

# **Are Your I-9s Fine?**

## **How To Prepare for an I-9 Audit and Protect Your Organization Through Compliance Best Practices**

May 8, 2025

**Fredrikson**

The logo for Fredrikson, featuring the name in a bold, black, sans-serif font. A red diagonal line is positioned below the 'F' and extends under the 'r'.

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# Agenda

- Current I-9 Audits and Trends
- I-9 Requirements and Common Mistakes
- I-9 Maintenance
- How to Conduct an Effective Internal I-9 Audit

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# Current I-9 Audits and Trends

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# Current Enforcement Trends

- Significant increase in enforcement staff & funding
- Rapid terminations of statuses (e.g., Humanitarian Parole, TPS)
- ICE “Meet and Greet” Outreach
- ICE Audits
- Increased Site Visits (>2,270)
- IMAGE program “education”
- Changing agency priorities
- Rescission of Sensitive Locations Memorandum

# Increase in ICE Impersonations

CNN US

Crime + Justice

Watch Listen

### Multiple ICE impersonation arrests made during nationwide immigration crackdown

By Artemis Moshtaghian, Gloria Pazmino and Nick Valencia, CNN  
6 minute read · Updated 1:35 PM EST, Wed February 5, 2025










From left: Sean-Michael Johnson, Aidan Steigelmann and Carl Thomas Bennett. Al Cannon Detention

NBC NEWS

Men in two states are accused of impersonating ICE officers

SHARE & SAVE




U.S. NEWS

### Men in two states are accused of impersonating ICE officers

A man in South Carolina told a Latino he would be sent back to Mexico, and in Pennsylvania three men tried to use the ruse at a Temple University residence hall and a cookie shop, police said.

SEAN  
MICHAEL



FAKE ICE AGENTS

MEN IN THREE STATES ACCUSED OF IMPERSONATING ICE AGENTS

Get more news LIVE on NBC NEWS NOW

# DHS Worksite Enforcement Trends

## First Trump Administration

- Worksite Raids- From 2017-2019: 1800 arrests from worksite raids
- I-9 Audits (FY2019 – 6,450) = **10x** as many I-9 Audits as Biden (FY2025 - <700)
- FY2020 Goal was between 12,000 – 15,000 audits (but COVID-19 intervened)

Visits/Audits followed by worksite raids (particularly where criminal activity suspected)

Expect an increase in I-9 audits and worksite raids and investigations

# DHS/HSI Enforcement: Historical Statistics

Areas of Investigations	2017	2018
Worksite	1691	6848
I-9 Audits	1360	5981
Administrative work-related arrests	172	1525
Criminal work-related arrests	139	779

All of the above categories surged by 300 to 750 percent over one year.  
<https://www.ice.gov/news/releases/ice-worksite-enforcement-investigations-fy18-surge>

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# I-9 Requirements and Common Mistakes



# What is the Purpose of Form I-9?

The Immigration & Reform Control Act (IRCA) prohibits employers from hiring workers who are not authorized to work in the United States

Failure to comply with IRCA can result in civil and/or criminal penalties

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# What is the Purpose of I-9 Form

- The I-9 is the employment eligibility verification form for employers to confirm the
  - **IDENTITY** and
  - **EMPLOYMENT ELIGIBILITY**
- of new hires after November 6, 1986.

# I-9 Electronic Resources



The new Form I-9 can be downloaded at -  
<https://www.uscis.gov/i-9>



Handbook for Employers, Guidance for Completing  
Form I-9 – M274 - <https://www.uscis.gov/i-9-central/form-i-9-resources/handbook-for-employers-m-274>



I-9 Central Website - <https://www.uscis.gov/i-9-central>

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# The Form I-9: A Closer Look



One-page I-9 Form



Supplement A, Preparer/Translator Certification and Supplement B, Reverification and Rehire



