

### **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 constitute illegal discrimination.

Section 1. Employee Information than the first day of employment, but no					es mus	st complete and	d sign Se	ection 1 o	f Form I-9 no later	
			Name (Given Name)			Middle Initial	Other L	er Last Names Used <i>(if any)</i>		
Thakkar							N/A			
Address (Street Number and Name)	1	Apt. Number City or Town			Town		1	State	ZIP Code	
202 S 4th Street			2102-D Champaign					IL	61820	
Date of Birth (mm/dd/yyyy) U.S. Social Sec	ber	Employee's E-mail Address					Employee's Telephone Number			
11/15/1997 0 3 2 - 1	/1997									
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.										
I attest, under penalty of perjury, that I am (check one of the following boxes):										
1. A citizen of the United States										
2. A noncitizen national of the United States (See instructions)										
3. A lawful permanent resident (Alien Registration Number/USCIS Number): N/A										
4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): 05/15/2022										
Some aliens may write "N/A" in the expi	ration date	e field. (S	ee instru	ıctions)	_		_		2 Onder Onder 1	
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:  An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.										
1. Alien Registration Number/USCIS Number: N/A										
OR 2. Form I-94 Admission Number: N/A										
OR										
3. Foreign Passport Number: P6138034						_				
Country of Issuance: IND						_				
						T. J. J. D. :	. ( (	( )		
Signature of Employee (Signed Electronically by Vyom N Thakkar)  Today's Date (mm/dd/yyyy) 01/21/2022										
Preparer and/or Translator Certi  I did not use a preparer or translator.  (Fields below must be completed and sign	A prepa	rer(s) and	d/or trans e <i>rs and/</i>	slator(s) a	lators a		yee in c	ompleting	g Section 1.)	
I attest, under penalty of perjury, that I knowledge the information is true and of		sisted in	the co	mpletic	on of S	ection 1 of thi	s form a	and that	to the best of my	
Signature of Preparer or Translator							Today's [	Date (mm/c	dd/yyyy)	
Last Name (Family Name)				Firs	st Name	(Given Name)				
Address (Street Number and Name)			С	ity or Tov	vn			State	ZIP Code	

STOP

Employer Completes Next Page

STOP

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Document Title

**Employee Info from Section 1** 

List A

**Identity and Employment Authorization** 

## **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

Citizenship/Immigration Status

List C

**Employment Authorization** 

M.I.

Document Title

N

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

Document Title

Last Name (Family Name)

OR

Thakkar

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

List B

Identity

Vyom

First Name (Given Name)

AND

Issuing Authority		Issuing Authority					Issuing Authority				
Document Number	7	Document Number Doc					Documen	cument Number			
Expiration Date (if any) (mm/dd/yyyy)		Expiration D	ate (if any)	(mm/dd	/уууу)		Expiration	n Date <i>(if an</i>	y) (mm/dd/yyyy)		
Document Title											
Issuing Authority		Additiona	l Informatio	n					Code - Sections 2 & 3 ot Write In This Space		
Document Number											
Expiration Date (if any) (mm/dd/yyyy)											
Document Title											
Issuing Authority											
Document Number											
Expiration Date (if any) (mm/dd/yyyy)											
employee is authorized to work in the last the employee's first day of employer.  Signature of Employer or Authorized Representations of the employer of Employer or Authorized Representations.	nent (m		<b>/):</b> 0 Today's Da	1/21/2 te (mm.				s for exem	nptions) red Representative		
	. [-						1				
Last Name of Employer or Authorized Represent	ative   F	-irst Name of	Employer or	Authoriz	ed Represent	ative		r's Business ity of Illi	or Organization Name		
Employer's Business or Organization Addre	ss (Stree	t Number a	nd Name)	City o	r Town			State	ZIP Code		
807 South Wright Street				Champ	aign			IL	61820		
Section 3. Reverification and Re	hires (	To be com	pleted and	signe	d by emplo	yer or	authorize	ed represer	ntative.)		
A. New Name (if applicable)						ı	B. Date of	Rehire <i>(if ap</i>	plicable)		
Last Name (Family Name)	First Na	me (Given I	Vame)	e) Middle Initial			Date (mm/dd/yyyy)				
C. If the employee's previous grant of emplo continuing employment authorization in the				, provid	e the informa	ation fo	or the docu	ment or rece	eipt that establishes		
Document Title			Docume	Document Number				Expiration Date (if any) (mm/dd/yyyy)			
I attest, under penalty of perjury, that the employee presented document(s),											
Signature of Employer or Authorized Repres			Date (mm/c						epresentative		

# LISTS OF ACCEPTABLE DOCUMENTS All documents must be UNEXPIRED

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

	LIST A  Documents that Establish  Both Identity and  Employment Authorization	LIST B  Documents that Establish Identity  OR  AN			LIST C Documents that Establish Employment Authorization			
3.	U.S. Passport or U.S. Passport Card  Permanent Resident Card or Alien Registration Receipt Card (Form I-551)  Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa  Employment Authorization Document	-	<ul> <li>Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth,</li> </ul>	2.	A Social Security Account Number card, unless the card includes one of the following restrictions:  (1) NOT VALID FOR EMPLOYMENT  (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION  (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION  Certification of report of birth issued			
5.	that contains a photograph (Form I-766)  For a nonimmigrant alien authorized to work for a specific employer because of his or her status:  a. Foreign passport; and	4	gender, height, eye color, and address  S. School ID card with a photograph  Voter's registration card  U.S. Military card or draft record	3.	by the Department of State (Forms DS-1350, FS-545, FS-240)			
	<ul><li>b. Form I-94 or Form I-94A that has the following:</li><li>(1) The same name as the passport; and</li></ul>	7	<ul> <li>Military dependent's ID card</li> <li>U.S. Coast Guard Merchant Mariner Card</li> <li>Native American tribal document</li> </ul>	5.	Native American tribal document U.S. Citizen ID Card (Form I-197) Identification Card for Use of			
	(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		Driver's license issued by a Canadian government authority  For persons under age 18 who are unable to present a document listed above:		Resident Citizen in the United States (Form I-179)  Employment authorization document issued by the Department of Homeland Security			
6.	Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	1	O. School record or report card  Clinic, doctor, or hospital record  Day-care or nursery school record					

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

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