Form I-9 — Employment Eligibility Verification

Section 1 — Employee Information and Attestation

USCIS Form I-9 · OMB No. 1615-0047 · Expires 05/31/2027 · **Employee completes Section 1. Rachel completes Section 2 within 3 business days of your first day.**

Section 1 — Employee Information and Attestation **You complete this**

USCIS Legal Attestation — Section 1 "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 is true and correct."

LAST NAME (FAMILY NAME)	FIRST NAME (GIVEN NAME)	MIDDLE INITIAL (IF ANY)
Naidu	Munsami	

OTHER LAST NAMES USED (IF ANY)	ADDRESS (STREET NUMBER AND NAME)	APT. NUMBER (IF ANY)
	75 Perry St #320	320

CITY OR TOWN	STATE	ZIP CODE
Redwood City	CA	94063

DATE OF BIRTH (MM/DD/YYYY)	U.S. SOCIAL SECURITY NUMBER	EMAIL ADDRESS
04/15/1965	084-91-2604	naidumunsami21@gmail.com

TELEPHONE NUMBER

(510) 951-7431

CITIZENSHIP / IMMIGRATION STATUS — CHECK ONE REQUIRED

- ○ 1. A citizen of the United States
- ○ 2. A noncitizen national of the United States (See Instructions)
- ◉ 3. A lawful permanent resident — Enter USCIS or A-Number:
- ○ 4. An alien authorized to work — Authorization Expiration Date:

Section 2 — Employer Review and Verification **Rachel completes after you submit**

For HR Only: Section 2 will be completed by Rachel in Step 4 after you submit your package. She must physically examine original documents and sign within 3 business days of your first day of employment. See USCIS Form I-9 instructions for acceptable documents (List A or List B + List C).

Supplement A — Preparer / Translator Certification **Only if someone helped you fill Section 1**

Complete this section ONLY if a preparer or translator assisted you in completing Section 1. If you completed Section 1 yourself, leave blank.

PREPARER/TRANSLATOR LAST NAME **PREPARER/TRANSLATOR FIRST NAME** **PREPARER/TRANSLATOR ADDRESS**

CITY, STATE, ZIP

If a preparer/translator assisted you, they must sign separately on the paper I-9 Supplement A. This digital form captures the information; the physical signature and full Supplement A must be retained per USCIS requirements.

Section 2 — Employer Review and Verification

DOCUMENTATION THE EMPLOYEE PRESENTED

○ List A (identity **and** work authorization) ◉ List B + List C

LIST B — IDENTITY

DOCUMENT TITLE	ISSUING AUTHORITY
Driver's license or ID card issued by a State/outlying possession (with photo)	CA DMV

DOCUMENT NUMBER	EXPIRATION DATE (IF ANY)
Y8056516	04/15/1965

LIST C — EMPLOYMENT AUTHORIZATION

DOCUMENT TITLE	ISSUING AUTHORITY
Social Security Account Number card (unrestricted)	Social Security Admin

DOCUMENT NUMBER	EXPIRATION DATE (IF ANY)
084-91-2604	

Additional information (optional)

EMPLOYER / COMPANY — used on all government forms (W-4, DE 4, I-9, 8850)

FIRST DAY OF EMPLOYMENT	COMPANY LEGAL NAME
10/30/2026	Hammer Head Protection Inc

COMPANY ADDRESS	NAME & TITLE OF EMPLOYER REPRESENTATIVE
4551 South B Street, Stockton, CA 95206	Socorro Pimentel

FEDERAL EIN (W-4 & 8850)	CA EMPLOYER PAYROLL TAX ACCOUNT # (DE 4)
45-4415633	3432707

☒ I have physically examined the original document(s); they appear genuine and relate to this employee.

SIGNATURE

Socorro Pimentel