

# Form I-9 Quick Reference

1

Employment Eligibility Verification		USCIS Form I-9	
Department of Homeland Security		OMB No. 1615-0047	
U.S. Citizenship and Immigration Services		Expires 07/31/2026	
<b>START HERE:</b> 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 <a href="#">Instructions</a> .			
<b>ANTI-DISCRIMINATION NOTICE:</b> All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in <b>Section 1</b> , or specify which acceptable documentation employees must present for <b>Section 2</b> or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.			
<b>Section 1. Employee Information and Attestation:</b> Employees must complete and sign Section 1 of Form I-9 no later than the <b>first day of employment</b> , but not before accepting a job offer.			
Last Name (Family Name) <b>Doe</b>	First Name (Given Name) <b>John</b>	Middle Initial (if any) <b>A</b>	Other Last Names Used (if any) <b>N/A</b>
Address (Street Number and Name) <b>123 Main Street</b>		Apt. Number (if any) <b>1</b>	City or Town <b>Washington</b>
State <b>DC</b>		ZIP Code <b>00000</b>	
Date of Birth (mm/dd/yyyy) <b>01/01/1970</b>	U.S. Social Security Number <b>1 2 3 4 5 6 7 8 9</b>	Employee's Email Address <b>johndoe@email.com</b>	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 checked="" 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
		OR	
Signature of Employee <i>John Doe</i>		Today's Date (mm/dd/yyyy) <b>11/12/2023</b>	
If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the <a href="#">Preparer and/or Translator Certification</a> on Page 3.			
<b>Section 2. Employer Review and Verification:</b> 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 <b>U.S. Passport</b>			
Issuing Authority <b>Department of State</b>			
Document Number (if any) <b>123456789</b>			
Expiration Date (if any) <b>01/01/2025</b>			
Document Title 2 (if any)	Additional Information		
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)			
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			
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) <b>11/12/2023</b>
Last Name, First Name and Title of Employer or Authorized Representative <b>Doe, Jane Manager</b>		Signature of Employer or Authorized Representative <i>Jane Doe</i>	Today's Date (mm/dd/yyyy) <b>11/12/2023</b>
Employer's Business or Organization Name <b>America's Business</b>		Employer's Business or Organization Address, City or Town, State, ZIP Code <b>123 Star Spangled Way Washington, DC 00000</b>	
For reverification or rehire, complete <a href="#">Supplement B, Reverification and Rehire</a> on Page 4.			
Form I-9 Edition 08/01/23		Page 1 of 4	

See Page 2 for Section 1  
Quick Reference Notes

See Page 3 for Section 2  
Quick Reference Notes

## Downloadable Forms

- [Current Form I-9](#) – Click here to download a .PDF copy of the current Form I-9.
- [Instructions for Form I-9 \(English\)](#) – Click here to download .PDF instructions for Form I-9 in English
- [Current Form I-9 \(Spanish\)](#) – Click here to download a .PDF copy of the current Form I-9 in Spanish. This can only be used for a reference for filling out the English version of the Form I-9. The Spanish version of the Form I-9 may be filled out by employees and employers in Puerto Rico ONLY.

**THIS RESOURCE IS INTENDED FOR DISCUSSION AND EDUCATIONAL PURPOSES ONLY AND IS PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND. RELIANCE ON ANY INFORMATION PRESENTED IS AT YOUR OWN RISK**

# Form I-9 Quick Reference

2

## Section 1: Employee Information and Attestation

### 1. Check for the following:

- Full Legal Name
- Full Address (PO Box is OK), including City, State, and ZIP Code
- Date of Birth (MM/DD/YYYY Format)
- Social Security # (required for E-Verify), Email Address, & Telephone # are all optional fields
- If any optional fields are not used, the employee must write "N/A"

**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) <b>Doe</b>		First Name (Given Name) <b>John</b>		Middle Initial (if any) <b>A</b>	Other Last Names Used (if any) <b>N/A</b>	
Address (Street Number and Name) <b>123 Main Street</b>		Apt. Number (if any) <b>1</b>	City or Town <b>Washington</b>		State <b>DC</b>	ZIP Code <b>00000</b>
Date of Birth (mm/dd/yyyy) <b>01/01/1970</b>	U.S. Social Security Number <b>1 2 3 4 5 6 7 8 9</b>		Employee's Email Address <b> johndoe@email.com</b>		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.):

☒ 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)

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  
*John Doe*

Today's Date (mm/dd/yyyy) **Date Employee Completes Section 1**

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.

