

DO NOT WRITE IN THIS BLOCK - FOR EXAMINING OFFICE ONLY

Case ID#	Action Stamp	Fee Stamp 97 DEC 15 PM 3:33 IMM. & NAT'L SVC. NEW YORK, N.Y. 10278
A#		
G-28 or Volag #		
Section of Law: <input type="checkbox"/> 201 (b) spouse <input type="checkbox"/> 203 (a)(1) <input type="checkbox"/> 201 (b) child <input type="checkbox"/> 203 (a)(2) <input type="checkbox"/> 201 (b) parent <input type="checkbox"/> 203 (a)(4) <input type="checkbox"/> 203 (a)(5)	Petition was filed on: _____ (priority date) <input type="checkbox"/> Personal Interview <input type="checkbox"/> Periodically Forwarded <input type="checkbox"/> Pet. <input type="checkbox"/> Ben. "A" File Reviewed <input type="checkbox"/> Stateside Criteria <input type="checkbox"/> Field Investigations <input type="checkbox"/> I-485 Simultaneously <input type="checkbox"/> 204 (a)(2)(A) Reviewed <input type="checkbox"/> 204 (h) Reviewed	
AM CON: _____	RECEIVED JAN 02 1998	
Remarks:		

A. Relationship

1. The alien relative is my

☐ Husband/Wife ☐ Parent ☐ Brother/Sister ☒ Child

(b)(6)

USINS
SECTION 245

B. Information about you

1. Name (Family name in CAPS) (First) (Middle)
SIEMASZKO Zbigniew B.

2. Address (Number and Street) (Apartment Number)
520 Powell St.

(Town or City) (State/Country) (ZIP/Postal Code)
Staten Island N.Y. 10312

3. Place of Birth (Town or City) (State/Country)
Pila Poland (b)(6)

4. Date of Birth (Mo/Day/Yr) 5. Sex
7/26/57 ☒ Male ☐ Female

C. Information about your alien relative

1. Name (Family name in CAPS) (First) (Middle)
SIEMASZKO Michal

2. Address (Number and Street) (Apartment Number)
520 Powell St.

(Town or City) (State/Country) (ZIP/Postal Code)
Staten Island N.Y. 10312

3. Place of Birth (Town or City) (State/Country)
Krakow Poland

4. Date of Birth (Mo/Day/Yr) 5. Sex 6. Marital Status
Feb. 7, 1979 ☒ Male ☐ Married ☒ Single
☐ Female ☐ Widowed ☐ Divorced

7. Other Names Used (including maiden name)
none

8. Date and Place of Present Marriage (if married)
Not married

9. Social Security Number 10. Alien Registration Number (if any)
022 70 1811

11. Names of Prior Husbands/Wives 12. Date(s) Marriage(s) Ended

13. Has your relative ever been in the U.S.?
☒ Yes ☐ No

14. If your relative is currently in the U.S., complete the following: He or she last arrived as a (visitor, student, stowaway, without inspection, etc.)
B-2

Arrival/Departure Record (I-94) Number Date arrived (Month/Day/Year)
9/6/11 07/7/00 15 Jan. 3, 1997

Date authorized stay expired, or will expire, as shown on Form I-94 or I-95
12/25/97

15. Name and address of present employer (if any)
None

Date this employment began (Month/Day/Year)

16. Has your relative ever been under immigration proceedings?
☐ Yes ☒ No Where When
☐ Exclusion ☐ Deportation ☐ Recission ☐ Judicial Proceedings

INITIAL RECEIPT

RESUBMITTED

RELOCATED

COMPLETED

Rec'd	Sent	Approved	Denied	Returned
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C. (continued) Information about your alien relative**16. List husband/wife and all children of your relative** (if your relative is your husband/wife, list only his or her children).

(Name) (Relationship) (Date of Birth) (Country of Birth)

None

17. Address in the United States where your relative intends to live

(Number and Street) (Town or City) (State)

520 Powell St.

Staten Island, N.Y. 10312

18. Your relative's address abroad

(Number and Street) (Town or City) (Province) (Country) (Phone Number)

26-44 Baltycka

Krakow

Poland

19. If your relative's native alphabet is other than Roman letters, write his or her name and address abroad in the native alphabet:

(Name) (Number and Street) (Town or City) (Province) (Country)

20. If filing for your husband/wife, give last address at which you both lived together:

(Name) (Number and Street) (Town or City) (Province) (Country) From (Month) (Year) To (Month) (Year)

21. Check the appropriate box below and give the information required for the box you checked:☐ Your relative will apply for a visa abroad at the American Consulate in

(City)

(Country)

☒ Your relative is in the United States and will apply for adjustment of status to that of a lawful permanent resident in the office of the Immigration and Naturalization Service at

New York

N.Y.

If your relative is not eligible for adjustment of status, he or she will

(City)

(State)

apply for a visa abroad at the American Consulate in

Krakow

Poland

(City)

(Country)

(Designation of a consulate outside the country of your relative's last residence does not guarantee acceptance for processing by that consulate. Acceptance is at the discretion of the designated consulate.)

D. Other Information**1. If separate petitions are also being submitted for other relatives, give names of each and relationship.****2. Have you ever filed a petition for this or any other alien before?**☐ Yes☒ No

If "Yes," give name, place and date of filing, and result.

Warning: The INS investigates claimed relationships and verifies the validity of documents. The INS seeks criminal prosecutions when family relationships are falsified to obtain visas.**Penalties:** You may, by law be imprisoned for not more than five years, or fined \$250,000, or both, for entering into a marriage contract for the purpose of evading any provision of the immigration laws and you may be fined up to \$10,000 or imprisoned up to five years or both, for knowingly and willfully falsifying or concealing a material fact or using any false document in submitting this petition.**Your Certification:** I certify, under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Furthermore, I authorize the release of any information from my records which the Immigration and Naturalization Service needs to determine eligibility for the benefit that I am seeking.

Signature

Date

11/24/97

Phone Number

(b)(6)

Signature of Person Preparing Form if Other than Above

I declare that I prepared this document at the request of the person above and that it is based on all information of which I have been supplied.

