**TABLE OF CHANGES – FORM**

**Form** **I-9, Employment Eligibility Verification**

**OMB Number: 1615-0047**

**09/13/2022**

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| **Reason for Revision: Revision****Project Phase: OMBReview**Legend for Proposed Text:* Black font = Current text
* Red font = Changes

Expires 10/31/2022Edition Date 10/21/2019 |

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| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **Page 1, START HERE** | **[Page 1]****START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form Employers are liable for errors in the completion of this form.**  | **[Page 1]****START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.** |
| **Page 1, ANTI-DISCRIMINATION NOTICE** | **[Page 1]****ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. 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.** | **[Page 1]****ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal**.** |
| **Page 1, Section 1. Employee Information and Attestation**  | **[Page 1]****Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the* ***first day of employment****, but not before accepting a job offer.)*Last Name (Family Name)First Name (Given Name)Middle Initial Other Last Names Used (if any)Address (Street Number and Name)Apt. NumberCity or TownStateZIP CodeDate of Birth (mm/dd/yyyy)U.S. Social Security NumberEmployee's E-mail AddressEmployee's Telephone Number**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**I attest, under penalty of perjury, that I am (check one of the following boxes):[new]1. A citizen of the United States2. A noncitizen national of the United States (see instructions)3. A lawful permanent resident (USCIS or A- Number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):\_\_\_\_\_\_\_\_Some aliens may write “N/A” in the expiration date field. (See Instructions) 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. Signature of EmployeeToday’s Date (mm/dd/yyyy)**Preparer and/or Translator Certification (check one):** I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1. (Field below much be completed and signed when preparers and/or translators assist an employee in completing Section 1.) 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 correctSignature of Preparer/TranslatorToday’s Date (mm/dd/yyyy)Last Name (Family Name)First Name (Given Name)Address (Street Name and Number)City or TownStateZIP Code | **[Page 1]**[no change]Middle Initial (if any)Address (Street Number and Name)Apt. Number (if any)[no change]**I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.**[deleted]Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):1. A citizen of the United States2. A noncitizen national of the United States (See Instructions.)3. A lawful permanent resident (Enter USCIS or A- Number.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4. A noncitizen (other than **Item Numbers 2.** and **3.** above) authorized to work until (exp. date, if any): \_\_\_\_\_\_\_\_If you check Item Number 4., enter USCIS or A-Number OR I-94 Number OR Foreign Passport Number and Country of Issuance:Signature of EmployeeToday’s Date (mm/dd/yyyy)**If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.**[deleted] |
| **Page 2, Section 2.**  | **[Page 2]****Section 2. Employer or Authorized Representative Review and Verification** *Employers or their authorized representative must complete and sign Section 2 within 3 business days after the employee’s first day of* *employment. You 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.")***List A** **Identity and Employment Authorization**Document TitleIssuing AuthorityDocument NumberExpiration Date (if any) (mm/dd/yyyy)Document TitleIssuing AuthorityDocument NumberExpiration Date (if any) (mm/dd/yyyy)Document TitleIssuing AuthorityDocument NumberExpiration Date (if any) (mm/dd/yyyy)**OR****List B****Identity** **AND** **List C** **Employment Authorization****Additional Information****[Page 2]****Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.**The employee’s First Day of Employment (mm/dd/yyyy): (See instructions for exemptions)Signature of Employer or Authorized RepresentativeToday’s Date (mm/dd/yyyy)Title of Employer or Authorized RepresentativeLast Name of Employer or Authorized RepresentativeFirst Name of Employer or Authorized RepresentativeEmployer’s Business or Organization NameEmployer’s Business or Organization Address (Street Name and Number)City or TownStateZIP Code[new] | **[Page 1]****Section 2. Employer Review and Verification** *Employers or their authorized representative must complete and sign* ***Section 2*** *within three business days after the employee’s first day of employment, and must physically examine documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.***List A**[deleted]**Document Title 1**Issuing AuthorityDocument Number (if any)Expiration Date (if any) **Document Title 2 (if any)**Issuing AuthorityDocument Number (if any)Expiration Date (if any) **Document Title 3 (if any)**Issuing AuthorityDocument Number (if any)Expiration Date (if any) **OR****List B**[deleted]**AND****List C**[deleted]**Additional Information****[Page 1]****Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.**First Day of Employment (mm/dd/yyyy):Last Name, First Name and Title of Employer or Authorized RepresentativeSignature of Employer or Authorized RepresentativeToday’s Date (mm/dd/yyyy)[Deleted]Employer’s Business or Organization NameEmployer’s Business or Organization Address, City or Town, State, ZIP Code[Deleted]**For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.** |
| **Page 3, Lists of Acceptable Documents** | **[Page 3]****LISTS OF ACCEPTABLE DOCUMENTS** All documents must be **UNEXPIRED**.Employees may present one selection from List A, or a combination of one selection from List B and one selection from List C.**Examples of many of these documents appear in the Handbook for Employers (M-274).** | **[Page 2]****LISTS OF ACCEPTABLE DOCUMENTS** All documents containing an expiration date must be unexpired. \*Documents extended by the issuing authority are considered unexpired. [No change] |
| **Page 3, LIST A** | **[Page 3]****LIST A****Documents that Establish Both Identity and Employment Authorization****1.** U.S. Passport or U.S. Passport Card**2.** Permanent Resident Card or Alien Registration Receipt Card (Form I-551)**3.** Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa.**4.** Employment Authorization Document that contains a photograph (Form I-766).1. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:
	1. Foreign passport; and
	2. Form I-94 or Form I-94A that has the following:
		1. The same name as the passport; and

