TABLE OF CHANGES - FILLABLE FORM

Form I-9, Employment Eligibility Verification

Revision Date: 10/20/2015

Reason for Revision: Despite the agency's continued efforts at improving the form and instructions, employers and employees continue to make errors when filling out the form. On January 20, 2011, stakeholders requested USCIS develop a Form I-9 that incorporates functionality and assistance tools to mitigate or prevent employer and employee error when completing the form.

Feature or Field Name	**Current Form I-9, 03/08/13 N** If field is blank, item does not exist on current form or there is no change to current text.	**Proposed Revision** These proposed revisions will appear to all users, whether the form is filled in using a computer or on paper.	***Hover Text*** *A new proposed feature provides abbreviated instructions for completing the field when user fills in form fields on a computer. Hover text appears when user hovers mouse over a field that includes this feature.*	***Helper Text*** *A new proposed feature that provides more instructions for completing a field when user fills in form fields on a computer and clicks the ? icon included on most fields.*	***Drop-Down*** *Lists of selectable items have been added or updated. Drop-downs appear when user fills in form fields using a computer.*	***Error Messages*** *A new proposed feature visible when Form I-9 is filled in on a computer. Error messages instruct a user to correct a field when information entered does not follow prescribed form requirements.*

General Form Features						
Feature or Field Name	**Current Form I-9, 03/08/13 N**	**Proposed Revision**	***Hover Text***	***Helper Text***	***Drop-Down***	***Error Messages***
Start Over Button		New button viewed in the top margin when viewing the form on a computer will clear all fields in a partially or fully completed form to allow the user to start over easily. Button will not be visible when form is printed.	Start Over	N/A	N/A	Do you want to clear all completed fields and start over? Yes or No

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Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	*Hover Text*	*Helper Text*	*Drop-Down*	*Error Messages*
Instructions Button		New button viewed in the top margin when viewing the form on a computer will contain a hyperlink once the form is approved by OMB to take users directly to the Form instructions located on the USCIS forms page. This allows for instant access to form instructions when the form is completed using a computer, precluding the need for employers to print out form instructions when using a computer. Button will not be visible when form is printed.	Once OMB approves the form, this hover text will read, "Instructions". However, to allay any public confusion, the hover text currently reads: "Proposed instructions are not yet available via this button. View them in the supporting documents to the I-9 Federal Register notice." Once OMB approves the form and instructions, this button will link directly to the instructions.	N/A	N/A	N/A
Print Form button		New button viewed in the top margin when viewing the form on a computer will allow the user to print a blank form, or a fully or partially completed form, easily. Button will not be visible when form is printed.	Print	N/A	N/A	N/A
Start Here	Read instructions carefully before completing this form. The instructions must be available during completion of the form.	Read instructions carefully before completing this form. The instructions must be available during completion of the form. Employers are liable for errors in the completion of this form.	N/A	N/A	N/A	N/A

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Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	*Hover Text*	*Helper Text*	*Drop-Down*	*Error Messages*
Click to Finish Button		Each section contains a new Click to Finish button that, when clicked, begins a field validation process within the form that verifies that information has been entered into each field of the form according to prescribed form requirements designed to reduce technical errors on the form. This button does not appear on the printed form.	Click here to finish Section 1.	N/A	N/A	N/A

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Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	*Hover Text*	*Helper Text*	*Drop-Down*	*Error Messages*
Click to Finish Action Messages for Section 1		While user enters information into Section 1 fields using a computer, a message appears under the Click to Finish button that reads: "Section 1 Completion in Progress." When the user clicks the Click to Finish button, JavaScript Window will read: "The form will check to ensure that each field in Section 1 is filled out. Would you like to perform this check now? Click Yes to Continue; click No to make any corrections." If the user clicks No, validation cancels and user can make corrections. If the user clicks Yes, and the form is able to validate that all fields were filled in according to form requirements, this message appears: "Please print to sign and date this section". If the user clicks Yes and the form is unable to validate that all the fields were filled in according to form requirements, this message appears: "Employee section contains incomplete or incorrect information. Complete the highlighted areas, then select 'Click to Finish'."	N/A	N/A	N/A	When form check is complete, a JavaScript Window titled Section 1 Check Finished will appear with the message: "You must print Section 1, then sign and date in the appropriate fields, for this form to be considered complete for Form I-9 purposes. Your employer is now required to complete Section 2."

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Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	*Hover Text*	*Helper Text*	*Drop-Down*	*Error Messages*
Click to Finish Action Messages for Section 2		While user enters information into Section 2 fields using a computer, a message appears under the Click to Finish button that reads: "Section 2 Completion in Progress." When the user clicks the Click to Finish button, JavaScript Window will read: "The form will check to ensure that each field in Section 2 is filled out. Would you like to perform this check now? Click Yes to Continue; click No to make any corrections." If the user clicks No, validation cancels and user can make corrections. If the user clicks Yes, and the form is able to validate that all fields were filled in according to form requirements, this message appears: "Please print to sign and date this section". If the user clicks Yes and the form is unable to validate that all the fields were filled in according to form requirements, this message appears: "Employer section contains incomplete or incorrect information. Complete the highlighted areas, then select 'Click to Finish'."	N/A	N/A	N/A	When form check is complete, a Java Script Window titled Section 2 Check Finished will appear with the message: "You must print Section 2, then sign and date in the appropriate fields, for this form to be considered complete for Form I-9 purposes."

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Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	*Hover Text*	*Helper Text*	*Drop-Down*	*Error Messages*
Click to Finish Action Messages for Section 3		While user enters information into Section 3 fields using a computer, a message appears under the Click to Finish button that reads: "Section 3 Completion in Progress." When the user clicks the Click to Finish button, JavaScript Window will read: "The form will check to ensure that each field in Section 3 is filled out. Would you like to perform this check now? Click Yes to Continue; click No to make any corrections." If the user clicks No, validation cancels and user can make corrections. If the user clicks Yes, and the form is able to validate that all fields were filled in according to form requirements, this message appears: "Please print to sign and date this section". If the user clicks Yes and the form is unable to validate that all the fields were filled in according to form requirements, this message appears: "Reverification and Rehires section contains incomplete or incorrect information. Complete the highlighted areas, then select 'Click to Finish'."	N/A	N/A	N/A	When form check is complete, a Java Script Window titled Section 3 Check Finished will appear with the message: "You must print Section 3, then sign and date in the appropriate fields, for this form to be considered complete for Form I-9 purposes."

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Section 1						
Feature or Field Name	**Current Form I-9, 03/08/13 N**	**Proposed Revision**	***Hover Text***	***Helper Text***	***Drop-Down***	***Error Messages***
Last Name			Enter your full legal last name. Click on the question mark for more information about this field.	Enter your full legal last name. Your last name is your family name or surname. If you have two last names or a hyphen-ated last name, include both names in this field. Examples of correctly entered last names include De La Cruz, O'Neill, Garcia Lopez, Smith-Johnson, Nguyen. If you only have one name, enter it in this field, then enter "Unknown" in the First Name field. You may not enter "Unknown" in both this field and the First Name field.	N/A	You must enter your last name. If you do not have a last name, enter "Unknown."
First Name		Inserted vertical lines demarcating the First Name and Middle Initial fields.	Enter your full legal first name. Click on the question mark for more information about this field.	Enter your full legal first name. Your first name is your given name. Some examples of correctly entered first names include Jessica, John-Paul, Tae Young, D'Shaun, Mai. If you only have one name, enter it in the Last Name field, then enter "Unknown" in this field. You may not enter "Unknown" in both this field and the Last Name field.	N/A	You must enter your first name. If you do not have a first name, enter "Unknown" in this field. You may not enter "Unknown" in both the first name and last name fields.

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Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	*Hover Text*	*Helper Text*	*Drop-Down*	*Error Messages*
Middle Initial			Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any. Click on the question mark for more information about this field.	Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any. If you have more than one middle name, enter the first letter of your first middle name. If you do not have a middle name, enter N/A in this field.	N/A	Enter the first letter of your middle name in this field. You may only enter one letter for your middle initial. If you have more than one middle name, enter the first letter of your first middle name If you do not have a middle initial enter "N/A".
Other Last Names Used	**Other Names Used**	Revised field name to **Other Last Names Used**	Provide all other last names used, if any, such as maiden name. Enter N/A if you have not used other last names. Click on the question mark for more information about this field.	Provide all other last names used, if any, such as maiden name. Enter N/A if you have not used other last names. For example, if you legally changed your last name from Smith to Jones, you should enter the name Smith in this field.	N/A	Other Last Names Used cannot be left blank. If you have not used a different last name, such as a maiden name, enter 'N/A'.
Address (Street Number and Name)			Enter the street name and number of the current address of your residence. Do not provide a Post Office Box address (P.O. Box). Click on the question mark for more information about this field.	Enter the street name and number of the current address of your residence. Do not provide a Post Office Box address (P.O. Box). If you are a border commuter from Canada or Mexico, you may enter your Canada or Mexico address in this field. If your residence does not have a physical address, enter a description of the location of your residence, such as "3 miles southwest of Anytown post office near water tower."	N/A	You must enter your street number and name in the address field. Address can only contain numbers, letters, spaces, hyphens, apostrophes and periods. You may not enter N/A or leave this field blank.
Apartment Number			Enter the number(s) or letter(s) that identify(ies) your apartment. If you do not live in an apartment, enter N/A.	Enter the number(s) or letter(s) that identify(ies) your apartment. If you do not live in an apartment, enter N/A.	N/A	Enter the number(s) or letter(s) for your apartment. If you do not live in an apartment, enter N/A. You may not leave this field blank.

