

A Quick Reference Guide

Employment Eligibility Verification (Form I-9)



Presented by
Human Resources Records
and
Human Resources Information Technology

UNIVERSITY OF
Nebraska
Medical Center

NEBRASKA'S HEALTH SCIENCE CENTER

**University of Nebraska Medical Center
Human Resources Information Technology
Updated: August 25, 2009**

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Who is eligible for employment

We can hire F-1 Students, J-1 Students and J-1 Teachers/Researchers with the limitations listed in the table below.

Visa Type and Limitation Table

Visa Status	Limitations	Documents Needed
F-1 Academic Student	1. 20 hrs/wk on campus while enrolled in full course of study; full-time during vacation periods eligible for enrollment following quarter	<ul style="list-style-type: none"> Foreign passport or List B Document Form I-94 marked F-1 D/S and Unexpired Form I-20 with UNMC as the designated school
	2. Full-time during periods of curricular training in field of study or with other special authorization	<ul style="list-style-type: none"> Foreign passport or List B Document Form I-94 marked F-1 D/S and Unexpired Form I-20 with UNMC as the designated school
	3. Full-time during periods of optional practical training	Unexpired Employment Authorization
H-1B and TN Temporary Worker	Per terms and conditions of approved filling with BCIS by the hiring department	<ul style="list-style-type: none"> Foreign passport or List B Document Form I-94 marked H-1B or TN with UNMC as the designated employer
J-1 Exchange Students	1. 20 hrs/wk on campus while enrolled in full course of study; full-time during vacation periods eligible for enrollment following quarter	<ul style="list-style-type: none"> Foreign passport or List B Document Form I-94 marked J-1 D/S and Unexpired Form DS-2019 (formally IAP-66) with UNMC as the sponsor
	2. Full-time during periods of academic training	<ul style="list-style-type: none"> Foreign passport or List B Document Form I-94 marked J-1 D/S and Unexpired Form DS-2019 (formally IAP-66) from the sponsoring program with authorization of Form DS-2019 for academic training at UNMC or letter if this information is not on the Form DS-2019
J-1 Visiting Faculty and Researchers	Full-time per terms and conditions of Forms DS-2019 (formally IAP-66)	<ul style="list-style-type: none"> Foreign passport or List B Document Form I-94 marked J-1 D/S and Unexpired Form DS-2019 (formally IAP-66) with UNMC as the sponsor
J-2 Family of Exchange Visitor	Yes	Unexpired Employment Authorization Document (Form I-688b or I-766)

Other Visas Eligible for Employment

- **O-1** Persons of extraordinary ability
- **Refugee**
 - √ For 90 days following entry in the U.S. use Form I-94 containing refugee admission stamp
 - √ After 90 days, document(s) from List A, or List B and List C

Employment Authorization Card (EAD)

Most people with an unexpired Employment Authorization Card (EAD) are eligible for employment. EADs for OPTIONAL PRACTICAL TRAINING have restrictions regarding field of study and degree requirements.

In May 1995, some INS offices began issuing a modified I-688B. The most significant change was to the card stock which was changed from the Polaroid process to a synthetic material called Teslin on which the biometric and biographic data of the bearer are printed. Note that on this version, the name is printed on two lines.



Form I-688B (May 1995)

In January 1997, INS began issuing a new Employment Authorization Document, Form I-766. The new card is a credit card type of document. The front of the card contains a photo, fingerprint and signature of the rightful holder. The reverse contains a standard bar code, magnetic strip and a two-dimensional bar code which will contain unique card, biographic and biometric data.



Form I-766 (January 1997)

In August 1995 changes were made to the software which prints the I-688Bs and the name reverted to the one line format similar to the original card.



Form I-688B (August 1995)



Sample SEVIS Form I-20 Front

U.S. Department of Justice
Immigration and Naturalization Service

Certificate of Eligibility for Nonimmigrant (F-1) Student Page 1
Status - For Academic and Language Students (OMB NO. 1115-0051)

Please read Instructions on Page 2

This page must be completed and signed in the U.S. by a designated school official.