 (2) An endorsement of the individual's  status or parole as long as that period  of endorsement has not yet expired and  the proposed employment is not in  conflict with any restrictions or  limitations identified on the form.**6.** Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI.OR | **[Page 2]**[No change] |
| **Page 3, List B** | **[Page 3]****LIST B****Documents that Establish Identity****1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address.**2.** ID card issued by federal, state, or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address.**3.** School ID card with a photograph**4.** Voter's registration card**5.** U.S. Military card or draft record**6.** Military dependent's ID card**7.** U.S. Coast Guard Merchant Mariner Card**8.** Native American tribal document**9.** Driver's license issued by a Canadian government authority**For persons under age 18 who are unable to present a document listed above:****10.** School record or report card**11.** Clinic, doctor, or hospital record**12.** Day-care or nursery school record**AND** | **[Page 2]**[No change] |
| **Page 3, List C** | **[Page 3]****LIST C****Documents that Establish Employment Authorization**1. A Social Security Account Number card, unless the card includes one of the following restrictions:* 1. NOT VALID FOR EMPLOYMENT
	2. VALID FOR WORK ONLY WITH INS AUTHORIZATION
	3. VALID FOR WORK ONLY WITH DHS AUTHORIZATION

**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)**3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal.**4.** Native American tribal document**5.** U.S. Citizen ID Card (Form I-197)**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)**7.** Employment authorization document issued by the Department of Homeland Security. | **[Page 2]**[no change]**7.** Employment authorization document issued by the Department of Homeland Security.For examples, see [Section 6](https://www.uscis.gov/i-9-central/handbook-for-employers-m-274/60-evidence-of-status-for-certain-categories) and [Section 12](https://www.uscis.gov/i-9-central/form-i-9-resources/handbook-for-employers-m-274/120-acceptable-documents-for-verifying-employment-authorization-and-identity) of the M-274 on [**uscis.gov/i-9-central**](https://www.uscis.gov/i-9-central). The Form I-766, Employment Authorization Document, is a List A, **Item Number 4.** document, not a List C document. |
| **Page 3, Refer to the instructions for more information about acceptable receipts.**  | **[Page 3]****Refer to the instructions for more information about acceptable receipts.** [new] | **[Page 2]****Acceptable Receipts** May be presented in lieu of a document listed above for a temporary period.For receipt validity dates, see the M-274.* Receipt for a replacement of a lost, stolen, or damaged List A document.
* Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.
* Form I-94 with “RE” notation or refugee stamp issued to a refugee.