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Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	*Hover Text*	*Helper Text*	*Drop-Down*	*Error Messages*
City or Town			Enter your city, town or village in this field.	Enter your city, town or village in this field. If your residence is not located in a city, town or village, enter your county, township, reservation, etc., in this field. If you are a border commuter from Canada, enter your city and province in this field. If you are a border commuter from Mexico, enter your city and state in this field.	N/A	You must enter a city, town or village.
State			Select the abbreviation of your state or territory from the drop-down list. You may also type the first letter of the abbreviation and use the down arrow to select your state or territory. Click on the question mark for more information about this field.	Select the abbreviation of your state or territory from the drop-down list. You may also type the first letter of the abbreviation and use the down arrow to select your state or territory. If you are a border commuter from Canada or Mexico, you should choose your country abbreviation, located at the end of the drop-down list.	Dropdown contains list of two-character state abbreviations, followed by list of two-character territory abbreviations, followed by CAN and MEX	Select your state or territory from the drop-down list.
ZIP Code			Enter your 5-digit ZIP code in this field. Click on the question mark for more information about this field.	Enter your 5-digit ZIP code in this field. If you are a border commuter from Canada or Mexico, enter your 5- or 6-digit postal code in this field.	N/A	Please enter your 5-digit U.S. ZIP code, 5-digit Mexican postal code, or 6-digit Canadian postal code (ex. H0H 0H0) in this field. This field cannot be left blank.
Date of Birth			Enter your date of birth as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 1980 as 01/08/1980.	Enter your date of birth as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 1980 as 01/08/1980.	N/A	Date of birth cannot be left blank. Enter your date of birth as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 1980 as 01/08/1980. The date of birth entered in this field must be on or before today's date and cannot be more than 120 years in the past.

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Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	*Hover Text*	*Helper Text*	*Drop-Down*	*Error Messages*
U.S. Social Security Number		Removed boxes and hyphens from U.S. Social Security Number field. When Social Security number is entered, form automatically formats the number.	Providing your Social Security number is voluntary on Form I-9 unless your employer participates in E-Verify. If your employer participates in E-Verify and: 1. You have been issued a Social Security number, you must provide it on Form I-9; or 2. You have applied for, but have not yet received a Social Security number, leave this field blank. Once you print the form, write "Applied for – In Process" in this space.	Providing your Social Security number is voluntary on Form I-9 unless your employer participates in E-Verify. If your employer participates in E-Verify and: 1. You have been issued a Social Security number, you must provide it on Form I-9; or 2. You have applied for, but have not yet received a Social Security number, leave this field blank. Once you print the form, write "Applied for – In Process" in this space.	N/A	If your employer does not participate in E-Verify, this field may remain blank. If your employer does participate in E-Verify, this field should not be left blank. However, if you have left this field blank because you have not yet received your Social Security number, once you print the form, write "Applied for – In Process" in this space. If you choose to enter your Social Security number, use numerical characters only, e.g., enter 111-22-3333 as 111223333.

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Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	*Hover Text*	*Helper Text*	*Drop-Down*	*Error Messages*
Employee's E-mail Address	E-Mail Address	Removed visible box in field. Revised field name to Employee's E-mail Address.	Providing your e-mail address is optional on Form I-9. To enter your e-mail address, use this format: name@site.domain. One reason the Department of Homeland Security (DHS) may e-mail you is if your employer uses E-Verify and DHS learns of a potential mismatch between the information provided and the information in government records. This e-mail would contain information on how to begin to resolve the potential mismatch. Enter N/A if you do not enter your e-mail address. The employer's e-mail address should not be entered in this field.	Providing your e-mail address is optional on Form I-9. To enter your e-mail address, use this format: name@site.domain. One reason the Department of Homeland Security (DHS) may e-mail you is if your employer uses E-Verify and DHS learns of a potential mismatch between the information provided and the information in government records. This e-mail would contain information on how to begin to resolve the potential mismatch. Enter N/A if you do not enter your e-mail address. The employer's e-mail address should not be entered in this field.	N/A	If you choose to enter your e-mail address, use this format: name@site.domain. Enter N/A if you do not enter your email address.
Employee's Telephone number	Telephone Number	Revised field name to Employee's Telephone Number.	Providing your telephone number is optional for Form I-9. Enter only the numbers of your 9- or 10-digit telephone number. Enter N/A if you do not enter your telephone number.	Providing your telephone number is optional for Form I-9. Enter only the numbers of your 9- or 10-digit telephone number. Enter N/A if you do not enter your telephone number.	N/A	If you choose to enter your Telephone Number, use numerical characters only: (e.g., enter (222)333-4444 as 2223334444 or (22)333-4444 as 223334444). If you do not enter a Phone Number, enter N/A
A citizen of the United States			Select this status if it applies to you. If you select this box, the rest of the fields in this area will contain N/A.	Select this status if it applies to you. If you select this box, the rest of the fields in this area will contain N/A.	N/A	You must make a citizenship status selection.

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Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	*Hover Text*	*Helper Text*	*Drop-Down*	*Error Messages*
A noncitizen national of the United States			Select this status if it applies to you. If you select this box, the rest of the fields in this area will contain N/A. Click on the question mark for more information about this field.	Select this status if it applies to you. If you select this box, the rest of the fields in this area will contain N/A. A noncitizen national of the United States is an individual born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.	N/A	You must make a citizenship status selection.
A lawful permanent resident			Select this status if it applies to you. Click on the question mark for more information about this field.	Select this status if it applies to you. A lawful permanent resident is an individual who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. This term includes conditional residents. If you select this box, you must enter either your **Alien Registration Number or USCIS Number** in the field provided**.** At this time, the USCIS Number is the same as the A-number without the "A" prefix. Asylees and refugees should not select this status, but should instead select "An alien authorized to work."	N/A	You must make an immigration status selection.

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Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	*Hover Text*	*Helper Text*	*Drop-Down*	*Error Messages*
Alien Registra-tion Number/ USCIS Number			Lawful permanent residents must enter their 7- to 9-digit Alien Registration Number or USCIS Number here. To do so, enter the number in the space provided, then select either Alien Registration Number or USCIS Number from the drop-down. Click on the question mark for more information about this field.	Lawful permanent residents must enter their 7- to 9-digit Alien Registration Number or USCIS Number here. At this time, the USCIS Number is the same as the A-number without the "A" prefix. To do so, enter the number in the space provided, then select either Alien Registration Number or USCIS Number from the drop-down. If you select Alien Registration Number from the drop-down, an "A" will appear before the number you entered.	Dropdown contains Alien Registration Number and USCIS Number: When user selects Alien Number, an A will populate next to the Alien Number provided in this field.	If you select Lawful Permanent Resident, you must enter your 7- to 9-digit Alien Registration Number or USCIS Number in the space provided.
Alien Registratio n/USCIS Number Selection Drop-down		New dropdown included in the proposed form that allows the user to indicate whether the number he or she entered is an Alien Registration Number or a USCIS Number. If the user selects Alien Registration Number, the previous field will be populated with an "A."			Alien Number USCIS Number	You must indicate whether the number you entered in this field is an Alien Registration Number or a USCIS Number. This field may not be left blank.
An alien authorized to work			Select this status if it applies to you. Click on the question mark for more information about this field.	Select this status if it applies to you. An alien authorized to work is an individual who is not a citizen or national of the United States, or a lawful permanent resident, but is authorized to work in the United States. If you select this box, you must enter the expiration date of your employment authorization, if any, and either the Alien Registration Number/USCIS Number or the Form I-94 Admission Number in the fields below. Asylees, refugees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau should select this status.	N/A	You must make an immigration status selection.

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Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	*Hover Text*	*Helper Text*	*Drop-Down*	*Error Messages*
Expiration Date			Enter the date your employment authorization expires, if any, in this field. Click on the question mark for more information about this field.	Enter the date your employment authorization expires, if any, in this field. If you select this box, enter the date that your employment authorization expires, if any, in this field. In most cases, your employment authorization expiration date is found on the document(s) evidencing your employment authorization. Refugees, asylees and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, and other aliens whose employment authorization does not have an expiration date should enter N/A in this field. In some cases, such as if you have temporary protected status, your employment authorization document may have been automatically extended; in these cases, you should enter the expiration date of the automatic extension in this field.		Employees who select An alien authorized to work must enter the date your work authorization expires in the space provided. Enter the date as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). If your employment authorization status does not expire, such as because you are a refugee or asylee, enter N/A in this field.
	"For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number"	"Aliens authorized to work must provide an Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number to complete Section 1."				

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Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	*Hover Text*	*Helper Text*	*Drop-Down*	*Error Messages*
Alien Registra-tion Number/ USCIS Number		Form will only allow entry of one of the three options listed: 1. 7- to 9- digit Alien Registration Number (A-Number)/USCIS Number or 2. 11-digit Form I-94 Admission Number or 3. Foreign Passport Number and the Country of Issuance.	Enter your 7- to 9-digit Alien Registration Number (A-Number)/USCIS Number, if any, in this field. To do so, enter the number in the space provided, then select either Alien Registration Number or USCIS Number from the drop-down. If you select Alien Registration Number from the drop-down, an "A" will appear before the number you entered. Currently, the USCIS number is the same as the Alien number without the "A" prefix. If you do not provide an Alien Registration Number/USCIS Number, enter either a Form I-94 Admission Number or Foreign Passport Number in the fields provided. This field will then be populated with N/A. Click on the question mark for more information about this field.	Enter your 7- to 9-digit Alien Registration Number (A-Number)/USCIS Number, if any, in this field. To do so, enter the number in the space provided, then select either Alien Registration Number or USCIS Number from the drop-down. If you select Alien Registration Number from the drop-down, an "A" will appear before the number you entered. Currently, the USCIS number is the same as the Alien number without the "A" prefix. If you do not provide an Alien Registration Number/USCIS Number, enter either a Form I-94 Admission Number or Foreign Passport Number in the fields provided. This field will then be populated with N/A. Aliens authorized to work must enter one of the following to complete Section 1: 1. Alien Registration Number (A-Number)/USCIS Number or 2. Form I-94 Admission Number or 3. Foreign Passport Number and the Country of Issuance.	Dropdown contains Alien Registration Number and USCIS Number: When user selects Alien Number, an A will populate next to the Alien Number provided in this field.	Aliens authorized to work must enter one of the following to complete Section 1: 1. 7- to 9- digit Alien Registration Number (A-Number)/USCIS Number or 2. 11-digit Form I-94 Admission Number or 3. Foreign Passport Number and the Country of Issuance. If user does not select Alien Number or USCIS from the provided dropdown, the following error message will appear: You must indicate whether the number you entered in this field is an Alien Registration Number or a USCIS Number. This field may not be left blank.

