**TABLE OF CHANGES – FORM**

**Form I-9, Supplement, Section 1 Preparer and/or Translator Certification**

**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, Employee Name** | **[Page 1]****Employee Name:**Last Name *(Family Name)*First Name *(Given Name)*Middle Initial | This entire supplement is being incorporated into the I-9 itself. |
| **Page 1, Instructions** | **[Page 1]****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. | This entire supplement is being incorporated into the I-9 itself. |
| **Page 1, (Attest)** | **[Page 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 correct.**Signature of Preparer or TranslatorDate *(mm/dd/yyyy)*Last Name *(Family Name)*First Name *(Given Name)*Address *(Street Number and Name)*City or TownStateZIP Code**[Page 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 correct.**Signature of Preparer or TranslatorDate *(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 TranslatorDate *(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 TranslatorDate *(mm/dd/yyyy)*Last Name *(Family Name)*First Name *(Given Name)*Address *(Street Number and Name)*City or TownStateZIP Code | This entire supplement is being incorporated into the I-9 itself. |
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