


The **IRS Form I-9** is used to verify the identity and employment authorization of new and current employees in the United States.



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

USCIS
Form I-9
OMB No. 1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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) Doe	First Name (Given Name) Jane	Middle Initial (if any) M	Other Last Names Used (if any)
Address (Street Number and Name) 123 Main St		Apt. Number (if any)	City or Town Anywhere
State WI		ZIP Code 55555	
Date of Birth (mm/dd/yyyy) 01/01/1990	U.S. Social Security Number 123456789	Employee's Email Address janedoe@email.com	
Employee's Telephone Number 555-555-5555			

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 **ways 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 noncitizen national of the United States (See instructions.)

3. A lawful permanent resident (Enter USCIS or A-Number.)

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-84 Admission Number OR Foreign Passport Number and Country of Issuance

Signature of Employee
Employee Signature

Today's Date (mm/dd/yyyy)
Date Signed

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.

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	List B	AND	List C
Document Title 1		WI Drivers License		Social Security Card
Issuing Authority		State of Wisconsin		Social Security Admin
Document Number (if any)		D123-4567-8910-00		123-45-6789
Expiration Date (if any)		01/01/2028		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				
Document Number (if any)				
Expiration Date (if any)				

Check here if you used an alternative procedure authorized by DHS to examine documents.

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):

Last Name, First Name and Title of Employer or Authorized Representative Smith, Johnathan Employer	Signature of Employer or Authorized Representative Signature of Employer	Today's Date (mm/dd/yyyy) Date Signed
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Employer's Business or Organization Name
Johnathan Smith, HCSR

Employer's Business or Organization Address, City or Town, State, ZIP Code
456 Main St, Anywhere, WI 55555

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

Form I-9 Edition 08/01/23 Page 1 of 4

Section 1 to be completed by the Employee (content in red).

- First & Last Name must match Social Security Card
- Citizen status must be checked
- Employee must sign & date

Section 2 to be completed by the Employer or Authorized Representative.

- Complete using documents provided by employee
- Required documents can be found on page 2 of form

Employer or Authorized Representative must complete, sign and date.