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.

Department of the Treasu Internal Revenue Service		► Give ► Your withhol		<u> </u>				
Step 1:		irst name and middle initial	Last name		(b) So	ocial security number		
Enter								
Personal	Addre	ess			► Does	s your name match the		
Information	City	when we state and ZID and			card?	If not, to ensure you get or your earnings, contact		
	City C	r town, state, and ZIP code				800-772-1213 or go to		
	(c)	Single or Married filing separately			WWW.5.	sa.gov.		
	()	Married filing jointly or Qualifying widow(e)					
		Head of household (Check only if you're unm	arried and pay more than half the costs	of keeping up a home for ye	ourself an	d a qualifying individual.)		
		4 ONLY if they apply to you; otherw m withholding, when to use the estimate			n on ea	ach step, who can		
Step 2: Multiple Job	s	Complete this step if you (1) hold me also works. The correct amount of w						
or Spouse		Do only one of the following.						
Works		(a) Use the estimator at www.irs.go		-				
		(b) Use the Multiple Jobs Workshee withholding; or	t on page 3 and enter the resu	ılt in Step 4(c) below t	or roug	hly accurate		
		(c) If there are only two jobs total, ye	•			•		
		option is accurate for jobs with s						
		TIP: To be accurate, submit a 2022 income, including as an independent		, , , , ,	have se	elf-employment		
		4(b) on Form W-4 for only ONE of the you complete Steps 3–4(b) on the For			os. (You	ur withholding will		
Step 3:		If your total income will be \$200,000	or less (\$400,000 or less if ma	arried filing jointly):				
Claim		Multiply the number of qualifying	_					
Dependents		Multiply the number of other dep	pendents by \$500	> <u>\$</u>	-			
		Add the amounts above and enter the			3	\$		
Step 4 (optional):		(a) Other income (not from jobs expect this year that won't have This may include interest, divided	withholding, enter the amount	of other income here		\$		
Other					-(-,	—		
Adjustments	5	(b) Deductions. If you expect to clai want to reduce your withholding, the result here			I	¢		
		the result here			4(0)	Ψ		
		(c) Extra withholding. Enter any add	ditional tax you want withheld	each pay period	4(c)	\$		
Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.							
	F	mployee's signature (This form is not	valid unless you sign it.)	• <u>D</u> a	te			
Employers Only	Emp	oyer's name and address		First date of employment	Employ number	er identification (EIN)		

Form W-4 (2022) 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 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 and you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 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, 2023.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: 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). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

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

- 1. Expect to work only part of the year;
- 2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
- 3. Have self-employment income (see below); or
- Prefer the most accurate withholding for multiple job situations.

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

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

Specific Instructions

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

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

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

If you (and your spouse) have a total of only two jobs, you may instead 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 2022 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 (2022)

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.

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

1	Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 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, skip to line 3	1	\$
2	Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.		
	a Find the amount from the appropriate table on page 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	2 a	\$
	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	Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (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 2022 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: • \$25,900 if you're married filing jointly or qualifying widow(er) • \$19,400 if you're head of household • \$12,950 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 possessions 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 (2022) Page **4**

Married Filing Jointly or Qualifying Widow(er)												
Higher Paying Job												
Annual Taxable Wage & Salary	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980 Single 0	15,640 r Marrie (18,140	20,640	23,140	25,640	28,140	30,640	32,240
Higher Paying Job								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	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999 \$80,000 - 99,999	1,870 1,940	3,510 3,780	4,680 5,080	5,880 6,280	7,080 7,480	7,900 8,300	8,100 8,500	8,300 8,700	8,500 9,100	8,700 10,100	8,970 10,970	9,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,480	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680
					Head of							
Higher Paying Job				Lowe	er Paying .	Job Annua	al Taxable	Wage & S	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	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730

2022 Form OR-W-4

Page 1 of 1, 150-101-402 (Rev. 09-30-21, ver. 01)

Oregon Department of Revenue



Office use only **Oregon Withholding Statement and Exemption Certificate**

First	name	Initial	Last name	Social Security number (SSN)	Red	eterminatio	n
Addı	ress			City		State	ZIP code
	gon Department of Select one:	Rever Single	a certain number of allowances or a nue. Your employer may be required Married Married, Move the married and you're leading to the married a	to send a copy of this form to t but withholding at the higher sir	he departingle rate.	ment for	review.
2.			per of allowances you're claiming or worksheets and you aren't exempt,			2.	
3.	Additional amou	nt, if a	ny, you want withheld from each pa	ycheck		3.	.00
4.	the conditions for • Enter the corres	exemp pondi	olding. I certify that my wages are ention as stated on page 2 of the instruction gexemption code. (See instruction	ctions. Complete both lines belowns)	w: 4		
	·		false swearing, I declare that the info	ormation provided is true, correc		mplete.	
Emp	loyee's signature (This fo	rm isn't	valid unless signed.)		Date		
Emp	oloyer use only.						
	loyer's name			Federal employer identification number	(FEIN)		
Emp	loyer's address			City		State	ZIP code

