

For the year Jan. 1-Dec. 31, 2009, or other tax year beginning , 2009, ending , 20 OMB No. 1545-0074

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

SEKNEH FARAJ
 26646 LAWRENCE
 Dearborn Heights MI 48127

Your social security number
 379-06-8380
 Spouse's social security no.

You must enter your SSN(s) above.
 Checking a box below will not change your tax or refund.

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) You Spouse

Filing Status
 1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above and full name here. 4 Head of household (with qualifying person). (See inst.) If the qualifying person is a child but not your dependent, enter child's name here. 5 Qualifying widow(er) with dependent child (see inst.)

Exemptions
 6a Yourself. If someone can claim you as a dependent, do not check box 6a
 b Spouse
 c **Dependents:** (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if qualifying child for child tax credit (see inst.)

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see inst.)

Boxes checked on 6a and 6b **1**
 No. of children on 6c who:
 • lived with you **0**
 • did not live with you due to divorce or separation (see inst.)
 Dependents on 6c not entered above

d Total number of exemptions claimed **1**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7 3,214**

8a Taxable interest. Attach Schedule B if required	8a	
b Tax-exempt interest. Do not include on line 8a	8b	
9a Ordinary dividends. Attach Schedule B if required	9a	
b Qualified dividends (see instructions)	9b	
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	2,529
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here. <input type="checkbox"/>	13	
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions	15a	
b Taxable amount	15b	
16a Pensions and annuities	16a	
b Taxable amount	16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation in excess of \$2,400 per recipient	19	
20a Social security benefits	20a	
b Taxable amount (see inst.)	20b	
21 Other income	21	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income	22	5,743

23 Educator expenses (see instructions)	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106/2106-EZ	24	
25 Health savings account deduction. Attach Form 8889	25	
26 Moving expenses. Attach Form 3903	26	
27 One-half of self-employment tax. Attach Schedule SE	27	179
28 Self-employed SEP, SIMPLE, and qualified plans	28	
29 Self-employed health insurance deduction (see instructions)	29	
30 Penalty on early withdrawal of savings	30	
31a Alimony paid b Recipient's SSN	31a	
32 IRA deduction (see instructions)	32	
33 Student loan interest deduction (see instructions)	33	
34 Tuition and fees deduction. Attach Form 8917	34	
35 Domestic production activities ded. Attach Form 8903	35	
36 Add lines 23 through 31a and 32 through 35	36	179
37 Subtract line 36 from line 22. This is your adjusted gross income	37	5,564

