TABLE OF CHANGES - FILLABLE FORM

Form I-9, Employment Eligibility Verification Revision Date: 03/30/2016

Reason for Revision: Despite the agency's continued efforts at improving the form and instructions, employers and employees continue to make errors when filling out the form. On January 20, 2011, stakeholders requested USCIS develop a Form I-9 that incorporates functionality and assistance tools to mitigate or prevent employer and employee error when completing the form.

Feature or Field Name	Current Form I-9, 03/08/13 N If field is blank, item does not exist on current form or there is no change to current text.	Proposed Revision These proposed revisions will appear to all users, whether the form is filled in using a computer or on paper.	Hover Text A new proposed feature provides abbreviated instructions for completing the field when user fills in form fields on a computer. Hover text appears when user hovers mouse over a field that includes this feature.	Helper Text A new proposed feature that provides more instructions for completing a field when user fills in form fields on a computer and clicks the ? icon included on most fields.	Drop-Down Lists of selectable items have been added or updated. Drop-downs appear when user fills in form fields using a computer.	Error Messages A new proposed feature visible when Form I-9 is filled in on a computer. Error messages instruct a user to correct a field when information entered does not follow prescribed form requirements.
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	General Form Features								
Start Over Button	New button viewed in the top margin when viewing the form on a computer will clear all fields in a partially or fully completed form to allow the user to start over easily. Button will not be visible when form is printed.	Start Over	N/A	N/A	Do you want to clear all completed fields and start over? Yes or No				
Instruction s Button	New button viewed in the top margin when viewing the form on a computer will contain a hyperlink once the form is approved by OMB to take users directly to the Form instructions located on the USCIS forms page. This allows for instant access to form instructions when the form is completed using a computer, precluding the need for employers to print out form instructions when using a computer. Button will not be visible when form is printed.	Once OMB approves the form, this hover text will read, "Instructions". However, to allay any public confusion, the hover text currently reads: "Proposed instructions are not yet available via this button. View them in the supporting documents to the I-9 Federal Register notice." Once OMB approves the form and instructions, this button will link directly to the instructions.	N/A	N/A	N/A				

Feature	Current	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
or Field	Form I-9, 03/08/13 N					
Name	03/08/13 N			1		
Print Form button		New button viewed in the top margin when viewing the form on a computer will allow the user to print a blank form, or a fully or partially completed form, easily. Button will not be visible when form is printed.	Print	N/A	N/A	N/A
Start Here	Read instructions carefully before completing this form. The instructions must be available during completion of the form.	Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of the form. Employers are liable for errors in the completion of this form.	N/A	N/A	N/A	N/A
Anti-Discrimination Notice	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.	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.				
Click to Finish Button		Each section contains a new Click to Finish button that, when clicked, begins a field validation process within the form that verifies that information has been entered into each field of the form according to prescribed form requirements designed to reduce technical errors on the form. This button does not appear on the printed form.	Click here to finish Section 1.	N/A	N/A	N/A

Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
Click to Finish Action Messages for Section 1		While user enters information into Section 1 fields using a computer, a message appears under the Click to Finish button that reads: "Section 1 Completion in Progress." When the user clicks the Click to Finish button, JavaScript Window will read: "The form will check to ensure that each field in Section 1 is filled out. Would you like to perform this check now? Click Yes to Continue; click No to make any corrections." If the user clicks No, validation cancels and user can make corrections. If the user clicks Yes, and the form is able to validate that all fields were filled in according to form requirements, this message appears: "Please print to sign and date this section". If the user clicks Yes and the form is unable to validate that all the fields were filled in according to form requirements, this message appears: "Employee section contains incomplete or incorrect information. Complete the highlighted areas, then select 'Click to Finish'."	N/A	N/A	N/A	When form check is complete, a JavaScript Window titled Section 1 Check Finished will appear with the message: "You must print Section 1, then sign and date in the appropriate fields, for this form to be considered complete for Form I-9 purposes. Your employer is now required to complete Section 2."

Feature	Current	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
or Field	Form I-9,					3 3 3 3 3 3
Name	03/08/13 N					
Click to	T	While user enters	N/A	N/A	N/A	When form check is
Finish		information into Section 2	IN/A	N/A	IN/A	complete, a Java
Action		fields using a computer, a				Script Window titled
		message appears under				Section 2 Check
Messages		the Click to Finish button				Finished will appear
for Section 2		that reads: "Section 2				with the message:
4		Completion in Progress."				"You must print
		When the user clicks the Click to Finish button.				Section 2, then sign
		JavaScript Window will				and date in the appropriate fields, for
		read: "The form will check				this form to be
		to ensure that each field in				considered complete
		Section 2 is filled out.				for Form I-9
		Would you like to perform				purposes."
		this check now? Click Yes				
		to Continue; click No to				
		make any corrections." If the user clicks No.				
		validation cancels and user				
		can make corrections. If				
		the user clicks Yes, and				
		the form is able to validate				
		that all fields were filled in				
		according to form				
		requirements, this				
		message appears: "Please print to sign and date this				
		section". If the user clicks				
		Yes and the form is unable				
		to validate that all the fields				
		were filled in according to				
		form requirements, this				
		message appears:				
		"Employer section contains				
		incomplete or incorrect information. Complete the				
		highlighted areas, then				
		select 'Click to Finish'."				
				,		
Click to		While user enters	N/A	N/A	N/A	When form check is
Finish		information into Section 3				complete, a Java
Action		fields using a computer, a				Script Window titled
Messages		message appears under the Click to Finish button				Section 3 Check Finished will appear
for Section		that reads: "Section 3				with the message:
3		Completion in Progress."				"You must print
		When the user clicks the				Section 3, then sign
		Click to Finish button,				and date in the

Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
		JavaScript Window will read: "The form will check to ensure that each field in Section 3 is filled out. Would you like to perform this check now? Click Yes to Continue; click No to make any corrections." If the user clicks No, validation cancels and user can make corrections. If the user clicks Yes, and the form is able to validate that all fields were filled in according to form requirements, this message appears: "Please print to sign and date this section". If the user clicks Yes and the form is unable to validate that all the fields were filled in according to form requirements, this message appears: "Reverification and Rehires section contains incomplete or incorrect information. Complete the highlighted areas, then select 'Click to Finish'."				appropriate fields, for this form to be considered complete for Form I-9 purposes."

Feature or Field	Current Form I-9,	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages			
Name	03/08/13 N								
Section 1									
Last Name			Enter your full legal last name. Click on the question mark for more information about this field.	Enter your full legal last name. Your last name is your family name or surname. If you have two last names or a hyphen- ated last name, include both names in this field. Examples of correctly entered last names include De La Cruz, O'Neill, Garcia Lopez, Smith-Johnson, Nguyen. If you only have one name, enter it in this field, then enter "Unknown" in the First Name field. You may not enter "Unknown" in both this field and the First Name field.	N/A	You must enter your last name. If you do not have a last name, enter "Unknown."			
First Name		Inserted vertical lines demarcating the First Name and Middle Initial fields.	Enter your full legal first name. Click on the question mark for more information about this field.	Enter your full legal first name. Your first name is your given name. Some examples of correctly entered first names include Jessica, John-Paul, Tae Young, D'Shaun, Mai. If you only have one name, enter it in the Last Name field, then enter "Unknown" in this field. You may not enter "Unknown" in both this field and the Last Name field.	N/A	You must enter your first name. If you do not have a first name, enter "Unknown" in this field. You may not enter "Unknown" in both the first name and last name fields.			
Middle Initial			Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any. Click on the question mark for more information about this field.	Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any. If you have more than one middle name, enter the first letter of your first middle name. If you do not have a middle name, enter N/A in this field.	N/A	Enter the first letter of your middle name in this field. You may only enter one letter for your middle initial. If you have more than one middle name, enter the first letter of your first middle name If you do not have a middle initial enter "N/A".			

Other Last	Other Names	Revised field name to	Provide all other last	Provide all other last names	N/A	Other Last Names

Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
Names Used	Used	Other Last Names Used	names used, if any, such as maiden name. Enter N/A if you have not used other last names. Click on the question mark for more information about this field.	used, if any, such as maiden name. Enter N/A if you have not used other last names. For example, if you legally changed your last name from Smith to Jones, you should enter the name Smith in this field.		Used cannot be left blank. If you have not used a different last name, such as a maiden name, enter 'N/A'.
Address (Street Number and Name)			Enter the street name and number of the current address of your residence. Click on the question mark for more information about this field.	Enter the street name and number of the current address of your residence. If you are a border commuter from Canada or Mexico, you may enter your Canada or Mexico address in this field. If your residence does not have a physical address, enter a description of the location of your residence, such as "3 miles southwest of Anytown post office near water tower."	N/A	You must enter your street number and name in the address field. Address can only contain numbers, letters, spaces, hyphens, apostrophes and periods. You may not enter N/A or leave this field blank.
Apartment Number			Enter the number(s) or letter(s) that identify(ies) your apartment. If you do not live in an apartment, enter N/A.	Enter the number(s) or letter(s) that identify(ies) your apartment. If you do not live in an apartment, enter N/A.	N/A	Enter the number(s) or letter(s) for your apartment. If you do not live in an apartment, enter N/A. You may not leave this field blank.
City or Town			Enter your city, town or village in this field.	Enter your city, town or village in this field. If your residence is not located in a city, town or village, enter your county, township, reservation, etc., in this field. If you are a border commuter from Canada, enter your city and province in this field. If you are a border commuter from Mexico, enter your city and state in this field.	N/A	You must enter a city, town or village.

Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
State			Select the abbreviation of your state or territory from the drop-down list. You may also type the first letter of the abbreviation and use the down arrow to select your state or territory. Click on the question mark for more information about this field.	Select the abbreviation of your state or territory from the dropdown list. You may also type the first letter of the abbreviation and use the down arrow to select your state or territory. If you are a border commuter from Canada or Mexico, you should choose your country abbreviation, located at the end of the drop-down list.	Dropdown contains list of two-character state abbreviations, followed by list of two-character territory abbreviations, followed by CAN and MEX	Select your state or territory from the drop-down list.
ZIP Code			Enter your 5-digit ZIP code in this field. Click on the question mark for more information about this field.	Enter your 5-digit ZIP code in this field. If you are a border commuter from Canada or Mexico, enter your 5- or 6-digit postal code in this field.	N/A	Please enter your 5-digit U.S. ZIP code, 5-digit Mexican postal code, or 6-digit Canadian postal code (ex. H0H 0H0) in this field. This field cannot be left blank.
Date of Birth			Enter your date of birth as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 1980 as 01/08/1980.	Enter your date of birth as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 1980 as 01/08/1980.	N/A	Date of birth cannot be left blank. Enter your date of birth as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 1980 as 01/08/1980. The date of birth entered in this field must be before today's date and cannot be more than 120 years in the past.

Feature or Field	Current Form I-9,	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
Name	03/08/13 N					
U.S. Social Security Number		When Social Security number is entered, form automatically formats the number. When the form is printed after completing the field using a computer, the numbers entered will be formatted with boxes and hyphens. If a blank form is printed, boxes with hyphens will appear that can be filled in manually.	Providing your 9-digit Social Security number is voluntary on Form I-9 unless your employer participates in E-Verify. If your employer participates in E-Verify and: 1. You have been issued a Social Security number, you must provide it in this field; or 2. You have applied for, but have not yet received a Social Security number, leave this field blank until you receive a Social Security number	Providing your Social Security number is voluntary on Form I-9 unless your employer participates in E-Verify. If your employer participates in E-Verify and: 1. You have been issued a Social Security number, you must provide it in this field; or 2. You have applied for, but have not yet received a Social Security number, leave this field blank until you receive a Social Security number.	N/A	If your employer does not participate in E-Verify, this field may remain blank. If your employer does participate in E-Verify, this field should not be left blank. However, if you have left this field blank because you have not yet received your Social Security number, once you print the form, write "Applied for – In Process" in this space. If you choose to enter your Social Security number, use numerical characters only, e.g., enter 111-22-3333 as 111223333.
Employee's E-mail Address	E-Mail Address	Removed visible box in field. Revised field name to Employee's E-mail Address.	Providing your e-mail address is optional on Form I-9. To enter your e-mail address, use this format: name@site.domain. One reason the Department of Homeland Security (DHS) may e-mail you is if your employer uses E-Verify and DHS learns of a potential mismatch between the information provided and the information in government records. This e-mail would contain information on how to begin to resolve the potential mismatch. Enter N/A if you do not enter your e-mail address. You may use either your personal or work e-mail address in this field.	Providing your e-mail address is optional on Form I-9. To enter your e-mail address, use this format: name@site.domain. One reason the Department of Homeland Security (DHS) may e-mail you is if your employer uses E-Verify and DHS learns of a potential mismatch between the information provided and the information in government records. This e-mail would contain information on how to begin to resolve the potential mismatch. Enter N/A if you do not enter your e-mail address. You may use either your personal or work e-mail address in this field.	N/A	If you choose to enter your e-mail address, use this format: name@site.domain. Enter N/A if you do not enter your email address.

Feature	Current	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
or Field Name	Form I-9, 03/08/13 N					
Employee's Telephone number	Telephone Number	Revised field name to Employee's Telephone Number.	Providing your telephone number is optional for Form I-9. Enter only the numbers of your 9- or 10-digit telephone number. Enter N/A if you do not enter your telephone number.	Providing your telephone number is optional for Form I-9. Enter only the numbers of your 9- or 10-digit telephone number. Enter N/A if you do not enter your telephone number.	N/A	If you choose to enter your Telephone Number, use numerical characters only: (e.g., enter (222)333-4444 as 2223334444 or (22)333-4444 as 223334444). If you do not enter a Phone Number, enter N/A
A citizen of the United States			Select this status if it applies to you. If you select this box, the rest of the fields in this area will contain N/A.	Select this status if it applies to you. If you select this box, the rest of the fields in this area will contain N/A.	N/A	You must make a citizenship status selection.
A noncitizen national of the United			Select this status if it applies to you. If you select this box, the rest of the fields in this area will contain N/A.	Select this status if it applies to you. If you select this box, the rest of the fields in this area will contain N/A.	N/A	You must make a citizenship status selection.
States			Click on the question mark for more information about this field.	A noncitizen national of the United States is an individual born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.		
A lawful permanent resident			Select this status if it applies to you. If you select this box, the fields associated with the alien authorized to work status will contain N/A.	Select this status if it applies to you. If you select this box, the fields associated with the alien authorized to work status will contain N/A	N/A	You must make an immigration status selection.
			Click on the question mark for more information about this field.	A lawful permanent resident is an individual who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. This term includes conditional residents.		
				If you select this box, you must enter either your Alien Registration Number or USCIS Number in the field provided. At this time, the USCIS Number is the same as the A-number without the "A" prefix.		
				Asylees and refugees should not select this status, but should instead select "An alien authorized to work."		

Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
Alien Registra- tion Number/ USCIS Number			Lawful permanent residents must enter their 7- to 9-digit Alien Registration Number or USCIS Number here. To do so, enter the number in the space provided, then select either Alien Registration Number or USCIS Number from the drop-down. Click on the question mark for more information about this field.	Lawful permanent residents must enter their 7- to 9-digit Alien Registration Number or USCIS Number here. At this time, the USCIS Number is the same as the A-number without the "A" prefix. To do so, enter the number in the space provided, then select either Alien Registration Number or USCIS Number from the dropdown. If you select Alien Registration Number from the drop-down, an "A" will appear before the number you entered.	Dropdown contains Alien Registration Number and USCIS Number: When user selects Alien Number, an A will populate next to the Alien Number provided in this field.	If you select Lawful Permanent Resident, you must enter your 7- to 9-digit Alien Registration Number or USCIS Number in the space provided.
Alien Registratio n/USCIS Number Selection Drop-down		New dropdown included in the proposed form that allows the user to indicate whether the number he or she entered is an Alien Registration Number or a USCIS Number. If the user selects Alien Registration Number, the previous field will be populated with an "A."			Alien Number USCIS Number	You must indicate whether the number you entered in this field is an Alien Registration Number or a USCIS Number. This field may not be left blank.
An alien authorized to work			Select this status if it applies to you. If you select this box, the fields associated with the lawful permanent resident status will contain N/A. Click on the question mark for more information about this field.	Select this status if it applies to you. If you select this box, the fields associated with the lawful permanent resident status will contain N/A. An alien authorized to work is an individual who is not a citizen or national of the United States, or a lawful permanent resident, but is authorized to work in the United States. If you select this box, you must enter the expiration date of your employment authorization, if any, and either the Alien Registration Number/USCIS Number or the Form I-94 Admission Number in the fields below.	N/A	You must make an immigration status selection.

Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
Expiration Date			Enter the date your employment authorization expires, if any, in this field. Click on the question mark for more information about this field.	Enter the date your employment authorization expires, if any, in this field. If you select this box, enter the date that your employment authorization expires, if any, in this field. In most cases, your employment authorization expiration date is found on the document(s) evidencing your employment authorization. Refugees, asylees and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, and other aliens whose employment authorization does not have an expiration date should enter N/A in this field. In some cases, such as if you have temporary protected status, your employment authorization document authorization document authorization document may have been automatically extended; in these cases, you should enter the expiration date of the automatic extension in this field.		Employees who select An alien authorized to work must enter the date your work authorization expires in the space provided. Enter the date as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). If your employment authorization status does not expire, such as because you are a refugee or asylee, enter N/A in this field.
	"For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number"	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.				

Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
Alien Registra- tion Number/ USCIS Number		Form will only allow entry of one of the three options listed: 1. 7- to 9- digit Alien Registration Number (A-Number)/USCIS Number or 2. 11-digit Form I-94 Admission Number or 3. Foreign Passport Number and the Country of Issuance.	Enter your 7- to 9-digit Alien Registration Number (A-Number)/USCIS Number, if any, in this field. To do so, enter the number in the space provided, then select either Alien Registration Number or USCIS Number from the drop-down. If you select Alien Registration Number from the drop-down, an "A" will appear before the number you entered. Currently, the USCIS number is the same as the Alien number without the "A" prefix. If you do not provide an Alien Registration Number/USCIS Number, enter either a Form I-94 Admission Number or Foreign Passport Number in the fields provided. This field will then be populated with N/A. Click on the question mark for more information about this field.	Enter your 7- to 9-digit Alien Registration Number (A-Number)/USCIS Number, if any, in this field. To do so, enter the number in the space provided, then select either Alien Registration Number or USCIS Number from the drop-down. If you select Alien Registration Number from the drop-down, an "A" will appear before the number you entered. Currently, the USCIS number is the same as the Alien number without the "A" prefix. If you do not provide an Alien Registration Number, enter either a Form I-94 Admission Number or Foreign Passport Number in the fields provided. This field will then be populated with N/A. Aliens authorized to work must enter one of the following to complete Section 1: 1. Alien Registration Number (A-Number)/USCIS Number or 2. Form I-94 Admission Number or 3. Foreign Passport Number and the Country of Issuance.	Dropdown contains Alien Registration Number and USCIS Number: When user selects Alien Number, an A will populate next to the Alien Number provided in this field.	Aliens authorized to work must enter one of the following to complete Section 1: 1. 7- to 9- digit Alien Registration Number (A-Number)/USCIS Number or 2. 11-digit Form I-94 Admission Number or 3. Foreign Passport Number and the Country of Issuance. If user does not select Alien Number or USCIS from the provided dropdown, the following error message will appear: You must indicate whether the number you entered in this field is an Alien Registration Number. This field may not be left blank.