Instructions embedded in I-9 Form



Drop-down menu for list of acceptable documents



Error messages when responses are inconsistent

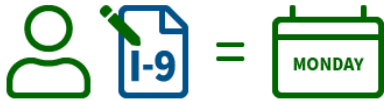


New “Additional Information” field and “Alternative Procedure” formatting

# Completing Form I-9



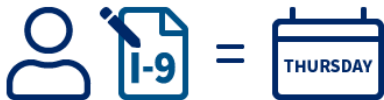
Employee **accepts offer** for employment



Employee **completes Section 1** of the form no later than first day of work for pay



Employee **gives documents and form** to employer



Employer **completes Section 2** of the form no later than 3rd business day employee starts work for pay



If Employee's work authorization expires, **complete Supplement B**

# Form I-9 – Employment Eligibility Verification

- **Section 1:**  
Employee Information and Attestation
- **Section 2:**  
Employer or Authorized Representative Review and Verification

 **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)		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. 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.

**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)		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.

Last Name, First Name and Title of Employer or Authorized Representative \_\_\_\_\_ Signature of Employer or Authorized Representative \_\_\_\_\_ Today's Date (mm/dd/yyyy) \_\_\_\_\_

First Day of Employment (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.

Form I-9 Edition 08/01/23

Page 1 of 4

# Section 1. Employee Information and Attestation

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) <b>Ride</b>		First Name (Given Name) <b>Sally</b>		Middle Initial (if any) <b>K</b>	Other Last Names Used (if any)		
Address (Street Number and Name) <b>7555 Draper Ave.</b>		Apt. Number (if any)	City or Town <b>La Jolla</b>	State <b>CA</b>	ZIP Code <b>92037</b>		
Date of Birth (mm/dd/yyyy) <b>05/26/1951</b>	U.S. Social Security Number <b>1 2 3 4 5 6 7 8 9</b>		Employee's Email Address <b>sallyride@email.com</b>		Employee's Telephone Number <b>(555) 555-5555</b>		
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 <i>Sally Ride</i>				Today's Date (mm/dd/yyyy)		<b>Date Employee Completes Section 1</b>	
If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the <a href="#">Preparer and/or Translator Certification</a> on Page 3.							

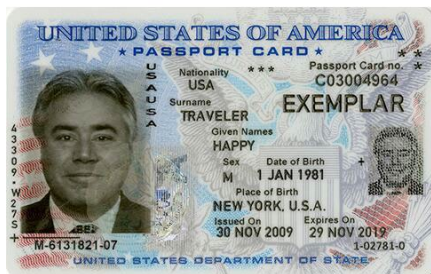
- ➡ Employee: Fill in personal information
- ➡ Other Names used: Revised to allow names other than maiden name
- ➡ U.S. Social Security Number: Optional unless Employer is an E-Verify Employer
- ➡ E-mail Address and Telephone: Optional data fields

# Section 2. Employer Section

<b>Section 2. Employer Review and Verification:</b> Employers or their authorized representative must complete and sign <b>Section 2</b> 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)		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)			
Expiration Date (if any)			
		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.	
<b>Certification:</b> 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	



# Form I-9 List of Acceptable Documents



## 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.

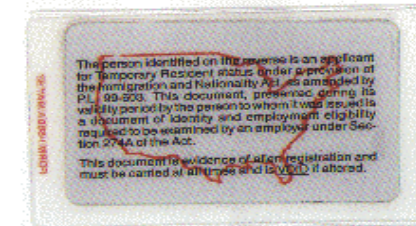
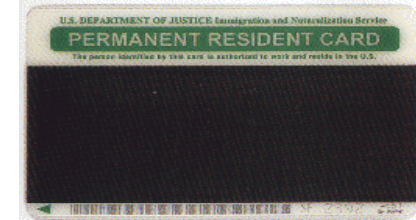
Examples of many of these documents appear in the Handbook for Employers (M-274).

