

## **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

## Section 2. Employer or Authorized Representative Review and Verification

List A   OR   List B   Document Title   Document Title   W/A   Issuing Authority   I	Identity and Employment Auti Document Title Foreign passport, work-authorized non- Issuing Authority India Document Number M7373505 Expiration Date (if any) (mm/dd/yy)	horization	Document Title	ldenti	A11 (0)	AND		
Seedian passport, work-authorized continuignant   Issuing Authority   Issuing Author	Foreign passport, work-authorized non- Issuing Authority India Document Number M7373505 Expiration Date (if any) (mm/dd/yy	immigrant	N/A	)	-9			
Issuing Authority   Issu	Issuing Authority India Document Number M7373505 Expiration Date (if any) (mm/dd/yy	immigrant	(0.000)			Doc	ument Ti	tle
Document Number M7373505 Expiration Date (if any) (mm/dd/yyyy) Document Title Doc	India  Document Number  M7373505  Expiration Date (if any) (mm/dd/yy		Issuing Authori			N/A		
Document Number M7373505 Expiration Date (if any) (mm/dd/yyyy) Document Number N/A Document Number N/A Document Number N/A Expiration Date (if any) (mm/dd/yyyy) Document Title Position Date (if any) (mm/dd/yyyy) N/A Additional Information  Additional Information  Additional Information  Additional Information  Additional Information  Additional Information  OR codes Sections 2 A 3 Do Not White In This Space Document Number 49196092A2 Expiration Date (if any) (mm/dd/yyyy)  08/31/2021  Document Number Expiration Date (if any) (mm/dd/yyyy)  108/31/2021  Document Number Expiration Date (if any) (mm/dd/yyyy)  Expiration Date (if any) (mm/dd/yyyy)  Document Title  Issuing Authority  Document Number Expiration Date (if any) (mm/dd/yyyy)  Expiration Date (if any) (mm/dd/yyyy)  Document Number  In Document Number  Expiration Date (if any) (mm/dd/yyyy)  Document Number  In Document Number  Expiration Date (if any) (mm/dd/yyyy)  Document Number  Expiration Date (if any) (mm/dd/yyyy)  Document Number  In Document Numbe	Document Number M7373505 Expiration Date (if any) (mm/dd/yy			ity		Issu	ing Auth	ority
### RESPIRATION Date (if any) (mm/dd/yyyy)    Document Title	м7373505 Expiration Date (if any) (mm/dd/yy		N/A			N/A		
Expiration Date (if any) (mm/dd/yyyy)  Document Title  Porm 1-94/1-94A  Issuing Authority  Document Number  Expiration Date (if any) (mm/dd/yyyy)  Bissuing Authority  Document Number  Expiration Date (if any) (mm/dd/yyyy)  Bissuing Authority  Document Number  Expiration Date (if any) (mm/dd/yyyy)  Expiration Date (if any) (mm/dd/yyyy)  Document Number  Expiration Date (if any) (mm/dd/yyyy)  Document Number  Expiration Date (if any) (mm/dd/yyyy)  Expiration Date (if any) (mm/dd/yyyy)  Document Number  Expiration Date (if any) (mm/dd/yyyy)  Exp	Expiration Date (if any) (mm/dd/yy		Document Nun	nber		Doc	ument N	umber
Document Title    Signification:   attest, under penalty of perjury, that (1)   have examined the document(s) presented by the above-named employee, 2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee's first day of employment (mm/dd/yyyy):			100030000			N/2	A	
Additional Information	03/10/2023	yy)	H	e (if any) (m	nm/dd/yyyy)			ate (if any) (mm/dd/yyyy)
Additional Information	Document Title							
Do Not Write In This Space  Do	Form I-94/I-94A							
0.6. Customs and Bordor Protection Document Number 49196092A2 Expiration Date (if any) (mm/dd/yyyy) Document Number Expiration Date (if any) (mm/dd/yyyy)  Document Number Expiration Date (if any) (mm/dd/yyyy)  Document Number Expiration: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, 2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.  The employee's first day of employment (mm/dd/yyyy):  Document Number  Dody's Date (mm/dd/yyyy)  Document Number  Employer's Business or Organization Address (Street Number and Name)  Document Number  First Name of Employer or Authorized Representative  Document Number  Document Number  Document Number  Expiration Date (if any) (mm/dd/yyyy)  Document Number  Expiration Date (if any) (mm/dd/yyyy)  Document Number  Expiration Date (if any) (mm/dd/yyyy)  Expiration Date (if any) (mm/dd/yyyy)  Document Number  Expiration Date (if any) (mm/dd/yyyy)  Document Number  Expiration Date (if any) (mm/dd/yyyy)  Expiration Date (if any) (mm/dd/yyyy)  Expiration Date (if any) (mm/dd/yyyy)  Document Number  Expiration Date (if any) (mm/dd/yyyy)	Issuing Authority		Additional In	nformation	1			
Expiration Date (if any) (mm/dd/yyyy)  Document Number  Expiration Date (if any) (mm/dd/yyyy)  Document Number  Expiration Date (if any) (mm/dd/yyyy)  Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, 2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.  The employee's first day of employment (mm/dd/yyyy):  Do D	U.S. Customs and Border Prote	ection						Do Not write in This Space
