Department of the Treasury Internal Revenue Service

## **Employee's Withholding Certificate**

OMB No. 1545-0074

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.

Step 1:	(a) First name and middle initial	Last name		(b) Social security number							
Enter											
Personal	Address			Does your name match the name on your social security							
Information	City or town, state, and ZIP code	card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.									
	(c) Single or Married filing separately										
	Married filing jointly or Qualifying surviving s	pouse									
	Head of household (Check only if you're unman	ried and pay more than half the costs	of keeping up a home for yo	ourself and a qualifying individual.)							
	ps 2-4 ONLY if they apply to you; otherwis on from withholding, other details, and privac		2 for more informatio	n on each step, who can							
Step 2: Multiple Job	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.										
or Spouse	Do <b>only one</b> of the following.										
Works	(a) Reserved for future use.										
	(b) Use the Multiple Jobs Worksheet	on page 3 and enter the resu	It in Step 4(c) below;	or							
	(c) If there are only two jobs total, you option is generally more accurate higher paying job. Otherwise, (b) is	than (b) if pay at the lower pa									
	TIP: If you have self-employment inco	me, see page 2.									
	ps 3–4(b) on Form W-4 for only ONE of the ate if you complete Steps 3–4(b) on the Form			s. (Your withholding will							
Step 3:	If your total income will be \$200,000 c	or less (\$400,000 or less if ma	arried filing jointly):								
Claim	Multiply the number of qualifying c	hildren under age 17 by \$2,0	00 \$	_							
Dependent and Other	Multiply the number of other depe	ndents by \$500	. \$	-							
Credits	Add the amounts above for qualifying this the amount of any other credits.		ents. You may add to	3 \$							
Step 4 (optional):	(a) Other income (not from jobs). expect this year that won't have w This may include interest, dividence	ithholding, enter the amount	of other income here	.							
Other	•	is, and retirement income.		4(a) \$							
Adjustments	(b) Deductions. If you expect to claim want to reduce your withholding, u the result here			r							
	the result here			4(b) \$							
	(c) Extra withholding. Enter any addit	tional tax you want withheld e	each pay period	4(c) \$							
-											
Step 5:	Under penalties of perjury, I declare that this certi	ficate, to the best of my knowled	dge and belief, is true, c	orrect, and complete.							
Sign Here											
	Employee's signature (This form is not va	te									
Employers Only	Employer's name and address		Employer identification number (EIN)								

Cat. No. 10220Q

Form W-4 (2023) Page **2** 

#### General Instructions

Section references are to the Internal Revenue Code.

#### **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 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 and you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), 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 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). 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 15, 2024.

**Your privacy.** If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

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 income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your selfemployment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

**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.

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 roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount 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 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 (optional).

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 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**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.

Form W-4 (2023) Page  ${f 3}$ 

#### 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.

1	<b>Two jobs.</b> 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 4. 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, <b>skip</b> to line 3	1	\$
2	<b>Three jobs.</b> 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 4 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>b</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 4 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	<b>Divide</b> the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in <b>Step 4(c)</b> of Form W-4 for the highest paying job (along with any other additional amount you want withheld)	4	\$
	Step 4(b) – Deductions Worksheet (Keep for your records.)		
1	Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$
2	Enter:   • \$27,700 if you're married filing jointly or a qualifying surviving spouse • \$20,800 if you're head of household • \$13,850 if you're single or married filing separately	2	\$
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	\$
4	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	4	\$
5	Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4	5	\$

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.

Form W-4 (2023) Page **4** 

Married Filing Jointly or Qualifying Surviving Spouse												
Higher Paying Job Annual Taxable Wage & Salary												
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	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999 \$365,000 - 524,999	2,040	4,440	6,760	8,550	10,750	12,770 17,220	14,770	16,770	18,770 24,120	20,770	22,770	24,640 30,880
\$525,000 - 524,999 \$525,000 and over	2,970 3,140	6,470 6,840	9,890 10,460	12,390 13,160	14,890 15,860	18,390	19,520 20,890	21,820	25,890	26,420 28,390	28,720 30,890	33,250
φ323,000 and 0ver	3,140	0,040		,	,	d Filing S			23,090	20,390	30,090	33,230
Higher Paying Job						Job Annua		-	Salary			
Annual Taxable	\$0 -	\$10,000 -	\$20,000 -	\$30,000 -	\$40,000 -		\$60,000 -	\$70,000 -	\$80,000 -	\$90,000 -	\$100,000 -	\$110,000 -
Wage & Salary	9,999	19,999	29,999	39,999	49,999	59,999	69,999	79,999	89,999	99,999	109,999	120,000
\$0 - 9,999	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999 \$175,000 - 100,000	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999 \$250,000 - 399,999	2,900 2,970	5,930 6,010	8,360 8,440	10,660 10,740	12,960 13,040	15,260 15,340	16,570 16,640	17,870 17,940	19,170 19,240	20,470	21,770 21,840	22,880 22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 - 449,999 \$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330
ψ+30,000 and 0ver	3,140	0,550	3,010			Househo		19,510	21,010	22,510	24,010	20,000
Higher Paying Job						Job Annua		Wage & S	Salary			
Annual Taxable	\$0 -	\$10,000 -	\$20,000 -	\$30,000 -	\$40,000 -	\$50,000 -	\$60,000 -	\$70,000 -	\$80,000 -	\$90,000 -	\$100,000 -	\$110,000 -
Wage & Salary	9,999	19,999	29,999	39,999	49,999	59,999	69,999	79,999	89,999	99,999	109,999	120,000
\$0 - 9,999	\$0	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999 \$450,000 and over	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600