LEBENKOFF & COVEN, Esqs.

505 Fifth Ave.

Print Name

(Address)

New York, N.Y. 10017

(Signature)

(Date)

11/26/97

G-28 ID Number

Volag Number

NOTICE TO PERSONS FILING FOR SPOUSES IF MARRIED LESS THAN TWO YEARS

Pursuant to section 216 of the Immigration and Nationality Act, your alien spouse may be granted conditional permanent resident status in the United States as of the date he or she is admitted or adjusted to conditional status by an officer of the Immigration and Naturalization Service. Both you and your conditional permanent resident spouse are required to file a petition, Form I-751, Joint Petition to Remove Conditional Basis of Alien's Permanent Resident Status, during the ninety day period immediately before the second anniversary of the date your alien spouse was granted conditional permanent residence.

Otherwise, the rights, privileges, responsibilities and duties which apply to all other permanent residents apply equally to a conditional permanent resident. A conditional permanent resident is not limited to the right to apply for naturalization, to file petitions in behalf of qualifying relatives, or to reside permanently in the United States as an immigrant in accordance with the immigration laws.

Failure to file Form I-751, Joint Petition to Remove the Conditional Basis of Alien's Permanent Resident Status, will result in termination of permanent residence status and initiation of deportation proceedings.

NOTE: You must complete Items 1 through 6 to assure that petition approval is recorded. Do not write in the section below item 6.

☆ U.S. GOVERNMENT PRINTING OFFICE : 1997 O - 430-292

For sale by the U.S. Government Printing Office
Superintendent of Documents, Mail Stop: SSOP Washington, DC 20402-9328

1. Name of relative (Family name in CAPS) (First) (Middle)	SIEMASZKO, Michal	
2. Other names used by relative (Including maiden name)	none	
3. Country of relative's birth	4. Date of relative's birth (Month/Day/Year)	
Poland	Feb. 7, 1979	
5. Your name (Last name in CAPS) (First) (Middle)	6. Your phone number	
SIEMASZKO, Zbigniew B.		

Action Stamp

SECTION

- ☐ 201 (b)(spouse)
- ☐ 201 (b)(child)
- ☐ 201 (b)(parent)
- ☐ 203 (a)(1)
- ☐ 203 (a)(2)
- ☐ 203 (a)(4)
- ☐ 203 (a)(5)

DATE PETITION FILED

(b)(6)

☐ STATESIDE

CRITERIA GRANTED

SENT TO CONSUL AT:

CHECKLIST

Have you answered each question?

Have you signed the petition?

Have you enclosed:

- ☒ The filing fee for each petition?
- ☒ Proof of your citizenship or lawful permanent residence?
- ☒ All required supporting documents for each petition?

If you are filing for your husband or wife have you included:

- ☐ Your picture?
- ☐ His or her picture?
- ☐ Your G-325A?
- ☐ His or her G-325A?

LEBENKOFF & COVEN
COUNSELORS AT LAW
505 FIFTH AVENUE
NEW YORK, N. Y. 10017

JULES E. COVEN

(212) 687-3541-2
FAX: (212) 697-8717

December 11, 1997

JEFFREY E. BARON

U.S. Immigration and Naturalization Service
26 Federal Plaza
New York, N.Y. 10278

Re: SIEMASZKO, Zbigniew , Petitioner for
 SIEMASZKO, Michal Beneficiary
 ADJUSTMENT of STATUS APPLICATION

ATT: SECTION 245

Gentlemen:

On behalf of the above-captioned 425 Adjustment of Status application, we are enclosing herewith the following documents in support of same:

Form G-28, entering our appearance in this matter;
Form I-485;
Form I-130; Check in the sum of \$210. for filing fee;
Form G-325A,
Copy of Petitioner's Alien Resident Card;
Please note the petitioning father became a lawful Permanent Resident as an E36, therefore, his son being a minor is a derivative beneficiary, eligible to adjust his status in the United States;
Copy of Beneficiary's Birth Certificate, with translation of same;
Copy of Father's Marriage Certificate with translation of same;
Copy of Beneficiary's I-94 and Passport Visa Page;
Copy of Beneficiary's extension of stay;
Form 9003, in duplicate; Form ER-750;
Copy of Petitioner's 1996 Tax Returns and copy Bank letter;
Form I-765 with Form G-28, and check in the sum of \$70.00 for filing fee.
2 Fingerprint charts; prints taken at the N.Y.C. Police Dept;
4 Photographs of beneficiary;
2 Self-addressed stamped envelopes, one for the beneficiary and one to our office.

We thank you for your kind and prompt attention to this Adjustment of Status application on behalf of Master Michal SIEMASZKO.

Very truly yours,
LEBENKOFF & COVEN

JULE E. COVEN

JEC/k-Encs.

Via: CERTIFIED MAIL
R.R. REQUESTED

NOTICE OF ENTRY OF APPEARANCE AS ATTORNEY OR REPRESENTATIVE

In re: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>SIEMASZKO, Zbigniew</div> <div>Petitioner</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>SIEMASZKO, Michal</div> <div>Beneficiary</div> </div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">DATE</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">FILE No.</div>
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I hereby enter my appearance as attorney for (or representative of), and at the request of, the following named person(s):

NAME SIEMASZKO, Zbigniew	<input checked="" type="checkbox"/> Petitioner <input type="checkbox"/> Beneficiary	<input type="checkbox"/> Applicant <input type="checkbox"/>	
ADDRESS (Apt. No.) (Number & Street) (City) (State) (ZIP Code)	520 Powell St. Staten Island N.Y. 10312		
NAME SIEMASZKO, Michal	<input type="checkbox"/> Petitioner <input checked="" type="checkbox"/> Beneficiary	<input type="checkbox"/> Applicant <input type="checkbox"/>	
ADDRESS (Apt. No.) (Number & Street) (City) (State) (ZIP Code)	520 Powell St. Staten Island N.Y. 10312		

Check Applicable Item(s) below:

<input checked="" type="checkbox"/> 1	I am an attorney and a member in good standing of the bar of the Supreme Court of the United States or of the highest court of the following State, territory, insular possession, or District of Columbia <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><u>New York</u></div> <div><u>New York</u></div> </div> <div style="text-align: center; font-size: small; margin-top: 5px;">(Name of Court)</div> and am not under a court or administrative agency order suspending, enjoining, restraining, disbaring, or otherwise restricting me in practicing law.
<input type="checkbox"/> 2	I am an accredited representative of the following named religious, charitable, social service, or similar organization established in the United States and which is so recognized by the Board:
<input type="checkbox"/> 3	I am associated with _____, the attorney of record who previously filed a notice of appearance in this case and my appearance is at his request. (If you check this item, also check item 1 or 2 whichever is appropriate.)
<input type="checkbox"/> 4	Others (Explain fully.)

