PLEASE PRINT - MAKING MULTIPLE COPIES - PRESS HARD (REV 01/01/2014)

IMPORTANT: 1. W-4 on page 5 MUST be completed to be paid! 2. I-9 on page 6 MUST be completed to be paid!

$C \land$	PS			232-3514 NORTHE	OKIE BLVD., SUIT BROOK, IL 60062 CKER STREET, 1 RK, NY 10012	!	or NON-U	JNION			Emp	-	•	VOU	
DATE WORKED	PRODUCTI	ON COMPANY					PRODUC	CTION TITLE						TYPE OF CA	LL
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STREET ADDRESS				APT #	CHECI IF NE	( BOX W ADDRESS	SEND TO A	GENT NAME							
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THE UNDERSIGNE	D ACCEPTS EMPLO	YMENT ON	THE TERI	MS AND CONDITIO	NS SET FORTH	ABOVE.									
SIGNATURE (If Mino	r, Parent or Guardian r	nust sign)						1							

Attention all CA employees: Effective 2/14/2014, CAPS has established a Medical Provider Network (MPN) for all work-related injuries and/or illnesses. In the event of an injury, your care will be directed to a physician within the MPN and you have the right to pre-designate a doctor. For further information, please visit https://www.capspayroll.com/MPNNotice.pdf, email MPN@capspayroll.com, or call 877-243-9910.

WET/ SMOKE TOTAL PAYMENT ▶

**PAGE 1 - CAPS COPY** 





PLEASE PRINT - MAKING MULTIPLE COPIES - PRESS HARD (REV 01/01/2014)

IMPORTANT: 1. W-4 on page 5 MUST be completed to be paid! 2. I-9 on page 6 MUST be completed to be paid!

		10600 VIR	CINIA AVE	AVE. 400 SKOKIE BLVD., SUITE 460					Employer: CAPS, LLC, FEIN: 27-4217142				
$\mathbb{C} \wedge$	DC		TY, CA 90232-3	514 NORTHBI	ROOK, IL 60062	2			RA VOUCE	A VOUCHER			
C/\		INQUIRIES 877	3: 3-5 pm Mon-Fri 7-495-0482		CKER STREET, 1 RK, NY 10012	13TH FLOO	R NON-	UNION					
DATE WORKED	PRODUCTI	ON COMPANY					PRODU	CTION TITLE				TYPE OF CALL	
NAME (LAST)	I				(FIRST)			(M.I.)		17.7			**************************************
STREET ADDRESS				APT #	CHECI IF NE	K BOX W ADDRESS	SEND TO AGENT	AGENT NAME			375 A		
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PHONE NUMBER							CITY				STATE	ZIP	
WORK STATE		BASIC WAGE	RATE		STARTING T AM PM	IME				DISMISSAL TIN AM PM	ME		
NON-DEDUCTIBLE BRI	EAKFAST		1ST MEAL		1		2ND MEAL				OTAL HOURS	APPROVED FOR PAY	MENT
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ppopo	MEAL DENIALTY	FITTINIO	SMOR		BUMP	\$		PYMT TYPE	HOURS		AMOUNT	ACCOUNT CODE	
PROPS	MEAL PENALTY	FITTING	NIGH	PREMIUM	ALLOWANCE ADJUSTMENT	\$		DAY					
COMMENTS	1	'	'					1.5					
								2.0					
all services heretofe	the sum properly con ore rendered by me for by negotiable check	or CAPS, LL	C. I further agre	e that the said	sum, less all c	deductions	required by law,						
address and depos	sited in the United St I rights of every kind	ates mail wi	thin the time pe	eriods provided	d by law." "I he	ereby give	and grant to the						
plays and appeara	nces heretofore ma	de by me fo	or you and in a	and to all of the	he results and	proceeds	of my services						
heretofore rendered for you, as well as in and to the right to use my name, likeness and photographs, either still or moving for commercial and advertising purposes. I further give and grant to the said company the right to reproduce in any manner whatsoever any recordations heretofore made by said company of my voice and all instrumental, musical, or other sound													
effects produced b	y me. I further agree are required (whether	that in the	event of a retak	e of all or any	of the scenes	in which I	participate, or if						
scenes at the same	basic rate of compe LLC may take dec	ensations as	that paid to me	for the origin	al taking." "By	signing th	is form, I hereby						
overpayments may	occur."  D ACCEPTS EMPLO	YMENT ON	THE TERMS AN	ID CONDITION	IS SET FORTH	AROVE							
	; Parent or Guardian I		I LI IIVIO AI		021101111	, (DOVE.		-					
X								WET/					

Attention all CA employees: Effective 2/14/2014, CAPS has established a Medical Provider Network (MPN) for all work-related injuries and/or illnesses. In the event of an injury, your care will be directed to a physician within the MPN and you have the right to pre-designate a doctor. For further information, please visit https://www.capspayroll.com/MPNNotice.pdf, email MPN@capspayroll.com, or call 877-243-9910.