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Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	*Hover Text*	*Helper Text*	*Drop-Down*	*Error Messages*
Form I-94 Admission Number		Form will only allow entry of one of the three options listed: 1. 7- to 9- digit Alien Registration Number (A-Number)/USCIS Number or 2. 11-digit Form I-94 Admission Number or 3. Foreign Passport Number and the Country of Issuance.	Enter your 11-digit I-94 admission number in this field. If you do not provide an I-94 Admission Number, enter either an Alien Registration Number/USCIS Number or a Foreign Passport number in the fields provided. This field will then be populated with N/A. Click on the question mark for more information about this field.	Enter your 11-digit I-94 admission number in this field. If you do not provide an I-94 Admission Number, enter either an Alien Registration Number/USCIS Number or a Foreign Passport number in the fields provided. This field will then be populated with N/A. Aliens authorized to work must enter one of the following to complete Section 1: 1. Alien Registration Number (A-Number) /USCIS Number or 2. Form I-94 Admission Number or 3. Foreign Passport Number and the Country of Issuance.	N/A	Aliens authorized to work must enter one of the following to complete Section 1. 7- to 9- digit Alien Registration Number (A-Number)/USCIS Number or 2. 11-digit Form I-94 Admission Number or 3. Foreign Passport Number and the Country of Issuance.
	If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:	Deleted				

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Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	*Hover Text*	*Helper Text*	*Drop-Down*	*Error Messages*
Foreign Passport Number		Added OR to clarify that only one identifying number should be added in this area. Form will only allow selection of one of the three options listed: 1. 7- to 9- digit Alien Registration Number (A-Number)/USCIS Number or 2. 11-digit Form I-94 Admission Number or 3. Foreign Passport Number and the Country of Issuance.	Enter your Foreign Passport Number in this field. If you do not provide a foreign passport number, enter either your Alien Number/USCIS Number or your I-94 admission number in the fields provided. This field will then be populated with N/A. Click on the question mark for more information about this field.	Enter your Foreign Passport Number in this field. If you do not provide a foreign passport number, enter either your Alien Number/USCIS Number or your I-94 admission number in the fields provided. This field will then be populated with N/A. Aliens authorized to work must enter one of the following to complete Section 1: 1. Alien Registration Number (A-Number)/USCIS Number or 2. Form I-94 Admission Number or 3. Foreign Passport Number and the Country of Issuance.	N/A	Aliens authorized to work must enter one of the following to complete Section 1. 7- to 9-digit Alien Registration Number (A-Number)/USCIS Number or 2. 11-digit Form I-94 Admission Number or 3. Foreign Passport Number and the Country of Issuance.
3-D Barcode	**3-D Barcode**	Area name changed to: **QR Code - Section 1** **Do Not Write in this Space**	N/A	This form uses the information you enter to generate a QR code that will print on your completed form. The information in the barcode may be scanned by employers or during the course of Form I-9 inspections by government officials.	N/A	
Country of Issuance			If you entered your foreign passport number in the Foreign Passport Number field, select the country of issuance of the foreign passport you used to enter the United States from the drop-down list provided. You may also type the first letter of the country and use the down arrow to select your country of issuance. Click on the question mark for more information about this field.	If you entered your foreign passport number in the Foreign Passport Number field, select the country of issuance of the foreign passport you used to enter the United States from the drop-down list provided. You may also type the first letter of the country and use the down arrow to select your country of issuance. If you entered an Alien Registration Number/USCIS Number or I-94 admission number, or you entered N/A in the Foreign Passport Number field, this field will contain N/A.	The drop-down contains all current countries recognized by the Department of State.	If you entered a foreign passport number in the Foreign Passport Number field, select the country of issuance of the foreign passport you used to enter the United States from the drop-down list provided.

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Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	*Hover Text*	*Helper Text*	*Drop-Down*	*Error Messages*
	Some aliens may write N/A on the Foreign Passport Number and Country of Issuance. See instructions.	Deleted				

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Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	*Hover Text*	*Helper Text*	*Drop-Down*	*Error Messages*
Signature of Employee			After completing Section 1, sign your name in this field. If you used a form obtained from the USCIS website, you must print the form to sign your name. If you cannot sign your name, you may place a mark in this field to indicate your signature. Click on the question mark for more information about this field.	After completing Section 1, sign your name in this field. If you used a form obtained from the USCIS website, you must print the form to sign your name. If you cannot sign your name, you may place a mark in this field to indicate your signature. By signing this form, you attest under penalty of perjury (28 U.S.C. §1746) that the information you provided; the citizenship or immigration status you selected; and all information and documentation you provide to your employer, is complete, true and correct, and you are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly or willfully making false statements or using false documentation when completing this form. If anyone other than the employee completes Section 1, both the employee and the preparer or translator should complete their respective areas of Section 1, then sign Section 1. If you are a minor (individual under age 18) or a person with a disability (who is placed in employment by a nonprofit organization, association or as part of a rehabilitation program) who cannot present an identity document, refer to the section of the Form I-9 instructions titled "Signature Instructions for Preparers, Translators and Other Individuals Assisting Employees in Completing Form I-9" for more information. Employees who use a preparer or translator to complete the form must still sign or make a mark in this field.	N/A	

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Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	*Hover Text*	*Helper Text*	*Drop-Down*	*Error Messages*
Date			After completing Section 1, enter the date you signed Form I-9 in this field. If you used a form obtained from the USCIS website, you must print the form to enter the date in this field. Click on the question mark for more information about this field.	After completing Section 1, enter the date you signed Form I-9 in this field. If you used a form obtained from the USCIS website, you must print the form to enter the date in this field. Enter the date as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 1980 as 01/08/1980. A preparer or translator who assists the employee in completing Section 1 must enter the date the employee signed or made a mark to sign Section 1 in this field. Parents or legal guardians assisting minors (individuals under 18) and parents, legal guardians or representatives of a nonprofit organization, association or rehabilitation program assisting certain employees with disabilities must enter the date they completed Section 1 for the employee.	N/A	

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Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	*Hover Text*	*Helper Text*	*Drop-Down*	*Error Messages*
Preparer and/or Translator Certifica-tion header		The Preparer and/or translator Certification section header contains three check boxes: The first check box is labeled No Preparer or Translator, the second is labeled One Preparer or Translator, and the third is labeled Multiple Preparers or Translators. The Multiple Preparers or Translators check box provides a dropdown for users to select 2 or 3 preparers and/or translators. If 2 or 3 is selected while filling in a form obtained from the USCIS website, the form expands to provide two or three areas that repeat the preparer/translator fields.	Select the number of preparers and/or translators you used to complete the form. Click on the question mark for more information about this field.	Select the number of preparers and/or translators you used to complete the form. If you did not use a preparer or translator, select the first box marked No Preparer or Translator. If you do this, all of the fields in this section will contain N/A. If you selected this box in error, select a different number of preparers or translators. If you used one preparer or translator, select the second box marked One Preparer or Translator. The preparer or translator must enter his or her information in the fields below. If you used more than one preparer or translator, select the third box marked Multiple Preparers or Translators, then select the number of preparers and translators you used from the drop-down. The first preparer or translator will complete the certification on the page where the employee completed Section 1. An additional page will open in the form where up to two additional preparers or translators can enter their information. The employee's last name, first name and middle initial will populate the top of the additional page. Please note that if you use this feature, a third page will print to include the additional preparers and translators. Parents or legal guardians attesting to the identity of minors (individuals under 18) and individuals attesting to the identity of certain employees with disabilities must complete this section.	The Multiple Preparers or Translators check box provides a dropdown for users to select 2 or 3 preparers and/or translators.	

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Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	*Hover Text*	*Helper Text*	*Drop-Down*	*Error Messages*
Signature of Preparer or Translator			Any person who helped to prepare or translate Section 1 of Form I-9 must sign his or her name in this field. If you used a form obtained from the USCIS website, you must print the form to sign your name in this field. Click on the question mark for more information about this field.	Any person who helped to prepare or translate Section 1 of Form I-9 must sign his or her name in this field. If you used a form obtained from the USCIS website, you must print the form to sign your name in this field. By signing this form, you (the preparer or translator) attest under penalty of perjury (28 U.S.C. §1746) that you prepared or translated this form on behalf of, at the request of, and with the express consent of, the employee, that any information you provided is based only on responses the employee provided to you, that after completing Section 1, you reviewed and/or translated all of the information entered in Section 1 with the employee, who agreed with all the employee information entered in Section 1, and you are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or using false documentation when completing this form. If you serve as a preparer or translator and fail to sign your name in this field, you may be subject to criminal prosecution. The Preparer and/or Translator Certification must also be completed if “Individual under Age 18” or “Special Placement” is entered in lieu of the employee’s signature in Section 1.	N/A	

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Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	*Hover Text*	*Helper Text*	*Drop-Down*	*Error Messages*
Date			The person who signs the Preparer and/or Translator Certification must enter the date he or she signs the certification in this field. Click on the question mark for more information about this field.	The person who signs the Preparer and/or Translator Certification must enter the date he or she signs the certification in this field. If you used a form obtained from the USCIS website, you must print the form in order to enter the date in this field. Enter the date as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014.	N/A	
Last Name (Family Name)			Enter the full legal last name of the person who helped the employee in preparing or translating Section 1 in this field. If No Preparer or Translator was selected, this field will contain N/A. Click on the question mark for more information about this field.	Enter the full legal last name of the person who helped the employee in preparing or translating Section 1 in this field. If No Preparer or Translator was selected, this field will contain N/A. The last name is also the family name or surname. If the preparer or translator has two last names or a hyphenated last name, include both names in this field.	N/A	Enter the full legal last name of the person who helped the employee in preparing or translating Section 1. If No Preparer or Translator was previously selected, this field will contain N/A. This field cannot be left blank.
First Name (Given Name)			Enter the full legal first name of the person who helped the employee in preparing or translating Section 1 in this field. If No Preparer or Translator was selected, this field will contain N/A. Click on the question mark for more information about this field.	Enter the full legal first name of the person who helped the employee in preparing or translating Section 1 in this field. If No Preparer or Translator was selected, this field will contain N/A. The first name is also the given name.	N/A	Enter the full legal first name of the person who helped the employee prepare or translate Section 1. If No Preparer or Translator was selected, this field will contain N/A. This field cannot be left blank.