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
<ol style="list-style-type: none"><li>1. U.S. Passport or U.S. Passport Card</li><li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li><li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li><li>4. Employment Authorization Document that contains a photograph (Form I-766)</li><li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:<ol style="list-style-type: none"><li>a. Foreign passport; and</li><li>b. Form I-94 or Form I-94A that has the following:<ol style="list-style-type: none"><li>(1) The same name as the passport; and</li><li>(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.</li></ol></li></ol></li><li>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</li></ol>		<ol style="list-style-type: none"><li>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</li><li>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</li><li>3. School ID card with a photograph</li><li>4. Voter's registration card</li><li>5. U.S. Military card or draft record</li><li>6. Military dependent's ID card</li><li>7. U.S. Coast Guard Merchant Mariner Card</li><li>8. Native American tribal document</li><li>9. Driver's license issued by a Canadian government authority</li></ol> <p><b>For persons under age 18 who are unable to present a document listed above:</b></p> <ol style="list-style-type: none"><li>10. School record or report card</li><li>11. Clinic, doctor, or hospital record</li><li>12. Day-care or nursery school record</li></ol>		<ol style="list-style-type: none"><li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:<ol style="list-style-type: none"><li>(1) NOT VALID FOR EMPLOYMENT</li><li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li><li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li></ol></li><li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li><li>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</li><li>4. Native American tribal document</li><li>5. U.S. Citizen ID Card (Form I-197)</li><li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li><li>7. Employment authorization document issued by the Department of Homeland Security</li></ol> <p>For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p>The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p>
<b>Acceptable Receipts</b>				
May be presented in lieu of a document listed above for a temporary period.				
For receipt validity dates, see the M-274.				
<ul style="list-style-type: none"><li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li><li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li><li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li></ul>	OR	<ul style="list-style-type: none"><li>• Receipt for a replacement of a lost, stolen, or damaged List B document.</li></ul>		<ul style="list-style-type: none"><li>• Receipt for a replacement of a lost, stolen, or damaged List C document.</li></ul>

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



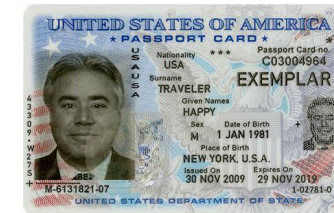
PHOTO SIDE



# Acceptable List A Documents

## List A Documents Establish both Identity and Employment Authorization

- The documents in List A show both identity and employment authorization.
- Employees presenting an acceptable List A document should not be asked to present any other document.
- Some List A documents are in fact a combination of 2 or more documents. In these cases, the documents presented together count as one List A document.



# Acceptable List A Documents That Establish Both Identify and Employment Authorization

U.S. Passport or U.S. Passport Card

Form I-551, Permanent Resident Card or Alien Registration Receipt Card

Foreign Passport containing a Form I-551 stamp or Form I-551 printed notation on a machine-readable immigration visa (MRIV)

Form I-766, Employment Authorization Document Card

Foreign Passport with Form I-94 or Form I-94A with Arrival-Departure Record, and containing an endorsement to work

Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A



# Examples of Some List A Acceptable Documents



Arrival Record	
pon endorsement, serves as temporary I-551 evidencing permanent residency for one year.	
Admission Number	88199219333
Employment Authorized	19 JULY 23
Valid Until	18 JULY 24
Family Name	DOE
First (Given) Name	JOHN
Country of Citizenship	LUXEMBOURG
Passport Issue Date (DD/MM/YY)	
Passport Expiration Date (DD/MM/YY)	
Passport Number	
Airline and Flight Number	
Country Where You Live	
Country Where You Boarded	
City Where Visa Was Issued	
Date Issued (DD/MM/YY)	
Address While in the United States (Number and Street)	
1234 WHARF AVE	
City and State	
LEXINGTON, KY 01010	
Telephone Number in the U.S. Where You Can be Reached	
Email Address	



