

I-9 Completion: With Visuals

The procedure for correctly filling out the I-9 changed on August 1st, 2023. It is essential to review the following information thoroughly.

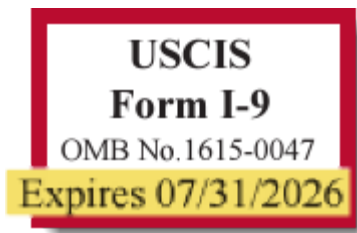
Process to Complete

- ☐ Employee completes Section 1 no later than the first day of employment
- ☐ Employer reviews Section 1 upon receipt
 - If there are errors, the employee must correct the error and then initial and date the correction
- ☐ Employer completes Section 2 within three (3) business days after the employee's first day of employment
 - An authorized representative may act on the employer's behalf to complete Section 2
 - If the employee works fewer than three (3) business days Section 2 must be completed on the employee's first day of employment

If the I-9 is completed outside of the HR office, you must send the original to HR with the additional hiring paperwork. Do not keep copies of the I-9 in your department.

Correct Form

Complete the correct form with the correct expiration date. The expiration date should be 07/31/2026.



[Check here](https://www.uscis.gov/sites/default/files/document/forms/i-9.pdf) for the most recent version:
<https://www.uscis.gov/sites/default/files/document/forms/i-9.pdf>

Section 1: Employee Information and Attestation

This section is to be completed by the newly hired employee no later than the first date of employment.

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 (if any)	Other Last Names Used (if any)
Address (Street Number and Name)		Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address		Employee's Telephone Number	
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.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):			
		<input type="checkbox"/> 1. A citizen of the United States			
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)			
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)			
		<input type="checkbox"/> 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 one of these:			
		USCIS A-Number	OR	Form I-94 Admission Number	OR Foreign Passport Number and Country of Issuance
Signature of Employee		Today's Date (mm/dd/yyyy)			

Last Name and First Name

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 (if any)	Other Last Names Used (if any)
Address (Street Number and Name)		Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address		Employee's Telephone Number	
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.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):			
		<input type="checkbox"/> 1. A citizen of the United States			
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)			
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)			
		<input type="checkbox"/> 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 one of these:			
		USCIS A-Number	OR	Form I-94 Admission Number	OR Foreign Passport Number and Country of Issuance
Signature of Employee		Today's Date (mm/dd/yyyy)			

Last Name and First Name: Current legal names - not preferred names.

Middle Initial

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 (if any)	Other Last Names Used (if any)
Address (Street Number and Name)		Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address		Employee's Telephone Number	
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.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):			
		<input type="checkbox"/> 1. A citizen of the United States			
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)			
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)			
		<input type="checkbox"/> 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 one of these:			
		USCIS A-Number	OR	Form I-94 Admission Number	OR Foreign Passport Number and Country of Issuance
Signature of Employee		Today's Date (mm/dd/yyyy)			

Middle Initial: Do not leave blank. If none or not applicable, the employee should draw a line through this space.

Other Last Names Used (if any)

Complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting the offer of employment.

Middle Initial	Other Last Names Used (if any)
State	ZIP Code
SSN	Employee's Telephone Number
Citizenship or immigration status (See page 2 and 3 of the instructions.):	

Other Names Used: Do not leave blank. This includes a maiden name. If none or not applicable, the employee should draw a line through this space.

Address, Apt. Number, City or Town, State, Zip Code

Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)		
Address (Street Number and Name)		Apt. Number (if any)	City or Town	State	ZIP Code
Date of Birth (mm/dd/yyyy)	DOB: Social Security Number	Employee's Email Address	Employee's Telephone Number		
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		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):			
		<input type="checkbox"/> 1. A citizen of the United States			
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instruction 10)			
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)			
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)			

Address, City or Town, State, Zip Code: Do not leave blank.

Apt. Number: If not applicable, leave blank

Date of Birth

Section 1. Employee Information and Attestation
day of employment, but not before accepting the offer of employment.

Last Name (Family Name)	First Name (Given Name)
Address (Street Number and Name)	
Date of Birth (mm/dd/yyyy)	
Social Security Number	
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	
Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):	
<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (See Instruction 10)	
<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)	
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)	

Date of Birth: Must be inputted using the mm/dd/yyyy format. *Example: 03/16/2000*

Social Security Number

Street Number and Name	Apt. Number (if any)	City or Town
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address
I am aware that federal law provides for imprisonment, fines for false statements, use of false documents, connection with the commission of this form. I attest, under penalty of perjury, that this information, including my selection of citizenship or immigration status, is true and correct.		
Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):		

Social Security Number: NOT required. Employers CANNOT demand the employee complete this field. However, employees must produce a Social Security Card for payroll purposes. If the employee does not wish to provide a Social Security Number, they must write in N/A.

Email Address/Telephone Number

Employee's Email Address	Employee's Telephone Number
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 States	
2. 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)	

E-mail Address and Telephone Number: Not required. This information is used by the Department of Homeland Security (DHS) to contact the employee should there be any discrepancies with the information provided. If the employee does not wish to provide this information, they must write in N/A.

Citizenship

Address (Street Number and Name)		Apt. Number (if any)	City or Town	State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address		Employee's Telephone Number	
I am aware that federal law provides for imprisonment, fines for false statements, use of false documents, connection with the commission of this form. I attest, under penalty of perjury, that this information, including my selection of citizenship or immigration status, is true and correct.					
Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
<input type="checkbox"/> 1. A citizen of the United States					
<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
<input type="checkbox"/> 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 one of these:					
USCIS A-Number		OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee			Today's Date (mm/dd/yyyy)		

Citizenship: The Employee must check one (1) of the boxes in this field and provide any numbers or other information as required per the box checked. *Example:* If the employee checks box 3, they must enter their USCIS or A-Number.

