EMPLOYEE INFORMATION SHEET

Complete this form for each employee.

General Information

Employee Name _____

Address _____

City, State, Zip _____

Email Address _____

Cell Phone# _____

Birth Date MM____/DD____/YY____

Hire Date MM____/DD____/YY____

Social Security No. _____

Gender Female Male

Direct Deposit Information

Will this employee be paid by direct deposit?

Yes. If so, please complete the Authorization of Direct Deposit form

No

Tax Information

Please attach or specify the following information for this employee:

Attach completed federal Form W-4

Attach completed state withholding form. *Only applicable if state income tax and filing status/allowances are different from federal*

Specify any payroll taxes that this employee is exempt from, such as state unemployment, social security, or Medicare:

_____

Specify any local taxes that need to be withheld from this employee's paycheck:

_____

Notes:

Pay Information

Which types of pay does this employee receive?

Salary $_____ per ____

Hourly Rates (up to 8 different)

$_____ / hour

$_____ / hour

$_____ / hour

$_____ / hour

$_____ / hour

$_____ / hour

$_____ / hour

$_____ / hour

Overtime Pay

Double Overtime

Sick Pay

Holiday Pay

Vacation Pay

Bonus

Commission

Allowance

Reimbursement

Cash Tips

Paycheck Tips

Clergy Housing (Cash)

Clergy Housing (In-Kind)

Bereavement Pay

Group Term Life Insurance

S-Corp Owners Health Ins.

Personal Use of Company Car

Other: _____

Pay Frequency	Payday details
Every Week Every Other Week Twice a Month Every Month Other_____	Date(s) or day(s) employees paid _____ *(for example, the 1st and 15th of the month)* Period Covered _____ *(for example, Paycheck on the 1st covers the 16th to the end of the prior month)*

Payroll Deductions

Select the voluntary deductions that apply and enter the $ or % amount to be deducted from each paycheck.

Deduction	$ Amount or % of Gross	Deduction	$ Amount or % of Gross
Pre-tax medical		403(b)	
Pre-tax vision		Simple IRA	
Pre-tax dental		SARSEP	
Taxable medical		Medical expense FSA	
Taxable vision		Dependent care FSA	
Taxable dental		Loan Repayment	
401(k)		Cash Advance Repayment	
Simple 401(k)		Other _____	

Is this employee subject to wage garnishments, such as a federal tax or child support garnishment?

Yes If so, attach copies of all garnishment orders

No

Sick and Vacation

If this employee earns paid time off, complete the section below; otherwise, leave blank.

Sick Pay	Vacation Pay
No. of Hours Earned Per Year _____ Max. hours accrued per year (if any) _____	No. of Hours Earned Per Year _____ Max. hours accrued per year (if any) _____
Current Balance _____	Current Balance _____
Hours are accrued: As a lump sum at the beginning of year Each pay period Each hour worked	Hours are accrued: As a lump sum at the beginning of year Each pay period Each hour worked

Notes

DIRECT DEPOSIT BY ACH AUTHORIZATION (ACH CREDITS)

Company Name	Company Address	Company City, State, Zip	Company Phone

Employee Information

Employee Name		Date of Birth
Address	City	State and Zip

Email	Phone Number	Cell Phone Number

I (we) hereby authorize _____, hereinafter called COMPANY, to initiate electronic credit entries to the accounts identified in the Banking Information sections below, and to debit my (our) account if necessary to correct erroneous credits. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Request Type- Check All That Apply

☐ New Authorization ☐ Discontinue Direct Credit

☐ Change Financial Institution Account

☐ Split Among Multiple Accounts

☐ Apply this authorization to expense reimbursements and other refunds in addition to payroll.

Banking Information

Primary Financial Institution Name	Account Number
Account Type: ☐ Checking ☐ Savings	Routing Transit Number

Amount of Credit to Deposit:
☐ Full Amount of Credit ☐ Flat Amount $ ☐ Percentage of Credit _____%

Additional Banks (For Split Deposits)

Second Financial Institution Name	Account Number
Account Type: ☐ Checking ☐ Savings	Routing Transit Number

Amount of Credit to Deposit:
☐ Flat Amount: $ ☐ Percentage of Credit _____%

Third Financial Institution Name	Account Number
Account Type: ☐ Checking ☐ Savings	Routing Transit Number

Amount of Credit to Deposit:
☐ Flat Amount $ ☐ Percentage of Credit _____%

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing or by phone at the address or telephone number above to revoke this authorization. I (we) understand that COMPANY requires at least ____ (days/weeks) notice to cancel this authorization.
I (we) acknowledge that we are the account holders of record at the financial institution provided in this authorization.

