		jible	Ind	livid	lual:					Account Number:														
	PERIODIC REPORTING INCOME SUMMARY 2014  NCOME RECEIVED BY (NAME & SSN): PAYER:																							
INCO	NCOME RECEIVED BY (NAME & SSN):																							
TYPE	TYPE OF INCOME(e.g., wages)										TAKEN F	ROM (e	.g.,	рау	stub	os):								
	S N	M T W T F S Gross Wages Caf. Plan Ded. Ch									Other		S M	Т	W	Т	F	S	Gross Wages	Caf. Plan Ded.	Chd. Supp	Other		
Jan				1	2	3	4					Mar						1						
	5	6	7	8	9	10	11						2 3	. 4	1 5	5 6	7	8						
	12	13	14	15	16	17	18						9 10	11	1 12	2 13	14	15						
	19	20	21	22	23	24	25						16 17	18	3 19	20	21	22						
	26	27	28	29	30	31							23 24	25	26	27	28	29						
						L							30 31											
					_	otals		\$0.00	\$0.00	\$0.00	\$0.00		Monthly Totals						\$0.00	\$0.00	\$0.00	\$0.00		
<u> </u>							otal	\$0.00		Countable	•						te-T				Countable	\$0.00		
subm	Social Security Certification: I have personally examined the documents submitted and certify, by my signature below, their contents. All entries except monthly totals) are exact excerpts from those documents.											Social Security Certification: I have personally examined the documents submitted and certify, by my signature below, their contents. All entries (except monthly totals) are exact excerpts from those documents.												
Signa	ure:								Date:			Signature:						Date:						
	S M	M -	Т	W	Т	F	S	Gross Wages	Caf. Plan Ded.	Chd. Supp.	Other		S M	Т	W	Т	F	S	Gross Wages	Caf. Plan Ded.	Chd. Supp	Other		
Feb							1					April		1	1 2	2 3	3 4	5						
	2	3	4	5	6	7	8						6 7	. 8	3 9	10	11	12						
	9	10	11	12	13	14	15						13 14	15	16	17	18	19						
	16	17	18	19	20	21	22						20 21	22	2 23	3 24	25	26						
	23	24	25	26	27	28							27 28	29	30	)								
		$\perp$	140	ا ما 4 -	· Ta	-+-16	$\square$	<b>#0.00</b>	<b>#</b> 0.00	<b>#</b> 0.00	<b>#</b> 0.00			1/4		   T2	-+-1-		\$0.00	<b>#0.00</b>	<b>#0.00</b>			
						otals	otal	\$0.00	\$0.00	\$0.00 Countable	\$0.00		Monthly Totals  Year-To-Date-Total							\$0.00	\$0.00	\$0.00		
Socia	ıl Se							\$0.00	ally examined		*	Social Se								examined the	Countable	\$0.00		
subm	itted	and	d ce	ertif	y, by	y my	y sig	nature belov	w, their conte	nts. All entr		submitte	d and c	ertif	y, b	y my	y sig	natu	ire below, th	neir contents. those docum	All entries			
	(except monthly totals) are exact excerpts from those documents.  Signature:  Date:								Signature:								Date:							
Form S	3 <b>S</b> A-5	125	(04-	-201	3)																			
	Eligible Individual:												Account Number:											