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	5,564
	39a	Check <input type="checkbox"/> You were born before January 2, 1945, <input type="checkbox"/> Blind. Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1945, <input type="checkbox"/> Blind. checked ▶ 39a		
Standard Deduction for --	b	If your spouse itemizes on a separate return or you were a dual-status alien, see inst. and check here ▶ 39b		
● People who check any box on line 39a, 39b, or 40b or who can be claimed as a dep., see inst.	40a	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40a	5,700
● All others: Single or Married filing separately, \$5,700	b	If you are increasing your standard deduction by certain real estate taxes, new motor vehicle taxes, or a net disaster loss, attach Schedule L and check here (see instructions) ▶ 40b		
Married filing jointly or Qualifying widow(er), \$11,400	41	Subtract line 40a from line 38	41	-136
Head of household, \$8,350	42	Exemptions. If line 38 is \$125,100 or less and you did not provide housing to a Midwestern displaced individual, multiply \$3,650 by the number on line 6d. Otherwise, see the instructions	42	3,650
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0
	44	Tax (see inst.). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	0
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Add lines 44 and 45 ▶	46	
	47	Foreign tax credit. Attach Form 1116 if required	47	
	48	Credit for child & dependent care expenses. Attach Form 2441	48	
	49	Education credits from Form 8863, line 29	49	
	50	Retirement savings contributions credit. Attach Form 8880	50	
	51	Child tax credit (see instructions)	51	
	52	Credits from Form: a <input type="checkbox"/> 8396 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 5695	52	
	53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
	54	Add lines 47 through 53. These are your total credits	54	
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- ▶	55	0
Other Taxes	56	Self-employment tax. Attach Schedule SE	56	357
	57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59	Additional taxes: a <input type="checkbox"/> AEIC payments b <input type="checkbox"/> Household employment taxes. Attach Schedule H	59	
	60	Add lines 55 through 59. This is your total tax ▶	60	357
Payments	61	Federal income tax withheld from Forms W-2 and 1099	61	121
	62	2009 estimated tax payments & amt. applied from 2008 return	62	
	63	Making work pay and government retiree credits, Attach Schedule M	63	345
	64a	Earned Income credit (EIC)	64a	
	b	Nontaxable combat pay election 64b		
	65	Additional child tax credit. Attach Form 8812	65	
	66	Refundable education credit from Form 8863, line 16	66	
	67	First-time homebuyer credit. Attach Form 5405	67	
	68	Amount paid with request for extension to file (see instructions)	68	
	69	Excess social security and tier 1 RRTA tax withheld (see inst.)	69	
	70	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 4136 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	70	
	71	Add lines 61, 62, 63, 64a, and 65 through 70. These are your total payments ▶	71	466
Refund	72	If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid	72	109
Direct deposit? See inst. and fill in 73b, 73c, and 73d, or Form 8888.	73a	Amount of line 72 you want refunded to you. If Form 8888 is attached, check here. ▶ <input type="checkbox"/>	73a	109
	b	Routing no. XXXXXXXXXXXXXXXXXXXX ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account no. XX		
	74	Amt. of line 72 you want applied to your 2010 estimated tax ▶ 74	74	
Amount You Owe	75	Amount you owe. Subtract line 71 from line 60. For details on how to pay, see instructions ▶	75	
	76	Estimated tax penalty (see instructions)	76	

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete the following. No

Designee's name Phone no. Personal identification number (PIN)

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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid Preparer's Use Only

Preparer's signature Date Check if self-employed Preparer's SSN or PTIN P00462476

Firm's name (or yours if self-employed), address, & ZIP code **PRIMARY ACCOUNTING SERVICES INC.** EIN 20-5050230
2145 N MARTHA
Dearborn, MI 48128 Phone no. 313-550-1878

Oakman Medical

Sami K. Abufarha M.D. P.C.
5280 Oakman Blvd.
Dearborn, MI 48126
(313) 846-1997 Fax (313) 846-1696

MEDICAL CERTIFICATE

I certify that Mr./Mrs./Miss: Sekneh Faraj is in need for

The following restrictions or assistance from: 11/23/09 to: 7/22/10

Disability:

- No restrictions
 Totally disabled
 Partially disabled with the following restrictions

- No prolonged standing
 No prolonged sitting
 No excessive bending/twisting
 No excessive pulling/pushing
 No lifting more than 15 Lbs.
 Others _____

Housekeeping Assistance:

The Patient can not perform the following activities independently;

- | | |
|---|--|
| <input checked="" type="checkbox"/> Dusting | <input checked="" type="checkbox"/> Grocery shopping |
| <input checked="" type="checkbox"/> Dishes | <input checked="" type="checkbox"/> Meal preparation |
| <input checked="" type="checkbox"/> Taking out garbage | <input checked="" type="checkbox"/> Driving |
| <input checked="" type="checkbox"/> Lawn work | <input type="checkbox"/> Child care |
| <input checked="" type="checkbox"/> Cleaning bathtubs/ showers/ sinks | <input type="checkbox"/> Attending to grooming |
| <input checked="" type="checkbox"/> Sweeping and vacuuming | <input type="checkbox"/> Others; _____ |

Driving:

- Patient is able to drive
 Patient is unable to drive due to; Limited
- Medical condition / physical limitation / under the effect of medication
 No transportation
 No license / minor

Physician's Signature: 