SIGNATURE 	COMPLETE ADDRESS 505 Fifth Avenue New York, N. Y. 10017
NAME (Type or Print) LEBENKOFF & COVEN	TELEPHONE NUMBER (212) 687-3541

PURSUANT TO THE PRIVACY ACT OF 1974, I HEREBY CONSENT TO THE DISCLOSURE TO THE FOLLOWING NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND NATURALIZATION SERVICE SYSTEM OF RECORDS: <u>LEBENKOFF & COVEN</u> <div style="text-align: center; font-size: small; margin-top: 5px;">(Name of Attorney or Representative)</div>		
THE ABOVE CONSENT TO DISCLOSE IS IN CONNECTION WITH THE FOLLOWING MATTER:		
NAME OF PERSON CONSENTING Zbigniew SIEMASZKO	SIGNATURE OF PERSON CONSENTING 	DATE 11/24/97
(NOTE: Execution of this box is required under the Privacy Act of 1974 where the person being represented is a citizen of the United States or an alien lawfully admitted for permanent residence.)		

APPEARANCES - An appearance shall be filed on Form G-28 by the attorney or representative appearing in each case. Thereafter, substitution may be permitted upon the written withdrawal of the attorney or representative of record or upon notification of the new attorney or representative. When an appearance is made by a person acting in a representative capacity, his personal appearance or signature shall constitute a representation that under the provisions of this chapter he is authorized and qualified to represent. Further proof of authority to act in a representative capacity may be required.

AVAILABILITY OF RECORDS - During the time a case is pending, and except as otherwise provided in 8 CFR 103.2(b), a party to a proceeding or his attorney or representative shall be permitted to examine the record of proceeding in a Service office. He may, in conformity with 8 CFR 103.10, obtain copies of Service records or information therefrom and copies of documents or transcripts of evidence furnished by him. Upon request, he may, in addition, be loaned a copy of the testimony and exhibits contained in the record of proceeding upon giving his receipt for such copies and pledging that it will be surrendered upon final disposition of the case or upon demand. If extra copies of exhibits do not exist, they shall not be furnished free on loan; however, they shall be made available for copying or purchase of copies as provided in 8 CFR 103.10.

"THIS FORM MAY NOT BE USED TO REQUEST RECORDS UNDER THE FREEDOM OF INFORMATION ACT OR THE PRIVACY ACT. THE MANNER OF REQUESTING SUCH RECORDS IS CONTAINED IN 8 CFR 103.10 AND 103.20 ET. SEQ."

(Family name) SIEMASZKO	(First name) Michal	(Middle name) Hubert	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.) Feb.7, 1979	NATIONALITY Polish	FILE NUMBER A-
ALL OTHER NAMES USED (Including names by previous marriages) none			CITY AND COUNTRY OF BIRTH Krakow Poland		SOCIAL SECURITY NO. (If any) 022 70 1811	
FATHER SIEMASZKO, Zbigniew			DATE, CITY AND COUNTRY OF BIRTH (If known) born 7/26/57 in Pila, Poland		CITY AND COUNTRY OF RESIDENCE Staten Island, N.Y.	
MOTHER (Maiden name) TOMCZYK, Zofia			DATE, CITY AND COUNTRY OF BIRTH " 3/5/56 " Krakow, Poland		CITY AND COUNTRY OF RESIDENCE Krakow, Poland	
HUSBAND (If none, so state) OR WIFE NONE	FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE
FORMER HUSBANDS OR WIVES (if none, so state)						
FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE		
None						

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR
520 Powell St.	Staten Island	New York	U.S.A.	Nov.	1996	PRESENT TIME	
18 Gregory Lane	" "	" "	" "	June	1996	Nov.	1996
26 Baltycka St.	Krakow		POLAND	Oct.	1990	June	1996

APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR
26 Baltycka	Krakow		Poland	Oct.	1990	June	1996

APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST

FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION (SPECIFY)	FROM		TO	
		MONTH	YEAR	MONTH	YEAR
Not employed					PRESENT TIME

Show below last occupation abroad if not shown above. (Include all information requested above.)

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:		SIGNATURE OF APPLICANT	DATE
<input type="checkbox"/> NATURALIZATION	<input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT	Michal Siemaszko	12/08/97
<input type="checkbox"/> OTHER (SPECIFY):		IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:	
Are all copies legible? <input checked="" type="checkbox"/> Yes			

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.

COMPLETE THIS BOX (Family name)	(Given name)	(Middle name)	(Alien registration number)
SIEMASZKO	Michal	Hubert	

(Family name) SIEMASZKO	(First name) Michal	(Middle name) Hubert	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.) Feb. 7, 1979	NATIONALITY Polish	FILE NUMBER A-
ALL OTHER NAMES USED (Including names by previous marriages) none			CITY AND COUNTRY OF BIRTH Krakow Poland		SOCIAL SECURITY NO. (if any) 022 70 1811	
FATHER SIEMASZKO, Zbigniew born 7/26/57 in Pila, Poland				CITY AND COUNTRY OF RESIDENCE Staten Island, N.Y.		
MOTHER (Maiden name) TOMCZYK, Zofia " 3/5/56 " Krakow, Poland				Krakow, Poland		
HUSBAND (If none, so state) OR WIFE NONE	FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE
FORMER HUSBANDS OR WIVES (if none, so state)						
FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE		
None						

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST:				FROM		TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
520 Powell St.	Staten Island	New York	U.S.A.	Nov.	1996	PRESENT TIME	
18 Gregory Lane	"	"	"	June	1996	Nov.	1996
26 Baltycka St.	Krakow		POLAND	Oct.	1990	June	1996

APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR				FROM		TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
26 Baltycka	Krakow		Poland	Oct.	1990	June	1996

APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST				FROM		TO	
FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION (SPECIFY)	MONTH	YEAR	MONTH	YEAR	PRESENT TIME	
Not employed							

Show below last occupation abroad if not shown above. (Include all information requested above.)