Get I-94 Number I-94 FAQ

Admission (I-94) Number Retrieval

Admission (I-94) Record Number: 69000888062

Admit Until Date (MM/DD/YYYY): 10/10/2012

Details provided on Admission(I-94) form:

Family Name: LI  
First (Given) Name: LYDIA  
Birth Date (MM/DD/YYYY): 01/01/1990  
Passport Number: P123123213  
Passport Country of Issuance: Mexico  
Date of Entry (MM/DD/YYYY): 04/11/2012  
Class of Admission: B1

U.S. Customs and Border Protection	
Most Recent I-94	
Admission (I-94) Record Number: 69000888062	
Most Recent Date of Entry: 04/11/2012	
Class of Admission: B1	
Admit Until Date: 10/10/2012	
Details provided on the I-94 information form:	
Last(Surname): LI	
First (Given) Name: LYDIA	
Birth Date: 01/01/1990	
Document Number: P123123213	
Country of Citizenship: Mexico	
Get Travel History	
Effective April 22, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a printed Form I-94. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.406.	
If an employer, local, state or federal agency requests admission information, present your admission (I-94) number along with any additional required documents requested by that employer or agency.	
Note: For security reasons, we recommend that you close your browser after you have finished retrieving your I-94 number.	
For inquiries or questions regarding your I-94, please click here	
Accessibility Privacy Policy	



# Acceptable List B Document – Documents That Establish Identity

Employees who choose to present a List B document **must also present** a document from List C for Section 2. Employees may present one of the following unexpired List B documents:

- Driver's license or identification card issued by a state or outlying territory of the U.S., provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address.
- 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.



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# Acceptable List B Documents (continued)

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School ID card with a photograph

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Voter registration card

---

U.S. military card or draft record

---

Military dependent's ID card

---

U.S. Coast Guard Merchant Mariner Document (MMD) Card

---

Native American tribal document

---

Driver's license issued by a Canadian government authority

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# Acceptable List B Documents (continued)

- For individuals under the age of 18 who are unable to present a document listed on previous slide, the following are acceptable:
  - School record or report card
  - Clinic, doctor or hospital record
  - Day care or nursery school record
- For minors under the age of 18 and certain individuals with disabilities who are unable to produce any of the listed identity documents, special notations may be used in place of a List B document

# Acceptable List C Documents – Establish Employment Authorization

- Employees who choose to present a List C document **must also provide** a document from List B, evidence of identity, for Section 2.
- Employees may present one of the following unexpired List C documents:
  - U.S. Social Security account number card
  - U.S. Social Security account number card that is unrestricted. A laminated card is acceptable. A card that includes any of the following restrictive wording is not an acceptable List C document:
    - *Not valid for employment*
    - *Valid for work only with INS authorization*
    - *Valid for work only with DHS authorization*





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# Acceptable List C Documents (continued)

