



## I-9 Instructions

For complete instructions on the I-9 form, please visit [www.veridianfiscalsolutions.org/forms\\_resources.aspx](http://www.veridianfiscalsolutions.org/forms_resources.aspx)

### TO BE COMPLETED BY THE EMPLOYEE

#### Page 1 Section 1: Employee information and attestation

Please check to ensure the following are complete:

- ✓ Employee's Last Name, First Name, Middle Initial, and Other last names (if applicable).
- ✓ Street address, Apt # (if applicable), City, State and Zip Code
- ✓ Date of Birth, Social Security Number, Email Address and Phone Number

Section 1. Employee Information and Attestation <i>(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.)</i>					
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>
Test		John		A	Doe
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town	State      ZIP Code
123 Happy Lane			1	Anywher	IA      12345
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number
1/1/00	1 2 3 - 4 5 - 6 7 8 9		johntest@internet.com		319-555-5555

When completing the attestation section only check one of the boxes next to numbers 1-4. Only choose ONE

- 1.) A citizen of the United States
- 2.) A non-citizen national of the United States
- 3.) A lawful permanent resident (Alien Registration Number/USCIS Number)
- 4.) An alien authorized to work

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):

<input checked="" type="checkbox"/>	1. A citizen of the United States	Only check one box. What you check should be listed under citizenship status in Section #2
<input type="checkbox"/>	2. A non-citizen national of the United States	
<input type="checkbox"/>	3. A lawful permanent resident (Alien Registration Number/USCIS Number)	
<input type="checkbox"/>	4. An alien authorized to work in the United States (Alien Registration Number/USCIS Number)	

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.

1. Alien Registration Number/USCIS Number: \_\_\_\_\_  
OR

2. Form I-94 Admission Number: \_\_\_\_\_  
OR

3. Foreign Passport Number: \_\_\_\_\_  
Country of Issuance: \_\_\_\_\_

QR Code - Section 1  
Do Not Write In This Space



**Make sure the employee signs and dates the I-9 on page 1**

Signature of Employee EMPLOYEE SIGNATURE HERE	Today's Date (mm/dd/yyyy) 5/1/18
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If an employee does not use a translator, they should check “I did not use a preparer or translator.”

<b>Preparer and/or Translator Certification (check one):</b>	
<input checked="" type="checkbox"/> I did not use a preparer or translator.	<input type="checkbox"/> A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
<i>(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)</i>	

If an employee does use a translator or preparer to assist them with the I-9, they should check the box, indicating they had a preparer and /or translator assist the employee in completing section 1. The preparer/translator should complete the section with their information.

It must include the following:

- ✓ Signature of Preparer or Translator
- ✓ Date
- ✓ Last Name and First Name
- ✓ Address, City, State and Zip Code

<b>Preparer and/or Translator Certification (check one):</b>			
<input type="checkbox"/> I did not use a preparer or translator.		<input checked="" type="checkbox"/> A preparer(s) and/or translator(s) assisted the employee in completing Section 1.	
<i>(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)</i>			
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 PREPARER'S SIGNATURE		Today's Date (mm/dd/yyyy) 5/1/18	
Last Name (Family Name) Preparer		First Name (Given Name) The	
Address (Street Number and Name) 123 Preparer's Way		City or Town Anywhere	State IA
		ZIP Code 12345	

**TO BE COMPLETED BY THE EMPLOYER OF RECORD**

**Section 2 page 2: Employer or Authorized Representative Review and Verification**

**This section of the form is filled out by the employer not the applicant. The employer’s role is to verify the documents supplied by the employee and provide the necessary information in section 2.**

Please check to ensure the following are complete:

- ✓ Employee last name, first name, MI, and Citizenship/Immigration Status from section A



Section 2. Employer or Authorized Representative Review and Verification				
<i>(Employers or their authorized representative must complete and sign Section 2 within 3 business days of must physically examine one document from List A OR a combination of one document from List B and one document from List C of Acceptable Documents.)</i>				This should match the box checked by the employee on page 1
Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
	Test	John	A	Citizen of the US

An employee can provide documents from List A or List B and List C. If an employee provides a document from (page 3 of the I-9 has a list of acceptable documents)

- List A, they do not need to provide anything from List B and C.
- List B, they must provide a document from List C also.

The employer must check the documents to ensure they are valid and not expired and check for authenticity. **The information from each document must be listed under the proper columns.**

PLEASE NOTE: The employee can provide any documents listed in column A. The below is just an example. Please remember if list A is complete then nothing must be in columns B and C.

List A
<b>Identity and Employment Authorization</b>
Document Title U.S. Passport
Issuing Authority Department of State
Document Number ABC1123456789
Expiration Date (if any)(mm/dd/yyyy) 1/1/20

PLEASE NOTE: The employee can provide any documents listed in columns B and C. The below is just an example. Please remember if list B is complete than list C should also be complete.

List B	AND	List C
Identity		Employment Authorization
Document Title Driver's License		Document Title Social Security Card
Issuing Authority Iowa DOT		Issuing Authority Social Security Administration
Document Number 123456789		Document Number 123-45-6789
Expiration Date (if any)(mm/dd/yyyy) 1/1/20		Expiration Date (if any)(mm/dd/yyyy) N/A



### Employee's first day of employment

Please enter the employee first date of work. This is required for this form to be considered complete.

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)

### Employer's Information

This section must be completed by the employer of record and make sure it includes the following:

- ✓ Employer Signature
- ✓ Date
- ✓ Last Name, First Name, Name of Business (this is the employer's first and last name)
- ✓ Business Address (this is the employer's address city, state and zip code)

Signature of <b>Employer</b> or Authorized Representative EMPLOYER SIGN HERE		Today's Date (mm/dd/yyyy) 5/1/18	Title of Employer or Authorized Representative Household Employer	
Last Name of <b>Employer</b> or Authorized Representative Duck		First Name of <b>Employer</b> or Authorized Representative Donald		Employer's Business or Organization Name Donald Duck
Employer's Business or Organization Address (Street Number and Name) 222 Happy Lane		City or Town Anywhere		State IA
				ZIP Code 12345



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

**USCIS  
 Form I-9**

OMB No. 1615-0047  
 Expires 10/31/2022

▶ **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.

**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.

**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	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):

<input 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 (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 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.	
1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write In This Space

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

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

STOP
Employer Completes Next Page
STOP



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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

**Section 2. Employer or Authorized Representative 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. 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.")*

<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		<div style="border: 1px solid black; padding: 5px;"> <p align="center">Additional Information</p> <p align="center"><b>Veridian Fiscal Solutions must keep a copy of the identification on file. Photocopy the document(s) listed as verification of identity and/or employment authorization and attach to this form. Please verify all highlighted fields have been completed correctly before submitting. If the form is not filled out accurately and completely, we are unable to accept it. Thank you.</b></p> </div>		<div style="border: 1px solid black; padding: 5px;"> <p align="center">QR Code - Sections 2 &amp; 3 Do Not Write In This Space</p> </div>
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

**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		
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

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	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.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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**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 have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

### 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.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b>	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<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 a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status 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> </li> </ol> </li> <li>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</li> </ol>	OR	<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> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <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>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol 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> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**