



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (Family Name) VELUMANI		First Name (Given Name) ARVIND KANDASWAMY		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name) 17751 NE 90TH ST		Apt. Number (if any) D125	City or Town REDMOND		State WA	ZIP Code 98052
Date of Birth (mm/dd/yyyy) 08/29/1984	U.S. Social Security Number 869 292 861	Employee's Email Address arvindiway@gmail.com			Employee's Telephone Number 503 501 7839	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions):				
		<input type="checkbox"/> 1 A citizen of the United States				
		<input type="checkbox"/> 2 A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3 A lawful permanent resident (Enter USCIS or A-Number)				
		<input checked="" type="checkbox"/> 4 A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)				
		If you check Item Number 4., enter one of these:				
		USCIS A-Number	OR	Form I-94 Admission Number 579404587A3	OR	Foreign Passport Number and Country of Issuance N2997300
Signature of Employee <i>Arvind Kandaswamy</i>				Today's Date (mm/dd/yyyy) 03/18/2024		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1	Foreign passport				
Issuing Authority	Republic Of India				
Document Number (if any)	N2997300				
Expiration Date (if any)	10/18/2025				
Document Title 2 (if any)	I94		Additional Information		
Issuing Authority	US Customs&Border Protection				
Document Number (if any)	579404587A3				
Expiration Date (if any)	04/28/2025				
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.					First Day of Employment (mm/dd/yyyy): 03/18/2024
Last Name, First Name and Title of Employer or Authorized Representative Jupally Haritha /President			Signature of Employer or Authorized Representative <i>Haritha</i>		Today's Date (mm/dd/yyyy) 03/19/2024
Employer's Business or Organization Name Singular Analysts Inc		Employer's Business or Organization Address, City or Town, State, ZIP Code 17440 Dallas pkwy Ste#250 Dallas TX 75287			

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.