TABLE OF CHANGES – FORM Form I-9, Employment Eligibility Verification OMB Number: 1615-0047 02/17/2022

Reason for Revision: Revision

Project Phase: 60 Day

Legend for Proposed Text:

• Black font = Current text

• Red font = Changes

Expires 10/31/2022 Edition Date 10/21/2019

Current Page Number and Section	Current Text	Proposed Text
Page 1, START HERE	[Page 1] START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form Employers are liable for errors in the completion of this form.	[Page 1] START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for errors in the completion of this form.
Page 1, ANTI- DISCRIMINATION NOTICE	[Page 1] ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against workauthorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.	[Page 1] ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or the Supplement. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.
Page 1, Section 1. Employee Information and Attestation	[Page 1] Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.) Last Name (Family Name) First Name (Given Name) Middle Initial Other Last Names Used (if any) Address (Street Number and Name) Apt. Number	[Page 1] [no change] Middle Initial (if any) Address (Street Number and Name, and Apartment Number, if any)

City or Town
State
ZIP Code
Date of Birth (mm/dd/yyyy)
U.S. Social Security Number
Employee's E-mail Address
Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

[new]

- 1. A citizen of the United States
- 2. A noncitizen national of the United States (see instructions)
- 3. A lawful permanent resident (USCIS or A-Number)
- 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):_______ Some aliens may write "N/A" in the expiration date field. (See Instructions) Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

Signature of Employee Today's Date (mm/dd/yyyy)

Preparer and/or Translator Certification (check one): I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1. (Field below much be completed and signed when preparers and/or translators assist an employee in completing Section 1.) I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct

Signature of Preparer/Translator Today's Date (mm/dd/yyyy) Last Name (Family Name) First Name (Given Name) Address (Street Name and Number) City or Town State ZIP Code [no change]

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

[deleted]

Check one of the following boxes to attest to your citizenship or immigration status:

- 1. A citizen of the United States
- 2. A noncitizen national of the United States (see instructions)
- 3. A lawful permanent resident (USCIS or A-Number)
- 4. A noncitizen (other than **Item Number 2.** or **3.** above) authorized to work until (exp. date, if any):

Enter USCIS or A-Number, I-94 Number, or Foreign Passport Number and Country of Issuance:

Signature of Employee Today's Date (mm/dd/yyyy)

Preparer and/or Translator Certification (If applicable): I attest, under penalty of perjury, that I helped the above-named employee to complete Section 1 of this form and that, to the best of my knowledge, the information noted in Section 1 above is true and correct.

[no change]

Address (Street Name and Number, Apt. Number, City or Town, State, ZIP Code)

[Page 1] Section 2. Employer or Authorized Representative Review and Verification Employers or their authorized representative	[Page 1] Section 2. Employer Review and Verification Employers or their authorized representative
Section 2. Employer or Authorized Representative Review and Verification	Section 2. Employer Review and Verification
must complete and sign Section 2 within 3 business days after 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.")	must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.
List A Identity and Employment Authorization	List A
Document Title Issuing Authority Document Number Expiration Date (if any) (mm/dd/yyyy) Document Title Issuing Authority Document Number Expiration Date (if any) (mm/dd/yyyy)	Document Title Issuing Authority Document Number (if any) Expiration Date (if any) (mm/dd/yyyy) Document Title Issuing Authority Document Number (if any) Expiration Date (if any) (mm/dd/yyyy)
OR	OR
List B Identity	List B [deleted]
AND	and
List C Employment Authorization	List C [deleted]
Additional Information	Additional Information
[Page 2]	[Page 1]
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 documentation presented by the abovenamed employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.
The employee's First Day of Employment (mm/dd/yyyy): (See instructions for exemptions)	First Day of Employment (mm/dd/yyyy):
Signature of Employer or Authorized Representative Today's Date (mm/dd/yyyy) Title of Employer or Authorized Representative Last Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative Today's Date (mm/dd/yyyy) Last Name, First Name and Title of Employer or Authorized Representative [Deleted]
	document from List B and one document from List C as listed on the "Lists of Acceptable Documents.") List A Identity and Employment Authorization Document Title Issuing Authority Document Number Expiration Date (if any) (mm/dd/yyyy) Document Title Issuing Authority Document Number Expiration Date (if any) (mm/dd/yyyy) OR List B Identity AND List C Employment Authorization Additional Information [Page 2] 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. The employee's First Day of Employment (mm/dd/yyyy): (See instructions for exemptions) Signature of Employer or Authorized Representative Today's Date (mm/dd/yyyy) Title of Employer or Authorized Representative