Authorized Signatures

Print Name	**Print Name**
Signature	Signature

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2026

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		**Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.
City or town, state, and ZIP code		

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

TIP: Consider using the estimator at *www.irs.gov/W4App* to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at *www.irs.gov/W4App*.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate . . . . . ☐

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

(a) Multiply the number of qualifying children under age 17 by $2,200 . . . . . **3(a)** $

(b) Multiply the number of other dependents by $500 . . . **3(b)** $

Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . . **3** $

Step 4: Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** $

(b) Deductions. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . **4(c)** $

Exempt from withholding

I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027 . ☐

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) **Date**

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to *www.irs.gov/FormW4*.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 **and** you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2027.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at *www.irs.gov/W4App* if you:

1. Are submitting this form after the beginning of the year;

2. Expect to work only part of the year;

3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;

4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or

5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at *www.irs.gov/W4App* to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount of tax withheld will be larger the greater the difference in pay is between the two jobs.

Multiple jobs. *Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.*

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4.

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe when you file your tax return.

Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at *www.irs.gov/W4App*.

1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 5. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** $ _____

2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

a Find the amount from the appropriate table on page 5 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** $ _____

b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 5 and enter this amount on line 2b . . . . . **2b** $ _____

c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** $ _____

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** _____

4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (plus any other additional amount you want withheld) . . . . . **4** $ _____

Step 4(b)—Deductions Worksheet *(Keep for your records.)*

See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1 Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.

a **Qualified tips.** If your total income is less than $150,000 ($300,000 if married filing jointly), enter an estimate of your qualified tips up to $25,000 . . . . . 1a $

b **Qualified overtime compensation.** If your total income is less than $150,000 ($300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to $12,500 ($25,000 if married filing jointly) of the "and-a-half" portion of time-and-a-half compensation . . . . . 1b $

c **Qualified passenger vehicle loan interest.** If your total income is less than $100,000 ($200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to $10,000 1c $

2 Add lines 1a, 1b, and 1c. Enter the result here . . . . . 2 $

3 **Seniors age 65 or older.** If your total income is less than $75,000 ($150,000 if married filing jointly):

a Enter $6,000 if you are age 65 or older before the end of the year . . . . . 3a $

b Enter $6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment . . . . . 3b $

4 Add lines 3a and 3b. Enter the result here . . . . . 4 $

5 Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information . . . . . 5 $

6 **Itemized deductions.** Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:

a **Medical and dental expenses.** Enter expenses in excess of 7.5% (0.075) of your total income . 6a $

b **State and local taxes.** If your total income is less than $505,000 ($252,500 if married filing separately), enter state and local taxes paid up to $40,400 ($20,200 if married filing separately) . 6b $

c **Home mortgage interest.** If your home acquisition debt is less than $750,000 ($375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums) . . . . . 6c $

d **Gifts to charities.** Enter contributions in excess of 0.5% (0.005) of your total income . . . . 6d $

e **Other itemized deductions.** Enter the amount for other itemized deductions . . . . . 6e $

7 Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here . . . . . 7 $

8 **Limitation on itemized deductions.**

a Enter your total income . . . . . 8a $

b Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9 8b $

9 Enter:
- $768,700 if you're married filing jointly or a qualifying surviving spouse
- $640,600 if you're single or head of household
- $384,350 if you're married filing separately

. . . . . 9 $

10 If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here . . . . . 10 $

11 **Standard deduction.**

Enter:
- $32,200 if you're married filing jointly or a qualifying surviving spouse
- $24,150 if you're head of household
- $16,100 if you're single or married filing separately

. . . . . 11 $

12 **Cash gifts to charities.** If you take the standard deduction, enter cash contributions up to $1,000 ($2,000 if married filing jointly) . . . . . 12 $