Signature of Employee

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.	Check one of the following boxes to attest to your citizenship or immigration status		
	<input type="checkbox"/> 1. A citizen of the United States		
	<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)		
	<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)		
	<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work		
	If you check Item Number 4., enter one of these:		
	USCIS A-Number	OR	Form I-94 Admission Number
		OR	Foreign P
Signature of Employee			

Signature of Employee: The employee must sign within this box. The form remains incomplete without this signature.

Today's Date

ational of the United States (See Instructions.)		
inent resident (Enter USCIS or A-Number.)		
ther than Item Numbers 2. and 3. above) authorized to work until exp. date, if any)		
er 4., enter one of these:		
<input type="checkbox"/>	OR	Form I-94 Admission Number
<input type="checkbox"/>	OR	Foreign Passport Number and Country of Issuance
Today's Date (mm/dd/yyyy)		

Today's Date: This reflects the date of completion. This section must be completed on or before the first date of employment and must be inputted using the mm/dd/yyyy format. *Example:* 10/30/2023. Do not backdate this form.

Instructions continue on the next page

Section 2: Employer Review of Documents and Verification

This section is to be completed by the employer within three (3) business days after the employee's first day of employment.

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, or examine consistent with an alternative procedure authorized by the Secretary of DHS, 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	OR	List B AND List C
Document Title 1			
Issuing Authority			
Document Number (if any)			
Expiration Date (if any)			
Document Title 2 (if any)		Additional Information <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.	
Issuing Authority			
Document Number (if any)			
Expiration Date (if any)			
Document Title 3 (if any)			
Issuing Authority			
Document Number (if any)			
Expiration Date (if any)			

Document Verification

All documents submitted must be original. Employers cannot request specific documents from employees. Employees must be shown a list of acceptable documentation and be allowed to choose what they wish to submit

Examine one (1) item from List A OR a combination of documents from List B and C

List A

If the employee presents one (1) of the following documents they do not need to present further documentation. Do not record any other documentation as this will cause the employer to be flagged in an audit of I-9. If an error is made, line through the error and correct it. Then initial and date the form OR re-do the I-9.

List B and List C

The employee may provide one (1) document from List B AND one (1) document from List C. If the employee does this, ensure the section is filled out completely and accurately. If an error is made, line through the error and correct it. Then initial and date the form OR re-do the I-9.

[Review samples of accepted documents here.](#)

Additional Information

Additional Information
<div><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.</div>

Use this field to record any additional information required to complete Section 2 or any updates necessary after completion.

Section 2: Employer Verification Certification

First Day of Employment

documentation presented by the above-named employee, and (3) to the employee's date of birth.	First Day of Employment (mm/dd/yyyy):
Signature of Employer or Authorized Representative	
Business or Organization Address, City or Town, State, ZIP Code	

First Day of Employment: This is the first date of employment and must be inputted using the mm/dd/yyyy format. *Example: 10/30/2023*

Name, Title, and Signature of Employer or Authorized Representative

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 Representative	Signature of Employer or Authorized Representative	

Last Name, First Name, and Title of Employer or Authorized Representative: The employer or authorized representative must print their last name, first name, and current title.

Signature of Employer or Authorized Representative: The employer or authorized representative must sign and date the form within three (3) business days of the

employee's first date of employment. Signing this form indicates the documents have been viewed and verified.

The signature must be original.

Today's Date

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):
Signature of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
Employer's Business or Organization Address, City or Town, State, ZIP Code		

Today's Date: This reflects the date of completion. This section must be completed by the third date of employment and must be inputted using the mm/dd/yyyy format. *Example:* 10/30/2023. Do not backdate this form.

Employer's Business or Organization Name

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.	
Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative
Employer's Business or Organization Name	

Employer's Business or Organization Name: Provide the official name of the hiring organization NOT the department. *Example:* Ferris State University

Employer's Business or Organization Address, City or Town, State, ZIP Code

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):
Signature of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
Employer's Business or Organization Address, City or Town, State, ZIP Code		

Employer's Business or Organization Address, City or Town, State, Zip Code: Provide the official address of the hiring organization.

Supplement A: Preparer Section


		Supplement A, Preparer and/or Translator Certification for Section 1		USCIS Form I-9 Supplement A
		Department of Homeland Security		OMB No. 1615-0047
		U.S. Citizenship and Immigration Services		Expires 07/31/2026
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.				

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 fields at the top of the form. Each preparer or translator must complete, sign, and date a separate certification area.

The completed supplement must be kept with the employee's completed Form I-9.

This is typically only completed if you assist in the completion of the form beyond the typical explanation of how to fill in the form.

Supplement B: Reverification and Rehire

		Supplement B, Reverification and Rehire (formerly Section 3)		USCIS Form I-9 Supplement B
		Department of Homeland Security		OMB No. 1615-0047
		U.S. Citizenship and Immigration Services		Expires 07/31/2026
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) .				

This supplement replaces Section 3 on the previous version of Form I-9.

This page is only used if the employee requires re-verification, is rehired within three (3) 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 at the top of the form. Use a new section for each re-verification or rehire. Review the Form I-9 instructions before completing this Supplement.

The completed supplement must be kept with the employee's completed Form I-9.