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:		SIGNATURE OF APPLICANT		DATE	
<input type="checkbox"/> NATURALIZATION	<input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT	Michal Siemaszko		12/08/97	
<input type="checkbox"/> OTHER (SPECIFY):		IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:			
Are all copies legible? <input checked="" type="checkbox"/> Yes					

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.

COMPLETE THIS BOX (Family name) (Given name) (Middle name) (Alien registration number)			
SIEMASZKO	Michal	Hubert	
(OTHER AGENCY USE)			INS USE (Office of Origin)
			OFFICE CODE:
			TYPE OF CASE:
			DATE:
Form G-325 A (Rev. 10-1-82)			(2) Rec Br.

(Family name) SIEMASZKO	(First name) Michal	(Middle name) Hubert	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.) Feb. 7, 1979	NATIONALITY Polish	FILE NUMBER A-
ALL OTHER NAMES USED (Including names by previous marriages) none			CITY AND COUNTRY OF BIRTH Krakow Poland		SOCIAL SECURITY NO. (If any) 022 70 1811	
FATHER SIEMASZKO, Zbigniew born 7/26/57 in Pila, Poland			CITY AND COUNTRY OF RESIDENCE Staten Island, N.Y.			
MOTHER (Maiden name) TOMCZYK, Zofia " 3/5/56 " Krakow, Poland			Krakow, Poland			
HUSBAND (If none, so state) OR WIFE NONE	FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE
FORMER HUSBANDS OR WIVES (if none, so state)						
FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE		
None						

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.				FROM		TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
520 Powell St.	Staten Island	New York	U.S.A.	Nov.	1996	PRESENT TIME	
18 Gregory Lane	"	"	"	June	1996	Nov.	1996
26 Baltycka St.	Krakow		POLAND	Oct.	1990	June	1996

APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR				FROM		TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
26 Baltycka	Krakow		Poland	Oct.	1990	June	1996

APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST			FROM		TO	
FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION (SPECIFY)	MONTH	YEAR	MONTH	YEAR	
Not employed						

Show below last occupation abroad if not shown above. (Include all information requested above.)

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:		SIGNATURE OF APPLICANT		DATE	
<input type="checkbox"/> NATURALIZATION	<input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT	<i>Hubert Michal Siemaszko</i>		<i>10/15/97</i>	
<input type="checkbox"/> OTHER (SPECIFY):					
Are all copies legible? <input checked="" type="checkbox"/> Yes		IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:			

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.

COMPLETE THIS BOX (Family name) (Given name) (Middle name) (Alien registration number)			
SIEMASZKO	Michal	Hubert	
(OTHER AGENCY USE)		INS USE (Office of Origin)	
		OFFICE CODE:	
		TYPE OF CASE:	
		DATE:	
Form G-325 A (Rev. 10-1-82) (3) C.			

(Family name) SLEMASZKO	(First name) Michal	(Middle name) Hubert	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.) Feb. 7, 1979	NATIONALITY Polish	FILE NUMBER A-
ALL OTHER NAMES USED (Including names by previous marriages) none			CITY AND COUNTRY OF BIRTH Krakow Poland		SOCIAL SECURITY NO. (If any) 022 70 1811	
FATHER SLEMASZKO, Zbigniew born 7/26/57 in Pila, Poland				CITY AND COUNTRY OF RESIDENCE Staten Island, N.Y.		
MOTHER (Maiden name) TOMCZYK, Zofia " 3/5/56 " Krakow, Poland				Krakow, Poland		
HUSBAND (If none, so state) OR WIFE NONE	FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE
FORMER HUSBANDS OR WIVES (if none, so state)						
FAMILY NAME (For wife, give maiden name)		FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE	
None						

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.				FROM		TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
520 Powell St.	Staten Island	New York	U.S.A.	Nov.	1996	PRESENT TIME	
18 Gregory Lane	"	"	"	June	1996	Nov.	1996
26 Baltycka St.	Krakow		POLAND	Oct.	1990	June	1996

APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR				FROM		TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
26 Baltycka	Krakow		Poland	Oct.	1990	June	1996

APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST				FROM		TO	
FULL NAME AND ADDRESS OF EMPLOYER			OCCUPATION (SPECIFY)	MONTH	YEAR	MONTH	YEAR
Not employed						PRESENT TIME	

Show below last occupation abroad if not shown above. (Include all information requested above.)

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:		SIGNATURE OF APPLICANT		DATE	
<input type="checkbox"/> NATURALIZATION	<input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT				
<input type="checkbox"/> OTHER (SPECIFY):					
Are all copies legible? <input checked="" type="checkbox"/> Yes		IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:			

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.

COMPLETE THIS BOX (Family name) (Given name) (Middle name) (Alien registration number)			
SLEMASZKO Michal Hubert			
(OTHER AGENCY USE)		INS USE (Office of Origin)	
		OFFICE CODE:	
		TYPE OF CASE:	
		DATE:	
Form G-325 A (Rev. 10-1-82)		(4) Consul	

(b)(6)

The Greenpoint English School, Inc.

