

Figure 4. Sample Form I-9 Section 1. Mandatory

Employee: Complete Section 1 of Form I-9 no later than your first day of work for pay. Print clearly. Sign and date when you are finished. Numbered explanations below are shown in the pictured example.

- ① Print your full legal name: Last, First and Middle Initial. Provide any other last names used, such as maiden name. Enter "N/A" if you have never had another name.
- ② Print your physical address. A PO Box is not allowed. Enter "N/A" if you have no apartment number.
- ③ Print your Date of Birth.
- ④ Print your Social Security Number.
- ⑤ Print your Email Address or print "N/A" if you choose to not provide it.
- ⑥ Print your Telephone Number or print "N/A" if you choose to not provide it.
- ⑦ Check one box that describes your citizenship or immigration status in the United States. Enter additional information if you check box 3 or 4.
- ⑧ Sign and ⑨ date the form. **No later than first day of work for pay.**
- ⑩ Submit Supplement A (*Preparer and/or Translator Certification*) if a preparer or translator assisted you.

Employer: Review Section 1. Ensure your employee has completed it properly.

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) ① Miller		First Name (Given Name) Karen		Middle Initial (if any) A	Other Last Names Used (if any) N/A	
Address (Street Number and Name) ② 123 Apple Valley Drive		Apt. Number (if any) N/A	City or Town Anytown		State VA ZIP Code 23230	
Date of Birth (mm/dd/yyyy) ③ 07/15/1982	U.S. Social Security Number ④ 1 2 3 4 5 6 7 8 9	Employee's Email Address ⑤ karenmiller@email.com		Employee's Telephone Number ⑥ 315-123-1234		
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.		⑦ Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.): <input checked="" type="checkbox"/> 1. A citizen of the United States <input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.) <input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.) <input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)				
		If you check Item Number 4., enter one of these:				
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee ⑧ Karen Miller			Today's Date (mm/dd/yyyy) ⑨ 09/15/2023			
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.						

Figure 5. Sample Form I-9 Section 2. **Mandatory**

Employee: Present original, unexpired documents to your employer to verify your identity and authorization to work in the United States. See **LISTS OF ACCEPTABLE DOCUMENTS**.

Employer: Examine and record the documents your employee provides. The employee must be present while you examine them. Numbered explanations below are shown in the pictured example.

- ① Examine each document. Print the details in the appropriate List column(s). Only accept unexpired, original documents (no photocopies).
You may accept one document from List A **OR** one from List B and one from List C.
- ② Print the date of the employee's first day of work.
- ③ Print your last name, first name and title. Title is "Employer."
- ④ Sign and ⑤ date the form. **Must be completed and signed within 3 days of employee's first day of work.**
- ⑥ Print your first and last name.
- ⑦ Print physical address where services are provided (the Consumer's home).

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.			
	List A	OR	List B AND List C
Document Title 1		①	Driver's License Social Security Card
Issuing Authority			State of Residence SSA
Document Number (if any)			0123456789abcde 123-45-6789
Expiration Date (if any)			08/17/2027 N/A
Document Title 2 (if any)	Additional Information		
Issuing Authority			
Document Number (if any)			
Expiration Date (if any)			
Document Title 3 (if any)			
Issuing Authority	<p>⚡ Do not check. You must physically examine documents.</p> <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.		
Document Number (if any)			
Expiration Date (if any)			
Document Title 3 (if any)			
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.			First Day of Employment (mm/dd/yyyy): ② 09/15/2023
Last Name, First Name and Title of Employer or Authorized Representative ③ Smith, John Employer		Signature of Employer or Authorized Representative ④ John Smith	Today's Date (mm/dd/yyyy) ⑤ 09/15/2023
Employer's Business or Organization Name ⑥ John Smith		Employer's Business or Organization Address, City or Town, State, ZIP Code ⑦ 123 Main Street, Anytown VA 23222	