

Instructions

Start Over

Print

Employment Eligibility Verification Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9 OMB No. 1615-0047 Expires 10/31/2022

▶ START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the

documentation presented has a	future expiration	date may also co	nstitute 1	egal discriminati	on.					
Section 1. Employee I than the first day of employ	nformation ment but not	and Attests	ition (E	mployees mus	t complete and	aign Se	ction 1 of	Form I-	9 no later	
Last Name (Family Name) (1) CHITTOOR		First Name (Give HANANDA	en Name)	(1)	Middle Initial (**)	Other L	er Last Names Used (if any)			
Address (Street Number and Name) 10 29 VREELAND A VENUE		Apt. No	umber ①	City or Town U			State (*) ZIP Code (*)		de(1)	
Date of Birth (mm/dd/yyyy) U.S. Social Sec 10 17 11993 204 3				ee's E-mail Add			Employee's Telephone Number 13157280654			
am aware that federal lav connection with the comp attest, under penalty of p	letion of this	form.				or use c	f false d	ocumer	nts in	
1. A citizen of the United St	tates 🕦									
2. A noncitizen national of	the United State	s (See instruction	ns) 🕦							
3. A lawful permanent resid										
4. An alien authorized to war Some aliens may write					07/24					
An Alien Registration Number OR 2. Form I-94 Admission Num OR 3. Foreign Passport Number: Country of Issuance:	/USCIS Numbe	376732	-283	-710	Ji Engiri i assapciri i					
Signature of Employee (1)						Today's Date (mm/dd/yyyy) 01 24 23				
Preparer and/or Trans I did not use a preparer or to Fields below must be compared attest, under penalty of parents of the compared to the com	ranslator. pleted and signerjury, that	A preparen(s) med when pre have assiste	and/or tr parers a	anslator(s) assi nd/or translat	ors assist an ei	mploye	e in comj	oleting S	Section 1.)	
Signature of Preparer or Translator (**)						Today's Date (mm/dd/yyyy)				
Last Name (Family Name)				First	Name (Given Na	ime) (1)				
Address (Street Number and I	Vame) (1)			City or Town			5	itate (1)	ZIP Code (1)	
			6	lick to Finish						



Employer Completes Next Page