TRANSLATION SERVICE

CERTIFICATE OF ACCURACY

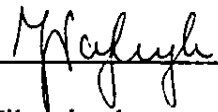
STATE OF NEW YORK)
COUNTY OF KINGS) ss.:
)

On this day personally appeared before me Jolanta Mikolajczyk, who, after being duly sworn, deposes and says:

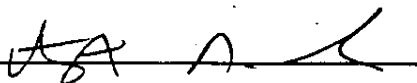
That she is thoroughly conversant with the Polish and English languages;

That she has carefully made the attached translation Number 112497 Fl. 2 JM
from Polish to English ; and

That the attached translation is a true and correct version of such original, to the best of her knowledge and belief.


Jolanta Mikolajczyk

Subscribed and sworn to before me
this 24th day of November, 1997



Notary Public

IGNATIUS R. RZEZNIK
Notary Public, State of New York
No. 24-4872271
Qualified in Kings County
Commission Expires Oct. 20, 1998

836 MANHATTAN AVENUE · BROOKLYN, N.Y. 11222 · (718) 389-4225

Every care is taken to insure the accuracy of all translations. However, THE GREENPOINT ENGLISH SCHOOL, INC., its divisions, affiliates, agents and employees shall not be liable for any damages due to error or negligence in translation or typing.

[STATE EMBLEM OF THE POLISH PEOPLE'S REPUBLIC]
POLISH PEOPLE'S REPUBLIC

Province of [stamp:] OFFICE OF VITAL STATISTICS for the Borough
of Cracow - Krowodrza
OFFICE OF VITAL STATISTICS in -4-

ABRIDGED TRANSCRIPT OF A BIRTH CERTIFICATE

1. Last name - **Siemaszko**
2. First name (names) - **Michal Hubert**
3. Date of birth - **the seventh of February, nineteen seventy nine (02/07/1979)**
4. Place of birth - **CRACOW**
5. Last name and first name of father - **Siemaszko Zbigniew Benedykt**
occupation - [blank]
6. Father's family name - [blank]
7. First and maiden name of mother - **Tomczyk Zofia Maria**
occupation - [blank]

It is hereby certified that the above transcript conforms to the
contents of birth certificate No. - 775/79

CRACOW, Dated: February 14, 1979

[Treasury payment stamp(s) in the amount of 50 zlotys canceled with a round stamp containing the State
Emblem of the Polish People's Republic and the inscription:] **Office of Vital Statistics for the Borough
of Cracow - Krowodrza**

[Round stamp containing the State Emblem of the Polish People's Republic and the
inscription:] **Office of Vital Statistics for the Borough of Cracow - Krowodrza**

Manager of the Office of Vital Statistics
[rubber stamp:] **Sen[ior] Clerk, Krystyna Szczepanik**

[signature:] [illegible]

POLSKA RZECZPOSPOLITA LUDOWA

Województwo

URZĄD STANU CYWILNEGO
Białystok

URZĄD STANU CYWILNEGO w

Odpis skrócony aktu urodzenia

1. Nazwisko *Siemaszko*
2. Imię (imiona) *Michał Hubert*
3. Data urodzenia *siódmego lutego*
tyśiąc dziewięćset siedemdziesiątego dziewiątego (7.02.1979)
4. Miejsce urodzenia *Kraków*
5. Nazwisko i imię (ojca) *Siemaszko Zbigniew*
Benedykt zawód
6. Nazwisko rodowe (ojca) *Siemaszko*
7. Imię i nazwisko rodowe (matki) *Zofia Maria Tomaszak*
zawód

Poswiadcza się zgodność powyższego odpisu
z treścią aktu urodzenia Nr

775 78
1986-01-03

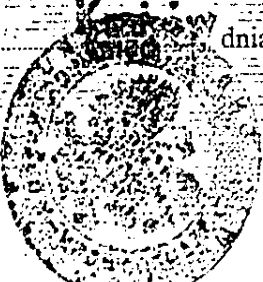
dnia

r.

KIEROWNIK
Urzędu Stanu Cywilnego

[Signature]

[Signature]



Pu-M-8 zał. nr 32/OW/ON
LDD Z-d 2, z. 17/1500/83, n. 1 080 300 szc. A-5

The Greenpoint English School, Inc.

TRANSLATION SERVICE

CERTIFICATE OF ACCURACY

STATE OF NEW YORK)
)ss.:
COUNTY OF KINGS)

On this day personally appeared before me Jolanta Mikolajczyk, who, after being duly sworn, deposes and says:

That she is thoroughly conversant with the Polish and English languages;

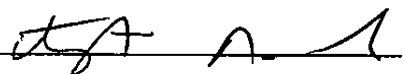
That she has carefully made the attached translation Number 112497F2.2JM
from Polish to English ; and

That the attached translation is a true and correct version of such original, to the best of her knowledge and belief.



Jolanta Mikolajczyk

Subscribed and sworn to before me
this 24th day of November, 1997



Notary Public

IGNATIUS R. RZEZNIK
Notary Public, State of New York
No. 24-4872271
Qualified in Kings County
Commission Expires Oct. 20, 1998

836 MANHATTAN AVENUE · BROOKLYN, N.Y. 11222 · (718) 389-4225

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(b)(6)

Departure Number

961077700 05 U. S. IMMIGRATION
NEW YORK, N.Y. 2736

Immigration and
Naturalization Service

I-94
Departure Record

JAN 03 1997

ADMITTED B2
UNTIL (CLASS)

JUL 02 1997

14. Family Name

SIEMASZKO

15. First (Given) Name

MICHAEL

16. Birth Date (Day/Mo/Yr)

07.02.79

17. Country of Citizenship

POLAND

See Other Side

ENGLISH

STAPLE HERE

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

Important - Retain this permit in your possession; *you must surrender it when you leave the U.S.* Failure to do so may delay your entry into the U.S. in the future.

You are authorized to stay in the U.S. only until the date written on this form. To remain past this date, without permission from immigration authorities, is a violation of the law.

