 01/21/97  
CLOSED DATE 06/21/97  
BEGINNING BALANCE .00  
01/21/97 DEPOSIT 15,674.85+  
03/21/97 INTEREST EARNED 124.14+  
06/21/97 INTEREST EARNED 195.53+  
06/21/97 WITHDRAWAL 15,994.52-  
ENDING BALANCE .00  
INTEREST ACCRUED .00+  
FAIR MARKET VALUE .00

IRA NUMBER  
TYPE 5 MONTHS  
ISSUE DATE 06/21/97  
NEXT MATURITY 11/21/97  
CURRENT RATE 4.88000%  
BEGINNING BALANCE .00  
06/21/97 DEPOSIT 15,994.52+  
ENDING BALANCE 15,994.52  
INTEREST ACCRUED 21.40+  
FAIR MARKET VALUE 16,015.92

FEDERAL TAX WITHHELD THIS YEAR .00



TELEPHONE 606-525-2102  
FAX 606-525-6667

**KECO INDUSTRIES, INC.**

P.O. Box 428  
7375 INDUSTRIAL ROAD  
FLORENCE, KENTUCKY 41022-0428

June 28, 1996

To Whom It May Concern:

TUYET THI NGUYEN

Tuyet Thi Nguyen is a full time employee of Keco Industries, Inc.

She was hired on November 6, 1995 as a full time Electrical Assembler. Her hourly rate is \$ 6.63.

If you require further information, you may call me at the above listed telephone number.

A handwritten signature in cursive script, reading "Marylee Burgess". The signature is written in dark ink and is positioned above the printed name and title.

Marylee Burgess  
Personnel Manager



Western Woods Office

6240 Glenway Avenue  
Cincinnati, Ohio 45211  
Phone: (513) 389-4200  
Fa: (513) 389-4208

AUGUST 5, 1997

U.S. DEPARTMENT OF JUSTICE  
AFFIDAVIT OF SUPPORT

TO WHOM IT MAY CONCERN:

PLEASE ACCEPT THIS LETTER AS VERIFICATION OF ACCOUNT NUMBER 48371-0307 IN THE NAME OF THO K NGUYEN & TUYET T NGUYEN. THIS ACCOUNT WAS OPENED 7/10/95 AND HAS A CURRENT BALANCE OF \$4712.81. THERE HAVE BEEN DEPOSITS TOTALING \$39,271.14 SINCE THE ACCOUNT WAS OPENED.

IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CONTACT ME AT 389-4200.

SINCERELY,

CYNTHIA M. ARMBRUSTER  
ASSISTANT MANAGER



TELEPHONE 606-525-4  
FAX 606-525-4

**KECO INDUSTRIES, INC.**

P.O. Box 428  
7375 INDUSTRIAL ROAD  
FLORENCE, KENTUCKY 41022-0428

23 July 1997

To Whom It May Concern:

STEVE LE  


Steve Le is a full time employee of Keco Industries, Inc.

He was hired on August 8, 1988, as a full time (40 hr wk) Mechanical Assembler. His hourly rate is \$8.60.

If you require further information, you may call me at the telephone number listed above.

  
Marylee Burgess  
Personnel Manager

MANUFACTURERS OF SPECIALIZED MILITARY GROUND SUPPORT EQUIPMENT



1040A

## U.S. Individual Income Tax Return (H) 1996

IRS Use Only—Do not write or staple in this

Label (See page 15.) Use the IRS label. Otherwise, please print in ALL CAPITAL LETTERS.

OMB No. 1545-0081

L A B E L  H E R E	Your first name <b>THO</b>	Init. <b>K</b>	Last name <b>NGUYEN</b>
	If a joint return, spouse's first name <b>TUYET</b>	Init. <b>T</b>	Last name <b>NGUYEN</b>
	City, town or post office. If you have a foreign address, see page 15. <b>CINCINNATI</b>		

Your social security num

Spouse's social security n

For Privacy Act and  
Paperwork  
Reduction Act  
Notice, see page 9.

