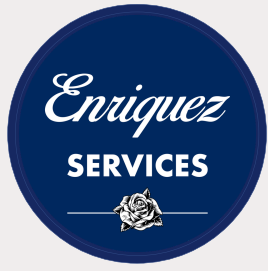




610 E. Francis St. Unit 180
Ontario, CA 91761
909-460-0659
enriquezservices.com
enriquezincometax@gmail.com

Requisitos de Ciudadanía Estadounidense

Identificación	<ul style="list-style-type: none">• Su tarjeta de residente permanente de EE. UU. (MICA)• Su tarjeta de identificación (licencia de conducir, identificación)
Si está Casado(a)	<ul style="list-style-type: none">• Certificado de Matrimonio- Si su cónyuge es un ciudadano naturalizado, fecha de ciudadanía- Si su cónyuge es residente permanente: copia de la tarjeta de residencia
Si está divorciado(a)	<ul style="list-style-type: none">• Certificado de Divorcio de la Corte
Si tiene Hijos - menores de 18 años de edad	<ul style="list-style-type: none">• Dirección y fechas donde ha vivido en los últimos 5 años
Residencia - donde ha vivido en los últimos 5 años	<ul style="list-style-type: none">• Dirección y fechas donde ha vivido en los últimos 5 años
Viajes fuera de EE. UU. en los últimos 5 años	<ul style="list-style-type: none">• Fechas de viajes fuera de los EE. UU. más de 24 horas
Empleo	<ul style="list-style-type: none">• Dirección y fechas en las que ha trabajado en los últimos 5 años
Fotografías	2 fotografías tamaño pasaporte
Tarifas de USCIS	<p>Tarifas de USCIS: <u>\$710.00</u> (Presentación Electrónica)</p> <p><u>\$760.00</u> (Presentación de correo en papel) - A partir del 30 de septiembre de 2025, USCIS ya NO aceptará pagos mediante cheque en papel, giro postal o cheques de caja</p> <p>No somos abogados de inmigración y no estamos autorizados para ejercer la abogacía en ninguna jurisdicción. No brindamos asesoría legal ni representación legal. Cualquier información, asistencia o servicios proporcionados están estrictamente limitados a soporte no legal e información general. Para obtener asesoría legal sobre su asunto de inmigración, debe consultar con un abogado de inmigración autorizado.</p>



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US Citizenship Requirements

Identification	<ul style="list-style-type: none">● Your US Permanent Resident Card● Your Identification card (Driver License, ID)
Marriage	<ul style="list-style-type: none">● If you are Married: Marriage Certificate - If your spouse is a naturalized citizen - date of citizenship. If your spouse is a permanent resident – copy of residency card
Divorce	<ul style="list-style-type: none">● Divorce Court Documents
If you have Children - under the age of 18	<ul style="list-style-type: none">● Their full names, date and place of birth and current residency address
Place of Residence	<ul style="list-style-type: none">● Residence where you have lived in the last 5 years - Address & dates where you have lived in the last 5 years
Employment	<ul style="list-style-type: none">● Employment Address & dates you have worked in the last 5 years
Travel	<ul style="list-style-type: none">● Travel outside the US in the last 5 years - Travel dates outside of the US that are longer than 24 hours during the past 5 years
Criminal History	<ul style="list-style-type: none">● Have you EVER been arrested for, charged with, or convicted of a felony or misdemeanor, including incidents handled in juvenile court in the United States. If so, please provide court & police records.
Photos	<ul style="list-style-type: none">● 2 passport size photographs
USCIS Fees	<p>USCIS Fees: \$710.00 (Electronic Filing)</p> <p>\$760.00 (Paper Mail Filing) - Effective September 30, 2025 USCIS will <u>NO</u> longer accept payments via paper check, money order or cashiers checks</p> <p>We are not immigration attorneys and we are not licensed to practice law in any jurisdiction. We do not provide legal advice or legal representation. Any information, assistance, or services provided are strictly limited to non-legal support and general information. For legal advice regarding your immigration matter, you should consult with a licensed immigration attorney.</p>

Si estás pasando por dificultades financieras, puede calificar para una exención de tarifas de USCIS - Para recibir la exención de tarifas de USCIS, debe poder demostrar que su situación financiera le impide realizar dicho pago.

Exención de Tarifas de USCIS

- **Recibes un "beneficio de verificación de recursos": Ejemplos de beneficios con verificación de recursos incluyen SNAP, Medi-Cal. Usted debe proporcionar evidencia de que recibe dicho beneficio (Aviso de Acción / Notice of Action)**
- **El ingreso de su hogar es igual o inferior al 150% de las Guías Federales de Pobreza (Copias de sus TAXES / Impuestos del año actual)**

EJEMPLOS

FÓRM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2005 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. • SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name	Box 2. Beneficiary's Social Security Number	
Box 3. Benefits Paid in 2005	Box 4. Benefits Repaid to SSA in 2005	Box 5. Net Benefits for 2005 (Box 3 minus Box 4)
\$19,082.40	NONE	\$19,082.40

DESCRIPTION OF AMOUNT IN BOX 3	DESCRIPTION OF AMOUNT IN BOX 4
Paid by check or direct deposit	NONE
Medicare premiums deducted from your benefit	
Total Additions	
Benefits for 2005	