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

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

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

Record of Changes

Port:

Date:

Carrier:

Flight #/Ship Name:

Departure Record

PRINTED AND SOLD BY YANKEE SCHOONER INDUSTRIES CORPORATION
231 WEST 29TH STREET, NEW YORK, NY 10001-5209, U.S.A.
TEL: (212) 239-8200 - FAX (212) 239-8203

JAN 03 1997

ADMITTED _____ (CLASS)
UNTIL _____

U.S. IMMIGRATION AND NATURALIZATION SERVICE
NEW YORK, N.Y. 10014
JUN 08 1985
ADMITTED BY INS
MAIL

UNITED STATES OF AMERICA



Issuing Post Name

KRAKOW

Surname

SIEMASZKO

Given Name :

MICHAL

Passport Number

440310899

Entrées

12 ~~13~~ ~~14~~ ~~15~~ ~~16~~ ~~17~~ ~~18~~ ~~19~~ ~~20~~ ~~21~~ ~~22~~ ~~23~~ ~~24~~ ~~25~~ ~~26~~ ~~27~~ ~~28~~ ~~29~~ ~~30~~ ~~31~~ ~~32~~ ~~33~~ ~~34~~ ~~35~~ ~~36~~ ~~37~~ ~~38~~ ~~39~~ ~~40~~ ~~41~~ ~~42~~ ~~43~~ ~~44~~ ~~45~~ ~~46~~ ~~47~~ ~~48~~ ~~49~~ ~~50~~ ~~51~~ ~~52~~ ~~53~~ ~~54~~ ~~55~~ ~~56~~ ~~57~~ ~~58~~ ~~59~~ ~~60~~ ~~61~~ ~~62~~ ~~63~~ ~~64~~ ~~65~~ ~~66~~ ~~67~~ ~~68~~ ~~69~~ ~~70~~ ~~71~~ ~~72~~ ~~73~~ ~~74~~ ~~75~~ ~~76~~ ~~77~~ ~~78~~ ~~79~~ ~~80~~ ~~81~~ ~~82~~ ~~83~~ ~~84~~ ~~85~~ ~~86~~ ~~87~~ ~~88~~ ~~89~~ ~~90~~ ~~91~~ ~~92~~ ~~93~~ ~~94~~ ~~95~~ ~~96~~ ~~97~~ ~~98~~ ~~99~~ ~~100~~ ~~101~~ ~~102~~ ~~103~~ ~~104~~ ~~105~~ ~~106~~ ~~107~~ ~~108~~ ~~109~~ ~~110~~ ~~111~~ ~~112~~ ~~113~~ ~~114~~ ~~115~~ ~~116~~ ~~117~~ ~~118~~ ~~119~~ ~~120~~ ~~121~~ ~~122~~ ~~123~~ ~~124~~ ~~125~~ ~~126~~ ~~127~~ ~~128~~ ~~129~~ ~~130~~ ~~131~~ ~~132~~ ~~133~~ ~~134~~ ~~135~~ ~~136~~ ~~137~~ ~~138~~ ~~139~~ ~~140~~ ~~141~~ ~~142~~ ~~143~~ ~~144~~ ~~145~~ ~~146~~ ~~147~~ ~~148~~ ~~149~~ ~~150~~ ~~151~~ ~~152~~ ~~153~~ ~~154~~ ~~155~~ ~~156~~ ~~157~~ ~~158~~ ~~159~~ ~~160~~ ~~161~~ ~~162~~ ~~163~~ ~~164~~ ~~165~~ ~~166~~ ~~167~~ ~~168~~ ~~169~~ ~~170~~ ~~171~~ ~~172~~ ~~173~~ ~~174~~ ~~175~~ ~~176~~ ~~177~~ ~~178~~ ~~179~~ ~~180~~ ~~181~~ ~~182~~ ~~183~~ ~~184~~ ~~185~~ ~~186~~ ~~187~~ ~~188~~ ~~189~~ ~~190~~ ~~191~~ ~~192~~ ~~193~~ ~~194~~ ~~195~~ ~~196~~ ~~197~~ ~~198~~ ~~199~~ ~~200~~ ~~201~~ ~~202~~ ~~203~~ ~~204~~ ~~205~~ ~~206~~ ~~207~~ ~~208~~ ~~209~~ ~~210~~ ~~211~~ ~~212~~ ~~213~~ ~~214~~ ~~215~~ ~~216~~ ~~217~~ ~~218~~ ~~219~~ ~~220~~ ~~221~~ ~~222~~ ~~223~~ ~~224~~ ~~225~~ ~~226~~ ~~227~~ ~~228~~ ~~229~~ ~~230~~ ~~231~~ ~~232~~ ~~233~~ ~~234~~ ~~235~~ ~~236~~ ~~237~~ ~~238~~ ~~239~~ ~~240~~ ~~241~~ ~~242~~ ~~243~~ ~~244~~ ~~245~~ ~~246~~ ~~247~~ ~~248~~ ~~249~~ ~~250~~ ~~251~~ ~~252~~ ~~253~~ ~~254~~ ~~255~~ ~~256~~ ~~257~~ ~~258~~ ~~259~~ ~~260~~ ~~261~~ ~~262~~ ~~263~~ ~~264~~ ~~265~~ ~~266~~ ~~267~~ ~~268~~ ~~269~~ ~~270~~ ~~271~~ ~~272~~ ~~273~~ ~~274~~ ~~275~~ ~~276~~ ~~277~~ ~~278~~ ~~279~~ ~~280~~ ~~281~~ ~~282~~ ~~283~~ ~~284~~ ~~285~~ ~~286~~ ~~287~~ ~~288~~ ~~289~~ ~~290~~ ~~291~~ ~~292~~ ~~293~~ ~~294~~ ~~295~~ ~~296~~ ~~297~~ ~~298~~ ~~299~~ ~~300~~ ~~301~~ ~~302~~ ~~303~~ ~~304~~ ~~305~~ ~~306~~ ~~307~~ ~~308~~ ~~309~~ ~~310~~ ~~311~~ ~~312~~ ~~313~~ ~~314~~ ~~315~~ ~~316~~ ~~317~~ ~~318~~ ~~319~~ ~~320~~ ~~321~~ ~~322~~ ~~323~~ ~~324~~ ~~325~~ ~~326~~ ~~327~~ ~~328~~ ~~329~~ ~~330~~ ~~331~~ ~~332~~ ~~333~~ ~~334~~ ~~335~~ ~~336~~ ~~337~~ ~~338~~ ~~339~~ ~~340~~ ~~341~~ ~~342~~ ~~343~~ ~~344~~ ~~345~~ ~~346~~ ~~347~~ ~~348~~ ~~349~~ ~~350~~ ~~351~~ ~~352~~ ~~353~~ ~~354~~ ~~355~~ ~~356~~ ~~357~~ ~~358~~ ~~359~~ ~~360~~ ~~361~~ ~~362~~ ~~363~~ ~~364~~ ~~365~~ ~~366~~ ~~367~~ ~~368~~ ~~369~~ ~~370~~ ~~371~~ ~~372~~ ~~373~~ ~~374~~ ~~375~~ ~~376~~ ~~377~~ ~~378~~ ~~379~~ ~~380~~ ~~381~~ ~~382~~ ~~383~~ ~~384~~ ~~385~~ ~~386~~ ~~387~~ ~~388~~ ~~389~~ ~~390~~ ~~391~~ ~~392~~ ~~393~~ ~~394~~ ~~395~~ ~~396~~ ~~397~~ ~~398~~ ~~399~~ ~~400~~ ~~401~~ ~~402~~ ~~403~~ ~~404~~ ~~405~~ ~~406~~ ~~407~~ ~~408~~ ~~409~~ ~~410~~ ~~411~~ ~~412~~ ~~413~~ ~~414~~ ~~415~~ ~~416~~ ~~417~~ ~~418~~ ~~419~~ ~~420~~ ~~421~~ ~~422~~ ~~423~~ ~~424~~ ~~425~~ ~~426~~ ~~427~~ ~~428~~ ~~429~~ ~~430~~ ~~431~~ ~~432~~ ~~433~~ ~~434~~ ~~435~~ ~~436~~ ~~437~~ ~~438~~ ~~439~~ ~~440~~ ~~441~~ ~~442~~ ~~443~~ ~~444~~ ~~445~~ ~~446~~ ~~447~~ ~~448~~ ~~449~~ ~~450~~ ~~451~~ ~~452~~ ~~453~~ ~~454~~ ~~455~~ ~~456~~ ~~457~~ ~~458~~ ~~459~~ ~~460~~ ~~461~~ ~~462~~ ~~463~~ ~~464~~ ~~465~~ ~~466~~ ~~467~~ ~~468~~ ~~469~~ ~~470~~ ~~471~~ ~~472~~ ~~473~~ ~~474~~ ~~475~~ ~~476~~

