

**TABLE OF CHANGES – FORM**  
**Form I-9, Employment Eligibility Verification**  
**OMB Number: 1615-0047**  
**06/17/2022**

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**Project Phase: 30 Day**

Legend for Proposed Text:

- Black font = Current text
- **Red font** = Changes

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Current Page Number and Section	Current Text	Proposed Text
<b>Page 1, START HERE</b>	<p>[Page 1]</p> <p>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.</p>	<p>[Page 1]</p> <p>START HERE: <b>Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.</b></p>
<b>Page 1, ANTI-DISCRIMINATION NOTICE</b>	<p>[Page 1]</p> <p>ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized 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.</p>	<p>[Page 1]</p> <p>ANTI-DISCRIMINATION NOTICE: <b>All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.</b></p>
<b>Page 1, Section 1. Employee Information and Attestation</b>	<p>[Page 1]</p> <p><b>Section 1. Employee Information and Attestation</b> (<i>Employees must complete and sign Section 1 of Form I-9 no later than the <b>first day of employment</b>, but not before accepting a job offer.</i>)</p> <p>Last Name (Family Name)  First Name (Given Name)  Middle Initial  Other Last Names Used (if any)  Address (Street Number and Name)</p>	<p>[Page 1]</p> <p>[no change]</p> <p>Middle Initial <b>(if any)</b>  Address (Street Number and Name)</p>

	<p>Apt. Number 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</p> <p><b>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.</b></p> <p>I attest, under penalty of perjury, that I am (check one of the following boxes):</p> <p>[new]</p> <p>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) _____</p> <p>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.</p> <p>Signature of Employee Today's Date (mm/dd/yyyy)</p> <p><b>Preparer and/or Translator Certification (check one):</b> I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1. (Field below must 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</p> <p>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</p>	<p>Apt. Number (if any) [no change]</p> <p><b>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.</b></p> <p>[deleted]</p> <p>Check one of the following boxes to attest to your citizenship or immigration status:</p> <p>1. A citizen of the United States 2. A noncitizen national of the United States (See Instructions.) 3. A lawful permanent resident (Enter USCIS or A- Number.) _____</p> <p>4. A noncitizen (other than Item Numbers 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:</p> <p>Signature of Employee Today's Date (mm/dd/yyyy)</p> <p><b>If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.</b></p> <p>[deleted]</p>
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<b>Page 2, Section 2.</b>	<p><b>[Page 2]</b></p> <p><b>Section 2. Employer or Authorized Representative Review and Verification</b>  <i>Employers or their authorized representative 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."</i></p> <p><b>List A Identity and Employment Authorization</b></p> <p>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  Expiration Date (if any) (mm/dd/yyyy)</p> <p><b>OR</b></p> <p><b>List B Identity</b></p> <p><b>AND</b></p> <p><b>List C Employment Authorization</b></p> <p><b>Additional Information</b></p> <p><b>[Page 2]</b></p> <p><b>Certification:</b> 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.</p> <p>The employee's First Day of Employment (mm/dd/yyyy): (See instructions for exemptions)</p>	<p><b>[Page 1]</b></p> <p><b>Section 2. Employer Review and Verification</b>  <i>Employers or their authorized representative must complete and sign <b>Section 2</b> within <b>three</b> business days after the employee's first day of employment, <b>and</b> must physically examine documentation from List A OR a combination of documentation from List B <b>and</b> List C. <b>Enter any additional documentation in the Additional Information box; see Instructions.</b></i></p> <p><b>List A</b></p> <p><b>Document Title 1</b>  Issuing Authority  Document Number (if any)  Expiration Date (if any)  <b>Document Title 2 (if any)</b>  Issuing Authority  Document Number (if any)  Expiration Date (if any)  <b>Document Title 3 (if any)</b>  Issuing Authority  Document Number (if any)  Expiration Date (if any)</p> <p><b>OR</b></p> <p><b>List B</b>  [deleted]</p> <p><b>and</b></p> <p><b>List C</b>  [deleted]</p> <p><b>Additional Information</b></p> <p><b>[Page 1]</b></p> <p><b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the <b>documentation</b> presented by the above-named employee, (2) the above-listed <b>documentation</b> 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.</p> <p><b>First Day of Employment (mm/dd/yyyy):</b></p>

	<p>Signature of Employer or Authorized Representative Today's Date (mm/dd/yyyy)</p> <p>Title of Employer or Authorized Representative Last Name of Employer or Authorized Representative First Name of Employer or Authorized Representative</p> <p>Employer's Business or Organization Name Employer's Business or Organization Address (Street Name and Number) City or Town State ZIP Code</p> <p>[new]</p>	<p>Last Name, First Name and Title of Employer or Authorized Representative Signature of Employer or Authorized Representative Today's Date (mm/dd/yyyy) [Deleted]</p> <p>Employer's Business or Organization Name Employer's Business or Organization Address, City or Town, State, ZIP Code [Deleted]</p> <p><b>For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.</b></p>
<b>Page 3, Lists of Acceptable Documents</b>	<p>[Page 3]</p> <p><b>LISTS OF ACCEPTABLE DOCUMENTS</b></p> <p>All documents must be <b>UNEXPIRED</b>.</p> <p>Employees may present one selection from List A, or a combination of one selection from List B and one selection from List C.</p> <p><b>Examples of many of these documents appear in the Handbook for Employers (M-274).</b></p>	<p>[Page 2]</p> <p><b>LISTS OF ACCEPTABLE DOCUMENTS</b></p> <p>All documents containing an expiration date must be unexpired. Documents extended by the issuing authority are considered unexpired.</p> <p>[No change]</p>
<b>Page 3, LIST A</b>	<p>[Page 3]</p> <p><b>LIST A</b></p> <p><b>Documents that Establish Both Identity and Authorization</b></p> <ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa.</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766).</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> </ol> </li> </ol>	<p>[Page 2]</p> <p>[No change]</p>