Expiration Date (if any) (mm/dd/yyyy)  08/31/2021  Document Title  Issuing Authority  Document Number  Expiration Date (if any) (mm/dd/yyyy)  Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, 2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the amployee is authorized to work in the United States.  The employee's first day of employment (mm/dd/yyyy): 06 01 218 (See instructions for exemptions)  Signature of Employer or Authorized Representative  Today's Date (mm/dd/yyyy)  Title of Employer or Authorized Representative  DIRECTOR OF TT  Last Name of Employer or Authorized Representative  First Name of Employer or Authorized Representative  DIRECTOR OF TT  Employer's Business or Organization Address (Street Number and Name)  Name of Employer or authorized Representative  DIRECTOR OF TT  State IPP Code  EMPLOYEE State IN No. 55344  State IP Code  EMPLOYEE State IN No. 55344  Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)  A. New Name (if applicable)  Last Name (Family Name)  Na  First Name (Given Name)  NA  Middle Initial  N/A  Middle Initial  N/A  Society of the above-named employee named, and (3) to the best of my knowledge the my longer of authorized representative.)  B. Date of Rehire (if applicable)  B. Date of Rehire (if applicable)  Last Name (Family Name)  NA  N/A  Society of the applicable of the document or receipt that establishes continuing employment authorization in the space provided below.  Document Title  Document Title  Expiration Date (if any) (mm/dd/yyyy)	Document Number							南の後がおりなどの 南
Document Title  Issuing Authority  Document Number  Expiration Date (if any) (mm/dd/yyyy)  Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, 2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.  The employee's first day of employment (mm/dd/yyyy):  Ob OLDE (See instructions for exemptions)  Signature of Employer or Authorized Representative  DolDe Drace  First Name of Employer or Authorized Representative  DolDe Drace  First Name of Employer or Authorized Representative  DolDe Drace  State  IP Code  Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)  A. New Name (if applicable)  Last Name (Family Name)  First Name (Given Name)  NA  Middle Initial  NA  NA  Document Title  Expiration Date (if any) (mm/dd/yyyy)  Employer's Business or Organization Page Provided below.  Document Title  Document Title  Document Title  Document Title  Document Title  Expiration Date (if any) (mm/dd/yyyy)  Document Title  Document Title  Document Title  Document Title  Expiration Date (if any) (mm/dd/yyyy)  Document Title	449196092A2							
Document Title   Issuing Authority   Document Number   Expiration Date (if any) (mm/dd/yyyy)   Document Number   Expiration Date (if any) (mm/dd/yyyy)   Expiration Date (if any) (mm/dd/yyyy)   Document Number   Expiration Date (if any) (mm/dd/yyyy)   Document Number   Expiration Date (if any) (mm/dd/yyyy)   Document (if any) (mm/dd/yyyy)   Document Number   Expiration Date (if any) (mm/dd/yyyy)   Document Number   Document Number   Expiration Date (if any) (mm/dd/yyyy)   Document Number   Document Number   Expiration Date (if any) (mm/dd/yyyy)   Document Number   Document Number   Expiration Date (if any) (mm/dd/yyyy)   Document Number   Document Number   Expiration Date (if any) (mm/dd/yyyy)   Document Number   Document Number   Expiration Date (if any) (mm/dd/yyyy)   Document Number   Document Number   Expiration Date (if any) (mm/dd/yyyy)   Document Number   Document Number   Expiration Date (if any) (mm/dd/yyyy)   Document Number   Document Number   Expiration Date (if any) (mm/dd/yyyy)   Document Number   Document Number   Expiration Date (if any) (mm/dd/yyyy)   Document Number   Docume	Expiration Date (if any) (mm/dd/yy	yy)						6.23 CO 0.2 Vi
Issuing Authority  Document Number  Expiration Date (if any) (mm/dd/yyyy)  Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, 2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the my local supplication and the property of authorized Representative of Employer or Authorized Representative.  Today's Date (mm/dd/yyyy)  Title of Employer or Authorized Representative of Employer or Authorized Representative of Employer's Business or Organization Name  Property of Authorized Representative of Employer or Authorized Representative of Employer's Business or Organization Name  Property of Authorized Representative of Employer's Business or Organization Name  Property of Authorized Representative of Employer's Business or Organization Name  Property of Employer's B	08/31/2021							
Expiration Date (if any) (mm/dd/yyyy)  Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, 2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.  The employee's first day of employment (mm/dd/yyyy): Ob O1 2018 (See instructions for exemptions)  Signature of Employer or Authorized Representative  Today's Date (mm/dd/yyyy)  Title of Employer or Authorized Representative  D1 RECTOR OF IT  Last Name of Employer or Authorized Representative  First Name of Employer or Authorized Representative  NIDAT  Employer's Business or Organization Name  OFTOM  State  State  ZIP Code  EDEN RARIE  State  ZIP Code  EDEN RARIE  State  State	Document Title							