1. Family Name (surname): _____

First (given) Name: _____	Middle Name: _____
Country of birth: _____	Date of birth(mo/day/year): _____
Country of citizenship: _____	Admission number: _____

2. School (School district) name:
**University of Minnesota
University of Minnesota, Twin Cities**

School Official to be notified of student's arrival in U.S.(Name and Title): _____

School address (include zip code):
**Intl Student & Scholar Services
301 19th Ave S., 190 Humphrey Ctr
Minneapolis, MN 55455**

School code (including 3-digit suffix, if any) and approval date:
_____ approved on _____

For Immigration Official User	
Visa issuing post	Date Visa Issued
Remarks	Extension

SEVIS

Student's Copy
XXXXXXXXXX



SEVIS
Number

Barcode

3. This certificate is issued to the student named above for: _____

4. Level of education the student is pursuing or will pursue in the United States: _____

5. The student named above has been accepted for a full course of study at this school, majoring in _____
The student is expected to report to the school no later than **09/07/1999** and complete studies not later than _____. The normal length of study is _____ months.

6. English proficiency:
**This school requires English proficiency.
The student has the required English proficiency.**

7. This school estimates the student's average costs for an academic term of 12 (up to 12) months to be:

a. Tuition and fees	\$ <u>2,606.00</u>
b. Living expenses	\$ <u>9,300.00</u>
c. Expenses of dependents (0)	\$ <u>0.00</u>
d. Other (specify): _____	\$ <u>0.00</u>
Total	\$ <u>11,906.00</u>

8. This school has information showing the following as the student's means of support, estimated for an academic term of 12 months (Use the same number of months given in item 7).

a. Student's personal funds	\$ <u>15,000.00</u>
b. Funds from this school	\$ <u>0.00</u>
Specify type: _____	
c. Funds from another source	\$ <u>0.00</u>
Specify type: _____	
d. On-campus employment	\$ <u>0.00</u>
Total	\$ <u>15,000.00</u>

9. Remarks: _____

10. School Certification: I certify under penalty of perjury that all information provided above in items 1 through 9 was completed before I signed this form and is true and correct; I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form; the school has determined that the above named student's qualifications meet all standards for admission to the school; the student will be required to pursue a full course of study as defined by 8 CFR 214.2(f)(6); I am a designated official of the above named school and am authorized to issue this form.

Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
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11. Student Certification: I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay as specified on page 2. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full course of study at the school named on page 1 of this form. I also authorize the named school to release any information from my records which is needed by the INS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status.

Name of Student	Signature of Student	Date
-----------------	----------------------	------

Name of parent or guardian If student under 18	Signature of parent or guardian	Address (city)	(State or Province) (Country)	(Date)
---	---------------------------------	----------------	-------------------------------	--------

Sample SEVIS Form I-20 Back

IF YOU NEED MORE INFORMATION CONCERNING YOUR F-1 NONIMMIGRANT STUDENT STATUS AND THE RELATING IMMIGRATION PROCEDURES, PLEASE CONTACT EITHER YOUR FOREIGN STUDENT ADVISOR ON CAMPUS OR A NEARBY IMMIGRATION AND NATURALIZATION SERVICE OFFICE.

FAMILYNAME: _____ FIRST NAME: _____

Student Employment Authorization:

Employment Status: _____ Type: _____
Duration of Employment - From (Date): _____ To (Date): _____
Employer Name: _____
Employer Location: _____

Comments:

SEVIS

Student's Copy



SAMPLE

Event History (Past two years):
Event Name:

Event Date: Name of Official: Title of Official:

This is a signature for reentry to the U.S. It is valid for one year as long as the information on the front of your I-20 remains accurate. Note: you must have a valid F-1 entry visa stamp when reentering from overseas.

This page when properly endorsed, may be used for reentry of the student to attend the same school after a temporary absence from the United States. Each certification signature is valid for one year.

Name of School:

Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)

Notes on Form I-20 for F-1 and F-2 Visas

- F-2 visa holders are the spouse or children of an F-1 student.
- F-2 (dependent) visa holders **CANNOT** be employed.
- Check the form to ensure it is the student (F-1) and is **NOT** the dependent (F-2).

Nonimmigrant (F-1) Student Page 1
 Language Students (OMB NO. 1115-0051)

SEVIS

Official User	<div style="border: 2px solid red; border-radius: 50%; padding: 5px; display: inline-block;">Student's Copy</div>
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F-1 Student I-20 form

Nonimmigrant (F-1) Student Page 1
 Language Students (OMB NO. 1115-0051)

SEVIS

Student's Middle Name	<div style="border: 2px solid red; border-radius: 50%; padding: 5px; display: inline-block;">Dependent's Copy</div>
-----------------------	---

F-2 Dependent I-20 form

- Ensure your sponsoring school is listed in Section 2.