2. One of the four attestation boxes must be checked to indicate citizenship status.

3. The Employee's Signature & Date can be completed once the employer has made a job offer and the individual has accepted the job offer\*. Date must be in the MM/DD/YYYY format.

### Additional Information:

- Employees hired on or before November 6, 1986 do not need an I-9.
- All dates need to be written in MM/DD/YYYY format (i.e. 01/01/2023).
- All empty boxes need an "N/A" written.
- Check that the form is current (08/01/2023 at the bottom corner & Expires 07/31/2026 at the top right corner).
- Employee completes Section 1 no later than 1<sup>st</sup> day of work for pay (1<sup>st</sup> day of employment).
- **\*The law requires that the employer completes Form I-9 only when the person begins working for pay. However, you may complete the form earlier, if the person has been offered and accepted the job. You may not use the Form I-9 process to screen job applicants or to delay the actual start of work.**
- If an employee needs to make a correction, have them draw a line, initial, and date.
- Whiteout cannot be utilized.

# Form I-9 Quick Reference

3

## Section 2: Employer Review and Verification

### 4. Check for the following:

- Either List A Document (s), OR 1 List B Document and 1 List C Document
- Document Title, Issuing Authority, and Expiration Date (cannot use expired documents)
- Use “N/A” for SSC Expiration Date

**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	U.S. Passport				
Issuing Authority	Department of State				
Document Number (if any)	123456789				
Expiration Date (if any)	01/01/2025				
Document Title 2 (if any)		Additional Information			
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)					

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

**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 <b>Doe, Jane Manager</b>	Signature of Employer or Authorized Representative <i>Jane Doe</i>	First Day of Employment (mm/dd/yyyy): <b>Employee's 1<sup>st</sup> Day of Work</b>
Employer's Business or Organization Name <b>America's Business</b>	Employer's Business or Organization Address, City or Town, State, ZIP Code <b>123 Star Spangled Way Washington, DC 00000</b>	Today's Date (mm/dd/yyyy) <b>Date Employer Completes Section 2</b>

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

5. Employee's 1<sup>st</sup> Day of Work for pay (commencement of labor or services in exchange for remuneration) in MM/DD/YYYY format

### 6. Must contain the following:

- Last Name, First Name, and Title of Employer Representative
- Signature of Employer Representative (who viewed documents) and Signature Date in MM/DD/YYYY format.
- Business Name & Address (no PO Box) including City, State, & ZIP Code

7. Only check this box if remotely examining documents using the authorized DHS alternative procedure

### Additional Information:

- Employers cannot specify which documentation an employee presents from the list of acceptable documents.
- Acceptable List A, B, and C Documents and Receipts can be found on Page 2 of Form I-9.
- If a minor (under age 18) is unable to provide a List B Document for Section 2, write “individual under age 18” in the Additional Information field and only require a List C Document.
- If documents are remotely examined, use the “Check here if you used an alternative procedure authorized by DHS to examine documents” box and retain documents with the employee's Form I-9 and E-Verify Confirmation.
- **Employer has 3 business days from the date of hire (i.e., commencement of labor or services in exchange for remuneration) to complete Section 2 of Form I-9.**
- If Section 2 is completed after the employee accepts the job offer but before they begin employment for wages or other remuneration, enter the date the employee expects to begin such employment on the First Day of Employment field. If the employee begins employment on a different date, make a correction to the First Day of Employment field.
- If the employer representative needs to make a correction, they should draw a line, initial, and date.
- Whiteout cannot be utilized.

**THIS RESOURCE IS INTENDED FOR DISCUSSION AND EDUCATIONAL PURPOSES ONLY AND IS PROVIDED “AS IS” WITHOUT WARRANTY OF ANY KIND. RELIANCE ON ANY INFORMATION PRESENTED IS AT YOUR OWN RISK**

# Form I-9 Quick Reference

4

## List of Acceptable Documents for Section 2

### LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered 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).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>		<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> </ol> <p><b>For persons under age 18 who are unable to present a document listed above:</b></p> <ol style="list-style-type: none"> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>		<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol> <p>For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p>The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List B document.</li> </ul>		<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List C document.</li> </ul>

10. Certain immigration statuses require multiple List A documents to be presented.

8. Employees must provide either a List A Document (s) OR 1 List B Document and 1 List C Document

9. Acceptable Receipts may be presented for a temporary period.


- [Acceptable Documents](#) – Click here for a guideline on Acceptable Documents.
- [Acceptable Receipts](#) – Click here for the USCIS M-74 Handbook Policies on Acceptable Receipts.
- [Automatic Extensions](#) - Click here for the USCIS M-74 Handbook Policies on Automatic Extensions of Employment Authorizations and/or Employment Authorization Documents (EADS) in Certain Circumstances.