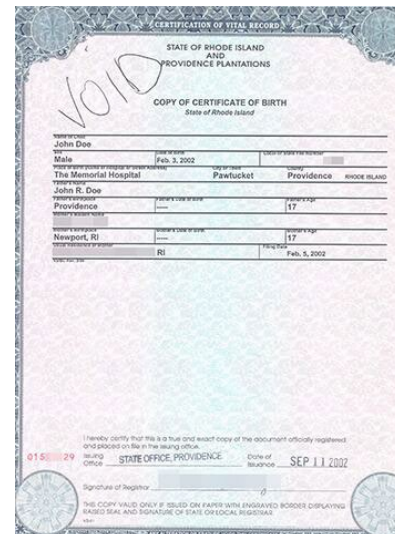
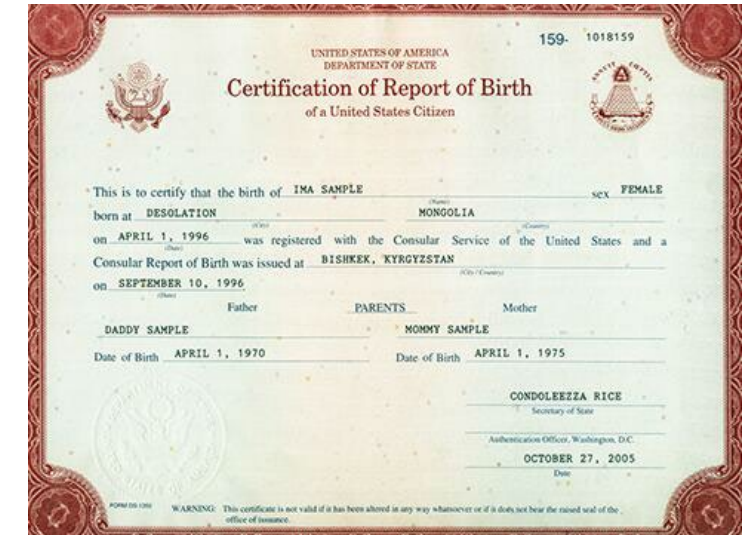
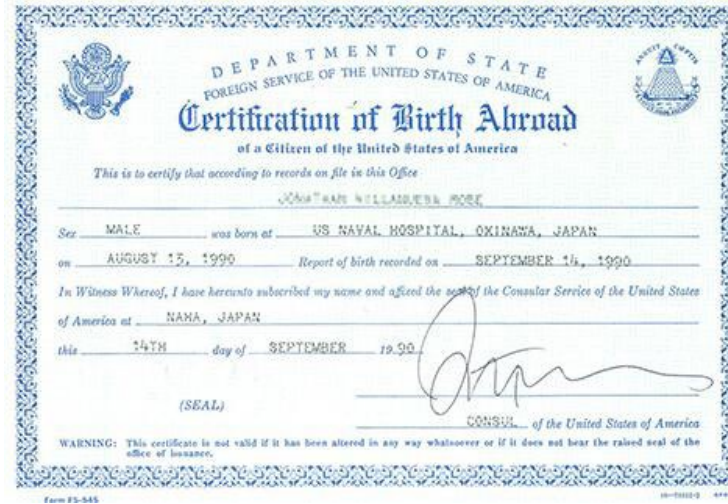
- Form FS-240, Consular Report of Birth Abroad
- Form FS-545, Certification of Birth Abroad issued by U.S. Department of State
- Form DS-1350, Certification of Report of Birth issued by the U.S. Department of State
- Original or certified copy of birth certificate issued by a state, county municipal authority or outlying territory of the United States bearing an official seal
- Native American tribal document
- Form I-197, U.S. Citizen ID card
- Form I-179, Identification Card for Use of Resident Citizen in the United States

# Acceptable List C Documents (continued)

## Employment authorization document issued by the Department of Homeland Security (DHS)

- Some employment authorization documents issued by DHS include but are not limited to:
  - Form I-94 Arrival/Departure Record issued to asylees or work-authorized nonimmigrants (for example, H-1B nonimmigrants) because of their immigration status,
  - Form I-571, Refugee Travel Document (PDF),
  - An unexpired Form I-327, Reentry Permit,
  - Form N-560, Certificate of U.S. Citizenship or Form N-561, Replacement Certificate of Citizenship (PDF, 40.3 KB), or
  - Form N-550, Certificate of Naturalization or Form N-570, Replacement Certificate of Naturalization (PDF, 176.3 KB).
- A Form I-797 issued to a conditional resident may be an acceptable List C document in combination with an expired Form I-551.

# Examples of Some List C Acceptable Documents



# I-9 Receipt Rule

Employers may accept the following receipts in place of List A, B, or C documents for a short time:

1. A receipt showing employee has applied to replace List A/B/C document that was
  - a) **Lost**
  - b) **Stolen, or**
  - c) **Damaged**
2. Arrival portion of I-94 record containing temporary Form I-551
3. I-94 with refugee admission stamp



Employer should write “Receipt” followed by the document title in Section 2 under List A/B/C column.