## Presidential Election Campaign Fund (See page 15.)

Do you want \$3 to go to this fund?

If a joint return, does your spouse want \$3 to go to this fund?

Yes No

Yes No

Note: Checking "Yes"  
not change your tax  
reduce your refund.

- 1 ☐ Single
- 2 ☒ Married filing joint return (even if only one had income)
- 3 ☐ Married filing separate return. Enter spouse's social security number above and full name here. ▶
- 4 ☐ Head of household (with qualifying person). (See page 16.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
- 5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19 ). (See page 16.)

6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a.b ☒ Spouse

c Dependents. If more than six dependents, see page 17.

(1) First name	Last name	(2) Dependent's social security number. If born in Dec. 1996, see page 18.	(3) Dependent's relationship to you	(4) No. of months lived in your home in 1996
HUNG D.	NGUYEN	301960318	SON	12

No. of boxes checked on lines 6a and 6b

No. of your children on line 6c who:  
• lived with you

• did not live with you due to divorce or separation (see page 18)

Dependents on 6c not entered above

Add numbers entered in boxes above

d Total number of exemptions claimed ▶

7 Wages, salaries, tips, etc. This should be shown in box 1 of your W-2 form(s). Attach Form(s) W-2.

7 \$ 33789

8a Taxable interest income. If over \$400, attach Schedule 1.

8a \$ 00000

b Tax-exempt interest. DO NOT include on line 8a.

8b \$

9 Dividends. If over \$400, attach Schedule 1.

9 \$ 00000

10a Total IRA distributions. 10a \$

10b Taxable amount (see page 20).

10b \$ 00000

11a Total pensions and annuities. 11a \$

11b Taxable amount (see page 20).

11b \$ 00000

12 Unemployment compensation.

12 \$ 00000

13a Social security benefits. 13a \$

13b Taxable amount (see page 22).

13b \$ 00000

14 Add lines 7 through 13b (far right column). This is your total income. ▶

14 \$ 33789

15a Your IRA deduction (see page 22).

15a \$

b Spouse's IRA deduction (see page 22).

15b \$

c Add lines 15a and 15b. These are your total adjustments.

15c \$ 00000

16 Subtract line 15c from line 14. This is your adjusted gross income. If under \$28,495 (under \$9,500 if a child did not live with you), see the instructions for line 29c on page 29. ▶

16 \$ 33789

Attach Copy B of W-2 and 1099-R here.

Cat. No. 11327A

1996 Form 1040A pa

17 Enter the amount from line 16.

17 \$ 3379000

18a Check if: ☐ You were 65 or older ☐ Blind ☐ Spouse was 65 or older ☐ Blind Enter number of boxes checked ▶ 18a ☐

b If you are married filing separately and your spouse itemizes deductions, see page 26 and check here ▶ 18b ☐

19 Enter the **standard deduction** for your filing status. But see page 26 if you checked any box on line 18a or b **OR** someone can claim you as a dependent.

- Single—4,000 • Married filing jointly or Qualifying widow(er)—6,700  
• Head of household—5,900 • Married filing separately—3,350

19 \$ 670000

20 Subtract line 19 from line 17. If line 19 is more than line 17, enter 0.

20 \$ 2709000

21 Multiply \$2,550 by the total number of exemptions claimed on line 6d.

21 \$ 765000

22 Subtract line 21 from line 20. If line 21 is more than line 20, enter 0. This is your **taxable income**. If you want the IRS to figure your tax, see page 26. ▶

22 \$ 1944000

23 Find the tax on the amount on line 22 (see page 26).

23 \$ 291400

24a Credit for child and dependent care expenses. Attach Schedule 2.

24a \$ 000000

b Credit for the elderly or the disabled. Attach Schedule 3.

24b \$ 000000

c Add lines 24a and 24b. These are your **total credits**.