TOTAL PAYMENT ►

**PAGE 2 - PRODUCTION COPY** 





## PLEASE PRINT - MAKING MULTIPLE COPIES - PRESS HARD (REV 01/01/2014) IMPORTANT: 1. W-4 on page 5 MUST be completed to be paid! 2. I-9 on page 6 MUST be completed to be paid!

ROUNTIES: 3-5 pm Mon-Fri	$\wedge$		10600 VIRO CULVER CI			KIE BLVD., SUIT ROOK, IL 60062							EXTRA	-	
TREET ADDRESS  APT # CHECK BOX PHONE NUMBER  CITY  STATE  ZIP  STREET ADDRESS  APT # STREET ADDRESS  APT # STREET ADDRESS  CITY  STATE  ZIP  STATE  ZIP  DISMASSAL TIME AM PM PM PM AM PM PM  AM PM  DISMASSAL TIME AM PM NOH-DEDUCTBLE BREAVFAST  STATE  TRICAL  AMD PM PM  TOTAL HOURS  APPROVED FOR PRYMENT  FINISH  ADD NOT WRITE IN THIS SPACE  PMORNOR  MEAGE  AUTO  WET  WALAWAW \$  DO NOT WRITE IN THIS SPACE  ADJUSTMENT \$  ADJUSTMENT \$  Tages to accept the sum properly computed based upon the times and the basic wage rate shown as payment in full incompany in and of a finish to elevery diversity of year to the company and check to be addressed to me at my last reported address and deposited in the Unless dates mad within the time periods produced by law. "I ensemble on the produced by law." I ensemble on the produced by law." I ensemble on the produced by law." I ensemble on the produced by law. "I ensemble on the produced by law." I ensemble on the company and add regists of every kind and character withstower in and to all work heretofore drone, and all postes, acts, beneforce rendered by me for CAPS, LLC. I further agree that the said sum, less all deductions required by law.  The produced by law. "I thereby give and grant to the company and all rights of every kind and character withstower in and to all work heretofore drone, and all postes, acts, beneforce rendered by me and the law of the said company for my color and all instruments, musical, or other sound effects produced by me. I further agree that the event of a retake of all or any of the scenes in which I participate, or if additional scenes are required (whether originally contempated or not). I'll return to work, and means the participate, or if additional scenes are required (whether originally contempany of my voice and all instruments, musical, or other sound effects produced by me. I further agree that in the event	C/\						13TH FLOO		JNION					,,,,	O//L/
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WET/ SMOKE TOTAL PAYMENT ▶

**PAGE 3 - CASTING COPY** 





PLEASE PRINT - MAKING MULTIPLE COPIES - PRESS HARD (REV 01/01/2014)

IMPORTANT: 1. W-4 on page 5 MUST be completed to be paid! 2. I-9 on page 6 MUST be completed to be paid!