HAVE YOU RECEIVED ANY MEDICAL TREATMENT FOR THE SAME OR SIMILAR SYMPTOMS PRIOR TO THIS ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, LIST NAME, ADDRESS & PHONE OF PHYSICIAN(S) PROVIDING TREATMENT:
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WERE YOU ON THE JOB WORKING WHEN THE ACCIDENT OCCURRED? YES NO
11-23-09 Don't Know 320
 DATE DISABILITY FROM WORK BEGAN DATE RETURNED OR ANTICIPATE RETURNING TO WORK AVERAGE WEEKLY WAGE/SALARY

HAVE YOU RECEIVED ANY BENEFITS UNDER:
 (1) ANY WORKERS' COMPENSATION LAW? YES NO
 (2) ANY UNEMPLOYMENT LAW? YES NO
 (3) ANY SOCIAL SECURITY? YES NO
 (4) ANY WAGE OR SALARY CONTINUATION PLAN? YES NO
 IF YES, AMOUNT \$ _____
 PER WEEK PER MONTH

LIST NAMES, ADDRESSES AND PHONES OF PRESENT EMPLOYER(S):
Primary Accounting Services Inc. / Maha / Secretary 8-9-08
 NAME, ADDRESS AND PHONE 2145 N. Michigan OCCUPATION DATE HIRED
Newberry MI 48128 (313-556-1878)
 NAME, ADDRESS AND PHONE OCCUPATION DATE HIRED

AS A RESULT OF YOUR INJURY HAVE YOU INCURRED MEDICAL EXPENSES, SUCH AS TRANSPORTATION COSTS OR EXPENSES FOR SERVICES YOU WOULD HAVE PERFORMED FOR YOURSELF OR YOUR DEPENDENTS? YES NO IF YES, EXPLAIN ON A SEPARATE SHEET AND ATTACH

THESE STATEMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
Sahel Kuyi 12/14/09
 SIGNATURE OF APPLICANT OR PARENT OR GUARDIAN DATE

AUTHORIZATION FOR MEDICAL INFORMATION

This authorization (or photocopy hereof) will authorize a physician, hospital, clinic, or other medical institution to furnish all information you may have regarding my condition while under your observation or treatment, including the history obtained, x-ray and physical findings, diagnosis, and prognosis. You are required to provide this information in accordance with the Michigan motor vehicle no-fault insurance law, P.A. 294 of the Public Acts of 1972.

Sahel Kuyi 12/14/09
 SIGNATURE OF APPLICANT OR PARENT OR GUARDIAN DATE

AUTHORIZATION FOR WAGE AND SALARY INFORMATION

This authorization (or photocopy hereof) will authorize you to furnish all information you may have regarding my wages or salary while employed by you. You are required to provide this information in accordance with the Michigan motor vehicle no-fault insurance law, P.A. 294 of the Public Acts of 1972.

Sahel Kuyi 12/14/09
 SIGNATURE DATE

379-06-2380
 SOCIAL SECURITY NUMBER

HOUSEHOLD SERVICES STATEMENT

Injured Party: Sehneh Faraj

Service Provider Name: Nazihah Faraj

Service Provider Address: 26646 Lawrence Dearborn Heights, MI 48127

Telephone No: (313) 445-3222 Social Security No: 384 784360

Describe specifically what services were provided:

- A. Cleaning Kitchen
- B. Cleaning Bathroom
- C. Vacuuming
- D. Dusting
- E. Cooking
- F. Dishwashing
- G. Making Beds
- H. Ironing

- I. Laundry
- J. Changing Linens
- K. Snow Shoveling
- L. Grass Cutting
- M. Grocery Shopping
- N. Taking out Garbage
- O. Driving
- P. Running Errands

- Q. Child Care
 - R. Home Repairs
 - S. Window Washing
 - T. Misc: _____
- (Be Specific)

Month/Year NOV, 2009 / ~~DEC, 2009~~ S.F.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
22) A, B, C, D, F, G, I, M, E	23) A, B, C, G, E	24) A, B, D, F, G, I, E	25) A, B, C, D, F, G, I, M, P, E	26) A, B, C, D, F, G, S, E	27) A, B, C, D, E, F, G, I	28) A, B, C, D, E, F, G, M, O, P
29) A, B, C, D, F, E, G, I	30) A, B, C, D, E, F, G					