# **FORM A4**(REV. 3/2014

#### ALABAMA DEPARTMENT OF REVENUE

50 North Ripley Street • Montgomery, AL 36104 • InfoLine (334) 242-1300 www.revenue.alabama.gov



## Employee's Withholding Tax Exemption Certificate

Every employee, on or before the date of commencement of employment, shall furnish his or her employer with a signed Alabama with-holding exemption certificate relating to the number of withholding exemptions which he or she claims, which in no event shall exceed the number to which the employee is entitled. In the event the employee inflates the number of exemptions allowed by this Chapter on Form A4, the employee shall pay a penalty of five hundred dollars (\$500) for such action pursuant to Section 40-29-75.

Part I – To be completed by the employee			
EMPLOYEE NAME		EMPLOYEE SOC	CIAL SECURITY NUMBER
STREET ADDRESS	CITY	STATE	ZIP CODE
HOW TO CLAIM	M YOUR WITHHOLDING EXEMPT	rions	
If you claim no personal exemption for yourself and wish to sign and date Form A4 and file it with your employer		•	
2. If you are SINGLE or MARRIED FILING SEPARATELY, a \$			••
Write the letter "S" if claiming the SINGLE exemption or "M		RATELY exemption	
3. If you are MARRIED or SINGLE CLAIMING HEAD OF FAI	_		
Write the letter "M" if you are claiming an exemption for both			
single with qualifying dependents and are claiming the HE.			
4. Number of dependents (other than spouse) that you will pr	*		
the year. See dependent qualification below			···
5. Additional amount, if any, you want deducted each pay per	riod		.\$
6. This line to be completed by your employer: Total exem	nptions (example: employee claims "M" on	line 3 and	
"2" on line 4. Employer should use column M-2 (married wi	ith 2 dependents) in the withholding tables	)	••
Under penalties of perjury, I certify that I have examine complete.	d this certificate and to the best of my	knowledge and belief,	it is true, correct, ar
Employee's Signature		Date	
Part II – To be completed by the employer			
EMPLOYER NAME		EMPLOYER IDE	NTIFICATION NUMBER (EIN)
ADDRESS	CITY	STATE	ZIP CODE
Employers are required to keep this certificate on file. I	(th		

Employers are required to keep this certificate on file. If the employee is believed to have claimed more exemption than legally entitled or claims 8 or more dependent exemptions, the employer should contact the Department at the following address or phone number for verification: Alabama Department of Revenue, Withholding Tax Section, P.O. Box 327480, Montgomery, AL 36132-7480, by phone at (334) 242-1300, or by fax at (334) 242-0112. If the employee does not qualify for the exemptions claimed upon verification, the employer is required to withhold at the highest rate until the employee submits a corrected Form A4 reflecting the proper exemption they are entitled to claim.

**DEPENDENTS:** To qualify as your dependent (Line 4 above), a person must receive more than one-half of his or her support from you for the year and must be related to you as follows:

Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law;

Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law;

Your brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law, or sister-in-law;

Your uncle, aunt, nephew, or niece (but only if related by blood).



#### **Employment Eligibility Verification**

#### **Department of Homeland Security**

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No. 1615-0047 Expires 10/31/2022

▶START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information than the first day of employment, but not				st complete and	d sign Se	ection 1 o	f Form I-9 no later
Last Name (Family Name)	First Name (Given Name)			Middle Initial	Other L	ast Names	s 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							Telephone Number
I am aware that federal law provides for connection with the completion of this I attest, under penalty of perjury, that I a	form.				or use of	false do	ocuments in
1. A citizen of the United States	(01100						
2. A noncitizen national of the United States	(See inst	ructions)					
3. A lawful permanent resident (Alien Reg	-	•	Number):				
4. An alien authorized to work until (expiral Some aliens may write "N/A" in the expiral some aliens which we have aliens which which we have aliens which which we have aliens which we have aliens which we have aliens which we have aliens which which we have aliens which we have					_		
Aliens authorized to work must provide only or An Alien Registration Number/USCIS Number	OR Form						R Code - Section 1 ot Write In This Space
Alien Registration Number/USCIS Number:     OR				_			
2. Form I-94 Admission Number:							
OR							
3. Foreign Passport Number:  Country of Issuance:				<u> </u>			
Signature of Employee				Today's Dat	e (mm/dd/	yyyy)	
Preparer and/or Translator Certif  I did not use a preparer or translator.  (Fields below must be completed and signal	A prepare ed when	er(s) and/or trans preparers and	slator(s) assisted Vor translators	· ·	oyee in d	ompleting	g Section 1.)
I attest, under penalty of perjury, that I h knowledge the information is true and c		sted in the co	empletion of S	Section 1 of thi	s form a	nd that t	o the best of my
Signature of Preparer or Translator					Today's D	Oate (mm/c	dd/yyyy)
Last Name (Family Name)			First Nam	e (Given Name)			
Address (Street Number and Name)		C	City or Town			State	ZIP Code
						I	1