Once receipt expires, employer should cross out word “Receipt,” record new document info in the Additional Information field in Section 2, and initial/date change

# I-9 Automatic Extensions

Some noncitizen employees in certain employment-eligible categories who timely file extensions may receive automatic extensions of their employment authorization.

1. EAD extensions in specific categories can be extended up to 540 days after expiration (such as for AOS applications, asylum EADs, etc.)
2. Status extensions in specific categories can be extended up to 240 days after expiration date (such as for H-1B and L-1 employees)

**Automatic extension is only available if the employee timely filed extension (before expiration) in the same category.**




EAD Extensions -  
Employer should generally write “EAD EXT” in the Additional Information field and attach copy of USCIS webpage confirming auto extension for that EAD category

Status Extensions –  
Employer should generally write “240-day Ext.” and the date extension application was submitted to USCIS in Additional Information field in Section 2

# Form I-9 - Preparer and/or Translator Certification for Section 1 – Supplement A

Supplement A is only completed by individuals who assist employees in completing or translating Section 1



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

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

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

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

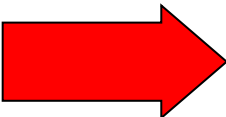
I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

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



# Supplemental A, Preparer and/or Translator Certification of Section 1

Last Name (Family Name) from Section 1. <b>Ride</b>		First Name (Given Name) from Section 1. <b>Sally</b>		Middle Initial (if any) from Section 1. <b>K</b>	
<p><b>Instructions:</b> 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.</p> <p>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.</p>					
Signature of Preparer or Translator <i>Albert Einstein</i>				Date (mm/dd/yyyy) <b>Date Employee Completes Section 1</b>	
Last Name (Family Name) <b>Einstein</b>		First Name (Given Name) <b>Albert</b>		Middle Initial (if any)	
Address (Street Number and Name) <b>112 Mercer St.</b>		City or Town <b>Princeton</b>		State <b>NJ</b>	ZIP Code <b>08540</b>



Preparer/Translator ONLY: Read, fill in information, date, and sign (if form is prepared by a person other than the employee).

# Supplement B: When is It Required






# Form I-9 - Reverification and Rehires – Supplement B

Completed by employers for employees who are rehired or whose employment authorization requires reverification

NEVER FOR USC & LPRs!



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 07/31/2026

Last Name (Family Name) from Section 1.		First Name (Given Name) from Section 1.		Middle initial (if any) from Section 1.
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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) Date (mm/dd/yyyy)		New Name (if applicable) 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) Date (mm/dd/yyyy)		New Name (if applicable) 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) Date (mm/dd/yyyy)		New Name (if applicable) 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.

Form I-9 Edition 08/01/23

Page 4 of 4

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# I-9 Common Mistakes

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# Common I-9 Mistakes: Global

Wrong version of Form I-9

Wrong documents

Documents relating to employee or appearing genuine

Overdocumentation and Underdocumentation

# Common I-9 Mistakes: Section 1

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) <b>Ride</b>		First Name (Given Name) <b>Sally</b>		Middle Initial (if any) <b>K</b>	Other Last Names Used (if any)
Address (Street Number and Name) <b>7555 Draper Ave.</b>		Apt. Number (if any)	City or Town <b>La Jolla</b>		State <b>CA</b> ZIP Code <b>92037</b>
Date of Birth (mm/dd/yyyy) <b>05/26/1951</b>	U.S. Social Security Number <b>1 2 3 4 5 6 7 8 9</b>		Employee's Email Address <b>sallyride@email.com</b>		Employee's Telephone Number <b>(555) 555-5555</b>
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 <i>Sally Ride</i>			Today's Date (mm/dd/yyyy) <b>Date Employee Completes Section 1</b>		
If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the <a href="#">Preparer and/or Translator Certification</a> on Page 3.					

