

This Audit Tool is intended to help you self-audit your Form I-9's.

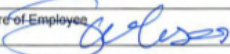
- **The Employee (EE) must:**
 - Complete Section 1 of Form I-9 on or before the first day of work. The EE may enlist the help of a preparer or translator who should include their information in Section 1, as applicable.
- **The Employer (ER) must:**
 - Complete Section 2 within three business days of the EE's start date.

Section 1

Things to Check:

- Full name of EE is listed and in the correct order.
- Other Last Names Used (such as a maiden name).
- Complete address of EE.
- Date of Birth is listed and in the correct order (MM/DD/YYYY).
- Social Security Number is entered (for E-Verify ERs).
- Citizenship/Alien Status (one box checked).

- If "A lawful permanent resident" is checked, then, "A" number must be included.
- If "An alien authorized to work until" is checked, then, both end date and *one* of the following must be entered:

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) Wilson		First Name (Given Name) Sophie		Middle Initial n/a	Other Last Names Used (if any) n/a
Address (Street Number and Name) 333 Oval Street			Apt. Number n/a	City or Town Jacksonville	State FL ZIP Code 32217
Date of Birth (mm/dd/yyyy) 09/26/1986	U.S. Social Security Number 3 4 5 - 6 6 - 7 8 9 0		Employee's E-mail Address s.wilson@gmail.com		Employee's Telephone Number 904-643-8888
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.					
I attest, under penalty of perjury, that I am (check one of the following boxes):					
<input type="checkbox"/> 1. A citizen of the United States					
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)					
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____					
<input checked="" type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): 8/2/2020 Some aliens may write "N/A" in the expiration date field. (See instructions)					
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.					QR Code - Section 1 Do Not Write in This Space
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: 56789123496 OR 3. Foreign Passport Number: _____ Country of Issuance: _____					
Signature of Employee 				Today's Date (mm/dd/yyyy) 5/13/2019	
Preparer and/or Translator Certification (check one):					
<input checked="" type="checkbox"/> I did not use a preparer or translator. <input type="checkbox"/> A preparer(s) and/or translator(s) assisted the employee in completing Section 1. (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)					
I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.					

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- the “A” number,
- the I-94 Admission Number, or
- the Foreign Passport Number, as well as the country of issuance.

- Form is signed and dated by the EE by the first date of hire (first day of payroll)
- If an EE indicates that they enlisted the help of a preparer/translator, the preparer/translator correctly completes the certification with signature, date of completion, printed name, and address.
- Any field in this section that does not contain the requested information should include “N/A.”

Section 2

Things to Check:

- EE’s name and citizenship/immigration status included at the top of the page.
- If you verified a List A document, then List B and List C are left blank with an “N/A” and keep attached copies for List A documents only.
- If you verified a List B and a List C documents, List A column should be left blank with an “N/A”, and attach copies of documents for *both* List B and List C.
- Ensure the List B and C documents have not been reversed. List B documents establish identity and include documents like a Driver’s License. List C documents establish employment eligibility and include documents like a Social Security Card.

Section 2. Employer or Authorized Representative Review and Verification				
<i>(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")</i>				
Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
	Wilson	Sophie	n/a	4
List A	OR	List B	AND	List C
Identity and Employment Authorization		Identity		Employment Authorization
Document Title EAD		Document Title		Document Title
Issuing Authority US Dept Homeland Security		Issuing Authority		Issuing Authority
Document Number SRC000000920		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy) 08/02/2020		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title I-20		Additional Information STEM OPT Extension 180 Days		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority US Dept Homeland Security				
Document Number N0004705512				
Expiration Date (if any) (mm/dd/yyyy) 08/02/2022				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.				
The employee's first day of employment (mm/dd/yyyy): 5/13/2019 (See instructions for exemptions)				
Signature of Employer or Authorized Representative <i>Albert Moore</i>		Today's Date (mm/dd/yyyy) 5/13/2019	Title of Employer or Authorized Representative Director of Human Resources	
Last Name of Employer or Authorized Representative Moore		First Name of Employer or Authorized Representative Albert		Employer's Business or Organization Name Always Sunny, Inc.
Employer's Business or Organization Address (Street Number and Name) 789 Green Street			City or Town Jacksonville	State FL
			ZIP Code 32216	

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- If you accept a Social Security card as a List C document, look at the seal of the Social Security Card to obtain the Issuing Authority. It cannot include the notation “Not Valid for Employment.”
- All document numbers and expiration dates have been included.
- EE’s first date of employment was included and matches the date in the payroll records.
- Section 2 was signed under “Signature of ER or Authorized Representative” and fully completed including the date of completion, name and title, and all requested ER information.

Important Note Regarding Verification Documents:

If you use the I-94 card as one of the List A verification documents, note that some visa categories on the card authorize work, while others do not. The below table illustrates what is allowed for each visa category.

VISA CATEGORY	WORK RESTRICTION
F-1	Eligible for on-campus work
E-3	Employer-specific
H-1B	Employer-specific
H-1B1	Employer-specific
J-1	Employer-specific
L-1	Employer-specific
O-1	Employer-specific
TN	Employer-specific
P-1	Employer-specific
B-1/B-2	Not eligible for employment

Section 3

Things to Check:

Section 3 is used for re-verification and rehires.

If EE is being re-verified or rehired, check the following:

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)			
A. New Name (if applicable)			B. Date of Rehire (if applicable)
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)
C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.			
Document Title	Document Number	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 document(s), the document(s) I have examined appear to be genuine and to relate to the individual.			
Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative	

Form I-9 07/17/17 N

Page 2 of 3

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- Full name of the EE is listed if there is a name change. If no name change, put “N/A”
- Date of rehire is filled in, if applicable.
- Information pertaining to the document establishing the EE’s continuing authorization to work is listed, including the expiration date. This is only to be completed if verifying the EE’s work authorization.
- Name is signed and printed and dated with the date of completion.

Making Corrections

- In the event a mistake has been made, corrections should be made.
- Corrections to Section 1 can only be performed by the EE
- Corrections to Section 2 can only be performed by the ER

For all corrections:

- **DO NOT** use white out on the form.
- **DO** indicate errors by drawing a single line through the information that is incorrect.
- **DO** write in the correct information.
- **DO** initial and date any changes made.
- **DO** add in any information that was initially left out, include the date that you added it, and initial the addition.

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