	First Name of Employer or Authorized Representative Employer's Business or Organization Name Employer's Business or Organization Address (Street Name and Number) City or Town State ZIP Code [new]	Employer's Business or Organization Address, City or Town, State, ZIP Code [Deleted] Employers must document reverification(s) and rehire(s) on the Reverification and Rehire Supplement to Form I-9 on
Page 2, Reverification and Rehires Supplement to Form I-9	[new]	www.uscis.gov/I-9. [Page 2] Reverification and Rehires Supplement to Form I-9
	[Page 2] Employee Name from Section 1: Last Name (Family Name) First Name (Given Name) Middle initial (if any)	[Page 2] [deleted] Last Name (Family Name) from Section 1. First Name (Given Name) from Section 1. Middle initial (if any) from Section 1.
	[new]	Instructions: Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274).
	[Page 3] Section 3 Reverification and Rehires (To be completed and signed by employer or authorized representative.) A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	[Page 2] [deleted] Date of Rehire (if applicable) Date (mm/dd/yyyy) New Name (if applicable)
	B. Date of Rehire (if applicable) Date (mm/dd/yyyy) C. If the 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.	Last Name (Family Name) First Name (Given Name) Middle Initial Reverification: If the employee's employment authorization requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

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Document Title Document Number	[no change]
Expiration Date (if any) (mm/dd/yyyy)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I examined appear to be genuine and to relate to the individual.	I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.
Signature of Employer or Authorized Representative	[no change]
Today's Date (mm/dd/yyyy)	
Name of Employer or Authorized Representative	
[new]	Additional Information (Initial and date each notation.)
[Page 3]	[Page 2]
Date of Rehire (if applicable)	[no change]
New Name (if applicable)	
Date (mm/dd/yyyy) Last Name (Family Name) First Name (Given Name) Middle Initial	
C. If the 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.	Reverification: If the employee's employment authorization or documentation requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.
Document Title Document Number Expiration Date (if any) (mm/dd/yyyy)	[no change]
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I examined appear to be genuine and to relate to the individual.	I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.
Signature of Employer or Authorized Representative	[no change]
Today's Date (mm/dd/yyyy)	
Name of Employer or Authorized Representative	
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	[new]	Additional Information (Initial and date each notation.)
	[Page 3]	[Page 2]
	Date of Rehire (if applicable)	[no change]
	New Name (if applicable)	
	Date (mm/dd/yyyy) Last Name (Family Name) First Name (Given Name) Middle Initial	
	C. If the 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.	Reverification: If the employee's employment authorization requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.
	Document Title Document Number Expiration Date (if any) (mm/dd/yyyy)	[no change]
	I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I examined appear to be genuine and to relate to the individual.	I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.
	Signature of Employer or Authorized Representative	[no change]
	Today's Date (mm/dd/yyyy)	
	Name of Employer or Authorized Representative	
	[new]	Additional Information (Initial and date each notation.)
Page 3, Lists of	[Page 3]	[Page 3]
Acceptable Documents	LISTS OF ACCEPTABLE DOCUMENTS	[No change]
	All documents must be UNEXPIRED .	
	Employees may present one selection from List A, or a combination of one selection from List B and one selection from List C.	
	Examples of many of these documents appear in the Handbook for Employers (M-274).	
Page 3, LIST A	[Page 3]	[Page 3]

	LIST A	[No change]
	Documents that Establish Both Identity and Authorization	
	 U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa. Employment Authorization Document that contains a photograph (Form I-766). For an individual temporarily authorized to work for a specific employer because of his or her status or parole: Foreign passport; and Form I-94 or Form I-94A that has the following:	
Page 3, List B	[Page 3]	[Page 3]
	LIST B	[No change]
	 Documents that Establish Identity Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address. ID card issued by federal, state, or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address. School ID card with a photograph Voter's registration card U.S. Military card or draft record Military dependent's ID card 	

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	8. Native American tribal document	
	9. Driver's license issued by a Canadian government authority	
	For persons under age 18 who are unable to present a document listed above:	
	10. School record or report card	
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	
	AND	
Page 3, List C	[Page 3]	[Page 3]
	LIST C	[no change]
	Documents that Establish Employment Authorization	
	 A Social Security Account Number card, unless the card includes one of the following restrictions: NOT VALID FOR EMPLOYMENT VALID FOR WORK ONLY WITH INS AUTHORIZATION VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal. Native American tribal document U.S. Citizen ID Card (Form I-197) Identification Card for Use of Resident	
	Citizen in the United States (Form I-179)	
	7. Employment authorization document issued by the Department of Homeland Security.	7. Employment authorization document issued by the Department of Homeland Security. For examples, see Section 12 of the M-274 on uscis.gov/i-9-central. The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.
Page 3, Refer to the	[Page 3]	[Page 3]
instructions for more		A (11 B) (
	Refer to the instructions for more information about acceptable receipts.	Acceptable Receipts

information about acceptable receipts.		May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.
	[new]	 Receipt for a replacement of a lost, stolen, or damaged List A document. Form I-94 with "RE" notation or refugee stamp issued to a refugee. Form I-94 that contains an I-551 stamp issued to a lawful permanent resident and that contains a Form I-551 stamp. OR Receipt for a replacement of a lost, stolen, or damaged List B document. Receipt for a replacement of a lost, stolen, or damaged List C document.