2.	School (School district) name: University of Nebraska University of Nebraska Medical Center
	School Official to be notified of student's arrival in U.S. (Name and Title):
	School address (include zip code): International Studies and Programs 985735 Nebraska Medical Center Omaha, NE 68198-5735
	School code (including 3-digit suffix, if any) and approval date: _____ approved on _____

- Check begin and end dates in Section 5.
5. The student named above has been accepted for a full course of study at this school, majoring in _____.
 The student is expected to report to the school no later than 06/07/2002 and complete studies not later than 05/07/2007. The normal length of study is 60 months.

Example of Form DS-2019 J-1 Visas

U.S. Department of State
CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR(J-1) STATUS

OMB APPROVAL NO.1405-0119
EXPIRES: 02-28-2005
ESTIMATED BURDEN TIME: 45 min
*See Page 2

1. Family Name: _____ First Name: _____ Middle Name: _____ Gender: _____		J-1  SEVIS Number Barcode
Date of Birth(mm-dd-yyyy): _____ City of Birth: _____ Country of Birth: _____ Citizenship Country Code: _____ Citizenship Country: _____		
Legal Permanent Residence Country Code: _____ Legal Permanent Residence Country: _____ Position Code: _____ Position: _____		
U.S. Address: _____ RESEARCHERS		
1. Program Sponsor: University of Minnesota Exchange Visitor Program Number: P-1-00045		
Participating Program Official Description: PROFESSOR; RESEARCH SCHOLAR; SHORT-TERM SCHOLAR; STUDENT ASSOCIATE; STUDENT BACHELORS; STUDENT DOCTORATE; STUDENT MASTERS; STUDENT NON-DEGREE		
Purpose of this form:		
3. Form Covers Period: From (mm-dd-yyyy): _____ To (mm-dd-yyyy): _____	4. Exchange Visitor Category: Subject/Field Code: _____ Subject/Field Code Description: _____	
5. During the period covered by this form, the total estimated financial support(in U.S. \$) is to be provided to the exchange visitor by: Current Program Sponsor Funds : _____ Personal funds : _____ Total : _____		
6. U.S. DEPARTMENT OF STATE / INS USE OR CERTIFICATION BY RESPONSIBLE OFFICER THAT A NOTIFICATION COPY OF THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE).		7. Alternate Responsible Officer: Name of Official Preparing Form: _____ Title: _____ International Student & Scholar Services 190 Humphrey Center, 301 - 19th Ave. S. Minneapolis, MN 55455 Signature of Responsible Officer or Alternate Responsible Officer: _____ Telephone Number: _____ Date (mm-dd-yyyy): _____
8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM) Effective date(mm-dd-yyyy): _____ Transfer of this exchange visitor from program number _____ sponsored by _____ to the program specified in item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended. Signature of Responsible Officer or Alternate Responsible Officer: _____ Date(mm-dd-yyyy) of Signature: _____		
PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) of page 2). The Exchange Visitor in the above program: 1. <input type="checkbox"/> Not subject to the two-year residence requirement. 2. <input type="checkbox"/> Subject to two-year residence requirement based on: A. <input type="checkbox"/> Government financing and/or B. <input type="checkbox"/> The Exchange Visitor Skills List and/or C. <input type="checkbox"/> PL 94-484 as amended Name: _____ Title: _____ Signature of Consular or Immigration Officer: _____ Date (mm-dd-yyyy): _____		TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is one year*) *EXCEPT: Maximum validation period is up to six months for Short-term Scholastic and four months for Camp Counselors and Summer Travel/Work. (1) Exchange Visitor is in good standing at the present time Date (mm-dd-yyyy): _____ Signature of Responsible Officer or Alternate Responsible Officer: _____ (2) Exchange Visitor is in good standing at the present time Date (mm-dd-yyyy): _____ Signature of Responsible Officer or Alternate Responsible Officer: _____
THE U. S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212 (e). EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement on item 2 on page 2 of this document. Signature of Applicant: _____ Place: _____ Date (mm-dd-yyyy): _____		

DS-2019 (formerly IAP-66) 10-2001 Page 1 of 2

This is a signature for reentry to the U.S. It is valid for as long as one year if your DS 2019 has not expired and your J-1 visa in your passport has not expired.