ORReceipt for a replacement of a lost, stolen, or damaged List B document.Receipt for a replacement of a lost, stolen, or damaged List C document.\*Refer to the Employment Authorization Extensions page on [I-9 Central](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.uscis.gov%2Fi-9-central%2Fform-i-9-acceptable-documents%2Femployment-authorization-extensions&data=05%7C01%7Cbrian.r.valentine%40uscis.dhs.gov%7C60448e5ffcad4edc2d0b08da48bb3ecd%7C5e41ee740d2d4a728975998ce83205eb%7C0%7C0%7C637902266294580781%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=WeW9Kb61P2%2FND26gJzQGJbNqaBQHGF4FeWbtKLarLU8%3D&reserved=0) for more information. |
| **Form I-9 Supplement, Section 1 Preparer and/or Translator Certification Department of Homeland Security** | **Form I-9 Supplement, Section 1 Preparer and/or Translator Certification Department of Homeland Security** **Employee Name:**Last Name *(Family Name)*First Name *(Given Name)*Middle Initial**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.**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.** Signature of Preparer or Translator Date *(mm/dd/yyyy)* Last Name *(Family Name)*First Name *(Given Name)*Address *(Street Number and Name)* City or TownStateZIP Code**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.** Signature of Preparer or Translator Date *(mm/dd/yyyy)* Last Name *(Family Name)*First Name *(Given Name)*Address *(Street Number and Name)* City or TownStateZIP Code**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.** Signature of Preparer or Translator Date *(mm/dd/yyyy)* Last Name *(Family Name)*First Name *(Given Name)*Address *(Street Number and Name)* City or TownStateZIP Code**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.** Signature of Preparer or Translator Date *(mm/dd/yyyy)* Last Name *(Family Name)*First Name *(Given Name)*Address *(Street Number and Name)* City or TownStateZIP Code | **[Page 3]**[Incorporating formerly stand-alone I-9 supplement directly into Form I-9 itself]**Supplement A, Preparer and/or Translator Certification for Section 1****Employee Name:**Last Name *(Family Name)* from Section 1.First Name *(Given Name)* from Section 1.Middle Initial *(if any)* from Section 1.**Instructions**: This supplement must be completed by any preparer and/or translator who assists 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 above. 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.[no change]Signature of Preparer or Translator Date *(mm/dd/yyyy)* Last Name *(Family Name)*First Name *(Given Name)*Middle Initial *(if any)*Address *(Street Number and Name)* City or TownStateZIP Code**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.** Signature of Preparer or Translator Date *(mm/dd/yyyy)* Last Name *(Family Name)*First Name *(Given Name)*Middle Initial *(if any)*Address *(Street Number and Name)* City or TownStateZIP Code**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.** Signature of Preparer or Translator Date *(mm/dd/yyyy)* Last Name *(Family Name)*First Name *(Given Name)*Middle Initial *(if any)*Address *(Street Number and Name)* City or TownStateZIP Code**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.** Signature of Preparer or Translator Date *(mm/dd/yyyy)* Last Name *(Family Name)*First Name *(Given Name)*Middle Initial *(if any)*Address *(Street Number and Name)* City or TownStateZIP Code |
| **Form I-9 Supplement Reverification and Rehire (Formerly Section 3)** | **[Page 2]****Employee Name from Section 1:** Last Name *(Family Name)*First Name *(Given Name)*Middle initial (if any)[new] | **[Page 4]****Supplement B, Reverification and Rehire (formerly Section 3)**[deleted]Last Name *(Family Name)* from **Section 1.**First Name *(Given Name)* from **Section 1.**Middle initial (if any) from **Section 1.****Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee’s name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee’s Form I-9 record. Additional guidance can be found in the** [**Handbook for Employers: Guidance for Completing Form I-9 (M-274).**](https://www.uscis.gov/i-9-central/form-i-9-resources/handbook-for-employers-m-274) |
|  | **[Page 2]****Section 3 Reverification and Rehires** (To be completed and signed by employer or authorized representative.)A. New Name *(if applicable)*Last Name (Family Name)First Name (Given Name)Middle InitialB. Date of Rehire (if applicable)Date *(mm/dd/yyyy)*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 TitleDocument NumberExpiration Date (if any) (mm/dd/yyyy)**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I examined appear to be genuine and to relate to the individual.**Signature of Employer or Authorized RepresentativeToday's Date *(mm/dd/yyyy)*Name of Employer or Authorized Representative[new] | **[Page 4]**[deleted]Date of Rehire *(if applicable)*Date *(mm/dd/yyyy)*New Name *(if applicable)*Last Name (Family Name)First Name (Given Name)Middle InitialReverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.Document TitleDocument Number (if any)Expiration Date (if any) (mm/dd/yyyy)**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**[no change]Additional Information (Initial and date each notation.) |
|  | **[Page 3]**Date of Rehire (if applicable)New Name *(if applicable)*Date *(mm/dd/yyyy)*Last Name (Family Name)First Name (Given Name)Middle InitialC. 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 TitleDocument NumberExpiration Date (if any) (mm/dd/yyyy)**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I examined appear to be genuine and to relate to the individual.**Signature of Employer or Authorized RepresentativeToday's Date *(mm/dd/yyyy)*Name of Employer or Authorized Representative[new] | **[Page 2]**[no change]Date *(mm/dd/yyyy)*Last Name (Family Name)First Name (Given Name)Middle InitialReverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.Document TitleDocument Number (if any)Expiration Date (if any) (mm/dd/yyyy)**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**[no change]Additional Information (Initial and date each notation.) |
|  | **[Page 3]**Date of Rehire (if applicable)New Name *(if applicable)*Date *(mm/dd/yyyy)*Last Name (Family Name)First Name (Given Name)Middle InitialC. 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 TitleDocument NumberExpiration Date (if any) (mm/dd/yyyy)**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I examined appear to be genuine and to relate to the individual.**Signature of Employer or Authorized RepresentativeToday's Date *(mm/dd/yyyy)*Name of Employer or Authorized Representative[new] | **[Page 4]**[no change]Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.Document TitleDocument Number (if any)Expiration Date (if any) (mm/dd/yyyy)**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**[no change]Additional Information (Initial and date each notation.) |
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