STOP

Employer Completes Next Page

STOP



### **Employment Eligibility Verification**

## **Department of Homeland Security**

U.S. Citizenship and Immigration Services

#### USCIS Form I-9

OMB No. 1615-0047 Expires 10/31/2022

Section 2. Employer or Authorized representation and physically examine one document from the Acceptable Documents.")	ve must con	nplete and sig	n Section	2 within 3	business day	s of the em	ployee's firs nent from L	t day of employment. You ist C as listed on the "Lists			
,	ame (Family	Name)		First Name	e (Given Nam	e) M	I.I. Citizer	nship/Immigration Status			
List A OR Identity and Employment Authorization			List Ident		Al	ND	Emple	List C  byment Authorization			
Document Title		Document Title					Document Title				
Issuing Authority	Iss	suing Authorit	ty			Issuing A	Issuing Authority				
Document Number	Do	ocument Num	nber			Documen	t Number				
Expiration Date (if any) (mm/dd/yyyy)	E	xpiration Date	(if any) (	/mm/dd/yyy	y)	Expiration	Date (if ar	y) (mm/dd/yyyy)			
Document Title											
Issuing Authority		Additional In	nformatio	n				Code - Sections 2 & 3 ot Write In This Space			
Document Number											
Expiration Date (if any) (mm/dd/yyyy)											
Document Title											
Issuing Authority											
Document Number											
Expiration Date (if any) (mm/dd/yyyy)											
Certification: I attest, under penalty (2) the above-listed document(s) appe employee is authorized to work in the The employee's first day of employee	ar to be ge United Sta	enuine and tates.			ployee name	•	to the bes	t of my knowledge the			
Signature of Employer or Authorized Repr	esentative	То	day's Dat	e (mm/dd/y	yyy) Title	of Employe	r or Authori	zed Representative			
Last Name of Employer or Authorized Represe	ntative Fir	st Name of Em	ployer or A	Authorized R	epresentative	Employer	's Business	or Organization Name			
Employer's Business or Organization Addr	ess (Street	Number and	Name)	City or Tov	wn		State	ZIP Code			
Section 3. Reverification and F	Rehires (T	o be comple	eted and	signed by	√ employer d	or authorize	ed represe	ntative.)			
A. New Name (if applicable)					B. Date of Rehire (if applicable)						
Last Name (Family Name) First Name (Given Name) Midd					ldle Initial	Date (mm/d	dd/yyyy)				
C. If the employee's previous grant of employment authorization in the			expired,	provide the	information f	or the docu	ment or rec	eipt that establishes			
Document Title		Document Number				Expiration Date (if any) (mm/dd/yyyy)					
I attest, under penalty of perjury, that the employee presented document(s),											
Signature of Employer or Authorized Repr		Today's Da						epresentative			

## LISTS OF ACCEPTABLE DOCUMENTS All documents must be UNEXPIRED

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

LIST A  Documents that Establish  Both Identity and  Employment Authorization OR			LIST B  Documents that Establish Identity  AN	LIST C Documents that Establish Employment Authorization			
2.	U.S. Passport or U.S. Passport Card  Permanent Resident Card or Alien Registration Receipt Card (Form I-551)  Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-		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  ID card issued by federal, state or local	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		
4.	Employment Authorization Document that contains a photograph (Form I-766)	2	government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address  School ID card with a photograph	2.	DHS AUTHORIZATION  Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)		
5.	For a nonimmigrant alien authorized to work for a specific employer because of his or her status:  a. Foreign passport; and	4. 5.	Voter's registration card  U.S. Military card or draft record	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		
	<ul><li>b. Form I-94 or Form I-94A that has the following:</li><li>(1) The same name as the passport; and</li></ul>		Military dependent's ID card  U.S. Coast Guard Merchant Mariner Card  Native American tribal document		Native American tribal document U.S. Citizen ID Card (Form I-197)		
	(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the	9.	Driver's license issued by a Canadian government authority		Identification Card for Use of Resident Citizen in the United States (Form I-179)  Employment authorization		
6.	proposed employment is not in conflict with any restrictions or limitations identified on the form.  Passport from the Federated States		For persons under age 18 who are unable to present a document listed above:		document issued by the Department of Homeland Security		
	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	1	D. School record or report card  Clinic, doctor, or hospital record  Day-care or nursery school record				

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

Refer to the instructions for more information about acceptable receipts.

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