Control Number

19961280220010

Visa Type/Class

SECRET R B1/E

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1979 POL

Expiry Date

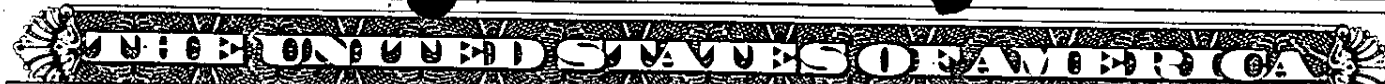
07MAY2006

2018

08793877

[illegible]

AA03108996POL7902077M9605073B320E44889FDBD27



RECEIPT NUMBER EAC-97-188-51889		CASE TYPE I539
RECEIPT DATE July 3, 1997		APPLICATION TO EXTEND/CHANGE NONIMMIGRANT STATUS
PRIORITY DATE		APPLICANT SIEMASZKO, MICHAL
NOTICE DATE September 29, 1997	PAGE 1 of 1	BENEFICIARY SIEMASZKO, MICHAL
MICHAL SIEMASZKO 520 POWELL ST STATEN ISLAND NY 10312		Notice Type: Approval Notice Class: B2 Valid from 07/03/97 to 12/25/97

The above application for extension of temporary stay is approved. The temporary stay of the named applicant(s) is authorized to the date indicated above. An updated Form I-94 is attached.

If the applicant has an authorized representative, this notice has also been mailed to the representative.

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

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

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

IMMIGRATION & NATURALIZATION SERVICE
VERMONT SERVICE CENTER
75 LOWER WELDEN STREET
SAINT ALBANS VT 05479-0001

Customer Service Telephone: (862) 527-3160

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



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

Detach This Half for Personal Records

Receipt # EAC-97-188-51889

I-94# 961077700 05

NAME SIEMASZKO, MICHAL

CLASS B2

VALID FROM 07/03/97 UNTIL 12/25/97

PETITIONER: SIEMASZKO, MICHAL

520 POWELL ST

STATEN ISLAND NY 10312

961077700 05

Receipt Number EAC-97-188-51889

Immigration and
Naturalization Service

I-94

Departure Record

Petitioner:

14. Family Name SIEMASZKO	
15. First (Given) Name MICHAL	16. Date of Birth 02/07/79
17. Country of Citizenship POLAND	

Additional Questions to be Completed by All Applicants
for Permanent Residence in the United States

This form must accompany your application for permanent residence in the United States

Privacy Act Notice: Your responses to the following questions will be provided to the Internal Revenue Service pursuant to Section 6039E of the Internal Revenue Code of 1986. Use of this information is limited to that needed for tax administration purposes. Failure to provide this information may result in a \$500 penalty unless failure is due to reasonable cause.

On the date of issuance of the Alien Registration Receipt Card, the Immigration and Naturalization Service will send the following information to the Internal Revenue Service: your name, social security number, address, date of birth, alien identification number, occupation, class of admission, and answers to IRS Form 9003.

Name (Last--Surname--Family) (First--Given) (Middle Initial)

SIEMASZKO

Michal

Taxpayer Identification Number

0 2 2 7 0 1 8 1 1

Enter your Social Security Number (SSN) if you have one. If you do not have an SSN but have used a Taxpayer Identification Number issued to you by the Internal Revenue Service, enter that number. Otherwise, write "NONE" in the space provided; i.e., " N O N E ".

