

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) Washington	First Name (Given Name) George	Middle Initial A	Other Last Names Used (if any) N/A	
Address (Street Number and Name) 123 Star Spangled Way		Apt. Number 1	City or Town Westmoreland	State VA
ZIP Code 20002		Date of Birth (mm/dd/yyyy) 02/02/1982		U.S. Social Security Number 1 2 3 - 4 5 - 6 7 8 9
Employee's E-mail Address gWASHINGTON@email.com		Employee's Telephone Number 202-123-4567		

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 checked="" type="checkbox"/> 1. A citizen of the United States	<div>QR Code - Section 1 Do Not Write In This Space</div>
<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. 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	

Signature of Employee <i>George Washington</i>	Today's Date (mm/dd/yyyy) 04/01/2020
---	--

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 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.

Signature of Preparer or Translator <i>Abigail Adams</i>		Today's Date (mm/dd/yyyy) 04/01/2020	
Last Name (Family Name) Adams		First Name (Given Name) Abigail	
Address (Street Number and Name) 123 American Way		City or Town Weymouth	State MA
		ZIP Code 20001	