24c \$ 000000

25 Subtract line 24c from line 23. If line 24c is more than line 23, enter 0.

25 \$ 291400

26 Advance earned income credit payments from Form(s) W-2.

26 \$ 000000

27 Household employment taxes. Attach Schedule H.

27 \$ 000000

28 Add lines 25, 26, and 27. This is your **total tax**. ▶

28 \$ 291400

29a Total Federal income tax withheld from Forms W-2 and 1099.

29a \$ 295395

b 1996 estimated tax payments and amount applied from 1995 return.

29b \$ 000000

c **Earned income credit**. Attach Schedule EIC if you have a qualifying child.

29c \$ 000000

Nontaxable earned income: amount ▶ \$ 000000 and type ▶

d Add lines 29a, 29b, and 29c (do not include nontaxable earned income). These are your **total payments**. ▶

29d \$ 295395

30 If line 29d is more than line 28, subtract line 28 from line 29d. This is the amount you **overpaid**.

30 \$ 3995

31a Amount of line 30 you want **refunded to you**. If you want it sent directly to your bank account, see page 35 and fill in 31b, c, and d.

31a \$

b Routing number

c Type: ☐ Checking ☐ Savings

d Account number

32 Amount of line 30 you want **applied to your 1997 estimated tax**. 32 \$

33 If line 28 is more than line 29d, subtract line 29d from line 28. This is the **amount you owe**. For details on how to pay, including what to write on your payment, see page 36.

33 \$

34 Estimated tax penalty (see page 36).

34 \$

**Sign here**

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

Your signature

Date

2/17/97

Your occupation

QUALIFIER

Keep a copy of this return for your records.

Spouse's signature. If joint return, BOTH must sign.

Date

2/17/97

Spouse's occupation

ELECTRICAL ASSEMBLER

**Paid preparer's use only**

Preparer's signature

Date

Check if self-employed ☐

Preparer's SSN

Firm's name (or yours if self-employed) and address

EIN

ZIP code

a Control number		OMB No. 1545-0008		Copy C For EMPLOYEE'S RECORDS (see Notice on back.)			
b Employer's identification number 31-0501407			1 Wages, tips, other compensation 13637.10		2 Federal income tax withheld 1063.53		
c Employer's name, address, and ZIP code KECO INDUSTRIES, INC. 7375 INDUSTRIAL ROAD P.O. BOX 428 FLORENCE, KY 41022-0428			3 Social security wages 13637.10		4 Social security tax withheld 845.39		
			5 Medicare wages and tips 13637.10		6 Medicare tax withheld 197.58		
			7 Social security tips		8 Allocated tips		
d Employee's social security number [REDACTED]			9 Advance EIC payment		10 Dependent care benefits		
e Employee's name, address, and ZIP code TUYET T NGUYEN  1218 PURCELL AVE., #1  CINCINNATI, OH 45205			11 Nonqualified plans		12 Benefits included in box 1		
			13 See Instrs. for box 13		14 Other  LIFE 40.50		
			15 Statutory employee		Deceased Pension plan		Legal rep. Hshld. emp. Deferred compensation
16 State Employer's state I.D. No. OH 51-061400-1		17 State wages, tips, etc. 13637.10		18 State income tax 475.35		19 Locality name BOON	
						20 Local wages, tips, etc. 13677.60	
						21 Local income tax 109.32	

(7)

