

Key I-9 Audit and Compliance Issues

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Form I-9 – 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)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)
Address (Street Number and Name)		Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's E-mail Address		Employee's Telephone Number	
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 type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ 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: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____					
Signature of Employee			Today's Date (mm/dd/yyyy)		
Preparer and/or Translator Certification (check one):					
<input 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.)					

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Form I-9 – Section 2

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																																																								
<table><thead><tr><th>List A Identity and Employment Authorization</th><th>OR</th><th>List B Identity</th><th>AND</th><th>List C Employment Authorization</th></tr></thead><tbody><tr><td>Document Title</td><td></td><td>Document Title</td><td></td><td>Document Title</td></tr><tr><td>Issuing Authority</td><td></td><td>Issuing Authority</td><td></td><td>Issuing Authority</td></tr><tr><td>Document Number</td><td></td><td>Document Number</td><td></td><td>Document Number</td></tr><tr><td>Expiration Date (if any) (mm/dd/yyyy)</td><td></td><td>Expiration Date (if any) (mm/dd/yyyy)</td><td></td><td>Expiration Date (if any) (mm/dd/yyyy)</td></tr><tr><td>Document Title</td><td></td><td colspan="3" rowspan="4"><div>Additional Information</div><div>QR Code - Sections 2 & 3 Do Not Write In This Space</div></td></tr><tr><td>Issuing Authority</td><td></td></tr><tr><td>Document Number</td><td></td></tr><tr><td>Expiration Date (if any) (mm/dd/yyyy)</td><td></td></tr><tr><td>Document Title</td><td></td><td colspan="3"></td></tr><tr><td>Issuing Authority</td><td></td><td colspan="3"></td></tr><tr><td>Document Number</td><td></td><td colspan="3"></td></tr><tr><td>Expiration Date (if any) (mm/dd/yyyy)</td><td></td><td colspan="3"></td></tr></tbody></table>					List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization	Document Title		Document Title		Document Title	Issuing Authority		Issuing Authority		Issuing Authority	Document Number		Document Number		Document Number	Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)	Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>			Issuing Authority		Document Number		Expiration Date (if any) (mm/dd/yyyy)		Document Title					Issuing Authority					Document Number					Expiration Date (if any) (mm/dd/yyyy)				
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Form I-9 – Employer Attestation

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): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State ZIP Code

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): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)		Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town		State
					ZIP Code

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Form I-9 – Section 3

Section 3. Reverification and Rehires <i>(To be completed and signed by employer or authorized representative.)</i>			
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	

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Top 10 Mistakes in Verifying and Presenting I-9s

- Failure to verify an employee on the Form I-9.
- Knowingly accepting fraudulent documents.
- Timeliness.
- Failure by the employee to check a status box in the attestation portion of Section 1.
- Unsigned Section 1 or Section 2.
- Requesting or verifying too few or too many supporting documents in Section 2.
- Failure to review the documents in person with a tactile examination.
- Failure to insert the date of hire in Section 2.
- Reverification.
- Presenting I-9s to ICE in an audit or to others on demand.

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"Key I-9 Audit and Compliance Issues - Mistakes to Avoid"