

The **IRS Form I-9** is used to verify the identity and employment authorization of new and current employees in the United States.



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

USCIS
Form I-9
OMB No.1615-0047
Expires 05/31/2027

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) Doe		First Name (Given Name) Jane		Middle Initial (if any)	Other Last Names Used (if any)
Address (Street Number and Name) 123 Any Street			Apt. Number (if any)	City or Town Anytown	State UT ZIP Code 88888
Date of Birth (mm/dd/yyyy) 01/01/1900	U.S. Social Security Number 1 2 3 - 4 5 - 6 7 8 9	Employee's Email Address Employee@email.com		Employee's Telephone Number (888) 000-0000	

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.):

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 until (exp. date, if any)

If you check Item Number 4., enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
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Signature of Employee _____ Today's Date (mm/dd/yyyy)
01/01/1900

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				
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				
Document Title 2 (if any)		Additional Information <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.		
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				
Document Title 3 (if any)				
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				

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.

Last Name, First Name and Title of Employer or Authorized Representative Example Test		Signature of Employer or Authorized Representative _____	Today's Date (mm/dd/yyyy) 01/01/1900
Employer's Business or Organization Name Test Example	HCSR	Employer's Business or Organization Address, City or Town, State, ZIP Code Example Business Anytown UT 88888	

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

Section 1 to be completed by the Employee (content in red).

- First & Last Name must match Social Security Card
- Citizen status must be checked
- Employee must sign & date

Section 2 to be completed by the Employer.

- Complete using documents provided by employee
- Required documents can be found on page 2 of form

Employer must complete, sign and date.