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Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	*Hover Text*	*Helper Text*	*Drop-Down*	*Error Messages*
Address (Street Number and Name)			Enter the street name and number of the current address of the residence of the person who helped the employee in preparing or translating Section 1 in this field. Do not provide a Post Office box address (P.O. Box). Click on the question mark for more information about this field.	Enter the street name and number of the current address of the residence of the person who helped the employee in preparing or translating Section 1 in this field. Do not provide a Post Office box address (P.O. Box). For a residence in Canada or Mexico, the address in Canada or Mexico may be entered in this field. If the residence is an apartment, include the apartment number in this field. If the residence does not have a physical address, enter a description of the location of the residence, such as "3 miles southwest of Anytown post office near water tower." If No Preparer or Translator was selected, this field will contain N/A.	N/A	Enter the street name and number of the physical address of the residence of the person who helped the employee prepare or translate Section 1. Do not provide a post office (P.O. Box). If the residence is in Canada or Mexico, enter the address in Canada or Mexico in this field. This field cannot be left blank.
City or Town			Enter the city, town or village of the residence of the person who helped the employee in preparing or translating Section 1 in this field. Click on the question mark for more information about this field.	Enter the city, town or village of the residence of the person who helped the employee in preparing or translating Section 1 in this field. If the residence is not located in a city or town, enter the name of the village, county, township, reservation, etc., in this field. If the residence is in Canada, enter the city and province in this field. If the residence is in Mexico, enter the city and state in this field. If No Preparer or Translator was selected, this field will contain N/A.	N/A	City, town or village can only contain letters, spaces, hyphens, apostrophes and periods. This field cannot be left blank.

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Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	*Hover Text*	*Helper Text*	*Drop-Down*	*Error Messages*
State			Select the state, territory or country of the preparer or translator's residence from the drop-down list. You may also type the first letter of the abbreviation and use the down arrow to select your state or territory. Click on the question mark for more information about this field.	Select the state, territory or country of the preparer or translator's residence from the drop-down list. You may also type the first letter of the abbreviation and use the down arrow to select your state or territory. If the preparer or translator is a resident of Canada or Mexico, choose the country abbreviation, located at the end of the drop-down list. If No Preparer or Translator was selected, this field will contain N/A.	Dropdown includes list of two-character state abbreviations, followed by list of two-character territory abbreviations, followed by CAN and MEX.	Select the state or territory of the preparer or translator's residence from the drop-down list. This field cannot be left blank.
ZIP Code			Enter the 5-digit ZIP code of the person who helped the employee in preparing or translating Section 1 in this field. Click on the question mark for more information about this field.	Enter the 5-digit ZIP code of the person who helped the employee in preparing or translating Section 1 in this field. If the residence is in Canada or Mexico, enter the 5- or 6-digit postal code in this field. If No Preparer or Translator was selected, this field will contain N/A.	N/A	Enter the 5-digit U.S. ZIP code, 5-digit Mexican postal code, or 6-digit Canadian postal code (ex. H0H 0H0) of the person who helped the employee prepare or translate Section 1) in this field. This field cannot be left blank.

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Section 2						
Feature or Field Name	**Current Form I-9, 03/08/13 N**	**Proposed Revision**	***Hover Text***	***Helper Text***	***Drop-Down***	***Error Messages***
Section 2. Employer or Authorized Representative Review and Verification header	(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)	(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")				

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Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	*Hover Text*	*Helper Text*	*Drop-Down*	*Error Messages*
Info Entered in Section 2 Header	Employee Last Name, First Name and Middle Initial from Section 1	**Employee Info from Section 1**	These fields must contain the employee's information as entered in Section 1.This area allows employers to ensure that the two pages of an employee's Form I-9 remain together. The Employee Citizenship Status field activates certain features of Section 2.	These fields must contain the employee's information as entered in Section 1. This area allows employers to ensure that the two pages of an employee's Form I-9 remain together. The Employee Citizenship Status field activates certain features of Section 2.	N/A	
Info Entered in Section 2 Header	Last Name, First Name and Middle Initial are all included in one field	Last Name (Family Name) has been separated into distinct fillable field	This field may already contain information the employee entered in Section 1. If not, enter the employee's last name as he or she entered it in Section 1. Click on the question mark for more information about this field.	This field may already contain information the employee entered in Section 1. If not, enter the employee's last name from Section 1. If you are reverifying or rehiring the employee, enter the employee's last name from Section 1 as the employee entered it on the employee's original Form I-9.	N/A	
Info Entered in Section 2 Header	Last Name, First Name and Middle Initial are all included in one field	First Name (Given Name) has been separated into distinct fillable field	This field may already contain information the employee entered in Section 1. If not, enter the employee's first name (if any) from Section 1. Click on the question mark for more information about this field.	This field may already contain information the employee entered in Section 1. If not, enter the employee's first name (if any) from Section 1. If you are reverifying or rehiring the employee, enter the employee's first name (if any) as the employee entered it on the employee's original Form I-9.	N/A	

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Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	*Hover Text*	*Helper Text*	*Drop-Down*	*Error Messages*
Info Entered in Section 2 Header	Last Name, First Name and Middle Initial are all included in one field	M.I. has been separated into a distinct fillable field.	This field may already contain information the employee entered in Section 1. If not, enter the employee's middle initial, if any, exactly as the employee entered it in Section 1. Click on the question mark for more information about this field.	This field may already contain information the employee entered in Section 1. If not, enter the employee's middle initial, if any, from Section 1. If the employee entered N/A in the Middle Initial field in Section 1, enter N/A in this field. If you are reverifying or rehiring the employee, enter the employee's middle initial (if any) or N/A as the employee entered it on the employee's original Form I-9.	N/A	
Information Collected in Section 2 Header		**Employee Citizenship Status** When filling in a form obtained on the USCIS website, this field activates the document selection feature in List A, B and C columns for each citizenship and immigration status type. Employers receive alerts when choosing a document that does not correlate with the selected citizenship or immigration status.	This field may already contain information the employee entered in Section 1. If not, select from the drop-down list provided the number of the citizenship or immigration status box the employee selected in Section 1. Click on the question mark for more information about this field.	This field may already contain a number that correlates to the citizenship or immigration status box the employee selected in Section 1. If not, select from the drop-down list provided the number of the citizenship or immigration status box the employee selected in Section 1. If you have difficulty selecting the document(s) the employee presents from the drop-downs below, ensure that you selected the right number correlating to the Employee Citizenship Status box the employee checked in Section 1. If this area was automatically populated, have the employee review the information he or she entered on the printed and signed copy of Section 1, make any required corrections in Section 1, then initial and date those corrections. You may then enter the employee's corrected information in this area. If you are reverifying or rehiring the employee, this field will be left blank.	If Section 2 is being completed independently, a drop-down will appear in this field that contains the number and title of the citizenship or immigration status box the employee selected in Section 1. When the user makes a selection, the number of the box will populate this field. If the employee completed Section 1 in the same electronic document in which Section 2 is being completed, a drop-down will not be available, but rather the number that correlates to the box the employee selected will automatically populate here.	

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Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	*Hover Text*	*Helper Text*	*Drop-Down*	*Error Messages*
Document Title #1 (List A)	Document Title:	Document Title	If the employee presented documentation from List A, select the document or receipt presented from the drop-down list provided. If the employee presented a List A document that consists of a combination of documents, select the first document from the drop-down list provided. The other documents in the combination should be entered in the separate areas provided. All documents must be unexpired. An unexpired document includes a document where the expiration date shown on the face of a document has been extended, such as for individuals with Temporary Protected Status. Click on the question mark for more information about this field.	If the employee presented documentation from List A, select the document or receipt presented from the drop-down list provided. If the employee presented a List A document that consists of a combination of documents, select the first document from the drop-down list provided. The other documents in the combination should be entered in the separate areas provided. All documents must be unexpired. An unexpired document includes a document where the expiration date shown on the face of a document has been extended, such as for individuals with Temporary Protected Status. The documents below the dotted line in the drop-down are unacceptable for the employee citizenship status number selected. If you receive an error message after selecting one of these documents, ensure that you selected the correct number in the Employee Info area that correlates to the Employee Citizenship Status box the employee checked in Section 1. If this area was automatically populated, have the employee review the information he or she entered on the printed and signed copy of Section 1, make any required corrections in Section 1, then initial and date those corrections. You may then correct the number in the Employee Info field, which should provide the correct list of acceptable documents.	Drop-down contains the List A choices below, dependent on the citizenship or immigration status box the employee selected in Section 1: • N/A • "U.S. Passport" • "U.S. Passport Card" • "Perm. Resident Card (Form I-551)" • "Alien Reg. Receipt Card (Form I-551)" • "Foreign Passport with Temp. I-551 Stamp" • "Foreign Passport with Temp. I-551 MRIV" • "Employment Auth. Document (Form I-766)" • "Foreign Passport, work-authorized nonimmigrant" • "FSM Passport with Form I-94" • "RMI Passport with Form I-94" • "Receipt: Form I-94/I-94A w/I-551 stamp, photo" • "Receipt: Form I-94/I-94A w/refugee stamp" • Receipt Replacement Perm. Res. Card (Form I-551) • Receipt: Replacement EAD (Form I-766) • "Receipt: Foreign Passport, work-authorized nonimmigrant" • "Receipt: FSM Passport with I-94" • "Receipt: RMI Passport with I-94"	This document does not correlate with the citizenship or immigration status the employee chose in Section 1. Review the form to ensure that the number in the "Employee Citizenship Status" field in Section 2 is the same as the citizenship status number the employee selected in Section 1. If the numbers match, have the employee ensure that the citizenship or immigration status he or she selected in Section 1 is correct. Please refer to the M-274 or I-9 Central for more information on acceptable documents.

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				If the employee did not present a List A combination document, the second and third Document Title fields will contain N/A. An entry in this column allows all fields in the List B and C columns to contain N/A. If you did this in error, select a document from the drop-down list provided in List B. All fields in the List A column will then contain N/A, and you will then be able to complete the List B and List C columns.		