•		10600 VIRGINIA AVE. CULVER CITY, CA 90232-3514  400 SKOKIE BLVD., SUITE 460 NORTHBROOK, IL 60062								Employer: CAPS, LLC, FEIN: 27-4217142				
$C \wedge$	DC										EXT	<b>EXTRA VOUCHER</b>		
C/ \			6: 3-5 pm Mo 7-495-0482		CKER STREET, 1 RK, NY 10012	13TH FLOO	IR NON-U	JNION						
DATE WORKED	PRODUCTI	ON COMPANY					PRODUC	TION TITLE					TYPE OF CALL	
NAME (LAST)	I				(FIRST)			(M.I.)						70.7
STREET ADDRESS				APT #	CHEC	K BOX W ADDRESS	SEND TO A	GENT NAME		267-11-7	3977 24 3974			
CITY			STATE		ZIP		STREET ADDRESS							
PHONE NUMBER							CITY				STATE		ZIP	
WORK STATE BASIC WAGE RATE					STARTING TIME AM PM					DISMISSAL AM PM	TIME			
NON-DEDUCTIBLE BRI	EAKFAST		1ST MEAL		11111		2ND MEAL			11.00	TOTAL HOURS	APP	ROVED FOR PAY	MENT
START	FINISH			START	FINISH		START		F	INISH				
WARDROBE	MILEAGE	AUT0	V	WET	WALKAWAY	\$		_	DO	NOT W	RITE IN THI	S SP/	ACE 1	7
				SMOKE	BUMP	\$		PYMT TYPE		HOURS	AMOUNT		ACCOUNT CODE	
PROPS	MEAL PENALTY	FITTING		NIGHT PREMIUM	ALLOWANCE ADJUSTMENT	\$ \$		DAY						
COMMENTS	I				7.50001	•		1.5						
								2.0						
all services heretofe	the sum properly con ore rendered by me for	or CAPS, LL	C. I further	agree that the said	sum, less all o	deductions	required by law,							
	e by negotiable check sited in the United St	,		•									+	
	Il rights of every kind inces heretofore ma													
heretofore rendered	d for you, as well as i	n and to the	right to us	se my name, likenes	ss and photogr	aphs, eith	er still or moving							
for commercial and advertising purposes. I further give and grant to the said company the right to reproduce in any manner whatsoever any recordations heretofore made by said company of my voice and all instrumental, musical, or other sound														
•	y me. I further agree are required (whether			,										
scenes at the same	e basic rate of compe	ensations as	that paid t	to me for the origin	al taking." "By	signing th	nis form, I hereby						+	
agree that CAPS, overpayments may	LLC may take dec occur."	luctions fror	n my earr	nings to adjust pr	evious overpa	yments if	and when said							
THE UNDERSIGNE	D ACCEPTS EMPLO	YMENT ON	THE TERM	S AND CONDITION	IS SET FORTH	ABOVE.								
•	r, Parent or Guardian i	nust sign)												
X								WET/						

Attention all CA employees: Effective 2/14/2014, CAPS has established a Medical Provider Network (MPN) for all work-related injuries and/or illnesses. In the event of an injury, your care will be directed to a physician within the MPN and you have the right to pre-designate a doctor. For further information, please visit https://www.capspayroll.com/MPNNotice.pdf, email MPN@capspayroll.com, or call 877-243-9910.

TOTAL PAYMENT ►

**PAGE 4 - EMPLOYEE COPY** 





## Form W-4 (2014)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions**. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity lincome, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Form **W-4** (2014)

Personal Allowances Worksheet (Keep for your records.) Α Enter "1" for yourself if no one else can claim you as a dependent . . . . • You are single and have only one job; or В • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . . . . . . . . . . . Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . . . D Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child . Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) > H • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions For accuracy, and Adjustments Worksheet on page 2. complete all • If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to worksheets avoid having too little tax withheld. that apply. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. Separate here and give Form W-4 to your employer. Keep the top part for your records. -----**Employee's Withholding Allowance Certificate** OMB No. 1545-0074 ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS. nternal Revenue Service Your first name and middle initial Your social security number Last name Home address (number and street or rural route) 3 Single Married Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. City or town, state, and ZIP code 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 5 Additional amount, if any, you want withheld from each paycheck . . . . . . . . . . . . . . . . . . 6 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and . This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete. Employee's signature (This form is not valid unless you sign it.) ▶ Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) 9 Office code (optional) 10 Employer identification number (EIN)



Cat. No. 10220Q

For Privacy Act and Paperwork Reduction Act Notice, see page 2.



### **Employment Eligibility Verification**

#### **Department of Homeland Security**

U.S. Citizenship and Immigration Services

USCIS Form I-9 OMB No. 1615-0047 Expires 03/31/2016

▶START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

ast Name (Family Name)	First Name (Given Name	e) Middle Initial	Other Names I	mes Used (if any)					
Address (Street Number and Name)	Apt. Number	City or Town	Sta	te Zip 0	Code				
Pate of Birth (mm/dd/yyyy) U.S. Soci	al Security Number E-mail Addres	es		Telephone Nu	umber				
m aware that federal law provi		fines for false statements	or use of fal	se documer	nts in				
ttest, under penalty of perjury,	that I am (check one of the fo	ollowing):							
A citizen of the United States									
A noncitizen national of the Uni	ted States (See instructions)								
A lawful permanent resident (A	lien Registration Number/USCI	S Number):							
An alien authorized to work until (e (See instructions)	xpiration date, if applicable, mm/do	d/yyyy)	. Some aliens r	may write "N/A	" in this field.				
For aliens authorized to work, p	provide your Alien Registration l	Number/USCIS Number <b>O</b> l	R Form I-94 A	dmission Nu	mber:				
1. Alien Registration Number/U	SCIS Number:			3-D E	Barcode				
OR				_	e in This Spac				
2. Form I-94 Admission Number	r:								
If you obtained your admission States, include the following:	on number from CBP in connec	tion with your arrival in the	United						
Foreign Passport Number	:								
Country of Issuance:									
Some aliens may write "N/A"	on the Foreign Passport Numb	per and Country of Issuance	e fields. (See	instructions)					
ignature of Employee:			Date (mm/do	d/yyyy):					
reparer and/or Translator Comployee.)	ertification (To be completed	and signed if Section 1 is p	prepared by a	person other	r than the				
attest, under penalty of perjury, formation is true and correct.	that I have assisted in the co	mpletion of this form and	I that to the b	est of my k	nowledge th				
gnature of Preparer or Translator:				Date (mm/dd/	/yyyy):				
ast Name <i>(Family Name)</i>		First Name (Give	en Name)						
ddress (Street Number and Name)		City or Town		state Zip	Codo				