13 Add lines 11 and 12. Enter the result here . . . . . 13 $

14 If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12 . . . . . 14 $

15 Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4 . . . . . 15 $

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$0	$480	$850	$850	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020
$10,000 - 19,999	0	480	1,480	1,850	2,050	2,220	2,220	2,220	2,220	2,220	2,220	2,620
$20,000 - 29,999	480	1,480	2,480	3,050	3,250	3,420	3,420	3,420	3,420	3,420	3,820	4,820
$30,000 - 39,999	850	1,850	3,050	3,620	3,820	3,990	3,990	3,990	3,990	4,390	5,390	6,390
$40,000 - 49,999	850	2,050	3,250	3,820	4,020	4,190	4,190	4,190	4,590	5,590	6,590	7,590
$50,000 - 59,999	1,020	2,220	3,420	3,990	4,190	4,360	4,360	4,760	5,760	6,760	7,760	8,760
$60,000 - 69,999	1,020	2,220	3,420	3,990	4,190	4,360	4,760	5,760	6,760	7,760	8,760	9,760
$70,000 - 79,999	1,020	2,220	3,420	3,990	4,190	4,760	5,760	6,760	7,760	8,760	9,760	10,760
$80,000 - 99,999	1,020	2,220	3,420	4,240	5,440	6,610	7,610	8,610	9,610	10,610	11,610	12,610
$100,000 - 149,999	1,870	4,070	6,270	7,840	9,040	10,210	11,210	12,210	13,210	14,210	15,360	16,560
$150,000 - 239,999	1,870	4,100	6,500	8,270	9,670	11,040	12,240	13,440	14,640	15,840	17,040	18,240
$240,000 - 319,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,780	14,980	16,180	17,380	18,580
$320,000 - 364,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,860	15,860	17,860	19,860	21,860
$365,000 - 524,999	2,720	5,920	9,390	12,260	14,760	17,230	19,530	21,830	24,130	26,430	28,730	31,030
$525,000 and over	3,140	6,840	10,540	13,610	16,310	18,980	21,480	23,980	26,480	28,980	31,480	33,990

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$90	$850	$1,020	$1,020	$1,020	$1,070	$1,870	$1,870	$1,870	$1,870	$1,870	$1,970
$10,000 - 19,999	850	1,780	1,980	1,980	2,030	3,030	3,830	3,830	3,830	3,830	3,930	4,130
$20,000 - 29,999	1,020	1,980	2,180	2,230	3,230	4,230	5,030	5,030	5,030	5,130	5,330	5,530
$30,000 - 39,999	1,020	1,980	2,230	3,230	4,230	5,230	6,030	6,030	6,130	6,330	6,530	6,730
$40,000 - 59,999	1,020	2,880	4,080	5,080	6,080	7,080	7,950	8,150	8,350	8,550	8,750	8,950
$60,000 - 79,999	1,870	3,830	5,030	6,030	7,100	8,300	9,300	9,500	9,700	9,900	10,100	10,300
$80,000 - 99,999	1,870	3,830	5,100	6,300	7,500	8,700	9,700	9,900	10,100	10,300	10,500	10,700
$100,000 - 124,999	2,030	4,190	5,590	6,790	7,990	9,190	10,190	10,390	10,590	10,940	11,940	12,940
$125,000 - 149,999	2,040	4,200	5,600	6,800	8,000	9,200	10,200	10,950	11,950	12,950	13,950	14,950
$150,000 - 174,999	2,040	4,200	5,600	6,800	8,150	10,150	11,950	12,950	13,950	14,950	16,170	17,470
$175,000 - 199,999	2,040	4,200	6,150	8,150	10,150	12,150	13,950	15,020	16,320	17,620	18,920	20,220
$200,000 - 249,999	2,720	5,680	7,880	10,140	12,440	14,740	16,840	18,140	19,440	20,740	22,040	23,340
$250,000 - 449,999	2,970	6,230	8,730	11,030	13,330	15,630	17,730	19,030	20,330	21,630	22,930	24,240
$450,000 and over	3,140	6,600	9,300	11,800	14,300	16,800	19,100	20,600	22,100	23,600	25,100	26,610