Example of Form DS-2019 J-2 Visa

U.S. Department of State
CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR(J-1) STATUS

OMB APPROVAL NO.1405-0119
EXPIRES: 02-28-2005
ESTIMATED BURDEN TIME: 45 min
*See Page 2

1. Family Name: _____		First Name: _____		Middle Name: _____		Gender: _____			
Date of Birth (mm-dd-yyyy): _____		City of Birth: _____		Country of Birth: _____		Citizenship Country Code: _____			
Legal Permanent Residence Country Code: _____		Legal Permanent Residence Country: _____		Position Code: _____		Position: _____			
U.S. Address: _____ RESEARCHERS									
2. Program Sponsor: University of Minnesota						Exchange Visitor Program Number: P-1-00045			
Participating Program Official Description: PROFESSOR; RESEARCH SCHOLAR; SHORT-TERM SCHOLAR; STUDENT ASSOCIATE; STUDENT BACHELORS; STUDENT DOCTORATE; STUDENT MASTERS; STUDENT NON-DEGREE									
Purpose of this form: _____									
3. Form Covers Period:				4. Exchange Visitor Category:					
From (mm-dd-yyyy): _____				Subject/Field Code: _____					
To (mm-dd-yyyy): _____				Subject/Field Code Description: _____					
5. During the period covered by this form, the total estimated financial support (in U.S. \$) is to be provided to the exchange visitor by: Current Program Sponsor Funds : _____ Personal Funds : _____ Total : _____									
6. U.S. DEPARTMENT OF STATE / INS USE OR CERTIFICATION BY RESPONSIBLE OFFICER THAT A NOTIFICATION CARD OF THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE).				7. _____ Name of Official Preparing Form International Student & Scholar Services 190 Humphrey Center, 301 - 19th Ave. S. Minneapolis, MN 55455 Signature or Alternate Responsible Officer				Alternate Responsible Officer Title _____ Telephone Number _____ Date (mm-dd-yyyy) _____	
8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM) Effective date (mm-dd-yyyy): _____; Transfer of this exchange visitor from program number _____ sponsored by _____ to the program specified in item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended. Signature of Responsible Officer or Alternate Responsible Officer _____ Date (mm-dd-yyyy) of Signature _____									
PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) of page 2). The Exchange Visitor in the above program: 1. <input type="checkbox"/> Not subject to the two-year residence requirement. 2. <input type="checkbox"/> Subject to two-year residence requirement based on: A. <input type="checkbox"/> Government financing and/or B. <input type="checkbox"/> The Exchange Visitor Skills List and/or C. <input type="checkbox"/> PL 94-484 as amended Name _____ Title _____ Signature of Consular or Immigration Officer _____ Date (mm-dd-yyyy) _____ THE U. S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212 (e).				TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is one year*) *EXCEPT: Maximum validation period is up to six months for Short-term Scholars and four months for Camp Counselors and Summer Travel/Work. (1) Exchange Visitor is in good standing at the present time Date (mm-dd-yyyy) _____ Signature of Responsible Officer or Alternate Responsible Officer _____ (2) Exchange Visitor is in good standing at the present time Date (mm-dd-yyyy) _____ Signature of Responsible Officer or Alternate Responsible Officer _____					
EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement on item 2 on page 2 of this document. Signature of Applicant _____ Place _____ Date (mm-dd-yyyy) _____									

SEVIS Number
Barcode

This is a signature for reentry to the U.S. It is valid for as long as one year if your DS 2019 has not expired and your J-1 visa in your passport has not expired.

Notes on Form DS-2019 for J-1 and J-2 Visas

- A J-2 visa holder is the spouse or child of a J-1 visa holder.
- J-2 Visa holder **MUST** possess an **unexpired** Employment Authorization Card (EAD) to be eligible for employment.
- Check the form to ensure it is the J-1 visa holder and **NOT** the dependent.

OMB APPROVAL NO. 1405-0119
 EXPIRES: 02-28-2005
 ESTIMATED BURDEN TIME: 45 min
 *See Page 2

XXXXXXXXXX
J-1

OMB APPROVAL NO. 1405-0119
 EXPIRES: 02-28-2005
 ESTIMATED BURDEN TIME: 45 min
 *See Page 2

XXXXXXXXXX
J-2 Dependent

- Check the form to ensure it is the J-1 visa holder and **NOT** the dependent.