Expiration Date (if any) (mm/dd/yyyy)  Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, 2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.  The employee's first day of employment (mm/dd/yyyy):  Signature of Employer or Authorized Representative  Today's Date (mm/dd/yyyy)  Title of Employer or Authorized Representative  Do 1222  DIRECTOR OF IT  Last Name of Employer or Authorized Representative  First Name of Employer or Authorized Representative  City or Town  First Name (if applicable)  A. New Name (if applicable)  A. New Name (if applicable)  Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)  A. New Name (if applicable)  NA  Date (mm/dd/yyyy)  State  Employer's Business or Organization Name  OPTOM  State  MN 5-3 4-4  Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)  B. Date of Rehire (if applicable)  Last Name (Family Name)  NA  NA  Middle Initial  N/A  N/A  Date (mm/dd/yyyy)  N/A  Document Number  Expiration Date (if any) (mm/dd/yyyy)	Issuing Authority							EINDS: W/S-LOW-WES
Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, 2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.  The employee's first day of employment (mm/dd/yyyy):    Col   C	Document Number							
2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.  The employee's first day of employment (mm/dd/yyyy):    Ob   O1   20   8   (See instructions for exemptions)	Expiration Date (if any) (mm/dd/yy	(УУ)						
Last Name of Employer or Authorized Representative  Last Name of Employer or Authorized Representative  First Name of Employer or Authorized Representative  First Name of Employer or Authorized Representative  City or Town  First Name (Street Number and Name)  City or Town  First Name (Street Number and Name)  City or Town  First Name (Family Name)  A. New Name (if applicable)  Last Name (Family Name)  NA  NA  NA  NA  NA  NA  NA  NA  NA  N	the above-listed document(semployee is authorized to work The employee's first day of e	s) appear to be k in the United employment (i	e genuine and to States.  mm/dd/yyyy):	to relate t	o the employe	e named, an	d (3) to	the best of my knowledge the
Employer's Business or Organization Address (Street Number and Name)    City or Town   State   ZIP Code   M N   55 3 44	Signature of Employer or Authorize	ed Representativ	re To					
Employer's Business or Organization Address (Street Number and Name)    City or Town   State   ZIP Code   M N   55 3 44	Last Name of Employer or Authorized	Representative	First Name of En	nployer or A	uthorized Represe	ntative Em	ployer's I	Business or Organization Name
Employer's Business or Organization Address (Street Number and Name)  I DOD OF TOM CIRCLE  Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)  A. New Name (if applicable)  Last Name (Family Name)  NA  First Name (Given Name)  NA  Middle Initial  N/A  Date (mm/dd/yyyy)  N/A  C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.  Document Title  Document Number  Expiration Date (if any) (mm/dd/yyyy)	DIDUZA		VIJA	M			0	PTOM
Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)  A. New Name (if applicable)  Last Name (Family Name)  NA  Pirst Name (Given Name)  NA  NA  NA  NA  NA  NA  Document Title  Document Number  EDEN (RARIE  MN 55344  Min 55344  Date (mm/dd/yyyy)  NA  Document Number  Expiration Date (if any) (mm/dd/yyyy)		ion Address (Str			City or Town			
A. New Name (if applicable)  Last Name (Family Name)  NA  First Name (Given Name)  NA  Middle Initial  N/A  Date (mm/dd/yyyy)  N/A  N/A  C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.  Document Title  Document Number  Expiration Date (if any) (mm/dd/yyyy)						CAR/E		
Last Name (Family Name)  NA  First Name (Given Name)  NA  Middle Initial  N/A  Date (mm/dd/yyyy)  N/A  C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.  Document Title  Document Number  Expiration Date (if any) (mm/dd/yyyy)	Section 3. Reverification	and Rehires	(To be comple	eted and s	signed by empl	oyer or auth	orized r	epresentative.)
NA N/A N/A  If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.  Document Title  Document Number  Expiration Date (if any) (mm/dd/yyyy)	A. New Name (if applicable)					B. Da	te of Reh	ire (if applicable)
C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.  Document Title  Document Number  Expiration Date (if any) (mm/dd/yyyy)	Last Name (Family Name)	First N	lame (Given Nan	ne)	Middle In	tial Date	(mm/dd/y	(yyy)
continuing employment authorization in the space provided below.  Document Title  Document Number  Expiration Date (if any) (mm/dd/yyyy)			Detect					
Expiration bate (ii arry) (iiii bate yyyy)				s expired, p	provide the inform	nation for the	documer	t or receipt that establishes
	Document Title			Documen	t Number		Exp	iration Date (if any) (mm/dd/yyyy)
The state of the s	Receipt replacement foreign passr	port with Form	-94, endorsemen	4491960	92A2			