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Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	*Hover Text*	*Helper Text*	*Drop-Down*	*Error Messages*
Issuing Authority #1 (List A)	Issuing Authority:	Issuing Authority	Select from the drop-down list the issuing authority of the List A document or receipt you entered in the first Document Title field. Click on the question mark for more information about this field.	Select from the drop-down list the issuing authority of the List A document or receipt you entered in the first Document Title field. The issuing authority is the entity that issued the document. If the employee presented a List A document that consists of a combination of documents, use the second and third Issuing Authority fields as necessary. If the issuing authority provided in the drop-down list does not match the issuing authority shown on the document presented, ensure that you made the correct selection in the Document Title field.	Drop-down contains the issuing authorities for the choices for Document Title #1 (List A), dependent on the citizenship or immigration status box the employee selected in Section 1: • U.S. Department of State • U.S. Citizenship and Immigration Services • DOJ Immigration and Naturalization Service • Federated States of Micronesia • Republic of the Marshall Islands • U.S. Department of Homeland Security If any choice that includes a foreign passport is selected in the first document title field, a drop-down is provided that contains all current countries recognized by the Department of State.	The issuing authority choice(s) shown in this field relate to the document or receipt you chose from the drop-down List A Document Title field.
Document Number #1 (List A)	Document Number:	Document Number	Enter the document number, if any, exactly as it appears on the document you entered in the first Document Title field. If you chose a receipt in the Document Title field, you should enter the receipt number, if any, exactly as it appears on the receipt. If the document does not contain a number, enter N/A. Click on the question mark for more information about this field.	Enter the document number, if any, exactly as it appears on the document you entered in the first Document Title field. If you chose a receipt in the Document Title field, you should enter the receipt number, if any, exactly as it appears on the receipt. If the document does not contain a number, enter N/A. If the employee presented a combination of documents, use the second and third Document Number fields as necessary.	N/A	Enter the document number in this field as found on the List A document or receipt you selected in the first Document Title field.

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Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	Hover Text	Helper Text	Drop-Down	Error Messages
Expiration Date #1 (List A)	Expiration Date (if any) (mm/dd/yyyy):	Expiration Date (if any) (mm/dd/yyyy)	Enter the expiration date, if any, of the document or receipt you entered in the first Document Title field. Click on the question mark for more information about this field.	Enter the expiration date, if any, of the document you entered in the first Document Title field. A document is not acceptable if it has already expired. An unexpired document includes a document where the expiration date shown on the face of a document has been automatically extended, such as for individuals with Temporary Protected Status. If the document uses text rather than a date to indicate when it expires, enter the text shown on the document, such as "D/S" (which means, "duration of status"). If the document does not contain an expiration date, enter N/A. If the employee presented a combination of documents, use the second and third Expiration Date fields as necessary. For a receipt, enter the expiration date of the receipt validity period. 1. For a receipt showing that the employee has applied to replace a document that was lost, stolen or damaged, enter the date that is 90 days from the first day of work for pay. 2. For a receipt that is the arrival portion of Form I-94/I-94A containing a temporary I-551 stamp and a photograph of the individual, enter the expiration date of the stamp or, if there is no expiration date, within one year from the date of admission. For a receipt that is the departure portion of Form I-94/I-94A with a refugee admission stamp, enter a date that is 90 days from the first day of work for pay.	Contains calendar to select the date	Enter the expiration date, if any, of the document or receipt you selected in the List A Document Title field. Enter the date as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). If the document or receipt has no expiration date, enter N/A. If the expiration date on the document has been automatically extended, enter the extension date. The date entered cannot be earlier than today's date.

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Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	*Hover Text*	*Helper Text*	*Drop-Down*	*Error Messages*
Document Title #2 (List A)	Document Title:	Document Title	If the employee presented a List A document that consists of a combination of documents, select the second document in that combination from the drop-down list provided. If you selected a receipt for a combination document in the first List A field, use the drop-down provided to indicate if the second document is a receipt. Click on the question mark for more information about this field.	If the employee presented a List A document that consists of a combination of documents, select the second document in that combination from the drop-down list provided. If you selected a receipt for a combination document in the first List A field, use the drop-down provided to indicate if the second document is a receipt. If the employee did not present a List A document that consists of a combination of documents, this field will contain "N/A". If the employee presented a combination of documents to satisfy the List A requirement, but this field contains "N/A", ensure that you made the correct selection in the first Document Title field.	Drop-down contains the combination List A choices below, dependent on the citizenship or immigration status box the employee selected in Section 1, and the document or receipt the employer selected in Document Title #1 (List A): • "Temporary I-551 Stamp" • "Machine-readable immigrant visa (MRIV)" • "I-94/I-94A" • "Form I-20" or "Form DS-2019" • "Receipt: I-94/I-94A"	
Issuing Authority #2 (List A)	Issuing Authority:	Issuing Authority	Select from the drop-down list the issuing authority of the List A document or receipt you entered in the second Document Title field. The issuing authority is the entity that issued the document. Click on the question mark for more information about this field.	Select from the drop-down list the issuing authority of the List A document or receipt you entered in the second Document Title field. The issuing authority is the entity that issued the document. If the employee did not present a List A document that consists of a combination of documents, this field will contain N/A. If the issuing authority in this field does not match the issuing authority shown on the document presented, ensure that you made the correct selection in the second Document Title field.	Drop-down contains possible issuing authorities for combination List A choices in Document Title #2 (List A), and is dependent on the citizenship or immigration status box the employee selected in Section 1, and the document or receipt the employer selected in Document Title #1 (List A): • U.S. Citizenship and Immigration Services • U.S. Customs and Border Protection • U.S. Department of State	The issuing authority choice(s) shown in this field relate to the document or receipt you chose from the drop-down List A Document Title field.

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Document Number #2 (List A)	Document Number:	Document Number	Enter the document or receipt number, if any, exactly as it appears on the document or receipt you entered in the second Document Title field. If the document or receipt does not contain a number, enter N/A. Click on the question mark for more information.	Enter the document or receipt number, if any, exactly as it appears on the document you entered in the second Document Title field. If the document or receipt does not contain a number, enter N/A. If a combination of documents was not presented and N/A was entered in the Document Title #2 field, this field will also contain N/A.	N/A	
Expiration Date #2 (List A)	Expiration Date (if any) (mm/dd/yyyy):	Expiration Date (if any) (mm/dd/yyyy)	Enter the expiration date, if any, of the document or receipt you entered in the second Document Title field. The document or receipt is not acceptable if it is already expired. If the document or receipt does not contain an expiration date, enter N/A. Click on the question mark for more information about this field.	Enter the expiration date, if any, of the document or receipt you entered in the second Document Title field. The document or receipt is not acceptable if it is already expired. If the document or receipt does not contain an expiration date, enter N/A. If a combination of documents was not presented and N/A was entered in the Document Title #2 field, this field will also contain N/A. If the document uses text rather than a date to indicate when it expires, enter the text as shown on the document, such as D/S (which means, duration of status).	Contains calendar to choose date	Enter the expiration date, if any, of the document or receipt you selected in the List A Document Title field. Enter the date as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). If the document or receipt has no expiration date, enter "N/A." The date entered cannot be earlier than today's date.

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Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	*Hover Text*	*Helper Text*	*Drop-Down*	*Error Messages*
Document Title #3 (List A)	Document Title:	Document Title	If the employee presented a List A document that consists of a combination of documents, select the third document in that combination from the drop-down list provided. Click on the question mark for more information about this field.	If the employee presented a List A document that consists of a combination of documents, select the third document in that combination from the drop-down list provided. If the combination does not include a third document, this field will contain N/A. If the employee presented a combination of three documents to satisfy the List A requirement, but this field already contains an N/A, ensure that you made the correct selections in the first and second Document Title fields.	Drop-down contains the third combination List A choices below, dependent on the citizenship or immigration status box the employee selected in Section 1, and the document the employer selected in Document Title #1 (List A): • "Form I-20" • "Form DS-2019"	
Issuing Authority #3 (List A)	Issuing Authority:	Issuing Authority	If you selected Form I-20 or DS-2019 in the third Document Title field, the issuing authority shown in this field relates to the document you selected. If no document was entered in the third Document Title field, this field will contain N/A. Click on the question mark for more information about this field.	If you selected Form I-20 or DS-2019 in the third Document Title field, the issuing authority shown in this field relates to the document you selected. The issuing authority is the agency that issued the document. If no document was entered in the third Document Title field, this field will contain N/A. If the issuing authority shown in the drop-down list does not match the issuing authority on the document presented, ensure that you made the correct selection in the third Document Title field.	Drop-down contains possible issuing authorities for combination List A choices in Document Title #3 (List A), and is dependent on the citizenship or immigration status box the employee selected in Section 1, and the document the employer selected in Document Title #1 (List A): • U.S. Department of State • US DOJ INS • U.S. Immigration and Customs Enforcement	

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Document Number #3 (List A)	Document Number:	Document Number	If you selected Form I-20 or DS-2019 in the third Document Title field, enter the SEVIS number exactly as it appears on the Form I-20 or DS-2019. Click on the question mark for more information about this field.	If you selected Form I-20 or DS-2019 in the third Document Title field, enter the SEVIS number exactly as it appears on the Form I-20 or DS-2019. If the employee is a J-1 student, the school's Responsible Officer must authorize employment in writing. Enter such document information in the Additional Information field. See I-9 Central for more information on J-1 students. If no document was entered in the third Document Title field, this field will contain N/A.	N/A	
Expiration Date #3 (List A)	Expiration Date (if any) (mm/dd/yyyy):	Expiration Date (if any) (mm/dd/yyyy)	If you selected Form I-20 or DS-2019 in the third Document Title field, enter the program end date as indicated on the Form I-20 or DS-2019. Click on the question mark for more information about this field.	If you selected Form I-20 or DS-2019 in the third Document Title field, enter the program end date as indicated on the Form I-20 or DS-2019. If no document was entered in the third Document Title field, this field will contain N/A.	Contains calendar to choose date	Enter the expiration date, if any, of the document you selected in the List A Document Title field. Enter the date as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). If the document has no expiration date, enter "N/A." The date entered cannot be earlier than today's date.