2. Program Sponsor: University of Nebraska Medical Center
Participating Program Official Description: PROFESSOR; RESEARCH SCHOLAR; SHORT-TERM SCHOLAR; FELLOW; DOCTORATE; STUDENT MASTERS; STUDENT NON-DEGREE

- Check begin and end dates in Section 3.

3. Form Covers Period: From (mm-dd-yyyy): 01/24/2003 To (mm-dd-yyyy): 08/15/2003	4. Employer: Subj
5. During the period covered by this form, the total estimated financial support from all sources:	

I-94 Form Used with Passport

When an alien has been granted admission into the U.S. by an Immigration Inspector at an authorized Port of Entry, he/she will be issued a Form I-94 (white), Arrival/Departure Record, Form I-94W (green), Nonimmigrant Visa Waiver Arrival/Departure Form, or Form I-94A-OT Arrival Record (looks like an airline boarding pass) which is stapled to a page in the passport. This document will explain how long the bearer may remain and the terms of admission.

The location of the Admission Number in the upper left corner is the same for the I-94 and I-94W forms.

Admission number

Departure Number: 981747150 07

U.S. IMMIGRATION AND NATURALIZATION SERVICE
ORIGIN: 050
AUG 10 2000
ADMITTED UNTIL: [Signature]

14. Family Name
15. First (Given) Name
16. Birth Date (Day/Mo/Yr): 15, 06, 19
17. Country of Citizenship: INDIA

See Other Side STAPLE HERE

U.S. Department of Justice
Immigration and Naturalization Service

1-94 Departure Record

1. Family Name
2. [Redacted]
3. Date of Birth: 26-FEB-1970
4. Citizen of: FRA
5. Port of Entry: PIT
6. Inspector No: 0064
7. Adm Date: 11-OCT-2000
8. Admission Class: J-1
9. Admit Until: D/S

Important - Retain this permit in your possession. You must surrender it when you leave the U.S.

P10071

032 019 772 89

U.S. DEPARTMENT OF JUSTICE
IMMIGRATION & NATURALIZATION SERVICE
ECC CODE: 992
Students

032 019 772 89 I-94A-OT

The location of the Admission Number on the Automated I-94A-OT form is at the bottom.

I-9 Form Section 1

- To be completed and signed by employee **prior to** or **on the first day** of work.
- F-1 visa holders will use the ending date from their I-20, line 5.
- J-1 visa holders will use the ending date from their DS-2019, line 3.
- Admission number comes from their I-94 card

I-9 Form Section 2

- Must be completed by department **before** or **within 3 business days** of hire date.
- Examine one document from List A **OR** examine one document List B and one from List C. No more, no less. Doing more can result in being fined for **harassment**.
- F-1, J-1, H-1b, and O-1 visa holders will usually present their passport and I-94 (F-1 must be accompanied by Form I-20, H-1B must be accompanied by Form I-797 and J-1 must be accompanied by Form DS-2019 (formally IAP-66)).
- Use the first day of actual work as the employment begin date in the "CERTIFICATION" section.

I-9 Form Receipts

- If the employee cannot present the necessary documents for Section 2 within 3 days, ***they must present a receipt for the application for the documents within 3 days***. They then have **90 days** from date of hire to present the actual documents.

I-9 Form Anti-discrimination Provisions

- We cannot request that an employee present more or different documents than required.
- Also, we cannot refuse to honor documents which on their face reasonably appear to be genuine and relate to the person presenting them.
- The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

I-9 Form Common Errors

- Complete list A using the **passport page**, do not use the visa page.
- Do not leave the citizenship field blank.
- Only use I-9 forms that are copied front and back.
- Be sure to enter the employment begin date
- Do not use the copies or faxes to complete the I-9, use original documents.
- Have the employee complete Section 1 before or on the **first** day of employment.

Penalties for Prohibited Practices

- Fine of not less than \$100 and not more than \$1000 for each employee for whom the Form I-9 was not properly completed, retained and/or made available for inspection
- Fines up to \$3,000 per employee and/or 6 months imprisonment for knowingly hiring or continuing to employ unauthorized aliens

Example of Form I-9 Front

OMB No. 1615-0047; Expires 06/30/08

Form I-9, Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the document(s) have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____
and (expiration date, if applicable - month/day/year)

Employee's Signature _____ Date (month/day/year) _____

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have examined the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A (OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____	_____	_____
Issuing authority: _____		_____	_____	_____
Document #: _____		_____	_____	_____
Expiration Date (if any): _____		_____	_____	_____
Document #: _____		_____	_____	_____
Expiration Date (if any): _____		_____	_____	_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may null the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____