	<p>b. Form I-94 or Form I-94A that has the following:</p> <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> <p>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI.</p> <p>OR</p>	
<b>Page 3, List B</b>	<p>[Page 3]</p> <p>LIST B</p> <p><b>Documents that Establish Identity</b></p> <ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address.</li> <li>2. ID card issued by federal, state, or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address.</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> </ol> <p><b>For persons under age 18 who are unable to present a document listed above:</b></p> <ol style="list-style-type: none"> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol> <p><b>AND</b></p>	<p>[Page 2]</p> <p>[No change]</p>

<p><b>Page 3, List C</b></p>	<p><b>[Page 3]</b></p> <p><b>LIST C</b></p> <p><b>Documents that Establish Employment Authorization</b></p> <p>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</p> <ul style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ul> <p>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</p> <p>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal.</p> <p>4. Native American tribal document</p> <p>5. U.S. Citizen ID Card (Form I-197)</p> <p>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</p> <p>7. Employment authorization document issued by the Department of Homeland Security.</p>	<p><b>[Page 2]</b></p> <p>[no change]</p> <p>7. Employment authorization document issued by the Department of Homeland Security. For examples, see Section 12 of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>. The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p>
<p><b>Page 3, Refer to the instructions for more information about acceptable receipts.</b></p>	<p><b>[Page 3]</b></p> <p><b>Refer to the instructions for more information about acceptable receipts.</b></p> <p>[new]</p>	<p><b>[Page 2]</b></p> <p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.</p> <ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with “RE” notation or refugee stamp issued to a refugee.</li> </ul> <p>OR</p> <p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>

		<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p> <p>*Refer to the Employment Authorization Extensions page on <a href="#">I-9 Central</a> for more information.</p>
<p><b>Form I-9 Supplement, Section 1 Preparer and/or Translator Certification Department of Homeland Security</b></p>	<p><b>Form I-9 Supplement, Section 1 Preparer and/or Translator Certification Department of Homeland Security</b></p> <p><b>Employee Name:</b> Last Name (<i>Family Name</i>) First Name (<i>Given Name</i>) Middle Initial</p> <p><b>Instructions:</b> This supplement may be used if extra spaces are required to document more than one preparer and/or translator assisting an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided. Each preparer or translator must complete, sign and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.</p> <p><b>I attest, under penalty of perjury that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.</b></p> <p>Signature of Preparer or Translator Date (<i>mm/dd/yyyy</i>) Last Name (<i>Family Name</i>) First Name (<i>Given Name</i>)</p> <p>Address (<i>Street Number and Name</i>) City or Town State ZIP Code</p> <p><b>I attest, under penalty of perjury that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.</b></p> <p>Signature of Preparer or Translator Date (<i>mm/dd/yyyy</i>) Last Name (<i>Family Name</i>) First Name (<i>Given Name</i>)</p> <p>Address (<i>Street Number and Name</i>) City or Town</p>	<p><b>[Page 3]</b></p> <p>[Incorporating formerly stand-alone I-9 supplement directly into Form I-9 itself]</p> <p><b>Supplement A, Preparer and/or Translator Certification for Section 1</b></p> <p><b>Employee Name:</b> Last Name (<i>Family Name</i>) from Section 1. First Name (<i>Given Name</i>) from Section 1. Middle Initial (<i>if any</i>) from Section 1.</p> <p><b>Instructions:</b> This supplement <b>must</b> be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.</p> <p>[no change]</p> <p>Signature of Preparer or Translator Date (<i>mm/dd/yyyy</i>) Last Name (<i>Family Name</i>) First Name (<i>Given Name</i>) Middle Initial (<i>if any</i>) Address (<i>Street Number and Name</i>) City or Town State ZIP Code</p> <p><b>I attest, under penalty of perjury that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.</b></p> <p>Signature of Preparer or Translator Date (<i>mm/dd/yyyy</i>) Last Name (<i>Family Name</i>) First Name (<i>Given Name</i>) Middle Initial (<i>if any</i>) Address (<i>Street Number and Name</i>) City or Town State</p>