Box 6. Voluntary Federal Income Tax Withheld: NONE

Box 7. Address

Box 8. Claim Number (Use this number if you need to contact SSA)

99999-SM (1-2006) DO NOT RETURN THIS FORM TO SSA OR IRS

010 Withire Special Office
2415 W 6TH ST
LOS ANGELES, CA 90057-3123

COUNTY OF LOS ANGELES

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

NOTICE DATE: June 19, 2022
CASE NAME: Four Five Six
CASE NUMBER: L654321
WORKER NAME: Worker Name
WORKER ID: 1234567890
TELEPHONE NUMBER: (866) 613-3777
CUSTOMER ID: 9876543210

**NOTICE OF ACTION
MEDI-CAL APPROVAL**

Name Test
123 ABC DRIVE
LOS ANGELES, CA 90005-2043

Your application for Medi-Cal Retroactive Program dated 03/25/2022 is approved.

Name Nametwo Three

You asked us to check if you could get Medi-Cal to cover your bills for any of the three months before you applied. You qualified for restricted scope Medi-Cal in 04/2022 because you are 26 through 49 years of age and you did not send us proof of your U.S. citizenship or satisfactory immigration status for Medi-Cal purposes. Restricted scope Medi-Cal only covers emergency services and pregnancy related services such as prenatal care, labor, delivery, and postpartum care. If you are not sure if a service is covered by restricted scope Medi-Cal, ask your medical provider. You may get, or may have already received, other notices about your eligibility for other time periods. This notice is only telling you that you got Medi-Cal coverage for 04/2022.

If you have proof of your citizenship and immigration status that you can give us now, or want to let us know you are having problems getting your document, please call your county worker at the number listed on this notice. Your benefits may change from restricted scope to full scope when you provide us with your documents. Full scope benefits allow you to see a doctor for all of your medical needs.

California Code of Regulations, Title 22, Section(s) 51056, 50159, 50173, 50501, 50601, 50653, 50701, 50731, 50731, WIC 14007.8 is the Regulation or law we relied

Rules: These rules apply; you may review them at your local welfare office. California Code of Regulations, Title 22, Section(s) 51056, 50159, 50173, 50501, 50601, 50653, 50701, 50731, WIC 14007.8

Questions? Ask your worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place. You have only 90 days to ask for a hearing. The 90 days started the day after the county sent you this notice.

Report Month	04/2022
Gross Income	\$0.00
Net Non-Exempt Income	\$0.00
Maintenance Need	- \$0.00
Share of Cost	\$240.00

*If you are experiencing financial difficulties,
you may qualify for a USCIS Fee Waiver*

USCIS Fee Waiver

To receive the USCIS fee waiver, you must be able to demonstrate that your financial situation prevents you from making such a payment.

- You receive a "means tested benefit": Examples of means tested benefits include SNAP, Medi-Cal. You must provide evidence that you receive such benefit (**Notice of Action**)
- Your household income is equal to or less to 150% of the Federal Poverty Guidelines (**Current year's TAX COPIES**)

EXAMPLES

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2005 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name		Box 2. Beneficiary's Social Security Number
Box 3. Benefits Paid in 2005	Box 4. Benefits Repaid to SSA in 2005	Box 5. Net Benefits for 2005 (Box 3 minus Box 4)
\$19,082.40	NONE	\$19,082.40

DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4
Paid by check or direct deposit	\$18,144.00	NONE
Medicare premiums deducted from your benefit	\$938.40	
Total Additions	\$19,082.40	
Benefits for 2005	\$19,082.40	

Box 6. Voluntary Federal Income Tax Withheld: NONE

Box 7. Address

Box 8. Claim Number (Use this number if you need to contact SSA)

DO NOT RETURN THIS FORM TO SSA OR IRS

010 Wilshire Special Office
2415 W 6TH ST
LOS ANGELES, CA 90057-3123

COUNTY OF LOS ANGELES

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

NOTICE DATE: June 19, 2022
CASE NAME: Four Five Six
CASE NUMBER: L654321
WORKER NAME: Worker Name
WORKER ID: 1234567890
TELEPHONE NUMBER: (866) 613-3777
CUSTOMER ID: 9876543210

**NOTICE OF ACTION
MEDI-CAL APPROVAL**

Name Test
123 ABC DRIVE
LOS ANGELES, CA 90005-2043

TEST
USE
ONLY
DO NOT
DISTRIBUTE

Questions? Ask your worker.

Your application for Medi-Cal Retroactive Program dated 03/25/2022 is approved.

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Name Nametwo Three

Report Month	04/2022
Gross Income	\$0.00
Net Non-Exempt Income	\$0.00
Maintenance Need	-\$0.00
Share of Cost	\$240.00

You asked us to check if you could get Medi-Cal to cover your bills for any of the three months before you applied. You qualified for restricted scope Medi-Cal in 04/2022 because you are 26 through 49 years of age and you did not send us proof of your U.S. citizenship or satisfactory immigration status for Medi-Cal purposes. Restricted scope Medi-Cal only covers emergency services and pregnancy related services such as prenatal care, labor, delivery, and postpartum care. If you are not sure if a service is covered by restricted scope Medi-Cal, ask your medical provider. You may get, or may have already received, other notices about your eligibility for other time periods. This notice is only telling you that you got Medi-Cal coverage for 04/2022.

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