# Common I-9 Mistakes: Section 1 (continued)



Missing required field (name, DOB, address)



Unsigned



Untimely (not completed on/before first day of employment)



Missing expiration date/A# where required for certain status



Missing preparer/translator attestation (in previous I-9 edition)

# Common I-9 Mistakes: Section 2

<b>Section 2. Employer Review and Verification:</b> Employers or their authorized representative must complete and sign <b>Section 2</b> 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.			
<b>List A</b>		<b>OR</b>	<b>List B      AND      List C</b>
Document Title 1			
Issuing Authority			
Document Number (if any)			
Expiration Date (if any)			
Document Title 2 (if any)		<b>Additional Information</b>	
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)			
Expiration Date (if any)			
		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.	
<b>Certification:</b> 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	

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# Common I-9 Mistakes: Section 2

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Overdocumentation or under-documentation (missing B or C)

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Unsigned or missing employer/agent information

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Untimely (not completed on/before third day of employment --- the “Thursday rule”)

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Missing expiration date/A# where required (such as for EAD cards and I-94 records)


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# Common I-9 Mistakes: Supplement B

Completed by employers for employees who are rehired or whose employment authorization requires reverification

NEVER FOR USC & LPRs

 **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 07/31/2026

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) Date (mm/dd/yyyy)		New Name (if applicable) 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) Date (mm/dd/yyyy)		New Name (if applicable) 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) Date (mm/dd/yyyy)		New Name (if applicable) 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.



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# Common I-9 Mistakes: Supplement B

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Missing employee's name or document info

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Unsigned or undated

---

Untimely (not completed on/before employment authorization expired)

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Missing rehire date (if applicable)

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# I-9 Maintenance

# I-9 Maintenance



Employers must maintain I-9 forms for at least 3 years from date of hire or 1 year after end of employment, whichever is later



Maintain I-9 forms separate from personnel files



Separate I-9 forms of current employees from terminated employees

# I-9 Maintenance (continued)



Attach supporting documents to I-9 form if company has policy of making copies



I-9 forms can be stored at headquarters, individual offices, or electronically



Store I-9 forms to ensure they can be made available within three (3) business days in an I-9 audit

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# **How to Conduct an Effective Internal I-9 Audit & Prepare for I-9 Enforcement**

# I-9 Best Practices

- Consult with immigration counsel for review of any software used for completion and retention of Form I-9 to ensure compliance with immigration laws
- Ensure there is a tickler system to re-verify work authorization and complete Supplement B, Reverification and Rehire of forms requiring such reverification
- Keep Forms I-9 separate from personnel records to facilitate an inspection request
- Ensure that payroll records are up to date, and that employees are not paid in cash
- Keep records of audits, training, communications, and any corrective actions taken by the company to help mitigate risk and potential penalties
- Develop annual training (with attendance records) and written policies
- Develop annual audit process & contemporaneous second set of eyes on I-9 Forms

# I-9 Compliance – Practice Tips

## Correct

- Correct all errors where possible
- Use a different color pen
- Strike out errors with a single line
- Correct, initial, note “per audit on \_\_\_\_\_”

## Correct Correctly

- Never backdate I-9 corrections.
- Never use white-out

## Maintain copies of documents

- Consider maintaining copies of I-9 supporting documents to avoid substantive I-9 fines

# I-9 Audit Response Plan



Train employees on company procedures for an I-9 audit/investigation



Designate one central point of contact for ICE/government agency



Provide guidance to contact legal counsel



Create a list of company officials who should be immediately informed of audit/investigation