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Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	*Hover Text*	*Helper Text*	*Drop-Down*	*Error Messages*
Document Title (List B)	Document Title:	Document Title	If the employee presented an acceptable document or receipt from List B, select the document or receipt presented from the drop-down list provided. All documents must be unexpired. If you make an entry in this column, you must also make an entry in the List C column. Click on the question mark for more information about this field.	If the employee presented an acceptable document or an acceptable receipt for a List B document, select the document or receipt presented from the drop-down list provided. All documents must be unexpired. If you make an entry in this column, you must also make an entry in the List C column. If a parent or legal guardian attested either to the identity of an employee who is a minor (individual under age 18) who cannot present an identity document or to the identity of certain employees with disabilities in Section 1, select either "minor under age 18" (for a minor) or "special placement" (for an employee with disabilities) from the drop-down provided. Refer to the instructions and the Handbook for Employers: Guidance for Completing Form I-9 (M-274) for more guidance on minors and certain person with disabilities. The documents below the dotted line in the drop-down are unacceptable for the employee citizenship status number selected. If you receive an error message after selecting one of these documents, ensure that you selected the correct number in the Employee Info area that correlates to the Employee Citizenship Status box the employee checked in Section 1. If this area was automatically populated, have the employee review the	Drop-down contains the following abbreviations for the List B choices, dependent on the citizenship or immigration status box the employee selected in Section 1: • N/A • Driver's license issued by state/territory • ID card issued by state/territory • Government ID • School ID • Voter registration card • U.S. Military card • U.S. Military draft record • Military dependent's ID card • USCG Merchant Mariner Card • Native American tribal document • Canadian driver's license • School record (under age 18) • Report card (under age 18) • Clinic record (under age 18) • Doctor record (under age 18) • Hospital record (under age 18) • Day-care record (under age 18) • Nursery school record (under age 18) • Individual under age 18 • Special Placement • Receipt Replacement Driver's License Receipt Replacement	You must choose a List B document or N/A from the drop-down lists to continue.

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				information he or she entered on the printed and signed copy of Section 1, make any required corrections in Section 1, then initial and date those corrections. You may then correct the number in the Employee Info field, which should provide the correct list of acceptable documents. An entry in this column allows all fields in the List A column to contain N/A. If you did this in error, select a document in the List A drop-down. This field column and the List C column will then contain N/A. You may then complete the List A column.	ID card Receipt Replacement government ID • Receipt Replacement School ID • Receipt Replacement Voter's registration card • Receipt Replacement U.S. Military card • Receipt Replacement Military Dep. card • Receipt Replacement Military Draft record • Receipt Replacement Merchant Mariner Card • Receipt Replacement Canadian DL • Receipt Replacement Native American tribal doc • Receipt Replacement School record (under age18) • Receipt Replacement Report card under age 18) • Receipt Replacement Clinic record (under age 18) • Receipt Replacement Doctor record (under age18) • Receipt Replacement Hospital record (under age18) • Receipt Replacement Day-care record (under age18) • Receipt Replacement Nursery school record (under age 18)	

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Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	*Hover Text*	*Helper Text*	*Drop-Down*	*Error Messages*
Issuing Authority (List B)	Issuing Authority:	Issuing Authority	Select from the drop-down list the issuing authority of the document or receipt you entered in the Document Title field in this column. The issuing authority is the entity that issued the document. If you selected a document or receipt issued by a state in the Document Title field, select the state or territory that issued the document or receipt from the drop-down list provided. If no drop-down is provided for a particular selection, enter the issuing authority exactly as it appears on the document or receipt. Click on the question mark for more information about this field.	Select from the drop-down list the issuing authority of the document or receipt you entered in the Document Title field in this column. The issuing authority is the entity that issued the document. If you selected a document or receipt issued by a state in the Document Title field, select the state or territory that issued the document or receipt from the drop-down list provided. If no drop-down is provided for a particular selection, enter the issuing authority exactly as it appears on the document or receipt. If the issuing authority provided in a drop-down list does not match the issuing authority shown on the document or receipt presented, ensure that you made the correct selection in the Document Title field.	This form contains certain fields in which functionality may only appear if certain selections are made. This field provides different drop-downs and text fields depending on the selection you made in the List B Document Title field and are described below: If Driver's License or State-Issued ID card are selected, a drop-down containing the 50 states and 4 territories that provide these documents is provided. If Merchant Mariner Card is selected, U.S. Coast Guard automatically populates here. If Canadian Driver's License is selected, a drop-down containing Canadian provinces that issue Driver's Licenses is provided. If no drop-down is provided for a particular selection and the user clicks the drop-down arrow image, the text "Enter text in the space above" will appear as a drop-down below the field that allows free text entry of the issuing authority.	The issuing authority choice(s) shown in this field relates to the document or receipt you chose from the drop-down Document Title field above.
Document Number (List B)	Document Number:	Document Number	Enter the document number exactly as it appears on the document you entered in the Document Title field. If the document has no number, enter N/A. If you chose a receipt in the Document Title field, you should enter the receipt number, if any, exactly as it appears on the receipt.	Enter the document number exactly as it appears on the document you entered in the Document Title field. If the document has no number, enter N/A. If you chose a receipt in the Document Title field, you should enter the receipt number, if any, exactly as it appears on the receipt.	N/A	Enter the document or receipt number in this field, if any, as found on the List B document or receipt you selected in the Document Title field above. If the document or receipt has no number, enter 'N/A' in this field.

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Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	*Hover Text*	*Helper Text*	*Drop-Down*	*Error Messages*
Expiration Date (List B)	Expiration Date (if any) (mm/dd/yyyy):	Expiration Date (if any) (mm/dd/yyyy)	Enter the expiration date, if any, of the document or receipt you entered in the Document title field. The document is not acceptable if it is already expired. If the document or receipt has no expiration date, enter N/A. However, for a receipt showing that the employee has applied to replace a document that was lost stolen or damaged, enter the expiration date of the receipt validity period, which is 90 days from the first day of work for pay.	Enter the expiration date, if any, of the document or receipt you entered above. The document or receipt is not acceptable if it is already expired. If the document or receipt has no expiration date, enter N/A. However, for a receipt showing that the employee has applied to replace a document that was lost stolen or damaged, enter the expiration date of the receipt validity period, which is 90 days from the first day of work for pay.	Contains calendar to choose date	Enter the expiration date, if any, of the document you selected in the List B Document Title field. Enter the date as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). If the document has no expiration date, enter "N/A." The date entered cannot be earlier than today's date.

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Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	*Hover Text*	*Helper Text*	*Drop-Down*	*Error Messages*
Document Title (List C)	Document Title:	Document Title	If the employee presented an acceptable document or receipt from List C, select the document or receipt presented from the drop-down list provided. All documents must be unexpired. An unexpired document includes a document where the expiration date shown on the face of a document has been extended, such as conditional residents who show an extended conditional resident card with a Form I-797 as a List C document. If you make an entry in this column, you must also make an entry in the List B column, if you have not already done so. Click on the question mark for more information about this field.	If the employee presented an acceptable document from List C or an acceptable receipt for a List C document, select the document or receipt presented from the drop-down list provided. All documents must be unexpired. An unexpired document includes a document where the expiration date shown on the face of a document has been extended, such as conditional residents who show an extended conditional resident card with a Form I-797 as a List C document. If you chose DHS-issued employment authorization or Receipt DHS-issued employment authorization from the drop-down list provided in the Document Title field, this field will contain the words "List C #8," after which you should enter the title of the document. Abbreviations are acceptable. If you make an entry in this column, you must also make an entry in the List B column, if you have not already done so. An entry in this column allows all fields in the List A column to contain N/A. If you did this in error, select N/A from the drop-down list provided. You will then be able to select a document in a different column field. The documents below the dotted line in the drop-down do not match the employee	Drop-down contains abbreviations for the List C choices below, dependent on the citizenship or immigration status box the employee selected in Section 1: • N/A • Unrestricted Social Security card • Form FS-545 • Form DS-1350 • U.S. birth certificate • Native American tribal document • Form I-197 • Form I-179 • Employment auth. document (DHS) • Receipt Replace Unrestricted SS Card • Receipt Replacement U.S. birth certificate • Receipt Replacement Native American Tribal Doc. • Receipt Replacement employment auth doc. (DHS)	You must choose a List C document or N/A from the drop-down lists to continue. Choose a List C document from the drop-down lists to continue. This document does not correlate with the citizenship or immigration status the employee chose in Section 1. Review the form to ensure that the number in the "Employee Citizenship Status" field in Section 2 is the same as the citizenship status number the employee selected in Section 1. If you have selected the correct number, have the employee ensure that the citizenship or immigration status box he or she selected in Section 1 is correct. Please refer to the M-274 or I-9 Central for more information on acceptable documents.

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				citizenship status number selected. If you receive an error message after selecting one of these documents, ensure that you selected the correct number in the Employee Info area that correlates to the Employee Citizenship Status box the employee checked in Section 1 as noted on the employee's printed and signed copy of Section 1. If this area was automatically populated, have the employee review the information he or she entered on the printed and signed copy of Section 1, make any required corrections in Section 1, then initial and date those corrections. You may then correct the number in the Employee Info field, which should provide the correct list of acceptable documents. An entry in this column allows all fields in the List A column to contain N/A. If you did this in error, select a document in the List A drop-down. This column and the List B column will then contain N/A. You may then complete the List A column.		

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Issuing Authority (List C)	Issuing Authority:	Issuing Authority	Select from the drop-down list the issuing authority of the document or receipt you entered in the Document Title field in this column. The issuing authority is the entity that issued the document or receipt. Click on the question mark for more information about this field.	Select from the drop-down list the issuing authority of the document or receipt you entered in the Document Title field in this column. The issuing authority is the entity that issued the document or receipt. If an issuing authority drop-down list is not provided, enter the issuing authority exactly as it appears on the document or receipt you entered in the Document Title field in this column. If the issuing authority provided in this field does not match the issuing authority shown on the document or receipt presented, ensure that you made the correct selection in the Document Title field in this column.	Drop-down contains the issuing authorities for the List C choices below, dependent on the citizenship or immigration status box the employee selected in Section 1: • Social Security Administration • U.S. Department of Health and Human Services • U.S. Department of State • DOJ Immigration and Naturalization Service • DHS	The issuing authority choice(s) shown in this field relates to the document or receipt you chose from the drop-down List C Document Title field. The issuing authority is the agency or entity that issued the document or receipt.
Document Number (List C)	Document Number:	Document Number	Enter the document number in this field as found on the document you entered in the Document Title field in this column. If the document does not contain a number, select N/A. If you chose a receipt in the Document Title field, you should enter the receipt number, if any, exactly as it appears on the receipt.	Enter the document number in this field as found on the document you entered in the Document Title field in this column. If the document does not contain a number, select N/A. If you chose a receipt in the Document Title field in this column, you should enter the receipt number, if any, exactly as it appears on the receipt.	N/A	Enter the document or receipt number in this field as found on the document or receipt you selected in the Document Title field above. *If Social Security number entered in this field does not match SS number in Section 1:* The Social Security number you entered in this field does not match the Social Security number the employee entered in Section 1.