Feature	Current	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
or Field	Form I-9,				- 7	
Name	03/08/13 N					
Foreign Passport Number		Added OR to clarify that only one identifying number should be added in this area. Form will only allow selection of one of the three options listed: 1. 7- to 9- digit Alien Registration Number (A-Number)/USCIS Number or 2. 11-digit Form I-94 Admission Number or 3. Foreign Passport Number and the Country of Issuance.	Enter your Foreign Passport Number in this field. If you do not provide a foreign passport number, enter either your Alien Number/USCIS Number or your I-94 admission number in the fields provided. This field will then be populated with N/A. Click on the question mark for more information about this field.	Enter your Foreign Passport Number in this field. If you do not provide a foreign passport number, enter either your Alien Number/USCIS Number or your I-94 admission number in the fields provided. This field will then be populated with N/A. Aliens authorized to work must enter one of the following to complete Section 1: 1. Alien Registration Number (A- Number)/USCIS Number or 2. Form I-94 Admission Number or 3. Foreign Passport Number and the Country of Issuance.	N/A	Aliens authorized to work must enter one of the following to complete Section 1. 7- to 9-digit Alien Registration Number (A-Number)/USCIS Number or 2. 11-digit Form I-94 Admission Number or 3. Foreign Passport Number and the Country of Issuance.
3-D Barcode	3-D Barcode	Area name changed to: QR Code - Section 1 Do Not Write in this Space	This form uses the information you entered in Section 1 to generate a QR code that will print on your completed form. The information in the barcode may be scanned by employers or during the course of Form I-9 inspections by government officials.		N/A	
Country of Issuance			If you entered your foreign passport number in the Foreign Passport Number field, select the country of issuance of the foreign passport you used to enter the United States from the drop-down list provided. You may also type the first letter of the country and use the down arrow to select your country of issuance. Click on the question mark for more information about this field.	If you entered your foreign passport number in the Foreign Passport Number field, select the country of issuance of the foreign passport you used to enter the United States from the dropdown list provided. You may also type the first letter of the country and use the down arrow to select your country of issuance. If you entered an Alien Registration Number/USCIS Number or I-94 admission number, or you entered N/A in the Foreign Passport Number field, this field will contain N/A.	The drop-down contains all current countries recognized by the Department of State.	If you entered a foreign passport number in the Foreign Passport Number field, select the country of issuance of the foreign passport you used to enter the United States from the drop-down list provided.

Feature	Current	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
or Field	Form I-9,					
Name	03/08/13 N					
Signature of Employee	Some aliens may write N/A on the Foreign Passport Number and Country of Issuance. See instructions.	Deleted	After completing Section 1, sign your name in this field. If you used a form obtained from the USCIS website, you must print the form to sign your name. If you cannot sign your name, you may place a mark in this field to indicate your signature. Click on the question mark for more information about this field.	After completing Section 1, sign your name in this field. If you used a form obtained from the USCIS website, you must print the form to sign your name. If you cannot sign your name, you may place a mark in this field to indicate your signature. By signing this form, you attest under penalty of perjury (28 U.S.C. \$1746) that the information you provided; the citizenship or immigration status you selected; and all information and documentation you provide to your employer, is complete, true and correct, and you are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly or willfully making false statements	N/A	
				or using false documentation when completing this form. If anyone other than the employee completes Section 1, both the employee and the preparer or translator should complete their respective areas of Section 1, then sign Section 1. If the employee is a minor (individual under age 18) or a person with a disability (who is placed in employment by a nonprofit organization, association or as part of a rehabilitation program) who cannot present an identity document, refer to the section of the Form I-9 instructions titled "Signature of the Employee" for more information. Employees who use a preparer or translator to complete the form must still sign or make a mark in this field.		

Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
Date			After completing Section 1, enter the date you signed Form I-9 in this field. If you used a form obtained from the USCIS website, you must print the form to enter the date in this field. Click on the question mark for more information about this field.	After completing Section 1, enter the date you signed Form I-9 in this field. If you used a form obtained from the USCIS website, you must print the form to enter the date in this field. Enter the date as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 1980 as 01/08/1980. A preparer or translator who assists the employee in completing Section 1 must enter the date the employee signed or made a mark to sign Section 1 in this field. Parents or legal guardians assisting minors (individuals under 18) and parents, legal guardians or representatives of a nonprofit organization, association or rehabilitation program assisting certain employees with disabilities must enter the date they completed Section 1 for the employee.	N/A	

Feature	Current	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
		1 Toposca (Cvision	TIOVET TEXT	Ticipei Text	Diop-Down	Litoi wessages
or Field	Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee)	New title: Preparer and/or Translator Certification (check one): Below the title are two check boxes: The first check box is labeled I did not use a preparer or translator, the second is labeled A preparer(s) and/or translator(s) assisted the employee in completing Section 1. Text was added below the checkboxes to give further instruction on who is to complete the fields below this box: (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.) If the second checkbox is selected, the words How Many? appear, along with a dropdown to select how many, from 1 to 5. If 2 through 5 are selected when completing the form using a computer, the form expands to provide up to 4 additional preparer/translator fields on a separate page. When the page is printed, the words How Many? and the dropdown are not visible. (See Form I-9 Supplement description below.)	For I did not checkbox: If you are the employee and you did not use a preparer or translator, you must select this box "I Did Not Use a Preparer or Translator." Leave the rest of the fields in this area blank. For A preparer checkbox: If one or more preparers or translators assist the employee in completing Section 1, the preparer or translator must select this box "A preparer(s) and/or translator(s) assisted the employee in completing Section 1." The preparer and/or translator also must select the number of Certification areas needed from the dropdown provided. If this box is selected, the preparer or translator must complete the rest of the fields below. Click on the question mark for more information about this field.	Select the number of preparers and/or translators you used to complete the form. If you are the employee and you did not use a preparer or translator, you must select the first box marked "I Did Not Use a Preparer or Translator." Leave the rest of the fields in this area blank. If one or more preparers or translators assist the employee in completing Section 1, the preparer or translator must select the second box marked "A preparer(s) and/or translator(s) assisted the employee in completing Section 1" and complete the rest of the fields below. The preparer and/or translator also must select the number of Certification areas needed from the dropdown provided. These additional Certification areas may result in additional pages. The first preparer and/or translator must complete the Certification on the same page the employee has signed. There is no limit to the number of preparers and/or translators that can be used, however each additional preparer and/or translator must complete and sign a separate Certification area. The Supplement for Section 1 Preparer and/or Translator provides an extra page of Certification areas, if necessary. Ensure the employee's last name, first name and middle initial are entered at the top of any additional pages. Your employer will ensure that these additional pages are retained with your completed form. Parents or legal guardians attesting to the identity of certain employees	The Multiple Preparers or Translators check box provides a dropdown for users to select up to 5 preparers and/or translators.	If you did not use a preparer or translator to assist you in completing this form, you must select "I did not use a preparer or translator." If preparers and/or translators assisted the employee in completing Section 1, the preparer or translator must select the second box marked "A preparer(s) and/or translator(s) assisted the employee in completing Section 1" and complete the rest of the fields below. This field cannot be left blank.

Feature	Current	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
or Field	Form I-9,	·		•		
Name	03/08/13 N					
Preparer and/or Translator Certificatio n attestation	I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.	I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.				
Form I-9 Supplemen t, Preparer and/or Translator Certificatio n		If user requires additional areas for multiple preparers and/or translators beyond what is provided in the certification when the form is completed using a computer, or if the form is being completed in paper, DHS will provide a separate supplement that will be available to print from the USCIS Form I-9 download page, titled Form I-9 Supplement, Preparer and/or Translator Certification. The supplement will provide 4 additional preparer and/or translator areas that look exactly like the area in Section 1, as well as fields to capture the employee's name at the top of the page. This supplement is not form-fillable, and so will need to be printed to be completed, signed and dated. The supplement will contain the following instructions on the face of the sheet: Instructions: This supplement may be used if extra spaces are required to document more than one preparer and/or translator assisting an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided. Each preparer or translator must complete, sign and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.				

Feature	Current	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
or Field Name	Form I-9, 03/08/13 N					
Signature of Preparer or Translator			Any person who helped to prepare or translate Section 1 of Form I-9 must sign his or her name in this field. If you used a form obtained from the USCIS website, you must print the form to sign your name in this field.	Any person who helped to prepare or translate Section 1 of Form I-9 must sign his or her name in this field. If you used a form obtained from the USCIS website, you must print the form to sign your name in this field.	N/A	
			Click on the question mark for more information about this field.	The Preparer and/or Translator Certification must also be completed if "Individual under Age 18" or "Special Placement" is entered in lieu of the employee's signature in Section 1.		
Date			The person who signs the Preparer and/or Translator Certification must enter the date he or she signs the certification in this field. Click on the question mark for more information about this field.	The person who signs the Preparer and/or Translator Certification must enter the date he or she signs the certification in this field. If you used a form obtained from the USCIS website, you must print the form in order to enter the date in this field. Enter the date as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014.	N/A	
Last Name (Family Name)			Enter the full legal last name of the person who helped the employee in preparing or translating Section 1 in this field Click on the question mark for more information about this field.	Enter the full legal last name of the person who helped the employee in preparing or translating Section 1 in this field. The last name is also the family name or surname. If the preparer or translator has two last names or a hyphenated last name, include both names in this field.	N/A	Enter the full legal last name of the person who helped the employee in preparing or translating Section 1. If If a preparer and/or translator indicates that he or she assisted the employee in completing Section 1, this field cannot be left blank.
First Name (Given Name)			Enter the full legal first name of the person who helped the employee in preparing or translating Section 1 in this field. Click on the question mark for more information about this field.	Enter the full legal first name of the person who helped the employee in preparing or translating Section 1 in this field. The first name is also the given name.	N/A	Enter the full legal first name of the person who helped the employee prepare or translate Section 1. If No Preparer or Translator was previously selected, this field will contain N/A. If a preparer and/or translator indicates that he or she assisted the employee in completing Section 1, this field cannot be left blank.