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	Date (month/day/year)
--	-----------------------

Example of Form I-9 Back

LISTS OF ACCEPTABLE DOCUMENTS		
<i>All documents must be unexpired</i>		
LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
	OR	AND
1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or notifying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	4. Voter's registration card	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5. U.S. Military card or draft record	5. Native American tribal document
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	
6. 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	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
	For persons under age 18 who are unable to present a document listed above	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 3 of the Handbook for Employers (M-274)

Form I-9 Instructions

OMB No. 1615-0047; Expires 06/30/09

Form I-9, Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

Instructions

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a job because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees, citizens, and noncitizens hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9

Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment.

Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). The employer is responsible for ensuring that Section 1 is timely and properly completed.

Noncitizen Nationals of the United States

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in Section 1. For employees who indicate an employment authorization expiration date in Section 1, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., styloes, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in Section 2 evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his or her own. However, the employee must still sign Section 1 personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referors for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete Section 2 by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, Section 2 must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document OR a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in Section 2. Employers must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. Employers are still responsible for completing and retaining Form I-9.

Form I-9 (Rev. 02/02/09) N

Form I-9 Instructions

For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete Section 3 when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in Section 1 (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is retired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is retired within three years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B; and:
 1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
 2. Record the document title, document number, and expiration date (if any) in Block C; and
 3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing Section 3.

What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-609 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employees are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Form I-9 Instructions

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated to average 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. Do not mail your completed Form I-9 to this address.

Example of Form I-9 Completed by U.S. Citizen

OMB No. 1615-0047; Expires 05/30/09
Form I-9, Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last <u>Johnson</u> First: <u>Robert</u> Middle Initial: <u>K</u> Maiden Name: _____	
Address (Street Name and Number) _____ Apt. # _____ Date of Birth (month/day/year) <u>01/02/54</u>	
City <u>Omaha</u> State <u>NE</u> Zip Code <u>68112</u> Social Security # <u>123-45-6789</u>	

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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year) _____

Employee's Signature Robert Johnson Date (month/day/year) 8/25/09

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature _____	Print Name _____
Address (Street Name and Number, City, State, Zip Code) _____	Date (month/day/year) _____

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		<u>Driver's License</u>		<u>Social Security Card</u>
Issuing authority: _____		<u>NE DMV</u>		<u>Social Security Admin.</u>
Document #: _____		<u>HK156436</u>		<u>123-45-6789</u>
Expiration Date (if any): _____		<u>01/02/2012</u>		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 8/25/09 and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>Anthony J. Huerta</u>	Print Name <u>Anthony J. Huerta</u>	Title <u>Emp Records Technician</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>UNMC 40th & Dewey Omaha, NE 68198-5470</u>		Date (month/day/year) <u>8/25/09</u>

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable) _____ B. Date of Return (month/day/year) (if applicable) _____

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
-----------------------	-------------------	---------------------------------

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 _____	Date (month/day/year) _____
--	-----------------------------

Example of Form I-9 Completed by Non-U.S. Citizen
(Example Using Permanent Resident Card)

OMB No. 1615-0047; Expires 06/30/09

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last <u>Me</u> First <u>Do</u> Middle Initial <u>H</u>		Maiden Name	
Address (Street Name and Number) <u>1411 Jones Street</u>		Apt. #	Date of Birth (month/day/year) <u>7/2/80</u>
City <u>Omaha</u>	State <u>NE</u>	Zip Code <u>68106</u>	Social Security # <u>122-34-5678</u>

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):

A citizen of the United States

A naturalized national of the United States (see instructions)

A lawful permanent resident (Alien #) 038-54-9217

An alien authorized to work (Alien # or Admission #) _____
until (expiration date, if applicable - month/day/year)

Employee's Signature [Signature] Date (month/day/year) 8/25/09

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature _____ Print Name _____

Address (Street Name and Number, City, State, Zip Code) _____ Date (month/day/year) _____

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: <u>Permanent Resident</u>		_____	_____	_____
Issuing authority: <u>Homeland Security</u>		_____	_____	_____
Document #: <u>038-54-9217</u>		_____	_____	_____
Expiration Date (if any): <u>4/12/2015</u>		_____	_____	_____
Document #: _____		_____	_____	_____
Expiration Date (if any): _____	_____	_____	_____	_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 08/25/09 and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>[Signature]</u>	Print Name <u>Anthony J. Huerta</u>	Title <u>Emp Records Technician</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>UNMC 40th + Dewey Omaha, NE 68198-5470</u>		Date (month/day/year) <u>8/25/09</u>

