



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires MM/DD/YYYY

▶ **START HERE: Employers must ensure that the form instructions are available to employees when completing this form.**

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9 purposes. Employers must not 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.

**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 a job offer.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial <i>(if any)</i>	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number <i>(if any)</i>	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number [ ][ ][ ] - [ ][ ][ ][ ][ ][ ]		Employee's E-mail Address <i>(Optional)</i>		Employee's Telephone Number <i>(Optional)</i>	

<p><b>NOTE:</b> Information provided on this form may be used against you in future immigration proceedings.</p> <p><b>ATTESTATION:</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. By my signature below, 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.</p>	<p>Check one of the following boxes to attest to the basis for your employment authorization in the U.S.:</p> <p><input type="checkbox"/> 1. A citizen of the United States</p> <p><input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i></p> <p><input type="checkbox"/> 3. A lawful permanent resident (A number/USCIS Number): _____</p> <p><input type="checkbox"/> 4. A nonimmigrant authorized to work <input type="checkbox"/> (A) without expiration <input type="checkbox"/> (B) temporarily (expiration date (mm/dd/yyyy)): _____</p> <p><i>Check a box to the right and add enter:</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-9 Admission Number: _____ OR 3. Foreign Passport Number: _____ and Country of Issuance: _____</p>
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Signature of Employee	Date of Signature <i>(mm/dd/yyyy)</i>
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**\*If a preparer and/or translator assisted in the completion of Section 1, that individual must complete the attestation below.**

**PREPARER/TRANSLATOR CERTIFICATION**

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 or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

**OPTIONAL: RETENTION CALCULATOR**

Employers must retain the Form I-9 for 3 years from the first day of employment or 1 year from the last date of employment, whichever is later.)

First Date of Employment: _____ + 3 years = _____	Later of the two dates:	Retention Period Ends: _____
Date Employment Terminated: _____ + 1 year = _____		



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**Section 2. Employer Review and Verification**

*Employers or their authorized representative must complete and sign Section 2 within 3 business days of 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. The Lists of Acceptable Documents (Attached) is incomplete. Please refer to the M-274 Handbook for Employers and/or USCIS.gov/I-9central for details about acceptable receipts, automatic extensions, and other acceptable documentation.*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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**List A** Identity and Employment Authorization **OR** **List B** Identity **AND** **List C** Employment Authorization

Document Title	Document Title	Document Title
Issuing Authority	Issuing Authority	Issuing Authority
Document Number	Document Number	Document Number
Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)
Document Title	<b>Additional Information</b>	
Issuing Authority	<u>Automatic Extension =</u> <input type="checkbox"/> 540-Day Extension (EAD) <input type="checkbox"/> 240-Day Extension (Pending Ext.) <input type="checkbox"/> 180-Day Extension (EAD) <input type="checkbox"/> 180-Day STEM Extension (EAD) <input type="checkbox"/> 120-Day Extension <input type="checkbox"/> TPS Extension (MM/DD/YYYY) <input type="checkbox"/> AC-21 <input type="checkbox"/> Cap Gap <input type="checkbox"/> OTHER: _____	
Document Number	<u>Optional Tracking Details</u> <input type="checkbox"/> EAD Category Code _____ <input type="checkbox"/> TPS Country: _____	
Expiration Date (if any) (mm/dd/yyyy)	<u>Receipts*</u> <input type="checkbox"/> Lost, Stolen, Damaged (A/B/C) <input type="checkbox"/> LPR Card + I-751 Receipt (List C) <input type="checkbox"/> Temporary I-551 <input type="checkbox"/> Refugee I-94 ("RE") <input type="checkbox"/> COVID-19 List B <input type="checkbox"/> OTHER: _____ *LPR Card + I-90 Receipt = not a receipt *Temporary Driver License = not a receipt	
Document Title	<u>Optional E-Verify Details</u>	
Issuing Authority	Case Number: _____	
Document Number	Result: _____	
Expiration Date (if any) (mm/dd/yyyy)	Visa Number: _____	

**Certification:** I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

**Employee's first day of employment in the U.S. (mm/dd/yyyy):** \_\_\_\_\_

Signature of Employer or Authorized Representative	Date of Signature (mm/dd/yyyy)	Title of Employer or Authorized Representative
Last Name 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 Number and Name)	City or Town	State ZIP Code

<b>Section 3(A). Rehires:</b> If an employee is rehired within 3 years of the original I-9 completion, this Section may be used. If the rehire date is more than three years after the original I-9 completion, a new Form I-9 is required. If the employee's previous grant of employment authorization was temporary and has expired, or if a receipt was presented and the Form I-9 was not updated, you must also complete the Update and Reverification supplement.	Date of Rehire (mm/dd/yyyy)
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Signature of Employer or Authorized Representative	Date of Signature (mm/dd/yyyy)	Name of Employer or Authorized Representative
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# Update and Reverification Supplement to Form I-9

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9

OMB No. 1615-0047  
Expires MM/DD/YYYY

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle initial (if any) from Section 1.
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**Instructions:** Only use this page if your employee requires an update or reverification. Enter the employee's name in the fields above. Use a new section for each reverification or update. 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 \(M-274\)](#).

**Reverification:** If the employee's employment authorization or documentation requires reverification, the 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.

- Reverification is required only for an employee classified as a #4 "nonimmigrant authorized to work."
- Initial reverification is required on or before the expiration date listed in Section 1 or the expiration date of the employment authorizing document recorded in Section 2, whichever is earlier.
- Subsequent reverification is required if the employee presents a time-limited employment authorization document for reverification.

**Update:** If the employee's I-9 requires a documentation update, the employee can choose to present any acceptable documentation covering the category (identity and/or employment authorization) requiring the update. For example, if an employee presented a receipt for replacement of a lost driver license (a List B identity document), they may present any List A or B documentation (both of which prove identity) for the update.

A. New Name (if applicable)		
Last Name (Family Name)	First Name (Given Name)	Middle Initial

Update or Reverification		
Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
Additional Information		
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	Date of Signature (mm/dd/yyyy)	Name of Employer or Authorized Representative

Update or Reverification		
Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
Additional Information		
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	Date of Signature (mm/dd/yyyy)	Name of Employer or Authorized Representative

Update or Reverification		
Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
Additional Information		
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	Date of Signature (mm/dd/yyyy)	Name of Employer or Authorized Representative

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**Update or Reverification 1**

<b>Reverification:</b> 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)
<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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>		
Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative

**Update or Reverification 2**

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)
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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative

**Update or Reverification 3**

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)
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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative

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**Reverification:**

Reverification is required only for an employee classified as a #4 "nonimmigrant authorized to work."

Initial reverification is required on or before the expiration date listed by the employee in Section 1 or the expiration date of the employment authorizing document recorded in Section 2.

Subsequent reverification is required if the employee presents a time-limited employment authorization document for reverification.

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