	Mark appropriate column	
	Yes	No
1. Are you self-employed? Mark "yes" if you own and actively operate a business in which you share in the profits other than as an investor.		X
2. Have you been in the United States for 183 days or more during any one of the three calendar years immediately preceding the current calendar year? Mark "yes" if you spent 183 days or more (not necessarily consecutive) in the United States during any one of the three prior calendar years whether or not you worked in the United States.	X	
3. During the last three years did you receive income from sources in the United States? Mark "yes" if you received income paid by individuals or institutions located in the United States. Income includes, but is not limited to, compensation for services provided by you, interest, dividends, rents, and royalties.		X
4. Did you file a United States Individual Income Tax Return (Forms 1040, 1040A, 1040EZ or 1040NR) in any of the last three years?		X

If you answered yes to question 4, for which tax year was the last return filed? 19 ____

Paperwork Reduction Act Notice—We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is 5 minutes. If you have comments concerning the accuracy of this time estimate or suggestions for making this form more simple, we would be happy to hear from you. You can write to both the Internal Revenue Service, Washington, DC 20224, Attention: IRS Reports Clearance Officer, T:FP, and Office of Management and Budget, Paperwork Reduction Project (1545-1065) Washington, DC 20503. DO NOT send this form to either of these offices. Instead, return it to the appropriate office of the Department of State or the Immigration and Naturalization Service.

Remarks

Form 9003
(January 1992)Additional Questions to be Completed by All Applicants
for Permanent Residence in the United States

This form must accompany your application for permanent residence in the United States

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Name (Last—Surname—Family) (First—Given) (Middle Initial)

SIEMASZKO

Michal

Taxpayer Identification Number

0 2 2 7 0 1 8 1 1

Enter your Social Security Number (SSN) if you have one. If you do not have an SSN but have used a Taxpayer Identification Number issued to you by the Internal Revenue Service, enter that number. Otherwise, write "NONE" in the space provided; i.e., "_____" "NONE".

	Mark appropriate column	
	Yes	No
1. Are you self-employed? Mark "yes" if you own and actively operate a business in which you share in the profits other than as an investor.		X
2. Have you been in the United States for 183 days or more during any one of the three calendar years immediately preceding the current calendar year? Mark "yes" if you spent 183 days or more (not necessarily consecutive) in the United States during any one of the three prior calendar years whether or not you worked in the United States.	X	
3. During the last three years did you receive income from sources in the United States? Mark "yes" if you received income paid by individuals or institutions located in the United States. Income includes, but is not limited to, compensation for services provided by you, interest, dividends, rents, and royalties.		X
4. Did you file a United States Individual Income Tax Return (Forms 1040, 1040A, 1040EZ or 1040NR) in any of the last three years?		X

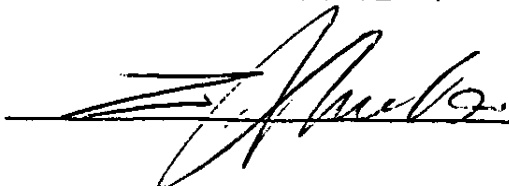
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Remarks

"Copies of documents submitted are exact photocopies of unaltered original documents and I understand that I may be required to submit original documents to an Immigration or Consular official at a later date."

Signature: 

Typed or Printed Name Zbigniew SIEMASZKO

Date: 11/24/97

EA 730
2/91 3230

Resident Income Tax Return

New York State • City of New York • City of Yonkers

COPY
1996

IT-201

For the year January 1, 1996 through December 31, 1996, or fiscal tax year beginning

, 1996

ending

, 19

For office use only

O
R
I
G
I
N
A
L

Last name

First name and middle initial (if joint return, enter both names)

SIEMASZKO, ZBIGNIEW

(b)(6)

1996

**Application for Automatic
Extension of Time to File for Individuals**

IT-370

For office use only

(b)(6)

Last name

First name and middle initial (If joint application, enter both names)

o SIEMASZKO, ZBIGNIEW

**Underpayment of Estimated Income Tax
By Individuals and Fiduciaries**

IT-2105.9

1996

New York State • City of New York • City of Yonkers

For Jan. 1 – Dec. 31, 1996, or fiscal year beginning

, 1996, ending

, 19

Name(s) as shown on return

Identifying number (SSN or EIN)

(b)(6)

SIEMASZKO, ZBIGNIEW

1996

[REDACTED]

STATEMENTS

PAGE 1

ZBIGNIEW SIEMASZKO

(b)(6)

[REDACTED]

[REDACTED]

[REDACTED]

COPY

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

, 1996, ending

, 19

OMB No. 1545-0074

Label

(See page 11.)

Your first name and initial

Last name

ZBIGNIEW SIEMASZKO

(b)(6)

Your social security number

Summary of Accounts

(b)(6)

➡ ZBIGNIEW B SIEMASZKO

IMMIGRATION AND NATURALIZATION SERVICE

VOID IF OPENED

DO NOT OPEN

P.O. Modzelewski #4190

NEW YORK CITY POLICE DEPARTMENT
ONE POLICE PLAZA N.Y. NY 10038
NYC - DFS 0885 Exp. 11/27/99
ID# 4190 DATE 11/25/92
SIGN P.O. Modzelewski

**UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE**

COVER SHEET

RECORD OF PROCEEDING

This is a permanent record of the Immigration and Naturalization Service. Any part of this record is removed MUST BE RETURNED after it has served its purpose.

INSTRUCTIONS

- 1. Place a separate cover sheet on the top of each Record of Proceeding.**
- 2. Each Record of Proceeding is to be fastened on the inner left side of the file jacket in chronological order.**
- 3. Any person temporarily removing any part of this record must make, date, and sign a notation to this effect which is to be retained in this record, below the cover sheet. The signer is responsible for replacing the removed material as soon as it has served its purpose.**
- 4. See AM 2710 for detailed instructions.**

LEBENKOFF & COVEN
505 FIFTH AVE
NEW YORK NY 10017-

LEBENKOFF & COVEN
505 FIFTH AVE
NEW YORK NY 10017-



01/29/98 EAC-98-086-52276 EACJLG01



01/29/98 EAC-98-086-52276 EACJLG01