Feature	Current	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
or Field	Form I-9,					
Name	03/08/13 N					
Address (Street Number and Name)			Enter the street name and number of the current address of the person who helped the employee in preparing or translating Section 1 in this field. Click on the question mark for more information about this field.	Enter the street name and number of the current address of the person who helped the employee in preparing or translating Section 1 in this field. Addresses in Canada or Mexico may be entered in this field. If the address is an apartment, include the apartment number in this field. If the person does not have a physical address, enter a description of the person's location, such as "3 miles southwest of Anytown post office near water tower."	N/A	Enter the street name and number of the physical address of the residence of the person who helped the employee prepare or translate Section 1. If the residence is in Canada or Mexico, enter the address in Canada or Mexico in this field. If a preparer and/or translator indicates that he or she assisted the employee in completing Section 1, this field cannot be left blank.
City or Town			Enter the city, town or village of the residence of the person who helped the employee in preparing or translating Section 1 in this field. Click on the question mark for more information about this field.	Enter the city, town or village of the address of the person who helped the employee in preparing or translating Section 1 in this field. If the address is not located in a city or town, enter the name of the village, county, township, reservation, etc., in this field. If the address is in Canada, enter the city and province in this field. If the address is in Mexico, enter the city and state in this field.	N/A	City, town or village can only contain letters, spaces, hyphens, apostrophes and periods. If a preparer and/or translator indicates that he or she assisted the employee in completing Section 1, this field cannot be left blank.
State			Select the state, territory or country of the preparer or translator's residence from the drop-down list. You may also type the first letter of the abbreviation and use the down arrow to select your state or territory. Click on the question mark for more information about this field.	Select the state, territory or country of the preparer or translator's address from the drop-down list. You may also type the first letter of the abbreviation and use the down arrow to select your state or territory. If the preparer or translator entered an address from Canada or Mexico, choose the country abbreviation, located at the end of the drop-down list.	Dropdown includes list of two-character state abbreviations, followed by list of two-character territory abbreviations, followed by CAN and MEX.	Select the state or territory of the preparer or translator's residence from the drop-down list. If a preparer and/or translator indicates that he or she assisted the employee in completing Section 1, this field cannot be left blank.
ZIP Code			Enter the 5-digit ZIP code	Enter the 5-digit ZIP code of	N/A	Enter the 5-digit U.S.

Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
			of the person who helped the employee in preparing or translating Section 1 in this field. Click on the question mark for more information about this field.	the address of the person who helped the employee in preparing or translating Section 1 in this field. If the address the preparer or translator entered is in Canada or Mexico, enter the 5- or 6-digit postal code in this field.		ZIP code, 5-digit Mexican postal code, or 6-digit Canadian postal code (ex. H0H 0H0) of the person who helped the employee prepare or translate Section 1) in this field. If a preparer and/or translator indicates that he or she assisted the employee in completing Section 1, this field cannot be left blank.

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	Current	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages			
	Form I-9,								
Name	03/08/13 N								
	Section 2								
Section 2. Employer or Authorized Representa tive Review and Verification header	(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,	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.")							

Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
Info Entered in Section 2 Header	Employee Last Name, First Name and Middle Initial from Section 1	Employee Info from Section 1	These fields must contain the employee's information as entered in Section 1. This area allows employers to ensure that the two pages of an employee's Form 1-9 remain together. The Citizenship/Immigration Status field activates certain features of Section 2.	These fields must contain the employee's information as entered in Section 1. This area allows employers to ensure that the two pages of an employee's Form I-9 remain together. The Citizenship/Immigration Status field activates certain features of Section 2.	N/A	
Info Entered in Section 2 Header	Last Name, First Name and Middle Initial are all included in one field	Last Name (Family Name) has been separated into distinct fillable field	This field may already contain information the employee entered in Section 1. If not, enter the employee's last name as he or she entered it in Section 1. Click on the question mark for more information about this field.	This field may already contain information the employee entered in Section 1. If not, enter the employee's last name from Section 1. If you are reverifying or rehiring the employee, enter the employee's last name from Section 1 as the employee entered it on the employee's original Form I-9.	N/A	
Info Entered in Section 2 Header	Last Name, First Name and Middle Initial are all included in one field	First Name (Given Name) has been separated into distinct fillable field	This field may already contain information the employee entered in Section 1. If not, enter the employee's first name (if any) from Section 1. Click on the question mark for more information about this field.	This field may already contain information the employee entered in Section 1. If not, enter the employee's first name (if any) from Section 1. If you are reverifying or rehiring the employee, enter the employee's first name (if any) as the employee entered it on the employee's original Form I-9.	N/A	

Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
Info Entered in Section 2 Header	Last Name, First Name and Middle Initial are all included in one field	M.I. has been separated into a distinct fillable field.	This field may already contain information the employee entered in Section 1. If not, enter the employee's middle initial, if any, exactly as the employee entered it in Section 1. Click on the question mark for more information about this field.	This field may already contain information the employee entered in Section 1. If not, enter the employee's middle initial, if any, from Section 1. If the employee entered N/A in the Middle Initial field in Section 1, enter N/A in this field. If you are reverifying or rehiring the employee, enter the employee's middle initial (if any) or N/A as the employee entered it on the employee's original Form I-9.	N/A	
Information Collected in Section 2 Header		Citizenship/Immigration Status When filling in a form obtained on the USCIS website, this field activates the document selection feature in List A, B and C columns for each citizenship and immigration status type. Employers receive alerts when choosing a document that does not correlate with the selected citizenship or immigration status.	This field may already contain information the employee entered in Section 1. If not, select from the drop-down list provided the number of the citizenship or immigration status box the employee selected in Section 1. Click on the question mark for more information about this field.	This field may already contain a number that correlates to the citizenship or immigration status box the employee selected in Section 1. If not, select from the drop-down list provided the number of the citizenship or immigration status box the employee selected in Section 1. If you have difficulty selecting the document(s) the employee presents from the drop-downs below, ensure that you selected the right number correlating to the citizenship or immigration status box the employee checked in Section 1. If this area was automatically populated, have the employee review the information he or she entered on the printed and signed copy of Section 1, make any required corrections in Section 1, then initial and date those corrections. You may then enter the employee's corrected information in this area.	If Section 2 is being completed independently, a drop-down will appear in this field that contains the number and title of the citizenship or immigration status box the employee selected in Section 1. When the user makes a selection, the number of the box will populate this field. If the employee completed Section 1 in the same electronic document in which Section 2 is being completed, a drop-down will not be available, but rather the number that correlates to the box the employee selected will automatically populate here.	

Feature	Current	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
or Field	Form I-9,	·		•	,	
Name	03/08/13 N					
Document Title #1 (List A)	Document Title:	Document Title	If the employee presented documentation from List A, select the document or receipt presented from the drop-down list provided. If the employee presented a List A document that consists of a combination of documents, select the first document from the drop-down list provided. The other documents in the combination should be entered in the separate areas provided. Click on the question mark for more information about this field.	If the employee presented documentation from List A, select the document or receipt presented from the drop-down list provided. If the employee presented a List A document that consists of a combination of documents, select the first document from the drop-down list provided. The other documents in the combination should be entered in the separate areas provided. All documents must be unexpired. Ensure that each document is an unexpired, original (except for certified copies of birth certificates) document. Certain employees may present an expired employment authorization document, which may be considered unexpired, if the employee's employment authorization has been extended by regulation or a Federal Register Notice. Refer to the instructions for more information. The documents below the dotted line in the drop-down are unacceptable for the citizenship or immigration status the employee selected in Section 1. If you receive an error message after selecting one of these documents, ensure that you selected the correct number in the Citizenship/Immigration Status box the employee checked in Section 1. If this area was automatically populated, have the employee review the information he or she entered on the printed and signed copy of Section 1, make any required corrections in Section 1, then initial and	Drop-down contains the List A choices below, dependent on the citizenship or immigration status box the employee selected in Section 1: N/A "U.S. Passport" "U.S. Passport Card" "Perm. Resident Card (Form I-551)" "Alien Reg. Receipt Card (Form I-551)" "Foreign Passport with Temp. I-551 Stamp" "Foreign Passport with Temp. I-551 MRIV" "Employment Auth. Document (Form I-766)" "Foreign Passport, work-authorized nonimmigrant" "FSM Passport with Form I-94" "Receipt: Form I-94/I- 94A w/I-551 stamp, photo" "Receipt: Form I-94/I- 94A w/refugee stamp (or RE class of admission)" Receipt Replacement Perm. Res. Card (Form I-551) Receipt: Replacement Perm. Res. Card (Form I-551) Receipt: Replacement Perm. Res. Card (Form I-766) "Receipt: Foreign Passport, work- authorized nonimmigrant" "Receipt: FSM Passport with I-94" "Receipt: RMI Passport with I-94"	This document does not correlate with the citizenship or immigration status the employee chose in Section 1. Review the form to ensure that the number in the "Citizenship/Immigrati on Status" field in Section 2 is the same as the citizenship or immigration status box number the employee selected in Section 1. If the numbers match, have the employee ensure that the citizenship or immigration status he or she selected in Section 1 is correct. Please refer to the M-274 or I-9 Central for more information on acceptable documents.

Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
Document Title #1 (List A) cont.				date those corrections. You may then correct the number in the Employee Info field, which should provide the correct list of acceptable documents. If the employee did not present a List A combination document, the second and third Document Title fields will contain N/A. An entry in this column allows all fields in the List B and C columns to contain N/A. If you did this in error, select a document from the drop-down list provided in List B. All fields in the List A column will then contain N/A, and you will then be able to complete the List B and List C columns.		