-Submit this form to your employer-



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			ust complete and	d sign Se	ection 1 o	f Form I-9 no later		
Last Name (Family Name)	First Name (Given Nam	me) Middle Initial Other Last Name:			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 Sec	E	mployee's	Telephone Number					
I am aware that federal law provides for connection with the completion of this f	form.			or use of	f false do	cuments in		
I attest, under penalty of perjury, that I a	am (check one of the	e following box	(es):					
1. A citizen of the United States								
2. A noncitizen national of the United States	(See instructions)							
3. A lawful permanent resident (Alien Reg	gistration Number/USCI	S Number):						
4. An alien authorized to work until (expira				_				
Some aliens may write "N/A" in the expira	•	,	=		QI	R Code - Section 1		
Aliens authorized to work must provide only on An Alien Registration Number/USCIS Number	•		,			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:								
Signature of Employee			Today's Date	e (<i>mm/dd</i> ,	/уууу)			
Preparer and/or Translator Certification (check one): I did not use a preparer or translator. 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 h knowledge the information is true and c	nave assisted in the orrect.	completion of	Section 1 of th	is form a	and that 1	to the best of my		
Signature of Preparer or Translator				Today's [Date (mm/d	dd/yyyy)		
Last Name (Family Name)		First Nam	ne (Given Name)					
Address (Street Number and Name)		City or Town			State	ZIP Code		

STOP

Employer Completes Next Page

STOP

Form I-9 10/21/2019 Page 1 of 3



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 Representative Review and Verification

(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 docur of Acceptable Documents.")	ment from List A	OR a combin	ation of one	document f	rom List B a	and one docu	ment from Li	st C as listed on the "Lists
Employee Info from Section 1	Last Name (Fa	mily Name)		First Name	e (Given Na	ame) N	1.I. Citizer	nship/Immigration Status
List A Identity and Employment Aut	Ol horization	R	List Iden		,	AND	Emplo	List C syment Authorization
Document Title		Document T	itle			Documer	nt Title	
Issuing Authority		Issuing Auth	nority			Issuing A	uthority	
Document Number		Document N	lumber			Documer	nt Number	
Expiration Date (if any) (mm/dd/yy	yy)	Expiration D	ate (if any) (mm/dd/yyyy	<i>'</i>)	Expiratio	n Date <i>(if an</i>	y) (mm/dd/yyyy)
Document Title								
Issuing Authority		Additiona	l Informatio	n				Code - Sections 2 & 3 of Write In This Space
Document Number								
Expiration Date (if any) (mm/dd/yy	yy)							
Document Title								
Issuing Authority								
Document Number								
Expiration Date (if any) (mm/dd/yy	yy)							
Certification: I attest, under per (2) the above-listed document(employee is authorized to work	s) appear to b	e genuine ar						
The employee's first day of e			/):		(See	instruction	s for exem	nptions)
Signature of Employer or Authorize	ed Representativ	ve	Today's Da	te (mm/dd/y	yyy) Titl	le of Employe	er or Authoriz	ed Representative
Last Name of Employer or Authorized	Representative	First Name of	Employer or i	Authorized Re	epresentative	e Employe	r's Business	or Organization Name
Employer's Business or Organizati	on Address (<i>Str</i>	eet Number a	nd Name)	City or Tov	vn		State	ZIP Code
Section 3. Reverification	and Rehires	(To be com	pleted and	signed by	employer	or authorize	ed represer	ntative.)
A. New Name (if applicable)				,			Rehire (if ap	· · · · · · · · · · · · · · · · · · ·
Last Name (Family Name)	First N	Name <i>(Given I</i>	Vame)	Mid	dle Initial	Date (mm/	(dd/yyyy)	
C. If the employee's previous grant continuing employment authorization				provide the	information	n for the docu	ment or rece	ipt that establishes
Document Title			Docume	ent Number			Expiration Da	ate (if any) (mm/dd/yyyy)
I attest, under penalty of perjur the employee presented docum								
Signature of Employer or Authorize	ed Representativ	ve Today's	Date (mm/c	ld/yyyy)	Name of E	Employer or A	uthorized Re	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	AND	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		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, e color, and address	/e	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
4.	I-551 printed notation on a machine- readable immigrant visa Employment Authorization Document that contains a photograph (Form I-766)		 ID card issued by federal, state or loc government agencies or entities, provided it contains a photograph or information such as name, date of bir gender, height, eye color, and addres 	h, 2	(3) VALID FOR WORK ONLY WITH 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 b. Form I-94 or Form I-94A that has		 School ID card with a photograph Voter's registration card U.S. Military card or draft record Military dependent's ID card 	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
	the following: (1) The same name as the passport; and		7. U.S. Coast Guard Merchant Mariner Card8. Native American tribal document	5	Native American tribal document U.S. Citizen ID Card (Form I-197) Identification Card for Use of
	(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or		9. Driver's license issued by a Canadian government authorityFor persons under age 18 who are unable to present a document		Resident Citizen in the United States (Form I-179) Employment authorization document issued by the Department of Homeland Security
6.	limitations identified on the form. 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		listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record		Esparation of Homoland Gooding

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

Refer to the instructions for more information about acceptable receipts.

Form I-9 10/21/2019 Page 3 of 3