Department of the Treasury—Internal Revenue Service

Form **W-2** Wage and Tax Statement **1996**

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

1 Wages, tips, other comp. 19647.20		2 Federal income tax withheld 1890.42	
3 Social security wages 19647.20		4 Social security tax withheld 1218.13	
5 Medicare wages and tips 19647.20		6 Medicare tax withheld 284.88	
a Control Number 002106 3UM	Dept. 024000	Corp. A	Employer use only 236
c Employer's name, address, and ZIP code KRATZ-WILDE MACHINE CO INC 9826 CRESCENT PARK DR WEST CHESTER OH 45069  Batch #00315			
b Employer's FED ID number 61-0252064		d Employer's name, address, and ZIP code	
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12 Benefits included in box 1	
13 See instrs. for box 13		14 Other	
15 Stat emp. Deceased IP Legal rep. Hahld. emp. Deferred comp.			
e/f Emp' name, address and ZIP code THO KHUONG NGUYEN 1218 PURCELL AVE #1 CINCINNATI OH 45205			
16 State Employer's state ID OH 51-5681013	17 State wages, tips, etc. 19647.20		
18 State income tax 446.79	19 Locality name FAIRFIEL		
20 Local wages, tips, etc. 19647.20	21 Local income tax 294.82		
Employee Reference Copy <b>W-2</b> Wage and Tax <b>1996</b> Statement Copy C for Employee's Records. OMB No. 1545-0008			

1996 W-2 and EARNINGS SUMMARY

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 1996 paystub plus any adjustments submitted by your employer.

Gross Pay	19647.20	Social Security Tax Withheld Box 4 of W-2	1218.13	OH. State Income Tax Box 18 of W-2	446.79
Fed. Income Tax Withheld Box 2 of W-2	1890.42	Medicare Tax Withheld Box 6 of W-2	284.88	Local Income Tax Box 21 of W-2	294.82
				SUI/SDI Box 14 of W-2	

2. Your Gross Pay Was Adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	OH. State Wages, Tips, Etc. Box 17 of W-2	FAIRFIEL Local Wages, Tips, Etc. Box 20 of W-2
Gross Pay	19,647.20	19,647.20	19,647.20	19,647.20	19,647.20
Reported W-2 Wages	19,647.20	19,647.20	19,647.20	19,647.20	19,647.20

3. Employee W-4 Profile To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

THO KHUONG NGUYEN  
1218 PURCELL AVE #1  
CINCINNATI OH 45205

Social Sec  
Taxable Marital Status: MARRIED  
Exemptions/Allowances:  
FEDERAL: 0  
STATE: 0  
LOCAL: 0

(ANSWER ALL ITEMS: FILL IN WITH TYPEWRITER OR PRINT IN BLOCK LETTERS IN INK.)

I, THO KHUONG NGUYEN residing at \_\_\_\_\_  
(Name) (Street and Number)  
CINCINNATI OHIO U. S. A.  
(City) (State) (ZIP Code if in U.S.) (Country)

BEING DULY SWORN DEPOSE AND SAY:

I. I was born on JUNE 19, 1948 at GIA DINH (SOUTH VIET NAM)  
(Date) (City) (Country)

If you are *not* a native born United States citizen, answer the following as appropriate:

- a. If a United States citizen through naturalization, give certificate of naturalization number \_\_\_\_\_  
b. If a United States citizen through parent(s) or marriage, give citizenship certificate number \_\_\_\_\_  
c. If United States citizenship was derived by some other method, attach a statement of explanation. A074460714  
d. If a lawfully admitted permanent resident of the United States, give "A" number \_\_\_\_\_

2. That I am \_\_\_\_\_ years of age and have resided in the United States since (date) SEPT. 23, 1994

3. That this affidavit is executed in behalf of the following person:

Name	<u>THE KHUONG NGUYEN</u>	Sex	<u>M</u>	Age	<u>51</u>
Citizen of—(Country)	<u>VIET NAM</u>	Marital Status	<u>MARRIED</u>	Relationship to Deponent	<u>BROTHER</u>
Presently resides at—(Street and Number)	<u>219/9 PHUOC BINH THU DUC</u>	(City)	<u>HO CHI MINH CITY</u>	(State)	<u>VIET NAM</u>

Name of spouse and children accompanying or following to join person:

Spouse	Sex	Age	Child	Sex	Age
<u>LIEN PHUONG THI NAO</u>	<u>F</u>	<u>48</u>			
<u>QUANG THANH NGUYEN</u>	<u>M</u>	<u>20</u>			
<u>LIEM THANH NGUYEN</u>	<u>M</u>	<u>20</u>			

4. That this affidavit is made by me for the purpose of assuring the United States Government that the person(s) named in item 3 will not become a public charge in the United States.