									PE	RIODIC RE	PORTING	INCOM	E S	UN	/M/	ARY	20	14					
INCOME RECEIVED BY (NAME & SSN):									PAYER:														
TYPE	TYPE OF INCOME(e.g., wages)										TAKEN FROM (e.g., pay stubs):												
	S	М	Т	W	Т	F	S	Gross Wages	Caf. Plan Ded.	Chd. Supp.	Other		S M T W T F S Gross Wages Caf. Plan Ded. Chd. Supp							Other			
May					1	2	3					Jul			1	1 2	3	4	5				
	4	5	6	7	8	9	10						6	7	. 8	3 9	10	11	12				
	11	12	13	14	15	16	17						13	14	15	5 16	17	18	19				
	18	19	20	21	22	23	24						20	21	22	2 23	24	25	26				
	25	26	27	28	29	30	31						27	28	29	30	31						
			Мо	nthl	у То	otals	;	\$0.00	\$0.00	\$0.00	\$0.00				Mc	onthl	у То	tals		\$0.00	\$0.00	\$0.00	\$0.00
		Υ	'ear	-To-	-Da	te-T	otal	\$0.00		Countable	\$0.00		Year-To-Date-Total \$0.00 Countable										\$0.00
subm	Social Security Certification: I have personally examined the documents submitted and certify, by my signature below, their contents. All entries (except monthly totals) are exact excerpts from those documents.									Social Security Certification: I have personally examined the documents submitted and certify, by my signature below, their contents. All entries (except monthly totals) are exact excerpts from those documents.													
Signat	ure:								Date:			Signature: Date:											
	S	М	Т	W	Т	F	S	Gross Wages	Caf. Plan Ded.	Chd. Supp	Other		S	M	Т	W	Т	F	S	Gross Wages	Caf. Plan Ded.	Chd. Supp	Other
Jun												Aug						1	2				
	1	2	3	4	5	6	7					-	3	4	5	6	7	8	9				
	8	9	10	11	12	13	14						10	11	12	2 13	14	15	16				
	15	16	17	18	19	20	21						17	18	19	20	21	22	23				
	22	23	24	25	26	27	28						24	25	26	3 27	28	29	30				
	29	30											31	32	33	34	35	36	37				
								\$0.00		Monthly Totals \$0.									\$0.00	\$0.00			
		Υ	'ear	-To-	-Da	te-T	otal	\$0.00		Countable	\$0.00	Year-To-Date-Total \$0.00										Countable	\$0.00
								Social Security Certification: I have personally examined the documents submitted and certify, by my signature below, their contents. All entries (except monthly totals) are exact excerpts from those documents.															
Signature: Date:									(except monthly totals) are exact excerpts from those documents.  Signature: Date:														

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Eligible Individual:												Account Number:																	
									PE	RIODIC RE	PORTING	INCOM	ES	SUN	IM/	ARY	2	014											
INCOME RECEIVED BY (NAME & SSN):											PAYER:																		
TYPE OF INCOME(e.g., wages)											TAKEN FROM (e.g., pay stubs):																		
	S	S M T W T F S Gross Wages Caf. Plan Ded. Chd. Supp Other									Other	SMTWTF								Gross Wages	s Caf. Plan Ded	Chd. Supp	Other						
Sept		1	2	3	4	5	6					Nov							1										
	7	8	9	10	11	12	13						2	3	4	5	6	5 7	8										
	14	15	16	17	18	19	20						9	10	11	12	1	3 14	15										
				24	25	26	27						16	17			+	0 21	_										
	28	29	30											24	25	26	2	7 28	29										
													30																
	Monthly Totals \$0.00 \$0.00 \$0.00 \$0.00									\$0.00						_	otals	\$0.00	\$0.00	\$0.00	\$0.00								
						te-T		\$0.00	ally examined	Countable	\$0.00												\$0.00						
subn	itte	d ar	nď c	ertif	y, b	y my	sig	nature belov	w, their conte	nts. All entr		Social Security Certification: I have personally examined the documents submitted and certify, by my signature below, their contents. All entries (except monthly totals) are exact excerpts from those documents.																	
Signa	ture								Date:			Signature:	Signature: Date:																
	S	М	Т	W	Т	F	S	Gross Wages	Caf. Plan Ded.	Chd. Supp	Other		S	М	Т	W	7	r F	S	Gross Wages	Caf. Plan Ded.	Chd. Supp	Other						
Oct				1	2	3	4					Dec		1	2	3	_	1 5	6										
	5	6	7	8	9	10	11						7	8	9	10	1	1 12	13										
	12	13	14	15	16	17	18						14	15	16	17	1	8 19	20										
	19	20	21	22	23	24	25						21	22	23	24	2	5 26	27										
	26	27	28	29	30	31							28	29	30	31													
			Мо	nthl	у Тс	otals		\$0.00	\$0.00	\$0.00	\$0.00	Monthly Totals								\$0.00	\$0.00	\$0.00	\$0.00						
						te-T		\$0.00		Countable	\$0.00							ate-T		\$0.00		Countable	\$0.00						
submitted and certify, by my signature below, their contents. All entries								Social Security Certification: I have personally examined the documents submitted and certify, by my signature below, their contents. All entries (except monthly totals) are exact excerpts from those documents.																					
Signature: Date:										submitted and certify, by my signature below, their contents. All entries (except monthly totals) are exact excerpts from those documents.  Signature:  Date:																			
Julio.																													

Form SSA-5125 (04-2013)