	<p>State ZIP Code</p> <p><b>I attest, under penalty of perjury that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.</b></p> <p>Signature of Preparer or Translator Date (mm/dd/yyyy) Last Name (Family Name) First Name (Given Name)</p> <p>Address (Street Number and Name) City or Town State ZIP Code</p> <p><b>I attest, under penalty of perjury that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.</b></p> <p>Signature of Preparer or Translator Date (mm/dd/yyyy) Last Name (Family Name) First Name (Given Name)</p> <p>Address (Street Number and Name) City or Town State ZIP Code</p>	<p>ZIP Code</p> <p><b>I attest, under penalty of perjury that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.</b></p> <p>Signature of Preparer or Translator Date (mm/dd/yyyy) Last Name (Family Name) First Name (Given Name) Middle Initial (if any) Address (Street Number and Name) City or Town State ZIP Code</p> <p><b>I attest, under penalty of perjury that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.</b></p> <p>Signature of Preparer or Translator Date (mm/dd/yyyy) Last Name (Family Name) First Name (Given Name) Middle Initial (if any) Address (Street Number and Name) City or Town State ZIP Code</p>
<p><b>Form I-9 Supplement Reverification and Rehire (Formerly Section 3)</b></p>	<p>[Page 2]</p> <p><b>Employee Name from Section 1:</b> Last Name (Family Name) First Name (Given Name) Middle initial (if any)</p> <p>[new]</p>	<p>[Page 4]</p> <p><b>Supplement B, Reverification and Rehire (formerly Section 3)</b></p> <p>[deleted] Last Name (Family Name) from <b>Section 1.</b> First Name (Given Name) from <b>Section 1.</b> Middle initial (if any) from <b>Section 1.</b></p> <p><b>Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the <a href="#">Handbook for Employers: Guidance for Completing Form I-9 (M-274).</a></b></p>
	<p>[Page 2]</p>	<p>[Page 4]</p>



	<p><b>Section 3 Reverification and Rehires</b> (To be completed and signed by employer or authorized representative.)</p> <p>A. New Name <i>(if applicable)</i>  Last Name (Family Name)  First Name (Given Name)  Middle Initial</p> <p>B. Date of Rehire (if applicable)  Date <i>(mm/dd/yyyy)</i></p> <p>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.</p> <p>Document Title  Document Number  Expiration Date (if any) <i>(mm/dd/yyyy)</i></p> <p><b>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.</b></p> <p>Signature of Employer or Authorized Representative</p> <p>Today's Date <i>(mm/dd/yyyy)</i></p> <p>Name of Employer or Authorized Representative</p> <p>[new]</p>	<p>[deleted]</p> <p>Date of Rehire <i>(if applicable)</i>  Date <i>(mm/dd/yyyy)</i></p> <p>New Name <i>(if applicable)</i>  Last Name (Family Name)  First Name (Given Name)  Middle Initial</p> <p>Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.</p> <p>Document Title  Document Number <i>(if any)</i>  Expiration Date (if any) <i>(mm/dd/yyyy)</i></p> <p><b>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<del>ation</del>, the document<del>ation</del> I examined appears to be genuine and to relate to the individual <b>who presented it.</b></b></p> <p>[no change]</p> <p>Additional Information (Initial and date each notation.)</p>
	<p><b>[Page 3]</b></p> <p>Date of Rehire (if applicable)</p> <p>New Name <i>(if applicable)</i></p> <p>Date <i>(mm/dd/yyyy)</i>  Last Name (Family Name)  First Name (Given Name)  Middle Initial</p> <p>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.</p>	<p><b>[Page 2]</b></p> <p>[no change]</p> <p>Date <i>(mm/dd/yyyy)</i>  Last Name (Family Name)  First Name (Given Name)  Middle Initial</p> <p>Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.</p>

	<p>Document Title Document Number Expiration Date (if any) (mm/dd/yyyy)</p> <p><b>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.</b></p> <p>Signature of Employer or Authorized Representative</p> <p>Today's Date (mm/dd/yyyy)</p> <p>Name of Employer or Authorized Representative</p> <p>[new]</p>	<p>Document Title Document Number (if any) Expiration Date (if any) (mm/dd/yyyy)</p> <p><b>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<del>ation</del>, the document<del>ation</del> I examined appears to be genuine and to relate to the individual <b>who presented it.</b></b></p> <p>[no change]</p> <p>Additional Information (Initial and date each notation.)</p>
	<p><b>[Page 3]</b></p> <p>Date of Rehire (if applicable)</p> <p>New Name (if applicable)</p> <p>Date (mm/dd/yyyy) Last Name (Family Name) First Name (Given Name) Middle Initial</p> <p>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.</p> <p>Document Title Document Number Expiration Date (if any) (mm/dd/yyyy)</p> <p><b>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.</b></p> <p>Signature of Employer or Authorized Representative</p> <p>Today's Date (mm/dd/yyyy)</p> <p>Name of Employer or Authorized Representative</p>	<p><b>[Page 4]</b></p> <p>[no change]</p> <p>Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.</p> <p>Document Title Document Number (if any) Expiration Date (if any) (mm/dd/yyyy)</p> <p><b>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<del>ation</del>, the document<del>ation</del> I examined appears to be genuine and to relate to the individual <b>who presented it.</b></b></p> <p>[no change]</p>

	[new]	Additional Information (Initial and date each notation.)