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable) _____ B. Date of Rehire (month/day/year, if applicable) _____

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document # _____	Expiration Date (if any): _____
-----------------------	------------------	---------------------------------

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 _____ Date (month/day/year) _____

Example of Form I-9 Completed by Non-Resident Alien (Example Using Passport)

Department of Homeland Security
U.S. Citizenship and Immigration Services

OMB No. 1615-0047; Expires 06/30/09
Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last <u>Jones</u>	First <u>Mark</u>	Middle Initial	Maiden Name
Address (Street Name and Number) <u>201 Kent Ave</u>		Apt. # <u>409</u>	Date of Birth (month/day/year) <u>4/8/75</u>
City <u>Omaha</u>	State <u>NE</u>	Zip Code <u>68103</u>	Social Security # <u>133-23-4567</u>

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):

A citizen of the United States

A noncitizen national of the United States (see instructions)

A lawful permanent resident (Alien #)

An alien authorized to work (Alien # or Admission #) 14892761512
until (expiration date, if applicable - month/day/year) 10/1/12

From I-94 Card

Employee's Signature Mark Jones Date (month/day/year) 8/25/09

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature _____ Print Name _____

Address (Street Name and Number, City, State, Zip Code) _____ Date (month/day/year) _____

Use the Passport Page (NOT the VISA Page)

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: <u>Passport</u>				
Issuing authority: <u>Republic of China</u>				
Document #: <u>A71342</u>				
Expiration Date (if any): <u>2/25/10</u>				
Document #: <u>14892761512</u>				
Expiration Date (if any): <u>D/S</u>				

Use I-94 Card

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 08/25/09 and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative _____ Print Name Anthony J. Huerta Title Emp Records Technician

Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) UNMC 40th & Dewey Omaha, NE 68198-5470 Date (month/day/year) 8/25/09

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable) _____ B. Date of Rehire (month/day/year) (if applicable) _____

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

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 _____ Date (month/day/year) _____

Resources

Form I-9 and Instruction Handbook

<http://uscis.gov/graphics/formsfee/forms/i-9.htm>

SAPPHIRE:

<http://sapphire.nebraska.edu>

University of Nebraska Medical Center Human Resources Procedures web site:

<http://app1.unmc.edu/hr/intra/pro.htm>

(must be on campus to access)

University of Nebraska Medical Center Policy web site:

<http://info.unmc.edu/policy/homepolicy.html>

(must be on campus to access)

U.S. Citizenship and Immigration Services web site:

<http://www.uscis.gov>

Glossary of Terms

Alien: This is an individual living in or visiting the United States who is not a citizen of the U.S.

Asylee: A person who has been granted asylum in the United States. This individual applied for this status while in the U.S.

Bureau of Citizenship and Immigration Services (BCIS): Formally the department of Immigration and Naturalization (INS), this is the governmental agency which is authorized to control and enforce immigration rules and regulations. They grant permission to entry and the border and process changes in status.

Calendar Year: A method of counting presence in the United States for tax purposes. A person is considered in the US a calendar year if present at any time between January 1: December 31.

Compensation: A payment in exchange for services rendered.

FICA Tax: This is a tax imposed by the United States. It is a combination of a retirement pension and medical. These are called OASDI and Medicare. The rates for 1996 are 6.2% for OASDI and 1.45% for Medicare.

Foreign Source Income: Income from outside the United States. This type of income is not taxable to nonresidents of the US.

Form DS-2019: It is the application for the J-1 visa designation. It describes the purposes and length of stay of the visiting alien.

Form I-20: This is the certificate for eligibility for an F-1 student. This form tracks the individual's education experience while in the United States and is completed by the educational sponsor of the student.

Form I-94: This is the arrival/departure card of a visiting individual. It shows the length of permission to stay.

Form 1001: This is a form in which fellowship/scholarship payments made to students may be exempted from federal withholding.

Form 1042s: This is the document used to report foreign source income.

Form 1042NR: This is the tax return filed by a nonresident alien.

Form 8233: This is the form used to request exemption from federal withholding due to a tax treaty. It is used by visitors accepting payment for independent personal services and/or employment.

