I-9 Instructions

For complete instructions on the I-9 form, please visit <u>uscis.gov/sites/default/files/document/forms/i-08/9instr.pdf</u>

TO BE COMPLETED BY THE EMPLOYEE

Section 1: Employee information and attestation

Have your employee complete the highlighted fields.

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 (if any) Other Last Names Used (if any)							
Doe	John	Α	Test				
Address (Street Number and Name)	Apt. Number (if any) Ci	ty or Town	State ZIP Code				
123 Happy Lane	1 A	nywhere	IA · 12345				
Date of Birth (mm/dd/yyyy) U.S. Social Se	curity Number Employee's Em	ail Address	Employee's Telephone Number				
01/01/2000 1 2 3 4	1 2 3 4 5 6 7 8 9 johndoe@internet.com (319) 555-5555						

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

Your employee will then check one of the following boxes outlined in red below to attest to their citizenship or immigration status.

I am aware that federal law provides for imprisonment and/or fines for false statements, or the	Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.): 1. A citizen of the United States 2. A pageiting action of the United States (See Instructions.)						
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	4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
immigration status, is true and correct.	USCIS A-Number	OR Form I-94 Admission N	umber	OR	Foreign Passport Number and Country of Issuance		
Signature of Employee			Toda	ay's	Date (mm/dd/yyyy)		
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.							



The options to choose from are as follows:

- A citizen of the United States
- A non-citizen national of the United States
- A lawful permanent resident (Alien Registration Number/USCIS Number)
- A noncitizen (other than Item Numbers 2 and 3 above) authorized to work until (exp. date if any)

In our example, the employee has indicated they are a citizen of the United States.

If the employee has selected option 4, the employee will also need to complete the following fields:

X 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) 09/01/2025							
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			
000001001							

- 1. If there is an expiration date on your employee's ability to work in the United States, list that information here.
- 2. Add one of the following numbers:
 - USCIS A-Number
 - Form I-94 Admission Number
 - Foreign Passport Number and County of Issuance

In this example, our employee has provided their USCIS A-Number and is authorized to work in the U.S. until 09/01/2025.

After filling in the above information, your employee will then sign and date the form.

Signature of Employee John For	Today's Date (mm/dd/yyyy) 09/01/2023				
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.					

Notes

If your employee used a translator(s) and/or preparer(s) to assist them with the I-9, they will need to complete form Supplement A, Preparer and/or Translator Certification for Section 1. A copy of this form and instruction and how to complete it can be located under the State and Federal Forms section of the Forms and Resources page on our website.



TO BE COMPLETED BY THE EMPLOYER OF RECORD

Section 2: Employer or Authorized Representative Review and Verification

You as the employer will fill out this section of the form. Your role is to verify the documents supplied by your employee and provide the necessary information in section 2. As the employer, you cannot require the employee choose any particular documents. As long as the employee provides either a valid (authentic and unexpired) List A or combination of List B and C documents, these documents must be accepted for the purposes of completing the I-9.

To complete section 2, your employee needs to provide you a document(s) from either

- List A or
- List B and C

Section 2 Employer	Review and Verification: Emplo	vers	or their authorized representa	tive must compl	ete and sign Section 2 within three
business days after the e authorized by the Secret	mployee's first day of employment, a ary of DHS, documentation from List ditional Information box; see Instructi	ind m A OF	R a combination of documenta	tion from List B	t with an alternative procedure and List C. Enter any additional
documentation in the risk	List A	OF	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		A	dditional Information		
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)		C	Check here if you used an alterr	native procedure a	uthorized by DHS to examine documents.

Page 2 of the I-9 provides a chart of the acceptable documents for each List.

List A

To complete List A, you will add the following information based off List A document provided by your employee:

- 1. Document Title 1
- 2. Issuing Authority
- 3. Document Number (if any)
- 4. Expiration Date (if any)

To the right is an example of List A being completed after verifying a U.S. Passport

List A				
Document Title 1	U.S. Passport			
Issuing Authority	Department of State			
Document Number (if any)	ABC1123456789			
Expiration Date (if any)	10/10/2025			

Note, if your employee provides a List A document that required multiple documents be presented, complete the noted fields for each document in the fields provided.



List B and C

List B and C require the same fields be completed as List A, only with a List B and C document.

To the right is an example of List B and C being completed after verifying Driver's License and a Social Security Card, respectively.

List B A	ND List C
Driver's License	Social Security Card
Iowa DOT	Social Security Administration
123456789	123-45-6789
10/10/2025	N/A

Helpful Tips

When completing List fields, please keep the following in mind:

- Document information must be recorded under the correct List. Information recorded under the wrong list will result in the I-9 being rejected.
- If an employee provides a document from List A, they do not need to provide anything from List B and C.
- If an employee provides a document from List B, they must also turn in a document List C, and vice versa.

To finalize the I-9, you will then add the information requested in the highlighted fields:

Certification: I attes employee, (2) the ab best of my knowledg	First Day of Employment (mm/dd/yyyy): 09/15/2023				
Last Name, First Name and Title of Employer or Authorized Representative Doe, Jane Household Employer			Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy) 09/01/2023	
			er's Business or Organization Address, City or Town, State, ZIP Code Aain Street, Townsville, IA 54321		

- First Day of Employment
- Last Name, First Name, and Title of Employer or Authorized Representative
- Employer Signature/Date
- Employer's Business or Organization Name- This is the employer's first and last name
- Employer's Business or Organization Address- This is the employer's address city, state and zip code