THIS RESOURCE IS INTENDED FOR DISCUSSION AND EDUCATIONAL PURPOSES ONLY AND IS PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND. RELIANCE ON ANY INFORMATION PRESENTED IS AT YOUR OWN RISK

# Form I-9 Quick Reference

5

## Supplement A: Preparer and/or Translator Certification

 **Supplement A,  
Preparer and/or Translator Certification for Section 1**  
Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
**Supplement A**  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name (Family Name) from Section 1. <b>Doe</b>	First Name (Given Name) from Section 1. <b>John</b>	Middle Initial (if any) from Section 1. <b>A</b>
---	--	---

**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.

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.

Date Prep/Trans  
Completes Section 1


Signature of Preparer or Translator <i>Jane Doe</i>		Date (mm/dd/yyyy)	
Last Name (Family Name) <b>Doe</b>	First Name (Given Name) <b>Jane</b>	Middle Initial (if any)	
Address (Street Number and Name) <b>456 Flag Lane</b>	City or Town <b>Washington</b>	State <b>DC</b>	ZIP Code <b>00000</b>

10. Supplement A should only be utilized when a Preparer and/or Translator was used

Check for the following:

- Last Name, First Name, & Middle Initial of Employee from Section 1
- Preparer/Translator Signature and date
- Last Name, First Name, & Address of Preparer/Translator including City, State, & ZIP Code

## Supplement B: Reverification and Rehire

 **Supplement B,  
Reverification and Rehire (formerly Section 3)**  
Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
**Supplement B**  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name (Family Name) from Section 1. <b>Doe</b>	First Name (Given Name) from Section 1. <b>John</b>	Middle Initial (if any) from Section 1. <b>A</b>
---	--	---

**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 \(M-274\)](#).

Date of Rehire (if applicable)  
Rehire Date

Date (mm/dd/yyyy)	New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	
-------------------	--	--

**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 Title	Document 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 the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Date Employer Signs Form

Name of Employer or Authorized Representative <b>Jane Doe</b>	Signature of Employer or Authorized Representative <i>Jane Doe</i>	Today's Date (mm/dd/yyyy)
--	---	---------------------------

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

11. Supplement B should only be used if a Reverification or Rehire is necessary.

Check for the following:

- Last Name, First Name, & Middle Initial of Employee from Section 1
- If applicable: Date of Rehire, New Name, or new Document Title, Number, & Expiration Date
- Full Name of Employer/Authorized Representative
- Employer/Authorized Representative Signature and date

- [Reverifying Employment Authorization for Current Employees](#) – Click here for USCIS M-74 Handbook Policies on reverifying current employees.
- [Reverifying or Updating Employment Authorization for Rehired Employees](#) – Click here for USCIS M-74 Handbook Policies on rehired employees.
- [Recording Changes of Name and Other Identity Information for Current Employees](#) – Click here for USCIS M-74 Handbook Policies on changes for information change on current employees.

THIS RESOURCE IS INTENDED FOR DISCUSSION AND EDUCATIONAL PURPOSES ONLY AND IS PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND. RELIANCE ON ANY INFORMATION PRESENTED IS AT YOUR OWN RISK

## Additional Resources

Each of the following clickable links direct to the United States Citizenship and Immigration Services (USCIS) website. The USCIS is a division of the United States Department of Homeland Security and is charged with the administration of the nation's lawful immigration system, which includes Form I-9 compliance.

- [I-9 Central](#) – USCIS Hub for all information concerning Form I-9.
- [Examples of Acceptable Documents](#) – A list of all acceptable documents for I-9 purposes is available on Page 3 of Form I-9. Examples of these documents are available for viewing on this web page.
- [Questions & Answers](#) – Commonly asked Form I-9 Questions and Answers
- [Form I-9 Instructional Resources](#) – Additional learning opportunities from USCIS, including brief instructional videos, webinars, and more.
- [Handbook for Employers M-74](#) - Guidance for Completing Form I-9 (Employment Eligibility Verification Form) | Current as of July 2023
- [Remote Document Examination](#) – Guidance for the optional alternative procedure to physical document examination