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$280	$850	$950	$1,020	$1,020	$1,020	$1,020	$1,560	$1,870	$1,870	$1,870
$10,000 - 19,999	280	1,280	1,950	2,150	2,220	2,220	2,220	2,760	3,760	4,070	4,070	4,210
$20,000 - 29,999	850	1,950	2,720	2,920	2,980	2,980	3,520	4,520	5,520	5,830	5,980	6,180
$30,000 - 39,999	950	2,150	2,920	3,120	3,180	3,720	4,720	5,720	6,720	7,180	7,380	7,580
$40,000 - 59,999	1,020	2,220	2,980	3,570	4,640	5,640	6,640	7,750	8,950	9,460	9,660	9,860
$60,000 - 79,999	1,020	2,610	4,370	5,570	6,640	7,750	8,950	10,150	11,350	11,860	12,060	12,260
$80,000 - 99,999	1,870	4,070	5,830	7,150	8,410	9,610	10,810	12,010	13,210	13,720	13,920	14,120
$100,000 - 124,999	1,870	4,270	6,230	7,630	8,900	10,100	11,300	12,500	13,700	14,210	14,720	15,720
$125,000 - 149,999	2,040	4,440	6,400	7,800	9,070	10,270	11,470	12,670	14,580	15,890	16,890	17,890
$150,000 - 174,999	2,040	4,440	6,400	7,800	9,070	10,580	12,580	14,580	16,580	17,890	18,890	20,170
$175,000 - 199,999	2,040	4,440	6,400	8,510	10,580	12,580	14,580	16,580	18,710	20,320	21,620	22,920
$200,000 - 249,999	2,720	5,920	8,680	10,900	13,270	15,570	17,870	20,170	22,470	24,080	25,380	26,680
$250,000 - 449,999	2,970	6,470	9,540	12,040	14,410	16,710	19,010	21,310	23,610	25,220	26,520	27,820
$450,000 and over	3,140	6,840	10,110	12,810	15,380	17,880	20,380	22,880	25,380	27,190	28,690	30,190

Verificación de Elegibilidad de Empleo

Departamento de Seguridad Nacional

Servicio de Ciudadanía e Inmigracion de Estados Unidos

USCIS
Formulario I-9
OMB No. 1615-0047
Expire 05/31/2027

COMIENCE AQUÍ: Los empleadores deben asegurarse de que las instrucciones del formulario estén disponibles para los empleados cuando completen este formulario. Los empleadores son responsables si no cumplen con los requisitos para completar este formulario. **Vea la información y las instrucciones.**

AVISO CONTRA LA DISCRIMINACIÓN: Todos los empleados pueden elegir qué documentación aceptable presentarán para el Formulario I-9. Los empleadores no pueden solicitar a los empleados documentación para verificar la información de la Sección 1, ni especificar qué documentación aceptable deben presentar para la Sección 2 o el Suplemento B, Reverificación y Recontratación. Tratar a los empleados de manera diferente según su ciudadanía, estatus migratorio u origen nacional, puede ser ilegal.

Sección 1. Información y Certificación del Empleado: Los empleados deben completar y firmar la Sección 1 del Formulario I-9 antes del primer día de trabajo, pero no antes de aceptar una oferta de trabajo.

Apellido (Nombre de Familia)	Primer Nombre (Nombre de Pila)	Inicial de Segundo Nombre (si alguno)	Otros Apellidos Utilizados (si alguno)

Dirección (Número y Nombre de la Calle)	Número de Apartamento (si corresponde)	Ciudad o Pueblo	Estado	Código Postal

Fecha de Nacimiento (mm/dd/aaaa)	Número de Seguro Social de EE. UU.	Dirección de Correo Electrónico del Empleado	Número de Teléfono del Empleado

Estoy consciente de que la ley federal establece penas de prisión y/o multas por declaraciones falsas o el uso de documentos falsos al llenar este formulario. Declaro, bajo pena de perjurio, que esta información, incluida mi selección en la casilla que certifica mi ciudadanía o estatus de inmigración, es verdadera y correcta.