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Expiration Date (List C)	Expiration Date (if any) (mm/dd/yyyy):	Expiration Date (if any) (mm/dd/yyyy)	Enter the expiration date, if any, of the document or receipt you selected above. If the document or receipt has no expiration date, enter N/A. Click on the question mark for more information about this field. .	Enter the expiration date, if any, of the document you selected above. If the document has no expiration date, enter N/A in this field. The document is not acceptable if it has already expired, unless USCIS has extended the expiration date on the document. For instance, if a conditional resident presents an expired Form I-551 in combination with a Form I-797 extending his or her conditional resident status with the employee's expired Form I-551, enter the future expiration date as indicated on the Form I-797. For a receipt, enter the expiration date of the receipt validity period. 1. For a receipt showing that the employee has applied to replace a document that was lost, stolen or damaged, enter the date that is 90 days from the first day of work for pay. 2. For a receipt that is the arrival portion of Form I-94/I-94A containing a temporary I-551 stamp and a photograph of the individual, enter the expiration date of the stamp or, if there is no expiration date, within one year from the date of admission. 3. For a receipt that is the departure portion of Form I-94/I-94A with a refugee admission stamp, enter a date that is 90 days from the first day of work for pay.	Contains calendar to choose date	Enter the expiration date, if any, of the receipt or document you selected in the List C Document Title field. Enter the date as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). If the document or receipt has no expiration date, enter N/A. The date entered cannot be earlier than today's date.

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Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	*Hover Text*	*Helper Text*	*Drop-Down*	*Error Messages*
In white space under List B and List C document entry fields		Additional Information	Use this space to document additional information that is sometimes required for Form I-9, such as: • Additional notations on Form I-9 to describe special circumstances, such as TPS ext., AC-21, 240-day ext., 180-day ext., 120-day ext. • Information from additional document(s) that certain F-1 or J-1 nonimmmigrant employees may present. • The E-Verify case number (may only be added once Form I-9 has been printed and signed, and an E-Verify case has been created).	Use this space to document additional information that is sometimes required for Form I-9, such as: • Additional notations on Form I-9 to describe special circumstances such as TPS ext., AC-21, 240-day ext., 180-day ext., 120-day ext. • Information from additional document(s) that certain F-1 or J-1 nonimmmigrant employees may present. • The E-Verify case number (may only be added once Form I-9 has been printed and signed, and an E-Verify case has been created).	N/A	
In white space under List B and List C document entry fields	3-D Barcode	Area name changed to **QR Code –Sections 2 & 3.** After the form successfully validates that all fields were completed in either Sections 2 or Section 3 per form requirements, the information in that section is populated into the QR Code and the box's title will change to **QR Code – Section 2** or **QR Code – Section 3**, depending on which section was completed.	This form uses the information you enter to generate a QR code that will print on your completed form. The information in the barcode may be scanned by employers or during the course of authorized Form I-9 inspections.		N/A	

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Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	*Hover Text*	*Helper Text*	*Drop-Down*	*Error Messages*
Certifi-cation	Certification I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.	Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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. (State workforce agencies may omit the date the employee began employment.)				
Employee's first day of employ-ment			Enter the employee's first day of employment as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). Click on the question mark for more information about this field.	Enter the employee's first day of employment as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). Recruiters and recruiters for a fee do not enter the employee's first day of employment.	Contains calendar to choose date	Enter the date the employee began, or will begin, employment. Enter the date as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). The date entered must be equal to or greater than 1986.

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Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	*Hover Text*	*Helper Text*	*Drop-Down*	*Error Messages*
Signature of Employer or Authorized Represent-ative			The person who physically examines the employee's original document(s) and completes Section 2 must sign his or her name in this field. If you used a form obtained from the USCIS website, you must print the form in order to sign your name in this field. Click on the question mark for more information about this field.	The person who physically examines the employee's original document(s) and completes Section 2 must sign his or her name in this field. If you used a form obtained from the USCIS website, you must print the form in order to sign your name in this field. By signing Section 2, you attest under penalty of perjury (28 U.S.C. section 1746) that you have examined the documents presented by the employee, the document(s) reasonably appear to be genuine and to relate to the employee named, to the best of your knowledge the employee is authorized to work in the United States, that the information you entered in Section 2 is complete, true and correct to the best of your knowledge, and you are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or using false documentation when completing this form.	N/A	
Date			The person who signs Section 2 must enter the date he or she signed Section 2 in this field. If you used a form obtained from the USCIS website, you must print the form in order to write the date in this field. Click on the question mark for more information about this field.	The person who signs Section 2 must enter the date he or she signed Section 2 in this field. If you used a form obtained from the USCIS website, you must print the form in order to write the date in this field. On the printed form, the person who signs Section 2 must enter the date he or she signed Section 2 in this field. Enter the date as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014.	N/A	

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Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	*Hover Text*	*Helper Text*	*Drop-Down*	*Error Messages*
Title of Employer or Authorized Represent-ative			Enter the title, position or role of the person who physically examines the employee's original document(s), completes, and signs Section 2.	Enter the title, position or role of the person who physically examines the employee's original document(s), completes, and signs Section 2.	N/A	The employer or employer representative enters his or her job title here. This field cannot be left blank.
Last Name (Family Name)			Enter the full legal last name of the person who physically examines the employee's original documents, completes and signs Section 2. Click on the question mark for more information about this field.	Enter the full legal last name of the person who physically examines the employee's original documents, completes and signs Section 2. Last name refers to family name or surname. If the person has two last names or a hyphenated last name, include both names.	N/A	Enter the last name of the person who examined the documents the employee presented in this field. This field cannot be left blank.
First Name (Given Name)			Enter the full legal first name of the person who physically examines the employee's original documents, completes, and signs Section 2. Click on the question mark for more information about this field.	Enter the full legal first name of the person who physically examines the employee's original documents, completes, and signs Section 2. First name refers to the given name.	N/A	Enter the first name of the person who examined the documents the employee presented in this field. This field cannot be left blank.
Employer's Business or Organiza-tion Name			Enter the name of the employer's business or organization.	Enter the name of the employer's business or organization.	N/A	Enter the name of the employer's business or organization in this field. This field cannot be left blank.
Employer's Business or Organiza-tion Address (Street Number and Name)			Enter an actual, physical address of the employer. If your company has multiple locations, use the most appropriate address that identifies the location of the employer. Do not provide a P.O. Box address.	Enter an actual, physical address of the employer. If your company has multiple locations, use the most appropriate address that identifies the location of the employer. Do not provide a P.O. Box address.	N/A	Enter the address of the location where the employee will perform his or her job in this field. For example, an employee may work for an employer in New York City. The employer should enter the New York City address, not the corporate California address. This field cannot be left blank.

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Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	*Hover Text*	*Helper Text*	*Drop-Down*	*Error Messages*
City or Town			Enter the city or town for the Employer's Business or Organization Address. If the location is not a city or town, you may enter the name of the village, county, township, reservation, etc. that applies.	Enter the city or town for the Employer's Business or Organization Address. If the location is not a city or town, you may enter the name of the village, county, township, reservation, etc. that applies.	N/A	Enter the city or town for the employer's business or organization address.
State			Select the state where the Employer's Business or Organization Address is located from the drop-down list provided. You may also type the first letter of the abbreviation and use the down arrow to select your state or territory.	Select the state where the Employer's Business or Organization Address is located from the drop-down list provided. You may also type the first letter of the abbreviation and use the down arrow to select your state or territory.	Drop-down contains two-character abbreviations of all 50 states and 4 territories	The employer or employer representative selects the employer's state from the drop-down list. This field cannot be left blank.
ZIP Code			Enter the 5-digit ZIP code for the Employer's Business or Organization Address.	Enter the 5-digit ZIP code for the Employer's Business or Organization Address.	N/A	The employer or employer representative enters the employer's 5-digit ZIP code. This field cannot be left blank.

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Section 3						
Feature or Field Name	**Current Form I-9, 03/08/13 N**	**Proposed Revision**	***Hover Text***	***Helper Text***	***Drop-Down***	***Error Messages***
Fields to complete Employee Name from Section 1		New Last Name, First Name and Middle Initial fields are to be completed by the employer when reverifying an employee in Section 3 when completing Section 3 using a computer. These fields populate the Employee Info fields in the Section 2 Header. When Section 3 is completed, the Employee Citizenship Status is left blank. When the form is printed, Sections 2 and 3 appear on the same page, and this information ensures that the employee's name is at the top of the page and is easily relatable to the employee's previous Form I-9.	**Last Name Hover Text:** If you are reverifying or rehiring the employee, enter the employee's last name from Section 1 as the employee entered it on the employee's original Form I-9. **First Name Hover Text**: If you are reverifying or rehiring the employee, enter the employee's first name (if any) as the employee entered it on the employee's original Form I-9. **Middle Initial Hover Text:** If you are reverifying or rehiring the employee, enter the employee's middle initial (if any) or N/A as the employee entered it on the employee's original Form I-9.	**Last Name Helper Text:** If you are reverifying or rehiring the employee, enter the employee's last name from Section 1 as the employee entered it on the employee's original Form I-9. **First Name Helper Text**: If you are reverifying or rehiring the employee, enter the employee's first name (if any) as the employee entered it on the employee's original Form I-9. **Middle Initial Helper Text:** If you are reverifying or rehiring the employee, enter the employee's middle initial (if any) or N/A as the employee entered it on the employee's original Form I-9.	N/A	N/A
New Name header	Header and fillable field included in one box	Redesigned to uniformly clarify the header versus the fillable field: A. New Name (if applicable) was given its own box over the actual field to be completed.	Complete Block A if: 1. You are reverifying employment authorization and the employee's name has changed since the previous verification. 2. You are rehiring an employee whose name has changed since last completing Form I-9.	Complete Block A if: 1. You are reverifying employment authorization and the employee's name has changed since the previous verification. 2. You are rehiring an employee whose name has changed since last completing Form I-9.	N/A	N/A