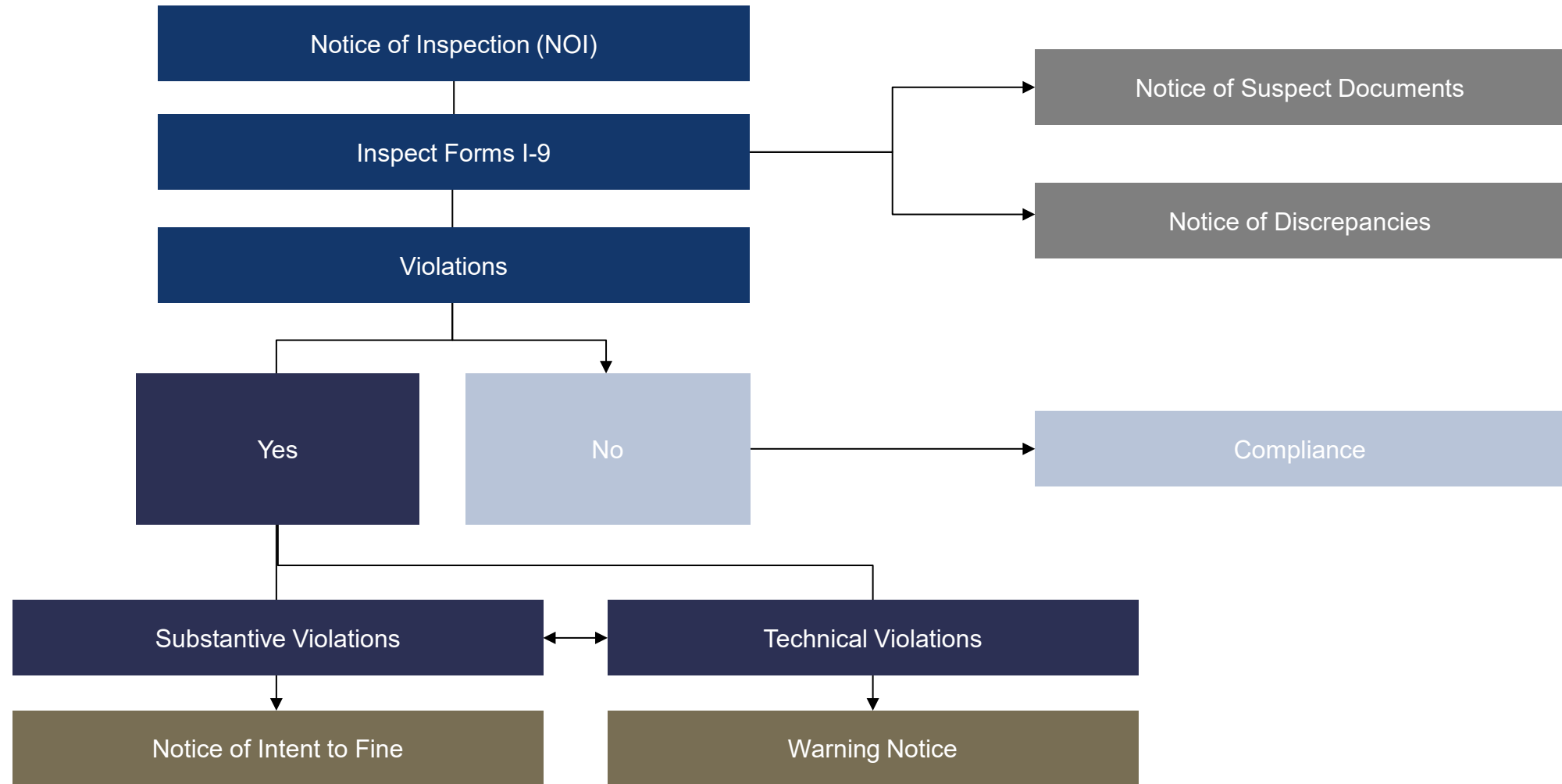
Establish written I-9 Policy



Conduct internal audit & correct/prepare I-9 Forms as necessary



# I-9 Audits: Anatomy of an I-9 Audit



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# Questions?

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# Presenters



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# Fredrikson



*Where Law and Business Meet®*