Feature	Current	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
or Field Name	Form I-9, 03/08/13 N					
Issuing Authority #1 (List A)	Issuing Authority:	Issuing Authority	Select from the drop-down list the issuing authority of the List A document or receipt you entered in the first Document Title field. Click on the question mark for more information about this field.	Select from the drop-down list the issuing authority of the List A document or receipt you entered in the first Document Title field. The issuing authority is the entity that issued the document. If the employee presented a List A document that consists of a combination of documents, use the second and third Issuing Authority fields as necessary. If the issuing authority provided in the drop-down list does not match the issuing authority shown on the document presented, ensure that you made the correct selection in the Document Title field.	Drop-down contains the issuing authorities for the choices for Document Title #1 (List A), dependent on the citizenship or immigration status box the employee selected in Section 1: U.S. Department of State U.S. Citizenship and Immigration Services DOJ Immigration and Naturalization Service Federated States of Micronesia Republic of the Marshall Islands U.S. Department of Homeland Security If any choice that includes a foreign passport is selected in the first document title field, a dropdown is provided that contains all current countries recognized by the Department of State.	The issuing authority choice(s) shown in this field relate to the document or receipt you chose from the drop-down List A Document Title field.
Document Number #1 (List A)	Document Number:	Document Number	Enter the document number, if any, exactly as it appears on the document you entered in the first Document Title field. If you chose a receipt in the Document Title field, you should enter the receipt number, if any, exactly as it appears on the receipt. If the document does not contain a number, enter N/A. Click on the question mark for more information about this field.	Enter the document number, if any, exactly as it appears on the document you entered in the first Document Title field. If you chose a receipt in the Document Title field, you should enter the receipt number, if any, exactly as it appears on the receipt. If the document does not contain a number, enter N/A. If the employee presented a combination of documents, use the second and third Document Number fields as necessary.	N/A	Enter the document number in this field as found on the List A document or receipt you selected in the first Document Title field.

Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
Expiration Date #1 (List A)	Expiration Date (if any) (mm/dd/yyyy):	Expiration Date (if any) (mm/dd/yyyy)	Enter the expiration date, if any, of the document or receipt you entered in the first Document Title field. Click on the question mark for more information about this field.	Enter the expiration date, if any, of the document you entered in the first Document Title field. A document is not acceptable if it has already expired. An unexpired document includes a document where the expiration date shown on the face of a document has been automatically extended, such as for individuals with Temporary Protected Status. If the document uses text rather than a date to indicate when it expires, enter the text shown on the document, such as "D/S" (which means, "duration of status"). If the document does not contain an expiration date, enter N/A. If the employee presented a combination of documents, use the second and third Expiration Date fields as necessary. For a receipt, enter the expiration date of the receipt validity period. 1. For a receipt showing that the employee has applied to replace a document that was lost, stolen or damaged, enter the date that is 90 days from the first day of work for pay. 2. For a receipt that is the arrival portion of Form I-94/I-94A containing a temporary I-551 stamp and a photograph of the individual, enter the expiration date of the stamp or, if there is no expiration date, within one year from the date of admission. For a receipt that is the departure portion of Form I-94/I-94A with a refugee admission stamp, enter a date that is 90 days from the first day of work for pay.	Contains calendar to select the date	Enter the expiration date, if any, of the document or receipt you selected in the List A Document Title field. Enter the date as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). If the document or receipt has no expiration date, enter N/A. If the expiration date on the document has been automatically extended, enter the extension date. The date entered cannot be earlier than today's date.

Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
Document Title #2 (List A)	Document Title:	Document Title	If the employee presented a List A document that consists of a combination of documents, select the second document in that combination from the dropdown list provided. If you selected a receipt for a combination document in the first List A field, use the drop-down provided to indicate if the second document is a receipt. Click on the question mark for more information about this field.	If the employee presented a List A document that consists of a combination of documents, select the second document in that combination from the drop-down list provided. If you selected a receipt for a combination document in the first List A field, use the drop-down provided to indicate if the second document is a receipt. If the employee did not present a List A document that consists of a combination of documents, this field will contain "N/A". If the employee presented a combination of documents to satisfy the List A requirement, but this field contains "N/A", ensure that you made the correct selection in the first Document Title field.	Drop-down contains the combination List A choices below, dependent on the citizenship or immigration status box the employee selected in Section 1, and the document or receipt the employer selected in Document Title #1 (List A): "Temporary I-551 Stamp" "Machine-readable immigrant visa (MRIV)" "I-94/I-94A" "Form I-20" or "Form DS-2019" "Receipt: I-94/I-94A"	
Issuing Authority #2 (List A)	Issuing Authority:	Issuing Authority	Select from the drop-down list the issuing authority of the List A document or receipt you entered in the second Document Title field. The issuing authority is the entity that issued the document. Click on the question mark for more information about this field.	Select from the drop-down list the issuing authority of the List A document or receipt you entered in the second Document Title field. The issuing authority is the entity that issued the document. If the employee did not present a List A document that consists of a combination of documents, this field will contain N/A. If the issuing authority in this field does not match the issuing authority shown on the document presented, ensure that you made the correct selection in the second Document Title field.	Drop-down contains possible issuing authorities for combination List A choices in Document Title #2 (List A), and is dependent on the citizenship or immigration status box the employee selected in Section 1, and the document or receipt the employer selected in Document Title #1 (List A): U.S. Citizenship and Immigration Services U.S. Customs and Border Protection U.S. Department of State	The issuing authority choice(s) shown in this field relate to the document or receipt you chose from the drop-down List A Document Title field.

Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
Document Number #2 (List A)	Document Number:	Document Number	Enter the document or receipt number, if any, exactly as it appears on the document or receipt you entered in the second Document Title field. If the document or receipt does not contain a number, enter N/A. Click on the question mark for more information.	Enter the document or receipt number, if any, exactly as it appears on the document you entered in the second Document Title field. If the document or receipt does not contain a number, enter N/A. If a combination of documents was not presented and N/A was entered in the Document Title #2 field, this field will also contain N/A.	N/A	
Expiration Date #2 (List A)	Expiration Date (if any) (mm/dd/yyyy):	Expiration Date (if any) (mm/dd/yyyy)	Enter the expiration date, if any, of the document or receipt you entered in the second Document Title field. The document or receipt is not acceptable if it is already expired. If the document or receipt does not contain an expiration date, enter N/A. Click on the question mark for more information about this field.	Enter the expiration date, if any, of the document or receipt you entered in the second Document Title field. The document or receipt is not acceptable if it is already expired. If the document or receipt does not contain an expiration date, enter N/A. If a combination of documents was not presented and N/A was entered in the Document Title #2 field, this field will also contain N/A. If the document uses text rather than a date to indicate when it expires, enter the text as shown on the document, such as D/S (which means, duration of status).		Enter the expiration date, if any, of the document or receipt you selected in the List A Document Title field. Enter the date as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). If the document or receipt has no expiration date, enter "N/A." The date entered cannot be earlier than today's date.

Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
Document Title #3 (List A)	Document Title:	Document Title	If the employee presented a List A document that consists of a combination of documents, select the third document in that combination from the dropdown list provided. Click on the question mark for more information about this field.	If the employee presented a List A document that consists of a combination of documents, select the third document in that combination from the drop-down list provided. If the combination does not include a third document, this field will contain N/A. If the employee presented a combination of three documents to satisfy the List A requirement, but this field already contains an N/A, ensure that you made the correct selections in the first and second Document Title fields.	Drop-down contains the third combination List A choices below, dependent on the citizenship or immigration status box the employee selected in Section 1, and the document the employer selected in Document Title #1 (List A): "Form I-20" "Form DS-2019"	
Issuing Authority #3 (List A)	Issuing Authority:	Issuing Authority	If you selected Form I-20 or DS-2019 in the third Document Title field, the issuing authority shown in this field relates to the document you selected. If no document was entered in the third Document Title field, this field will contain N/A. Click on the question mark for more information about this field.	If you selected Form I-20 or DS-2019 in the third Document Title field, the issuing authority shown in this field relates to the document you selected. The issuing authority is the agency that issued the document. If no document was entered in the third Document Title field, this field will contain N/A. If the issuing authority shown in the drop-down list does not match the issuing authority on the document presented, ensure that you made the correct selection in the third Document Title field.	Drop-down contains possible issuing authorities for combination List A choices in Document Title #3 (List A), and is dependent on the citizenship or immigration status box the employee selected in Section 1, and the document the employer selected in Document Title #1 (List A): U.S. Department of State US DOJ INS U.S. Immigration and Customs Enforcement	

Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
Document Number #3 (List A)	Document Number:	Document Number	If you selected Form I-20 or DS-2019 in the third Document Title field, enter the SEVIS number exactly as it appears on the Form I-20 or DS-2019. Click on the question mark for more information about this field.	If you selected Form I-20 or DS-2019 in the third Document Title field, enter the SEVIS number exactly as it appears on the Form I-20 or DS-2019. If the employee is a J-1 student, the school's Responsible Officer must authorize employment in writing. Enter such document information in the Additional Information field. See I-9 Central for more information on J-1 students. If no document was entered in the third Document Title field, this field will contain N/A.	N/A	
Expiration Date #3 (List A)	Expiration Date (if any) (mm/dd/yyyy):	Expiration Date (if any) (mm/dd/yyyy)	If you selected Form I-20 or DS-2019 in the third Document Title field, enter the program end date as indicated on the Form I-20 or DS-2019. Click on the question mark for more information about this field.	If you selected Form I-20 or DS-2019 in the third Document Title field, enter the programend date as indicated on the Form I-20 or DS-2019. If no document was entered in the third Document Title field, this field will contain N/A.	Contains calendar to choose date	Enter the expiration date, if any, of the document you selected in the List A Document Title field. Enter the date as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). If the document has no expiration date, enter "N/A." The date entered cannot be earlier than today's date.