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Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	*Hover Text*	*Helper Text*	*Drop-Down*	*Error Messages*
Last Name (Family Name)	Last Name, First Name and Middle Initial are all included in one field	Last Name has been separated into distinct fillable field	If an employee who is being reverified or rehired has changed his or her last name since originally completing Section 1 of this form, complete this field with the employee's new last name. If the employee has not changed his or her last name, enter N/A in this field. Click on the question mark for more information.	If an employee who is being reverified or rehired has changed his or her last name since originally completing Section 1 of this form, complete this field with the employee's new last name. If the employee has not changed his or her last name, enter N/A in this field. The employee's last name is his or her family name or surname. If the employee has two last names or a hyphenated last name, include both names in this field.	N/A	If the employee has a new last name, enter it in the Last Name field, otherwise record "N/A". Last name can only contain letters, hyphens, apostrophes, and periods.
First Name (Given Name)	Last Name, First Name and Middle Initial are all included in one field	First Name has been separated into distinct fillable field	If an employee who is being reverified or rehired has changed his or her first name since originally completing Section 1 of this form, complete this field with the employee's new first name. If the employee has not changed his or her first name, enter N/A in this field. Click on the question mark for more information.	If an employee who is being reverified or rehired has changed his or her first name since originally completing Section 1 of this form, complete this field with the employee's new first name. If the employee has not changed his or her first name, enter N/A in this field. The employee's first name is his or her given name.	N/A	If the employee has a new first name, enter it in the First Name field, otherwise record "N/A". First name can only contain letters, hyphens, apostrophes, and periods.
Middle Initial	Last Name, First Name and Middle Initial are all included in one field	Middle Initial has been separated into distinct fillable field	If an employee who is being reverified or rehired has changed his or her middle initial since originally completing Section 1 of this form, complete this field with the employee's new middle initial. If the employee has not changed his or her middle initial, enter N/A in this field. Click on the question mark for more information.	If an employee who is being reverified or rehired has changed his or her middle initial since originally completing Section 1 of this form, complete this field with the employee's new middle initial. If the employee has not changed his or her middle initial, enter N/A in this field. The middle initial is the first letter of your second given name, or the first letter of your middle name, if any.	N/A	Only the first letter of your middle name is required in this field. If the employee does not have a new middle initial, enter "N/A".

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Date of Rehire header	Header and fillable field included in one box	Redesigned to uniformly clarify the header versus the fillable field: B. Date of Rehire (if applicable) was given its own box over the actual field to be completed	Complete this block if you are rehiring an employee within 3 years of the date Form I-9 was originally completed. Enter the date of rehire in this field. Click on the question mark for more information.	Complete this block if you are rehiring an employee within 3 years of the date Form I-9 was originally completed. Enter the date of rehire in this field. Enter N/A in this field if the employee is not being rehired. If the employee is being rehired, but it has been more than three years from the date Form I-9 was originally completed, a new Form I-9 must be completed.	Contains calendar to choose date	Date of rehire cannot be left blank. If the employee was not rehired, enter "N/A". The date entered is not a valid date.
Block C header	C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.	C. If employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.				

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Document title	Document Title:	Document Title	Complete this block if you are reverifying expiring or expired employment authorization from Section 1 or employment authorization documentation that is subject to reverification of a current or rehired employee. Enter the information from the List A or List C document(s) (or receipt) that the employee presented to reverify his or her employment authorization. All documents must be unexpired. Click on the question mark for more information.	Complete this block if you are reverifying expiring or expired employment authorization from Section 1 or employment authorization documentation that is subject to reverification of a current or rehired employee. Enter the information from the List A or List C document(s) (or receipt) that the employee presented to reverify his or her employment authorization. All documents must be unexpired. An unexpired document includes a document where the expiration date shown on the face of a document has been extended, such as for individuals with Temporary Protected Status. Reverification in Section 3 must be completed prior to the earlier of: • The expiration date, if any, of the employment authorization stated in Section 1, or • The expiration date, if any, of the list A or List C employment authorization document recorded in Section 2 (with some exceptions listed below.) Some employees may have entered N/A in the expiration date field in Section 1 if they are aliens whose employment authorization does not expire, e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall	Dropdown contains all List A and List C documents: • U.S. Passport • U.S. Passport Card • Perm. Resident Card (Form I-551) • Alien Reg. Receipt Card (Form I-551) • Foreign Passport with Temp. I-551 Stamp • Foreign Passport with Temp.I-551 MRIV • Employment Auth. Document (Form I-766) • Foreign Passport with Form I-94, endorsement • FSM Passport with Form I-94” • RMI Passport with Form I-94” • Receipt: Form I-94/I-94A w/I-551 stamp, photo • Receipt: Form I-94/I-94A w/refugee stamp • Unrestricted Social Security Card • Form FS-545 • Form DS-1350 • Birth certificate • Native American tribal document • Form I-197 • Form I-179 • Employment auth. document (DHS) • Receipt: Replacement Perm. Resident Card (Form I-551) • Receipt: Replacement Employment Auth. Document (I-766) • Receipt: Replacement Foreign Passport with I-94, endorsement	Complete Block C only if you are reverifying expired or expiring employment authorization of a current or rehired employee. All documents must be unexpired. Select the title of the List A or C document the employee chooses to present to show current employment authorization from the drop-down list provided. If you are not reverifying employment authorization, enter N/A.

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				islands, or Palau. Reverification applies to such employees if they chose to present evidence of employment authorization in Section 2 that contains an expiration date, such as Form I-766, Employment Authorization Document. You should not reverify U.S. citizens and noncitizen nationals, or lawful permanent residents (including conditional residents) who presented a Permanent Resident Card (Form I-551). Select the List A or C document (or receipt) the employee presented to show current employment authorization from the drop-down list provided. If you are completing this field for an employee who is continuing in his or her employment or being rehired within 3 years, and that employee remains authorized to work as indicated on the previously executed Form I-9 and the originally executed Form I-9 is the current version, enter N/A in this field. The other fields in Block C will then contain N/A as well. If you have done this in error, select a different document from the drop-down list.	• Receipt: Replacement FSM passport/I-94 • Receipt: Replacement RMI passport/I-94 • Receipt: Replacement Social Security Card • Receipt: Replacement Birth Certificate • Receipt: Replacement Native American Tribal Document • Receipt: Replacement Employment Auth. Doc (DHS)	

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Document Number	Document Number:	Document Number	Enter the document or receipt number, if any, of the document or receipt you entered in the Document Title field. Enter N/A if the document or receipt does not have a number.	Enter the document or receipt number, if any, of the document you entered in the Document Title field. Enter N/A if the document or receipt does not have a number.	N/A	Enter the document or receipt number, if any, of the document or receipt you selected in the Document Title field. Enter N/A if the document or receipt does not have a number. This field cannot be left blank.
Expiration Date	Expiration Date (if any) (mm/dd/yyyy):	Expiration Date (if any) (mm/dd/yyyy)	Enter the expiration date, if any, of the document or receipt you entered in the Document Title field of this block as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). For a receipt showing that the employee has applied to replace a document that was lost, stolen or damaged, enter the date that is 90 days from the date employment authorization expired. Click on the question mark for more information.	Enter the expiration date, if any, of the document or receipt you entered in the Document Title field of this block as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). For a receipt, enter the expiration date of the receipt validity period. 1. For a receipt showing that the employee has applied to replace a document that was lost, stolen or damaged, enter the date that is 90 days from the first day of work for pay. 2. For a receipt that is the arrival portion of Form I-94/I-94A containing a temporary I-551 stamp and a photograph of the individual, enter the expiration date of the stamp or, if there is no expiration date, within one year from the date of admission. 3. For a receipt that is the departure portion of Form I-94/I-94A with a refugee admission stamp, enter a date that is 90 days from the first day of work for pay. If the document does not contain an expiration date, enter N/A.	Contains calendar to choose date	Enter the expiration date, if any, of the document or receipt you selected in the Document Title field as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). If the document or receipt has no expiration date, enter N/A. The document or receipt may not be expired.

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Feature or Field Name	Current Form I-9, 03/08/13 N	Proposed Revision	*Hover Text*	*Helper Text*	*Drop-Down*	*Error Messages*
Signature of Employer or Authorized Represent-ative		Moved to right-hand side of page	The person who completes Section 3 must sign in this field. If you used a form obtained from the USCIS website, you must print Section 3 of the form to sign your name in this field. Click on the question mark for more information.	The person who completes Section 3 must sign in this field. If you used a form obtained from the USCIS website, you must print Section 3 of the form to sign your name in this field By signing Section 3, you attest under penalty of perjury (28 U.S.C. section 1746) that you have examined the documents presented by the employee, that the document(s) reasonably appear to be genuine and to relate to the employee named, that to the best of your knowledge the employee is authorized to work in the United States, that the information you entered in Section 3 is complete, true and correct to the best of your knowledge, and that you are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or knowingly accepting false documentation when completing this form.	N/A	
Date			The person who completes Section 3 must enter the date Section 3 was completed and signed in this field. If you used a form obtained from the USCIS website, you must print Section 3 of the form to enter the date in this field. Click on the question mark for more information.	The person who completes Section 3 must enter the date Section 3 was completed and signed in this field. If you used a form obtained from the USCIS website, you must print Section 3 of the form to enter the date in this field. Enter the date as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014.	N/A	

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Name of Employer or Authorized Represent-ative		Moved to left-hand side of page	The person who will sign and date Section 3 must enter his or her name in this field.	The person who will sign and date Section 3 must enter his or her name in this field.	N/A	The employer or employer representative enters his or her full legal name in this field. This field cannot be left blank.

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