Signature: Nazihah Faraj

Dated: 11/21/10

HOUSEHOLD SERVICES STATEMENT

Injured Party: Sehneh Fara

Service Provider Name: Naziha Faruq

Service Provider Address: 26646 Lawrence, Dearborn Heights, MI 48127

Telephone No: (313) 445-3222 Social Security No: 384 78 4360

Describe specifically what services were provided:

- | | | |
|---|---|--|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> A) Cleaning Kitchen <input checked="" type="checkbox"/> B) Cleaning Bathroom <input checked="" type="checkbox"/> C) Vacuuming <input checked="" type="checkbox"/> D) Dusting <input checked="" type="checkbox"/> E) Cooking <input checked="" type="checkbox"/> F) Dishwashing <input checked="" type="checkbox"/> G) Making Beds H) Ironing | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> L) Laundry J) Changing Linens K) Snow Shoveling L) Grass Cutting <input checked="" type="checkbox"/> M) Grocery Shopping N) Taking out Garbage <input checked="" type="checkbox"/> O) Driving <input checked="" type="checkbox"/> P) Running Errands | <ul style="list-style-type: none"> Q) Child Care R) Home Repairs <input checked="" type="checkbox"/> S) Window Washing T) Misc: _____ <p style="text-align: center;">(Be Specific)</p> |
|---|---|--|

Month/Year Dec 2009

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1) A, B, C, D, E, F, G, I, M, O, P	2) A, B, C, D, E, F, G, I, M, O	3) A, B, C, D, E, F, G, I, M, O	4) A, B, C, D, E, F, G, I, P	5) A, B, C, D, E, F, G, I, M
6) A, B, C, D, E, F, G, I, M, O, P	7) A, B, C, D, E, F, G, I, M, O, P	8) A, B, C, D, E, F, G, I, M, O	9) A, B, C, D, E, F, G	10) A, B, C, D, E, F, G, I, M	11) A, B, C, D, E, F	12) A, B, C, D, E, F, G
13) A, B, C, D, E, F, G, I	14) A, B, C, D, E, I	15) A, B, C, D, E, F, G	16) A, B, C, D, E, F, G	17) A, B, C, D, E, F, G	18) A, B, C, D, E, F, G, I, M, O, P	19) A, B, C, D, E, F, G
20) A, B, C, D, E, F, G, I, M, O, P	21) A, B, C, D, E, F, G, I, M	22) A, B, C, D, E, F, G, I	23) A, B, C, D, E, F, G, I, M	24) A, B, C, D, E, F, G	25) A, B, C, D, E, F, G, I	26) A, B, C, D, E, F, G, I, M
27) A, B, C, D, E, F, G, I, M, O, P	28) A, B, C, D, E, F, G, I, M	29) A, B, C, D, E, F, G	30) A, B, C, D, E, F, G	31) A, B, C, D, E		

Signature: Naziha Faruq

Dated: 12/1/09

HOUSEHOLD SERVICES STATEMENT

Injured Party: Sehneh Faraj

Service Provider Name: Nazihah Faraj

Service Provider Address: 26646 Lawrence, Dearborn Heights, MI 48127

Telephone No: (313) 445-3222 Social Security No: 384 784360

Describe specifically what services were provided:

- A. Cleaning Kitchen
- B. Cleaning Bathroom
- C. Vacuuming
- D. Dusting
- E. Cooking
- F. Dishwashing
- G. Making Beds
- H. Ironing

- I. Laundry
- J. Changing Linens
- K. Snow Shoveling
- L. Grass Cutting
- M. Grocery Shopping
- N. Taking out Garbage
- O. Driving
- P. Running Errands

- Q. Child Care
 - R. Home Repairs
 - S. Window Washing
 - T. Misc: _____
- (Be Specific)