# 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	OR	LIST B Documents that Establish Identity	ID	LIST C Documents that Establish Employment Authorization
2.	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-		<ol> <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</li> </ol>	1.	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
4.	readable immigrant visa  Employment Authorization Document that contains a photograph (Form I-766)		government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address  3. School ID card with a photograph	2.	(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION  Certification of Birth Abroad issued by the Department of State (Form FS-545)
5.	For a nonimmigrant alien authorized to work for a specific employer because of his or her status:	2ed 4. 5. 6. 7.	4. Voter's registration card	3.	Certification of Report of Birth issued by the Department of State (Form DS-1350)
	<ul><li>a. Foreign passport; and</li><li>b. Form I-94 or Form I-94A that has the following:</li><li>(1) The same name as the passport;</li></ul>		-	<ol> <li>U.S. Military card or draft record</li> <li>Military dependent's ID card</li> <li>U.S. Coast Guard Merchant Mariner Card</li> </ol>	4.
	and (2) An endorsement of the alien's nonimmigrant status as long as		Native American tribal document     Driver's license issued by a Canadian government authority.		Native American tribal document U.S. Citizen ID Card (Form I-197)
	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.		For persons under age 18 who are unable to present a document listed above:		Identification Card for Use of Resident Citizen in the United States (Form I-179)
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		10. School record or report card  11. Clinic, doctor, or hospital record  12. Day-care or nursery school record	8.	Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

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

(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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title,

issuing authority, document number, and	expiration date,	if any.)								
Employee Last Name, First Name and	Middle Initial fro	om Section 1:								
List A Identity and Employment Authorizati	OR on	List B		AN		List	C : Authorization			
Document Title:		ent Title:			Document 7					
Issuing Authority:	Issuing	Authority:			Issuing Aut	hority:				
Document Number:	Docum	ent Number:			Document I	Number:				
Expiration Date (if any)(mm/dd/yyyy):	Expirat	ion Date (if any	v)(mm/dd/yyyy)	<u>:</u>	Expiration [	Date (if any)	(mm/dd/yyyy):			
Document Title:										
Issuing Authority:										
Document Number:										
Expiration Date (if any)(mm/dd/yyyy):							3-D Barcode			
Document Title:						Do N	ot Write in This Space			
Issuing Authority:										
Document Number:										
Expiration Date (if any)(mm/dd/yyyy):										
Certification										
I attest, under penalty of perjury, th above-listed document(s) appear to employee is authorized to work in t	be genuine a	and to relate								
The employee's first day of employ				(See inst	ructions fo	or exempti	ions.)			
Signature of Employer or Authorized Repr	resentative	Date	(mm/dd/yyyy)	Title of	f Employer or Authorized Representative					
Last Name (Family Name)	First Na	me (Given Nan	(Given Name) Employer's E			Business or Organization Name				
Employer's Business or Organization Add	ress (Street Nun	nber and Name	City or Towr	n		State	Zip Code			
Section 3. Reverification and	d Rehires (T	o be complet	ed and signe	d by employe	er or author	ized repres	sentative.)			
A. New Name (if applicable) Last Name (I	Family Name) Fi	irst Name (Give	en Name)	Middle Initi	al <b>B.</b> Date o	of Rehire (if a	applicable) (mm/dd/yyyy)			
C. If employee's previous grant of employmersented that establishes current employees					ocument fror	n List A or Li	st C the employee			
Document Title:	•	Document				Expiration [	Date (if any)(mm/dd/yyyy)			
I attest, under penalty of perjury, that the employee presented document(s										
Signature of Employer or Authorized Rep	Date (mm/d	Date (mm/dd/yyyy): Print Name			of Employer or Authorized Representative:					

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