Marque una de las siguientes casillas para dar fe de su ciudadanía o estatus de inmigración. (Consulte las páginas 2 y 3 de las instrucciones):

- ☐ 1. Ciudadano de Estados Unidos
- ☐ 2. Nacional no ciudadano de Estados Unidos (Vea las instrucciones)
- ☐ 3. Residente permanente legal (Ingrese el Número de Registro de Extranjero, Número A. o Número de USCIS:
- ☐ 4. Extranjero autorizado para trabajar hasta (fecha de expiración, si alguna, mm/dd/aaaa): _____

Si marca el artículo número 4, ingrese uno de estos:

USCIS/Número A	OR	Formulario I-94 Número de Admisión	OR	Número de pasaporte extranjero y país de emisión

Firma del Empleado	Fecha de Hoy (mm/dd/aaaa)

Si un preparador y/o traductor lo ayudó a completar la sección 1, esa persona DEBE completar la certificación de preparador y/o traductor en la página 4.

Sección 2. Revisión y Verificación del Empleador: Los empleadores o representantes autorizados deberán completar y firmar la Sección 2 dentro de tres días laborales después del primer día de trabajo del empleado y deben examinar físicamente, o examinar de manera consistente con un procedimiento alterno autorizado por el secretario de DHS, la documentación de la Lista A o una combinación de documentación de la Lista B y la Lista C. Ingrese cualquier documentación adicional en la casilla Información Adicional. Vea las instrucciones.

	Lista A	o	Lista B	Y	Lista C
Título del Documento 1					
Autoridad Emisora					
Número de Documento (si corresponde)					
Fecha de Expiración (si alguna) (mm/dd/aaaa)					
Título del Documento 2					
Autoridad Emisora					
Número de Documento (si corresponde)					
Fecha de Expiración (si alguna) (mm/dd/aaaa)					
Título del Documento 3					
Autoridad Emisora					
Número de Documento (si corresponde)					
Fecha de Expiración (si alguna) (mm/dd/aaaa)					

Información Adicional

☐ Marque aquí si usó un procedimiento alterno autorizado por DHS para examinar documentos.

Certificación: Doy fe, bajo pena de perjurio, que (1) he examinado la documentación presentada por el empleado mencionado anteriormente, (2) la documentación antes indicada parece ser genuina y estar relacionada con el empleado y (3) a mi mejor entender, el empleado está autorizado a trabajar en Estados Unidos.

Primer día de trabajo del empleado (mm/dd/aaaa):

Apellido, Nombre y Cargo del Empleador o Representante Autorizado	Firma del Empleador o Representante Autorizado	Fecha de Hoy (mm/dd/aaaa)

Nombre de la Empresa u Organización del Empleador	Dirección de la Empresa u Organización del Empleador (Número y Nombre de la Calle) Ciudad o Pueblo, Estado y Código Postal

Para la reverificación o recontratación, complete el Suplemento B, Reverificación y Recontratación, en la página 5.

LISTAS DE DOCUMENTOS ACEPTABLES

Todos los documentos que contengan una fecha de vencimiento deben estar vigentes.
* Los documentos extendidos por la autoridad emisora se consideran vigentes.
Los empleados pueden presentar una selección de la Lista A
o una combinación de una selección de la Lista B y una selección de la Lista C.
Ejemplos de muchos de estos documentos aparecen en el Manual para Empleadores (M-274).