Month/Year Jan, 2010

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1) A, O	2) A, B, I, M, O, P
3) A, B, C, D, E, F, G	4) A, B, E, G	5) A, B, F, E, I, G	6) A, B, C, D, G, P	7) A, B, E, I, G	8) A, B, E, F, G	9) A, B, C, D, E, G
10) A, B, C, E, F, O, P	11) A, B, C, D, E, F, G	12) A, B, C, I, M, G	13) A, B, C, E, F, G	14) A, B, C, D, E, F, G, I	15) A, B, G	16) A, B, I, P, O
17) A, B, C, E, F, G	18) A, B, C, D, E, G	19) A, B, G	20) A, B, C, E, G	21) A, B, D, E, G	22) A, B, D, G	23) A, B, C, E, G
24) A, B, G	25) A, B, C, G	26) A, B, D, E, G	27) A, B, C, E, G	28) A, B, D, E, G	29) A, B, G	30) A, B, C, D, E, G

Signature: Nazihah Faraj

Dated: 1/30/10

HOUSEHOLD SERVICES STATEMENT

Injured Party: Sekneh Fara

Service Provider Name: Naziha Fawj

Service Provider Address: 26646 Lawrence, Dearborn Heights, MI 48127

Telephone No: (313) 445-3222 Social Security No: 384 78 4260

Describe specifically what services were provided:

- A. Cleaning Kitchen
- B. Cleaning Bathroom
- C. Vacuuming
- D. Dusting
- E. Cooking
- F. Dishwashing
- G. Making Beds
- H. Ironing

- I. Laundry
- J. Changing Linens
- K. Snow Shoveling
- L. Grass Cutting
- M. Grocery Shopping
- N. Taking out Garbage
- O. Driving
- P. Running Errands

- Q. Child Care
 - R. Home Repairs
 - S. Window Washing
 - T. Misc: _____
- (Be Specific)

Month/Year Feb, 2010

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1) A, B, E, I, M	2) A, E, G, I	3) A, E, G, M	4) A, B, C, G, P, E	5) A, E, G, I	6) A, E, G, M
7) A, E, G	8) A, E, G, P, G	9) A, B, C, E, G	10) A, C, E, G, O, P	11) A, D, E, G, I	12) A, B, E, G, I	13) A, E, G, M
14) A, D, E, G	15) A, B, E, G, M	16) A, D, E, G, I	17) A, C, E, G	18) A, E, G	19) A, B, E, G, M	20) A, B, E, G
21) A, E, G, M	22) A, D, E, G, M	23) A, C, E, I, O, P	24) A, B, C, E, G	25) A, E, G, I, O, P, G	26) A, B, E, G	27) A, C, E, G, M, O, P
28) A, B, C, D, E, G, I						

Signature: Naziha Fawj

Dated: 2/28/10

HOUSEHOLD SERVICES STATEMENT

Injured Party: Sekeh Farooq

Service Provider Name: Nazika Farooq

Service Provider Address: 26646 Lawrence, Dearborn Heights MI 48127

Telephone No: (313) 445-3222 Social Security No: 384784360

Describe specifically what services were provided:

- A. Cleaning Kitchen
- B. Cleaning Bathroom
- C. Vacuuming
- D. Dusting
- E. Cooking
- F. Dishwashing
- G. Making Beds
- H. Ironing

- I. Laundry
- J. Changing Linens
- K. Snow Shoveling
- L. Grass Cutting
- M. Grocery Shopping
- N. Taking out Garbage
- O. Driving
- P. Running Errands

- Q. Child Care
- R. Home Repairs
- S. Window Washing
- T. Misc:

(Be Specific)



Month/Year March, 2010

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Sunday																															
Monday																															
Tuesday																															
Wednesday																															
Thursday																															
Friday																															
Saturday																															

Signature: Nazika Farooq

Dated: 3/31/10

HOUSEHOLD SERVICES STATEMENT

Injured Party: _____

Service Provider Name: Nazihah Faraj

Service Provider Address: 26646 Lawrence

Telephone No: _____ Social Security No: 384 784 360

Describe specifically what services were provided:

- | | | |
|----------------------|-----------------------|-------------------|
| A. Cleaning Kitchen | I. Laundry | Q. Child Care |
| B. Cleaning Bathroom | J. Changing Linens | R. Home Repairs |
| C. Vacuuming | K. Snow Shoveling | S. Window Washing |
| D. Dusting | L. Grass Cutting | T. Misc: _____ |
| E. Cooking | M. Grocery Shopping | (Be Specific) |
| F. Dishwashing | N. Taking out Garbage | |
| G. Making Beds | O. Driving | |
| H. Ironing | P. Running Errands | |

Month/Year April, 2010

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1) ABCD EFGI	2) ABCD EFGI	3) ABCD EFGI
4) ABCD EFG	5) ABCD EFGI	6) ABCD EFG	7) ABCD EFG	8) ABC DEFG	9) ABC DEFG O	10) ABCD EFGI
11) ABCD EFG	12) ABCD EFG	13) ABC DEFG	14) ABC DEF G	15) ABC DEFG	16) ABC DEFG I	17) ABCD EFGI
18) ABC DEFG	19) ABC DEFG	20) ABC DEF GMO	21) A, B CDEF G I	22) ABC DEFG	23) ABC DEFG O M	24) ABC DEFG
25) ABC DEF G	26) ABC DEFG	27) ABC DEFG P	28) ABC DEFG	29) ABC DEFG	30) ABC DEFG	

Signature: Nazihah Faraj

Dated: 4/30/10

HOUSEHOLD SERVICES STATEMENT

Injured Party: Sekneh Faras

Service Provider Name: Naziha Faraj

Service Provider Address: 26646 Lawrence

Telephone No: (333) 673-6904 Social Security No: 384 784360

Describe specifically what services were provided:

- A. Cleaning Kitchen
- B. Cleaning Bathroom
- C. Vacuuming
- D. Dusting
- E. Cooking
- F. Dishwashing
- G. Making Beds
- H. Ironing

- I. Laundry
- J. Changing Linens
- K. Snow Shoveling
- L. Grass Cutting
- M. Grocery Shopping
- N. Taking out Garbage
- O. Driving
- P. Running Errands

- Q. Child Care
 - R. Home Repairs
 - S. Window Washing
 - T. Misc: _____
- (Be Specific)

Month/Year May, 2010

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1) ABCD EF 6M
2) ABCD EF 6	3) ABC DE FB I	4) ABCD EF 6 HI	5) ABCD EFGI	6) ABC DEF 6	7) ABC DEF G	8) ABC DEF G
9) ABCD EF 6	10) ABCD EF 6	11) ABC DEF 6 I	12) ABC DEEG IMP	13) ABCD EF 6	14) ABC DEF G	15) ABC DEF G
16) ABC DEF GI	17) ABC DEF 6	18) ABCD EF 6	19) ABC DEF 6 I	20) ABCD EF 6	21) ABC DEF G, I, M	22) ABC DEF G
23) ABC DEF 6 M	24) ABC DEF 6 I, P	25) ABC DEF 6	26) ABC DEF 6	27) ABC DEF, 6	28) ABC DEF 6	29) ABC DEF 6 I

Signature: Naziha Faraj

Dated: 5/31/10

Mileage Form

Client Name: Sekneh Farah

Dates of Service

Doc/provider Address

Round Trip Miles

Dates of Service	Doc/provider Address	Round Trip Miles	
12/1/09	Sami Abu-Farha 5280 Oakman, Dearborn, MI 48126	7.52	
2/4/2010	Oakwood Hospital Imaging center	2	
2/8/2010	Sami Abu-Farha 5280 Oakman, Dearborn MI 48126	7.52	
5/12/2010	Spectrum Rehabilitation Center, 26555 Evergreen, Southfield, MI 48076	15.58	
6/7/2010	Genex Physical therapy 4953 Schaefer, Dearborn MI 48126	7	
6/8/2010	↓	7	
6/9/2010		7	
6/11/2010		7	
6/9/2010			
6/15/2010		7	
6/16/2010		7	
6/18/2010		7	
6/21/2010			

Dated: 6/21/2010

Signature:  Nazihah Farah