5. That I am willing and able to receive, maintain and support the person(s) named in item 3. That I am ready and willing to deposit a bond, if necessary, to guarantee that such person(s) will not become a public charge during his or her stay in the United States, or to guarantee that the above named will maintain his or her nonimmigrant status if admitted temporarily and will depart prior to the expiration of his or her authorized stay in the United States.

6. That I understand this affidavit will be binding upon me for a period of three (3) years after entry of the person(s) named in item 3 and that the information and documentation provided by me may be made available to the Secretary of Health and Human Services and the Secretary of Agriculture, who may make it available to a public assistance agency.

7. That I am employed as, or engaged in the business of PART QUALIFIER with KRATZ-WILDE MACHINE CO.  
(Type of Business) (Name of concern)  
at WEST CHESTER OHIO  
(Street and Number) (City) (State) (Zip Code)

I derive an annual income of (if self-employed, I have attached a copy of my last income tax return or report of commercial rating concern which I certify to be true and correct to the best of my knowledge and belief. See instruction for nature of evidence of net worth to be submitted.)

\$ 17,742.40

I have on deposit in savings banks in the United States (JOINT ACCOUNT)

\$ 4,712.81

I have other personal property, the reasonable value of which is

\$ —

I have stocks and bonds with the following market value, as indicated on the attached list which I certify to be true and correct to the best of my knowledge and belief.

\$ NONE  
\$  
\$  
\$

I have life insurance in the sum of

With a cash surrender value of

I own real estate valued at

With mortgages or other encumbrances thereon amounting to \$

Which is located at \_\_\_\_\_  
(Street and Number) (City) (State) (Zip Code)

8. That the following persons are dependent upon me for support: (Place an "X" in the appropriate column to indicate whether the person named is *wholly* or *partially* dependent upon you for support.)

Name of Person	Wholly Dependent	Partially Dependent	Age	Relationship to Me
THE KHUONG NGUYEN	X		51	BROTHER
LIEN PHUONG THI NGUYEN	X		48	SISTER-IN-LAW
QUANG THANH NGUYEN	X		20	NEPHEW
LIEM THANH NGUYEN	X		20	NEPHEW

9. That I have previously submitted affidavit(s) of support for the following person(s). If none, state "None"

Name

Date submitted

NONE

10. That I have submitted visa petition(s) to the Immigration and Naturalization Service on behalf of the following person(s). If none, state none.

Name

Relationship

Date submitted

NONE

11. (Complete this block only if the person named in item 3 will be in the United States temporarily.)

That I ☐ do intend ☐ do not intend, to make specific contributions to the support of the person named in item 3. (If you check "do intend", indicate the exact nature and duration of the contributions. For example, if you intend to furnish room and board, state for how long and, if money, state the amount in United States dollars and state whether it is to be given in a lump sum, weekly, or monthly, or for how long.)

### OATH OR AFFIRMATION OF DEPONENT

I acknowledge at that I have read Part III of the Instructions, Sponsor and Alien Liability, and am aware of my responsibilities as an immigrant sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended.

I swear (affirm) that I know the contents of this affidavit signed by me and the statements are true and correct.

Signature of deponent

Subscribed and sworn to (affirmed) before me this 19 day of August, 1997

at Cincinnati Ohio

VICTORIA LANE-JOHNSON  
My commission expires Notary Public, State of Ohio

Signature of Officer Administering Oath

Victoria Lane-Johnson Title Notary Public

If affidavit prepared by other than deponent, please complete the following: I declare that this document was prepared by me at the request of the deponent and is based on all information of which I have knowledge.