LISTA A Documentos que Establecen la Identidad y Autorización de Empleo	O	LISTA B Documentos que Establecen la Identidad	Y	LISTA C Documentos que Establecen la Autorización de Empleo
1. Pasaporte de EE.UU. o tarjeta de pasaporte de EE.UU.		1. Licencia de conducir o tarjeta de identificación emitida por un estado o posesión periférica de Estados Unidos, siempre que contenga una fotografía o información, tal como nombre, fecha de nacimiento, sexo, estatura, color de ojos y dirección.		1. Una tarjeta con Número de Seguro Social, a menos que la tarjeta incluya una de las siguientes restricciones (1) NO VÁLIDO PARA EMPLEO (2) VÁLIDO PARA TRABAJAR SOLO CON AUTORIZACIÓN DE INS (3) VÁLIDO PARA TRABAJAR SOLO CON AUTORIZACIÓN DE DHS.
2. Tarjeta de Residente Permanente o Tarjeta de Recibo de Registro de Extranjero (Formulario I-551)		2. Tarjeta de identificación emitida por agencias o entidades gubernamentales federales, estatales o locales, siempre que contenga una fotografía o información tal como nombre, fecha de nacimiento, sexo, estatura, color de ojos y dirección.		2. Certificado de Informe de Nacimiento expedido por el Departamento de Estado (Formularios DS-1350, FS-545, FS-240).
3. Pasaporte extranjero con sello I-551 temporal o anotación impresa I-551 temporal en una visa de inmigrante legible por máquina		3. Tarjeta de identificación escolar con fotografía		3. Original o copia certificada del Certificado de Nacimiento expedida por un estado, condado, autoridad municipal o territorio de Estados Unidos con sello oficial.
4. Documento de Autorización de Empleo que contenga una fotografía (Formulario I-766)		4. Tarjeta de Registro de Votante		4. Documento tribal de indio americano
5. Para un extranjero no inmigrante autorizado a trabajar para un empleador especifico debido a su estatus: a. Pasaporte extranjero; y b. Formulario I-94 o Formulario I-94A que tenga lo siguiente: (1) El mismo nombre en el pasaporte y (2) Una ratificación del estatus de no inmigrante extranjero, siempre y cuando dicho período de ratificación aún no haya expirado y el empleo propuesto no esté en conflicto con las restricciones o limitaciones identificadas en el formulario.		5. Tarjeta Militar de EE.UU. o récord de selección		5. Tarjeta de Identificación de Ciudadano de EE.UU. (Formulario I-197)
		6. Tarjeta de identificación de dependiente militar		6. Tarjeta de Identificación para Uso de Ciudadano Residente en Estados Unidos (Formulario I-179)
		7. Tarjeta de Marino Mercante de la Guardia Costera de EE.UU.		7. Documento de Autorización de Empleo emitido por el Departamento de Seguridad Nacional. Para ver ejemplos, consulte la **Sección 7** y la **Sección 13** del M-274 en **uscis.gov/i-9-central**. El Formulario I-766, Documento de Autorización de Empleo, es un documento de la Lista A, Artículo **Número 4;** no es un documento de la Lista C.
6. Pasaporte de los Estados Federados de Micronesia (FSM) o la República de las Islas Marshall (RMI) con el Formulario I-94 o Formulario I-94A que indique la admisión de no inmigrante bajo el Tratado de Libre Asociación entre Estados Unidos y FSM o RMI		8. Documento tribal de indio americano		
		9. Licencia de conducir emitida por una autoridad gubernamental canadiense		
		Para las personas menores de 18 años que no pueden presentar un documento mencionado anteriormente:		
		10. Registro escolar o tarjeta de calificaciones		
		11. Registro clínico, médico o de hospital		
		12. Registro guardería o escuela infantil		

Recibos Aceptables

Los recibos pueden presentarse en lugar de un documento mencionado anteriormente por un período temporal.
Para las fechas de validez del recibo, consulte el M-274.

• Recibo por el reemplazo de un documento de la Lista A perdido, robado o dañado; Recibo por el reemplazo de un documento de la Lista B perdido, robado o dañado; Recibo por el reemplazo de un documento de la Lista C perdido, robado o dañado; • Formulario I-94 que contiene un sello I-551 emitido a un residente permanente legal y que contiene sello del Formulario I-551; • Formulario I-94 con anotación "RE" o sello de refugiado emitido a un refugiado.	O	Recibo de reemplazo de un documento de la Lista B perdido, robado o dañado	Recibo de reemplazo de un documento de la Lista C perdido, robado o dañado.

*Consulte la página Extensiones de la Autorización de Empleo en **Central I-9** para más información.

Suplemento A,
Certificación del Preparador y/o Traductor de la Sección 1

Departamento de Seguridad Nacional
Servicio de Ciudadanía e Inmigración de Estados Unidos

USCIS
Formulario I-9
Suplemento A
OMB
No.1615-0047
Expire 05/31/2027

Apellido (Nombre de Familia) como en la **Sección 1**.	Nombre (Nombre de Pila) como en la Sección 1.	Inicial del Segundo Nombre (si alguno) como en la Sección 1.