Feature	Current	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
or Field	Form I-9,					
Name	03/08/13 N					
Document Title (List B)	Document Title:	Document Title	If the employee presented an acceptable document or receipt from List B, select the document or receipt presented from the dropdown list provided. All documents must be unexpired. If you make an entry in this column, you must also make an entry in the List C column. If an employer participates in E-Verify and the employee presents a List B document, the List B document must include a photograph. Click on the question mark for more information about this field.	If the employee presented an acceptable document or an acceptable receipt for a List B document, select the document or receipt presented from the drop-down list provided. All documents must be unexpired. If you make an entry in this column, you must also make an entry in the List C column. If an employer participates in E-Verify and the employee presents a List B document, the List B document must include a photograph. If a parent or legal guardian attested either to the identity of an employee who is a minor (individual under age 18) who cannot present an identity document or to the identity of certain employees with disabilities in Section 1, select either "minor under age 18" (for a minor) or "special placement" (for an employee with disabilities) from the drop-down provided. Refer to the instructions and the Handbook for Employers: Guidance for Completing Form I-9 (M-274) for more guidance on minors and certain person with disabilities. The documents below the dotted line in the drop-down are unacceptable for the citizenship or immigration status the employee selected in Section 1. If you receive an error message after selecting one of these documents, ensure that you selected the correct number in the Citizenship/Immigration Status area that correlates to the citizenship or immigration status box the employee	Drop-down contains the following abbreviations for the List B choices, dependent on the citizenship or immigration status box the employee selected in Section 1: N/A Driver's license issued by state/territory ID card issued by state/territory Government ID School ID Voter registration card U.S. Military card U.S. Military draft record Military dependent's ID card USCG Merchant Mariner Card Native American tribal document Canadian driver's license School record (under age 18) Report card (under age 18) Doctor record (under age 18) Hospital record (under age 18) Doy-care record (under age 18) Nursery school record (under age 18) Receipt Replacement Driver's License Receipt Replacement ID card Receipt Replacement government ID Receipt Replacement	You must choose a List B document or N/A from the drop- down lists to continue.

or Field Fo	urrent orm I-9, 8/08/13 N	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
Document Title (List B) cont.				selected in Section 1 If this area was automatically populated, have the employee review the information he or she entered on the printed and signed copy of Section 1, make any required corrections in Section 1, then initial and date those corrections. You may then correct the number in the Employee Info field, which should provide the correct list of acceptable documents. An entry in this column allows all fields in the List A column to contain N/A. If you did this in error, select a document in the List A drop-down. This field column and the List C column will then contain N/A. You may then complete the List A column.	Receipt Replacement Voter's registration card Receipt Replacement U.S. Military card Receipt Replacement Military Dep. card Receipt Replacement Military Draft record Receipt Replacement Merchant Mariner Card Receipt Replacement Merchant Mariner Card Receipt Replacement Canadian DL Receipt Replacement Native American tribal doc Receipt Replacement School record (under age18) Receipt Replacement Report card under age 18) Receipt Replacement Clinic record (under age 18) Receipt Replacement Doctor record (under age18) Receipt Replacement Hospital record (under age18) Receipt Replacement Day-care record (under age18) Receipt Replacement Day-care record (under age18) Receipt Replacement Day-care record (under age18)	

Feature	Current	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
or Field	Form I-9,			·		
Name	03/08/13 N					
Issuing Authority (List B)	Issuing Authority:	Issuing Authority	Select from the drop-down list the issuing authority of the document or receipt you entered in the Document Title field in this column. The issuing authority is the entity that issued the document. If you selected a document or receipt issued by a state in the Document Title field, select the state or territory that issued the document or receipt from the drop-down list provided. If no drop-down is provided for a particular selection, enter the issuing authority exactly as it appears on the document or receipt. Click on the question mark for more information about this field.	Select from the drop-down list the issuing authority of the document or receipt you entered in the Document Title field in this column. The issuing authority is the entity that issued the document. If you selected a document or receipt issued by a state in the Document Title field, select the state or territory that issued the document or receipt from the drop-down list provided. If no drop-down is provided for a particular selection, enter the issuing authority exactly as it appears on the document or receipt. If the issuing authority provided in a drop-down list does not match the issuing authority shown on the document or receipt presented, ensure that you made the correct selection in the Document Title field.	This form contains certain fields in which functionality may only appear if certain selections are made. This field provides different drop-downs and text fields depending on the selection you made in the List B Document Title field and are described below: If Driver's License or State-Issued ID card are selected, a drop-down containing the 50 states and 4 territories that provide these documents is provided. If Merchant Mariner Card is selected, U.S. Coast Guard automatically populates here. If Canadian Driver's License is selected, a drop-down containing Canadian provinces that issue Driver's Licenses is provided. If no drop-down is provided for a particular selection and the user clicks the drop-down arrow image, the text "Enter text in the space above" will appear as a drop-down below the field that allows free text entry of the	The issuing authority choice(s) shown in this field relates to the document or receipt you chose from the drop-down Document Title field above.
Document	Document	Document Number	Enter the document number	Enter the document number	issuing authority. N/A	Enter the document or
Number (List B)	Number:	Document Number	exactly as it appears on the document you entered in the Document Title field. If the document has no number, enter N/A. If you chose a receipt in the	exactly as it appears on the document you entered in the Document Title field. If the document has no number, enter N/A. If you chose a receipt in the		receipt number in this field, if any, as found on the List B document or receipt you selected in the Document Title field
			Document Title field, you should enter the receipt number, if any, exactly as it appears on the receipt.	Document Title field, you should enter the receipt number, if any, exactly as it appears on the receipt.		above. If the document or receipt has no number, enter 'N/A' in this field.

Feature	Current	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
or Field Name	Form I-9, 03/08/13 N					
Expiration Date (List B)	Expiration Date (if any) (mm/dd/yyyy):	Expiration Date (if any) (mm/dd/yyyy)	Enter the expiration date, if any, of the document or receipt you entered in the Document title field. The document is not acceptable if it is already expired. If the document or receipt has no expiration date, enter N/A. However, for a receipt showing that the employee has applied to replace a document that was lost stolen or damaged, enter the expiration date of the receipt validity period, which is 90 days from the first day of work for pay.	Enter the expiration date, if any, of the document or receipt you entered above. The document or receipt is not acceptable if it is already expired. If the document or receipt has no expiration date, enter N/A. However, for a receipt showing that the employee has applied to replace a document that was lost stolen or damaged, enter the expiration date of the receipt validity period, which is 90 days from the first day of work for pay.	Contains calendar to choose date	Enter the expiration date, if any, of the document you selected in the List B Document Title field. Enter the date as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). If the document has no expiration date, enter "N/A." The date entered cannot be earlier than today's date.
Document Title (List C)	Document Title:	Document Title	If the employee presented an acceptable document or receipt from List C, select the document or receipt presented from the dropdown list provided. All documents must be unexpired. An unexpired document includes a document where the expiration date shown on the face of a document has been extended, such as conditional residents who show an extended conditional resident card with a Form I-797 as a List C document. If you make an entry in this column, you must also make an entry in the List B column, if you have not already done so. Click on the question mark for more information about this field.	acceptable document from List C or an acceptable receipt for a List C document, select the document or receipt presented from the drop-down list provided. All documents must be unexpired. An unexpired document includes a document where the expiration date shown on the face of a document has been extended, such as conditional residents who show an extended conditional resident card with a Form I-797 as a List C document. If you chose DHS-issued employment authorization from the drop-down	Drop-down contains abbreviations for the List C choices below, dependent on the citizenship or immigration status box the employee selected in Section 1: N/A Social Security card (Unrestricted) Form FS-545 Form DS-1350 U.S. birth certificate Native American tribal document Form I-197 Form I-179 Employment auth. document (DHS) Receipt Replace Unrestricted SS Card Receipt Replacement U.S. birth certificate Receipt Replacement Native American Tribal Doc. Receipt Replacement employment auth doc. (DHS)	You must choose a List C document or N/A from the drop- down lists to continue. Choose a List C document from the drop-down lists to continue. This document does not correlate with the citizenship or immigration status the employee chose in Section 1. Review the form to ensure that the number in the "Citizenship/Immigrati on Status" field in Section 2 is the same as the citizenship status box number the employee selected in Section 1. If you have selected the correct number, have the employee ensure that the citizenship or immigration status box he or she selected in Section 1 is correct. Please

Feature or Field	Current Form I-9,	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
Name	03/08/13 [°] N					
Document Title (List C) cont.				fields in the List A column to contain N/A. If you did this in error, select N/A from the dropdown list provided. You will then be able to select a document in a different column field. The documents below the dotted line in the drop-down do not match the citizenship or immigration status the employee selected in Section 1 If you receive an error message after selecting one of these documents, ensure that you selected the correct number in the Citizenship/Immigration Status field that correlates to the citizenship or immigration status box the employee selected in Section 1. as noted on the employee's printed and signed copy of Section 1. If this area was automatically populated, have the employee review the information he or she entered on the printed and signed copy of Section 1, make any required corrections in Section 1, then initial and date those corrections. You may then correct the number in the Employee Info field, which should provide the correct list of acceptable documents.		
				An entry in this column allows all fields in the List A column to contain N/A. If you did this in error, select a document in the List A drop-down. This column and the List B column will then contain N/A. You may then complete the List A column.		refer to the M-274 or I-9 Central for more information on acceptable documents.

Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
Issuing Authority (List C)	Issuing Authority:	Issuing Authority	Select from the drop-down list the issuing authority of the document or receipt you entered in the Document Title field in this column. The issuing authority is the entity that issued the document or receipt. Click on the question mark for more information about this field.	Select from the drop-down list the issuing authority of the document or receipt you entered in the Document Title field in this column. The issuing authority is the entity that issued the document or receipt. If an issuing authority drop-down list is not provided, enter the issuing authority exactly as it appears on the document or receipt you entered in the Document Title field in this column. If the issuing authority provided in this field does not match the issuing authority shown on the document or receipt presented, ensure that you made the correct selection in the Document Title field in this column.	Drop-down contains the issuing authorities for the List C choices below, dependent on the citizenship or immigration status box the employee selected in Section 1: Social Security Administration U.S. Department of Health and Human Services Social Security Board Department of Health, Education and Welfare U.S. Department of State DOJ Immigration and Naturalization Service	The issuing authority choice(s) shown in this field relates to the document or receipt you chose from the drop-down List C Document Title field. The issuing authority is the agency or entity that issued the document or receipt.
Document Number (List C)	Document Number:	Document Number	Enter the document number in this field as found on the document you entered in the Document Title field in this column. If the document does not contain a number, select N/A. If you chose a receipt in the Document Title field, you should enter the receipt number, if any, exactly as it appears on the receipt.	Enter the document number in this field as found on the document you entered in the Document Title field in this column. If the document does not contain a number, select N/A. If you chose a receipt in the Document Title field in this column, you should enter the receipt number, if any, exactly as it appears on the receipt.	N/A	Enter the document or receipt number in this field as found on the document or receipt you selected in the Document Title field above. If Social Security number entered in this field does not match SS number in Section 1: The Social Security number entered in this field does not match the Social Security number you entered in this field does not match the Social Security number the employee entered in Section 1.

Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
Expiration Date (List C)	Expiration Date (if any) (mm/dd/yyyy):	Expiration Date (if any) (mm/dd/yyyy)	Enter the expiration date, if any, of the document or receipt you selected above. If the document or receipt has no expiration date, enter N/A. Click on the question mark for more information about this field.	Enter the expiration date, if any, of the document you selected above. If the document has no expiration date, enter N/A in this field. The document is not acceptable if it has already expired, unless USCIS has extended the expiration date on the document. For instance, if a conditional resident presents an expired Form I-551 in combination with a Form I-797 extending his or her conditional resident status with the employee's expired Form I-551, enter the future expiration date as indicated on the Form I-797. For a receipt, enter the expiration date of the receipt validity period. 1. For a receipt showing that the employee has applied to replace a document that was lost, stolen or damaged, enter the date that is 90 days from the first day of work for pay. 2. For a receipt that is the arrival portion of Form I-94/I-94A containing a temporary I-551 stamp and a photograph of the individual, enter the expiration date of the stamp or, if there is no expiration date, within one year from the date of admission. 3. For a receipt that is the departure portion of Form I-94/I-94A with a refugee admission stamp, enter a date that is 90 days from the first day of work for pay.		Enter the expiration date, if any, of the receipt or document you selected in the List C Document Title field. Enter the date as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). If the document or receipt has no expiration date, enter N/A. The date entered cannot be earlier than today's date.

Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
In white space under List B and List C document entry fields		Additional Information	Use this space to notate any additional information required for Form I-9. Click on the question mark for more information about this field. •	Additional Information: Use this space to notate any additional information required for Form I-9, such as: • Employment authorization extensions for Temporary Protected Status beneficiaries, F-1 OPT STEM students, CAP-GAP, H-1B and H-2A employees continuing employment with the same employer or changing employers, and other nonimmigrant categories that may receive extensions of stay • Additional document(s) that certain nonimmigrant employees may present that cannot be entered in the drop-downs provided. • Discrepancies that E-Verify employers must notate when participating in the IMAGE program • Employee termination dates and form retention dates • E-Verify case number, which may also be entered in the margin or attached as a separate sheet per E-Verify requirements and your chosen business process • Any other comments or notations necessary for the employee's circumstances do not require additional notations. • You may leave this field blank if the employee's circumstances do not require additional notations.	N/A	

Feature	Current	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
or Field Name	Form I-9, 03/08/13 N					
In white space under List B and List C docu- ment entry fields	3-D Barcode	Area name changed to QR Code -Sections 2 & 3. After the form successfully validates that all fields were completed in either Sections 2 or Section 3 per form requirements, the information in that section is populated into the QR Code and the box's title will change to QR Code - Section 2 or QR Code - Section 3, depending on which section was completed.	This form uses the information you enter to generate a QR code that will print on your completed form. The information in the barcode may be scanned by employers or during the course of authorized Form I-9 inspections.		N/A	
Employee's first day of employ- ment			Enter the employee's first day of employment as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). Click on the question mark for more information about this field.	Enter the employee's first day of employment as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). Recruiters and recruiters for a fee do not enter the employee's first day of employment.	Contains calendar to choose date	Enter the date the employee began, or will begin, employment. Enter the date as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). The date entered must be equal to or greater than 1986.
Signature of Employer or Authorized Represent- ative			The person who physically examines the employee's original document(s) and completes Section 2 must sign his or her name in this field. If you used a form obtained from the USCIS website, you must print the form in order to sign your name in this field. Click on the question mark for more information about this field.	The person who physically examines the employee's original document(s) and completes Section 2 must sign his or her name in this field. If you used a form obtained from the USCIS website, you must print the form in order to sign your name in this field. By signing Section 2, you attest under penalty of perjury (28 U.S.C. section 1746) that you have examined the documents presented by the employee, the document(s) reasonably appear to be genuine and to relate to the employee named, to the best of your knowledge the employee is authorized to work in the United States, that the information you entered in Section 2 is complete, true and correct to the best of your knowledge, and you are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or using false documentation when completing this form.	N/A	or greater than 1900.

Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
Title of Employer			The person who signs Section 2 must enter the date he or she signed Section 2 in this field. If you used a form obtained from the USCIS website, you must print the form in order to write the date in this field. Click on the question mark for more information about this field. Enter the title, position or role of the person who	The person who signs Section 2 must enter the date he or she signed Section 2 in this field. If you used a form obtained from the USCIS website, you must print the form in order to write the date in this field. On the printed form, the person who signs Section 2 must enter the date he or she signed Section 2 in this field. Enter the date as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014. Enter the title, position or role of the person who physically	N/A	The employer or employer
or Authorized Represent- ative			physically examines the employee's original document(s), completes, and signs Section 2.	examines the employee's original document(s), completes, and signs Section 2.		representative enters his or her job title here. This field cannot be left blank.
Last Name (Family Name)	Last Name (Family Name)	Last Name of Employer or Authorized Representative	Enter the full legal last name of the person who physically examines the employee's original documents, completes and signs Section 2. Click on the question mark for more information about this field.	Enter the full legal last name of the person who physically examines the employee's original documents, completes and signs Section 2. Last name refers to family name or surname. If the person has two last names or a hyphenated last name, include both names.	N/A	Enter the last name of the person who examined the documents the employee presented in this field. This field cannot be left blank.
First Name (Given Name)	First Name (Given Name)	First Name of Employer or Authorized Representative	Enter the full legal first name of the person who physically examines the employee's original documents, completes, and signs Section 2. Click on the question mark for more information about this field.	Enter the full legal first name of the person who physically examines the employee's original documents, completes, and signs Section 2. First name refers to the given name.	N/A	Enter the first name of the person who examined the documents the employee presented in this field. This field cannot be left blank.

Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
Employer's Business or Organiza- tion Name			Enter the name of the employer's business or organization.	Enter the name of the employer's business or organization.	N/A	Enter the name of the employer's business or organization in this field. This field cannot be left blank.
Employer's Business or Organiza- tion Address (Street Number and Name)			Enter an actual, physical address of the employer. If your company has multiple locations, use the most appropriate address that identifies the location of the employer. Do not provide a P.O. Box address.	Enter an actual, physical address of the employer. If your company has multiple locations, use the most appropriate address that identifies the location of the employer. Do not provide a P.O. Box address.	N/A	Enter the address of the location where the employee will perform his or her job in this field. For example, an employee may work for an employer in New York City. The employer should enter the New York City address, not the corporate California address. This field cannot be left blank.
City or Town			Enter the city or town for the Employer's Business or Organization Address. If the location is not a city or town, you may enter the name of the village, county, township, reservation, etc. that applies.	Enter the city or town for the Employer's Business or Organization Address. If the location is not a city or town, you may enter the name of the village, county, township, reservation, etc. that applies.	N/A	Enter the city or town for the employer's business or organization address.
State			Select the state where the Employer's Business or Organization Address is located from the dropdown list provided. You may also type the first letter of the abbreviation and use the down arrow to select your state or territory.	Select the state where the Employer's Business or Organization Address is located from the drop-down list provided. You may also type the first letter of the abbreviation and use the down arrow to select your state or territory.	Drop-down contains two- character abbreviations of all 50 states and 4 territories	The employer or employer representative selects the employer's state from the drop-down list. This field cannot be left blank.
ZIP Code			Enter the 5-digit ZIP code for the Employer's Business or Organization Address.	Enter the 5-digit ZIP code for the Employer's Business or Organization Address.	N/A	The employer or employer representative enters the employer's 5-digit ZIP code. This field cannot be left blank.

