**TABLE OF CHANGES – FORM**

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

**OMB Number: 1615-0047**

**09/13/2022**

|  |
| --- |
| **Reason for Revision: Revision**  **Project Phase: OMBReview**  Legend for Proposed Text:   * Black font = Current text * Red font = Changes   Expires 10/31/2022  Edition Date 10/21/2019 |

|  |  |  |
| --- | --- | --- |
| **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 Translator  Date *(mm/dd/yyyy)*  Last Name *(Family Name)*  First Name *(Given Name)*  Address *(Street Number and Name)*  City or Town  State  ZIP 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 Translator  Date *(mm/dd/yyyy)*  Last Name *(Family Name)*  First Name *(Given Name)*  Address *(Street Number and Name)*  City or Town  State  ZIP 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 Town  State  ZIP 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 Town  State  ZIP Code | This entire supplement is being incorporated into the I-9 itself. |
|  |  |  |
|  |  |  |