Instrucciones: Este suplemento debe ser completado por cualquier preparador y/o traductor que ayude a un empleado a completar la Sección 1 del Formulario I-9. El preparador y/o traductor debe ingresar el nombre del empleado en los espacios proporcionados. Cada preparador o traductor debe completar, firmar y fechar un área de certificación separada. Los empleadores deben conservar las hojas suplementarias completadas con el Formulario I-9 completado del empleado.

Doy fe, bajo pena de perjurio, que he ayudado a completar la Sección 1 de este formulario y que, a mi mejor saber y entender, la información es verdadera y correcta.

Firma del Preparador o Traductor			Fecha de Hoy (mm/dd/aaaa)
Apellido *(Nombre de Familia)*	Nombre *(Nombre de Pila)*	Inicial del Segundo Nombre (si alguno)	
Dirección *(Número de Calle y Nombre)*	Cuidad o Pueblo	Estado	Código Postal

Doy fe, bajo pena de perjurio, que he ayudado a completar la Sección 1 de este formulario y que, a mi mejor saber y entender, la información es verdadera y correcta.

Firma del Preparador o Traductor			Fecha de Hoy (mm/dd/aaaa)
Apellido *(Nombre de Familia)*	Nombre *(Nombre de Pila)*	Inicial del Segundo Nombre (si alguno)	
Dirección *(Número de Calle y Nombre)*	Cuidad o Pueblo	Estado	Código Postal

Doy fe, bajo pena de perjurio, que he ayudado a completar la Sección 1 de este formulario y que, a mi mejor saber y entender, la información es verdadera y correcta.

Firma del Preparador o Traductor			Fecha de Hoy (mm/dd/aaaa)
Apellido *(Nombre de Familia)*	Nombre *(Nombre de Pila)*	Inicial del Segundo Nombre (si alguno)	
Dirección *(Número de Calle y Nombre)*	Cuidad o Pueblo	Estado	Código Postal

Doy fe, bajo pena de perjurio, que he ayudado a completar la Sección 1 de este formulario y que, a mi mejor saber y entender, la información es verdadera y correcta.

Firma del Preparador o Traductor			Fecha de Hoy (mm/dd/aaaa)
Apellido *(Nombre de Familia)*	Nombre *(Nombre de Pila)*	Inicial del Segundo Nombre (si alguno)	
Dirección *(Número de Calle y Nombre)*	Cuidad o Pueblo	Estado	Código Postal

Suplemento B,
Reverificación y Recontrataciones (Sección 3)

Departamento de Seguridad Nacional
Servicio de Ciudadanía e Inmigración de Estados Unidos

USCIS
Form I-9
Supplement B
OMB
No.1615-0047
Expires 05/31/2027

Apellido *(Nombre Familiar)* como en la **Sección 1**	Primer Nombre *(Nombre de pila)* como en la **Sección 1**	Inicial del Segundo Nombre (si tiene)

Instrucciones: Este suplemento reemplaza la Sección 3 de la versión anterior del Formulario I-9. Solo use esta página si su empleado requiere una nueva verificación, es recontratado dentro de tres años posteriores a la fecha en que se completó el Formulario I-9 original o proporciona prueba de un cambio de nombre legal. Ingrese el nombre del empleado en los espacios de arriba. Use una nueva sección para cada reverificación o recontratación. Revise las instrucciones del Formulario I-9 antes de completar esta página. Conserve esta página como parte del registro del Formulario I-9 del empleado. Puede encontrar la guía adicional en el Manual para Empleadores: Guías para Completar el Formulario I-9 (M-274).

	Nuevo nombre *(si aplica)*		
Fecha de Hoy *(mm/dd/aaaa)*	Apellido *(Nombre de Familia)*	Primer Nombre (Nombre de pila)	Inicial del Segundo Nombre (si tiene)

Reverificación: Si el empleado requiere una nueva verificación, su empleado puede optar por presentar cualquier documentación aceptable de la Lista A o la Lista C para demostrar la continuidad de la autorización de empleo. Ingrese la información del documento en los espacios a continuación.

Título del Documento	Número de Documento (si alguno)	Fecha de Expiración (si alguna) (mm/dd/aaaa)

Doy fe, bajo pena de perjurio que, a mi mejor entender, este empleado está autorizado a trabajar en Estados Unidos, y que el empleado presentó documentación que he examinado y parece ser genuina y estar relacionada con la persona que la presentó.

