## **CPA** Practice **Advisor**

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## Nov. 23, 2016



**Employment Eligibility Verification Department of Homeland Security** U.S. Citizenship and Immigration Services USCIS Form I-9 OMB No. 1615-0047 Expires 08/31/2019

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 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) ③		
Address (Street Number and Name) (2)			Apt. Number (2) City or Town				State 🕐	ZIP Code 🕑
Date of Birth (mm/dd/yyyy) ③	te of Birth (mm/dd/yyyy) (1) U.S. Social Security Number (1) Employee's E-mail					Er	nployee's T	elephone 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):

1. A citizen of the United States 📀

2. A noncitizen national of the United States (See instructions) 🕐

3. A lawful permanent resident (?) (Alien Registration Number/USCIS Number): (?)

## Printable PDF version of new I-9 form.

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