

I-9 Instructions

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

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	A	Test		
Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code	
123 Happy Lane	1	Anywhere	IA	12345	
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number		
01/01/2000	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 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.	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				Today'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:

<input checked="" type="checkbox"/> 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 <i>John Doe</i>	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: 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	
Document Title 1	List B	AND	List C
Issuing Authority			
Document Number (if any)			
Expiration Date (if any)			
Document Title 2 (if any)	Additional 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)			
<input type="checkbox"/> Check here if you used an alternative procedure authorized 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	AND	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 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) 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
Employer's Business or Organization Name Jane Doe	Employer's Business or Organization Address, City or Town, State, ZIP Code 987 Main 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**