Nombre del Empleador o Representante Autorizado	Firma del Empleador o Representante Autorizado	Fecha de Hoy *(mm/dd/aaaa)*

Información Adicional (Inicial y fecha en cada anotación)

☐ Marque aquí si usó un procedimiento alterno autorizado por DHS para examinar documentos.

Fecha de recontratación (si aplica)	Nuevo nombre *(si aplica)*		
Fecha de Hoy (mm/dd/aaaa)	Apellido *(Nombre de Familia)*	Primer Nombre (Nombre de pila)	Inicial del Segundo Nombre (si tiene)

Reverificación: Si el empleado requiere una nueva verificación, su empleado puede optar por presentar cualquier documentación aceptable de la Lista A o la Lista C para demostrar la continuidad de la autorización de empleo. Ingrese la información del documento en los espacios a continuación.

Título del Documento	Número de Documento (si alguno)	Fecha de Expiración (si alguna) (mm/dd/aaaa)

Doy fe, bajo pena de perjurio que, a mi mejor entender, este empleado está autorizado a trabajar en Estados Unidos, y que el empleado presentó documentación que he examinado y parece ser genuina y estar relacionada con la persona que la presentó.

Nombre del Empleador o Representante Autorizado	Firma del Empleador o Representante Autorizado	Fecha de Hoy *(mm/dd/aaaa)*

Información Adicional (Inicial y fecha en cada anotación)

☐ Marque aquí si usó un procedimiento alterno autorizado por DHS para examinar documentos.

Fecha de recontratación (si aplica)	Nuevo nombre *(si aplica)*		
Fecha de Hoy (mm/dd/aaaa)	Apellido *(Nombre de Familia)*	Primer Nombre (Nombre de pila)	Inicial del Segundo Nombre (si tiene)

Reverificación: Si el empleado requiere una nueva verificación, su empleado puede optar por presentar cualquier documentación aceptable de la Lista A o la Lista C para demostrar la continuidad de la autorización de empleo. Ingrese la información del documento en los espacios a continuación.

Título del Documento	Número de Documento (si alguno)	Fecha de Expiración (si alguna) (mm/dd/aaaa)

Doy fe, bajo pena de perjurio que, a mi mejor entender, este empleado está autorizado a trabajar en Estados Unidos, y que el empleado presentó documentación que he examinado y parece ser genuina y estar relacionada con la persona que la presentó.

Nombre del Empleador o Representante Autorizado	Firma del Empleador o Representante Autorizado	Fecha de Hoy *(mm/dd/aaaa)*

Información Adicional (Inicial y fecha en cada anotación)

☐ Marque aquí si usó un procedimiento alterno autorizado por DHS para examinar documentos.

Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 05/31/2027

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)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number

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.):

- ☐ 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. An alien 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.

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	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)					
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)					

Additional Information

☐ 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	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code

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

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.
* Documents extended by the issuing authority are considered unexpired.
Employees may present one selection from List A or a
combination of one selection from List B and one selection from List C.
Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
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, sex, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
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, sex, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
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		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
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the individual's status or parole 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.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central. The Form I-766, Employment Authorization Document, is a List A, **Item Number 4.** document, not a List C document.
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
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				

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on I-9 Central for more information.

Supplement A,
Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

Last Name *(Family Name)* from **Section 1.**	First Name *(Given Name)* from **Section 1.**	Middle initial (if any) from **Section 1.**

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

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			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

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			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

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			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

Supplement B,
Reverification and Rehire (formerly Section 3)

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 05/31/2027

Last Name *(Family Name)* from **Section 1.**	First Name *(Given Name)* from **Section 1.**	Middle initial (if any) from **Section 1.**

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)

Date of Rehire *(if applicable)*	New Name *(if applicable)*		
Date *(mm/dd/yyyy)*	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)

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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*

Additional Information (Initial and date each notation.)

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

Date of Rehire *(if applicable)*	New Name *(if applicable)*		
Date *(mm/dd/yyyy)*	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)

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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*

Additional Information (Initial and date each notation.)

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

Date of Rehire *(if applicable)*	New Name *(if applicable)*		
Date *(mm/dd/yyyy)*	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)

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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*

Additional Information (Initial and date each notation.)

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