

**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
<b>Page 1, Employee Name</b>	<p>[Page 1]</p> <p><b>Employee Name:</b>  Last Name (<i>Family Name</i>)  First Name (<i>Given Name</i>)  Middle Initial</p>	This entire supplement is being incorporated into the I-9 itself.
<b>Page 1, Instructions</b>	<p>[Page 1]</p> <p><b>Instructions:</b> 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.</p>	This entire supplement is being incorporated into the I-9 itself.
<b>Page 1, (Attest)</b>	<p>[Page 1]</p> <p><b>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.</b></p> <p>Signature of Preparer or Translator  Date (<i>mm/dd/yyyy</i>)  Last Name (<i>Family Name</i>)  First Name (<i>Given Name</i>)  Address (<i>Street Number and Name</i>)  City or Town  State  ZIP Code</p>	This entire supplement is being incorporated into the I-9 itself.

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Signature of Preparer or Translator  
Date (*mm/dd/yyyy*)  
Last Name (*Family Name*)  
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