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Employment Eligibility Verification Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No. 1615-0047

Expires 08/31/2019

► **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 (<i>Family Name</i>) Testing		First Name (<i>Given Name</i>) Testing		Middle Initial _____
Address (<i>Street Number and Name</i>) Testing	Apt. Number 3552	City or Town Testing	State _____	
Date of Birth (<i>mm/dd/yyyy</i>) _____	U.S. Social Security Number SDS3434			Employee's E-mail _____

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 (<i>See instructions</i>)	
<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. (<i>See instructions</i>) _____ <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:</i> <i>An Alien Registration Number/USCIS Number OR Form I-94 Admission</i>	QR Code - Section 1 Do Not Write In This Space <div></div>

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:

Country of Issuance:

Signature of Employee

Testing

Add Sign

Today's Date (mm/dd/yyyy)

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

Testing

Add Signatu

Today's Date (mm/dd/yyyy)

Last Name (Family Name)

Testing

First Name (Given Name)

Testing

Address (Street Number and Name)

Testing

City or Town

Testing

State

STOP Employer Completes Next Page STOP



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► 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 physically examine one document from List A OR a combination of one document from List B and one document from List C as listed in the "Documents.")

Employee
Info from
Section 1

Last Name
(Family Name)
Testing

First Name
(Given Name)
Testing

M.I.
Testing

	List A		OR	List B
Identity	AND	List C		Identity
	and	Employment	Authorization	
		Employment Authorization		
Document Title Testing			Document Title Testing Testing	
Issuing Authority Testing			Issuing Authority Authority Testing Testing	
Document Number Testing			Document Document Number Testing Testing	
Expiration Date (if any)(mm/dd/yyyy)			Expiration Date (if any)(mm/dd/yyyy) Expiration Date any)(mm/dd/yyyy)	
		Additional Information Testing		
Document Title Testing				
Issuing Authority Testing				
Document Number Testing				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title Testing				
Issuing Authority Testing				
Document Number Testing				
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 Testing	Today's Date(mm/dd/yyyy) Testing	Title of Employer or Authorized Representative Testing
Last Name of Employer or Authorized Representative Testing	First Name of Employer or Authorized Representative Testing	Employer's Business or Organization Testing
Employer's Business or Organization Address (Street Number and Name) Testing	City or Town Testing	State Testing

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

A. New Name (if applicable)		B. Date of Rehire (if applicable)	
Last Name (Family Name) Testing	First Name (Given Name) Testing	Middle Initial Testing	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes the employee's identity.

Document Title Testing	Document Number Testing
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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 Testing	Today's Date (mm/dd/yyyy) Testing
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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.

LIST A	LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	Documents that Establish Identity	Documents that Establish Employment Authorization

	OR	AND	
1. U.S. Passport or U.S. Passport Card		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	A Social Security card, unless the following are provided: NOT VALID FOR INS AUTHORITY
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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	VALID FOR INS AUTHORITY
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	2. Certificate issued by State (F)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	3. Certificate issued by State (F)
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:		5. U.S. Military card or draft record	4. Original birth certificate, State, authority, United official
a. Foreign passport; and		6. Military dependent's ID card	
b. Form I-94 or Form I-94A that has the following:		7. U.S. Coast Guard Merchant Mariner Card	
1. The same name as the passport; and		8. Native American tribal document	5. Native American tribal document
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.		9. Driver's license issued by a Canadian government authority	6. U.S. Citizenship (197)
		For persons under age 18 who are unable to present a document listed above:	7. Identification of Resident United States
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		10. School record or report card	8. Employment document Department Security
		11. Clinic, doctor, or hospital record	
		12. Day-care or nursery school record	

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

☐ I hereby declare that the above information is true to the best of my knowledge