Feature	Current	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
or Field Name	Form I-9, 03/08/13 N					
Ivanic	03/00/13 14		Section	n 2		
Fields to		New Last Name, First Name	Last Name Hover Text: If	Last Name Helper Text: If you	N/A	N/A
complete Employee Name from Section 1		and Middle Initial fields are to be completed by the employer when reverifying an employee in Section 3 when completing Section 3 using a computer. These fields populate the Employee Info fields in the Section 2 Header. When Section 3 is completed, the Employee Citizenship Status is left blank. When the form is printed, Sections 2 and 3 appear on the same page, and this information ensures that the employee's name is at the top of the page and is easily relatable to the employee's previous Form I-9.	you are reverifying or rehiring the employee, enter the employee's last name from Section 1 as the employee entered it on the employee's original Form I-9. First Name Hover Text: If you are reverifying or rehiring the employee, enter the employee's first name (if any) as the employee entered it on the employee's original Form I-9. Middle Initial Hover Text: If you are reverifying or rehiring the employee, enter the employee's middle initial (if any) or N/A as the employee entered it on the employee's original Form I-9.	are reverifying or rehiring the employee, enter the employee's last name from Section 1 as the employee's original Form I-9. First Name Helper Text: If you are reverifying or rehiring the employee, enter the employee's first name (if any) as the employee entered it on the employee's original Form I-9. Middle Initial Helper Text: If you are reverifying or rehiring the employee, enter the employee's middle initial (if any) or NI/A as the employee entered it on the employee's original Form I-9.		N/A
New Name header	Header and fillable field included in one box	Redesigned to uniformly clarify the header versus the fillable field: A. New Name (if applicable) was given its own box over the actual field to be completed.	employee's original Point 1-9.	Complete Block A if: 1. You are reverifying employment authorization and the employee's name has changed since the previous verification. 2. You are rehiring an employee whose name has changed since last completing Form I-9.	N/A	N/A
Last Name (Family Name)	Last Name, First Name and Middle Initial are all included in one field	Last Name has been separated into distinct fillable field	If an employee who is being reverified or rehired has changed his or her last name since originally completing Section 1 of this form, complete this field with the employee's new last name. If the employee has not changed his or her last name, enter N/A in this field. Click on the question mark for more information.	If an employee who is being reverified or rehired has changed his or her last name since originally completing Section 1 of this form, complete this field with the employee's new last name. If the employee has not changed his or her last name, enter N/A in this field. The employee's last name is his or her family name or surname. If the employee has two last names or a hyphenated last name, include both names in this field.	N/A	If the employee has a new last name, enter it in the Last Name field, otherwise record "N/A". Last name can only contain letters, hyphens, apostrophes, and periods.

Feature	Current	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
or Field Name	Form I-9, 03/08/13 N					
First Name (Given Name)	Last Name, First Name and Middle Initial are all included in one field	First Name has been separated into distinct fillable field	If an employee who is being reverified or rehired has changed his or her first name since originally completing Section 1 of this form, complete this field with the employee's new first name. If the employee has not changed his or her first name, enter N/A in this field.	If an employee who is being reverified or rehired has changed his or her first name since originally completing Section 1 of this form, complete this field with the employee's new first name. If the employee has not changed his or her first name, enter N/A in this field.	N/A	If the employee has a new first name, enter it in the First Name field, otherwise record "N/A". First name can only contain letters, hyphens, apostrophes, and periods.
			Click on the question mark for more information.	The employee's first name is his or her given name.		
Middle Initial	Last Name, First Name and Middle Initial are all included in one field	Middle Initial has been separated into distinct fillable field	If an employee who is being reverified or rehired has changed his or her middle initial since originally completing Section 1 of this form, complete this field with the employee's new middle initial. If the employee has not changed his or her middle initial, enter N/A in this field. Click on the question mark for more information.	If an employee who is being reverified or rehired has changed his or her middle initial since originally completing Section 1 of this form, complete this field with the employee's new middle initial. If the employee has not changed his or her middle initial, enter N/A in this field. The middle initial is the first letter of your second given name, or the first letter of your middle name, if any.	N/A	Only the first letter of your middle name is required in this field. If the employee does not have a new middle initial, enter "N/A".
Date of Rehire header	Header and fillable field included in one box	Redesigned to uniformly clarify the header versus the fillable field: B. Date of Rehire (if applicable) was given its own box over the actual field to be completed	Complete this block if you are rehiring an employee within 3 years of the date Form I-9 was originally completed. Enter the date of rehire in this field. Click on the question mark for more information.	Complete this block if you are rehiring an employee within 3 years of the date Form I-9 was originally completed. Enter the date of rehire in this field. Enter N/A in this field if the employee is not being rehired. If the employee is being rehired, but it has been more than three years from the date Form I-9 was originally completed, a new Form I-9 must be completed.	Contains calendar to choose date	Date of rehire cannot be left blank. If the employee was not rehired, enter "N/A". The date entered is not a valid date.

Feature	Current	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
or Field	Form I-9,	•		•	,	J
Name	03/08/13 N					
Block C header	C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.	C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.				
Document title	Document Title:	Document Title	Complete this block if you are reverifying expiring or expired employment authorization from Section 1 or employment authorization that is subject to reverification of a current or rehired employee. Enter the information from the List A or List C document(s) (or receipt) that the employee presented to reverify his or her employment authorization. All documents must be unexpired. Click on the question mark for more information.	Complete this block if you are reverifying expiring or expired employment authorization from Section 1 or employment authorization documentation that is subject to reverification of a current or rehired employee. Enter the information from the List A or List C document(s) (or receipt) that the employee presented to reverify his or her employment authorization. All documents must be unexpired. An unexpired document includes a document where the expiration date shown on the face of a document has been extended, such as for individuals with Temporary Protected Status. Reverification in Section 3 must be completed prior to the earlier of: The expiration date, if any, of the employment authorization stated in Section 1, or The expiration date, if any, of the list A or List C employment authorization document recorded in Section 2 (with some exceptions listed below.)	Dropdown contains all List A and List C documents: U.S. Passport U.S. Passport Card Perm. Resident Card (Form I-551) Alien Reg. Receipt Card (Form I-551) Foreign Passport with Temp. I-551 Stamp Foreign Passport with Temp.I-551 MRIV Employment Auth. Document (Form I-766) Foreign Passport with Form I-94, endorsement FSM Passport with Form I-94" RMI Passport with Form I-94" Receipt: Form I-94/I-94A w/I-551 stamp, photo Receipt: Form I-94/I-94A w/refugee stamp Unrestricted Social Security Card Form FS-545 Form DS-1350 Birth certificate Native American tribal document Form I-179 Employment auth. document (DHS)	Complete Block C only if you are reverifying expired or expiring employment authorization of a current or rehired employee. All documents must be unexpired. Select the title of the List A or C document the employee chooses to present to show current employment authorization from the drop-down list provided. If you are not reverifying employment authorization, enter N/A.

Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
Document title (cont.)				Some employees may have entered N/A in the expiration date field in Section 1 if they are aliens whose employment authorization does not expire, e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall islands, or Palau. Reverification applies to such employees if they chose to present evidence of employment authorization in Section 2 that contains an expiration date, such as Form I-766, Employment Authorization Document. You should not reverify U.S. citizens and noncitizen nationals, or lawful permanent residents (including conditional residents) who presented a Permanent Resident Card (Form I-551). Select the List A or C document (or receipt) the employee presented to show current employment authorization from the drop-down list provided. If you are completing this field for an employee who is continuing in his or her employment or being rehired within 3 years, and that employee remains authorized to work as indicated on the previously executed Form I-9 and the originally executed Form I-9 and the originally executed Form I-9 is the current version, enter N/A in this field. The other fields in Block C will then contain N/A as well. If you have done this in error, select a different document from the drop-down list.		

Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
Document Number	Document Number:	Document Number	Enter the document or receipt number, if any, of the document or receipt you entered in the Document Title field. Enter N/A if the document or receipt does not have a number.	Enter the document or receipt number, if any, of the document you entered in the Document Title field. Enter N/A if the document or receipt does not have a number.	N/A	Enter the document or receipt number, if any, of the document or receipt you selected in the Document Title field. Enter N/A if the document or receipt does not have a number. This field cannot be left blank.
Expiration Date	Expiration Date (if any) (mm/dd/yyyy):	Expiration Date (if any) (mm/dd/yyyy)	Enter the expiration date, if any, of the document or receipt you entered in the Document Title field of this block as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). For a receipt showing that the employee has applied to replace a document that was lost, stolen or damaged, enter the date that is 90 days from the date employment authorization expired. Click on the question mark for more information.	Enter the expiration date, if any, of the document or receipt you entered in the Document Title field of this block as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). For a receipt, enter the expiration date of the receipt validity period. 1. For a receipt showing that the employee has applied to replace a document that was lost, stolen or damaged, enter the date that is 90 days from the first day of work for pay. 2. For a receipt that is the arrival portion of Form I-94/I-94A containing a temporary I-551 stamp and a photograph of the individual, enter the expiration date of the stamp or, if there is no expiration date, within one year from the date of admission. 3. For a receipt that is the departure portion of Form I-94/I-94A with a refugee admission stamp, enter a date that is 90 days from the first day of work for pay. If the document does not contain an expiration date, enter N/A.	Contains calendar to choose date	Enter the expiration date, if any, of the document or receipt you selected in the Document Title field as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). If the document or receipt has no expiration date, enter N/A. The document or receipt may not be expired.

Feature	Current	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
or Field	Form I-9,					
Name	03/08/13 N					
Name of Employer or Authorized Represent- ative		Moved to left-hand side of page	The person who will sign and date Section 3 must enter his or her name in this field.	The person who will sign and date Section 3 must enter his or her name in this field.	N/A	The employer or employer representative enters his or her full legal name in this field. This field cannot be left blank.
Date			The person who completes Section 3 must enter the date Section 3 was completed and signed in this field. If you used a form obtained from the USCIS website, you must print Section 3 of the form to enter the date in this field. Click on the question mark for more information.	The person who completes Section 3 must enter the date Section 3 was completed and signed in this field. If you used a form obtained from the USCIS website, you must print Section 3 of the form to enter the date in this field. Enter the date as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014.	N/A	
Signature of Employer or Authorized Represent- ative		Moved to right-hand side of page	The person who completes Section 3 must sign in this field. If you used a form obtained from the USCIS website, you must print Section 3 of the form to sign your name in this field. Click on the question mark for more information.	The person who completes Section 3 must sign in this field. If you used a form obtained from the USCIS website, you must print Section 3 of the form to sign your name in this field By signing Section 3, you attest under penalty of perjury (28 U.S.C. section 1746) that you have examined the documents presented by the employee, that the document(s) reasonably appear to be genuine and to relate to the employee named, that to the best of your knowledge the employee is authorized to work in the United States, that the information you entered in Section 3 is complete, true and correct to the best of your knowledge, and that you are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or knowingly accepting false documentation when completing this form.	N/A	