(Signature)

(Address)

(Date)

**IMPORTANT** This document must be read and signed by persons wishing to submit an affidavit of support on behalf of an alien applying for an immigrant visa. A signed copy of this document must be attached to each copy of any affidavit of support submitted on behalf of an applicant.

The Social Security Act, as amended, establishes certain requirements for determining the eligibility of aliens for Supplemental Security Income (SSI) and Aid to Families with Dependent Children (FDC) benefits. The Food Stamp Act, as amended, contains similar provisions. These amendments require that the income and resources of any person (and that person's spouse) who executes an affidavit of support or similar agreement on behalf of an immigrant alien be deemed to be the income and resources of the alien under formulas for determining eligibility for SSI, AFDC, and Food Stamp benefits during the three years following the alien's entry into the United States.

The eligibility of aliens for SSI, AFDC, and Food Stamp benefits will be contingent upon their obtaining the cooperation of their sponsors in providing the necessary information and evidence to enable the Social Security Administration and/or State Welfare Agencies to carry out these provisions. An alien applying for SSI, AFDC, or Food Stamp benefits must make available to the Social Security Administration and/or sponsors, including documentation concerning his income or resources or those of his sponsors, including information which he provided in support of his application for an immigrant visa or adjustment of status. The Secretary of Health and Human Services and/or State Welfare Agencies are authorized to obtain copies of any such documentation from other agencies.

The Social Security Act and the Food Stamp Act also provide that an alien and his or her sponsor shall be jointly and severally liable to repay any SSI, AFDC, and Food Stamp benefits which are incorrectly paid because of misinformation provided by sponsor or because of sponsor's failure to provide information. Also, any incorrect payments of SSI and AFDC benefits which are not repaid will be withheld from any subsequent payments for which the alien or sponsors are otherwise eligible under the Social Security Act.

These provisions do not apply to aliens admitted as refugees or granted political asylum by the Attorney General. They also will not apply to the SSI eligibility of aliens who become blind or disabled after entry into the United States. The AFDC provisions do not apply to aliens who are dependent children of the sponsor or sponsor's spouse.

I, THE KHUONG NGUYEN, residing at \_\_\_\_\_  
(street and number)

CINCINNATI OHIO, acknowledge that I have read the  
City State Zip

above and am aware of my responsibilities as an immigrant sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended. This attachment is submitted on behalf of the following persons:

NAME	SEX	AGE	COUNTRY OF BIRTH	MARITAL STATUS	RELATIONSHIP TO SPONSOR
THE KHUONG NGUYEN	M	51	VIETNAM	M	BROTHER
LIEN PHUONG THI NGO	F	48			SISTER-IN-LAW
QUANG THANH NGUYEN	M	20	VIETNAM		NEPHEW
LIEM THANH NGUYEN	M	20			NEPHEW

[Signature]  
Signature of Sponsor(s)

FROM: CH/QUE TH LE

FLORENCE, KY



\$1.24

TO: HỘI GIA ĐÌNH TỰ NHÂN CHÍNH TRỊ VIỆT NAM

FALLS CHURCH, VA.

Thư nhỏ các thầy và giúp đỡ:

- 1) và thầy em trai nhận việc số này  
li' học' và cho rầy một li' học' dài
- 2) và thầy em gái, thầy li' chèo sau  
biên đi cái tạo và

SEP 05 1997

4 19/9

(510) 632-4315  
(703) 204-2662



**Pages Removed (S.S.)**

9 page(s) was/were removed from the file of NGUYỄN KHUÔNG THẾ'  
(3-10-1946) due to containing Social Security numbers. The page(s) was/were copied  
with the Social Security numbers covered up. The copy/copies was/were placed back into  
the above mentioned file and the original(s) was/were placed into the Restricted/Reserved  
files.

-Anna Mallett

Date: APRIL 22<sup>nd</sup> 2008