Honorarium: This is an award granted in recognition of a special service or distinguished achievement.

Immigrant: Someone who has intent to reside in the United States permanently.

ITIN: This is a tax payer identification number issued to nonresident individuals unable to obtain a social security number. Effective for tax year 1996, all nonresident must file tax returns with an identification number per IRS.

Internal Revenue Service (IRS): This is the governmental agency which has authority to enforce tax rules and regulations.

Multiple Entry Visa: Permission to enter the United States using the same visa for the number of times designated on the visa.

Multiple Indefinite Visa: Permission to present oneself indefinitely at the border for re-entry on the same status. Laws have currently limited this to a 10 year period.

Nonresident Alien: This is the tax status given to a visiting alien who is **not** a U.S. citizen or a U.S. permanent resident, or some one who has not obtained residency for tax purposes due to the Substantial Presence Test. These individuals are only taxed on their U.S. source income and are required to file a tax return each year for income that they receive.

Non-immigrant: An alien who comes to the U.S. temporary for the purpose of study, business, or tourism and has intent to return to their home country. The duration of stay will be indicated on their I-94.

Original Date of Entry in the U.S.: The first date that the individual arrived in the U.S. for the primary purpose of the visit.

Out of Status: A non-immigrant who entered the U.S. with a legal status but has violated the terms of admission. This could be an overstay, accepting a position when no work authorization has been granted, not working for the sponsor of the visa, etc.

Permanent Resident Alien: An individual who has been granted legal permanent residence in the U.S. They are referred to as Immigrants. Generally, these are the only aliens that are allowed to apply for naturalization.

Resident Alien: An individual who is a resident for tax purposes due to the Substantial Presence Test calculation.

Social Security Tax: See FICA Tax.

Substantial Presence Test: A test to determine residency for tax purposes It involves counting the days of presence in the current year and 1st and 2nd preceding years.

Employment Eligibility Verification (Form I-9)

Status: This is the terms of the individual entry into the United States. It is granted by an INS official at the time of entry. Information is generally noted on the I-94.

Temporary Resident: An individual in the process of legalization or amnesty. These individuals usually become permanent residents.

U.S. Source Income: Income paid from sources in the United States. This type of income is taxable to nonresidents.

Visa: Permission to present oneself at a U.S. border to ask for entry. The decision to let a foreign visitor entered is made by the immigration officer at the point of entry.

Visa Type: The type of category that an alien is granted upon entering the U.S. This is also referred to as the "status" of the visitor.

Undocumented Alien: A person who enters the United States illegally. This individual may not be employed or accept any payment.

United States Citizen: This is the designation given to individual born in the United States or born to U.S. citizens. Individuals may also gain this status through the naturalization process.

Work: Any act or service provided by an employee to an employer.

Appendix A

Guide To Selected U.S. Travel and Identity Documents Prepared by the Forensic Document Laboratory U.S. Immigration and Customs Enforcement



Personal description of holder as of date of naturalization

We the People

PASSPORT

TRAVEL DOCUMENT



United States of America



U.S. DEPARTMENT OF HOMELAND SECURITY, U.S. Citizenship and Immigration Services

EMPLOYMENT AUTHORIZATION CARD

The person identified is authorized to work in the U.S. for the validity of this card.

NAME VOID, VOID V

Lee W. Cristofolini

A# 000-000-051
CARD# SRCC0000000051

Birthdate 01/04/81 Category Sex M
Country of Birth China, People's Republic of
Type of Citizenship None

NOT VALID FOR REENTRY

CARD VALID FROM 01/01/80 EXPIRES 01/01/80




HAPPY

Nationality / Nation UNITED STATES OF AMERICA

Date of birth / Date 04 JUL 196

Place of birth / Location WASHINGTON

Date of issue / Issue 28 AUG 200



U.S. DEPARTMENT OF HOMELAND SECURITY

PERMANENT RESIDENT CARD

NAME VOID, VOID V

A# 000-000-039

Birthdate 01/01/20 Category Sex F

Country of Birth El Salvador

CARD# 0102/80

Resident Since 01/01/80




Guide to Selected U.S. Travel and Identity Documents

Prepared by the Forensic Document Laboratory



U.S. Immigration and Customs Enforcement

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This guide is intended to assist those tasked with examining travel and employment authorization documents. It contains color photographs of the most commonly used documents, but it is not comprehensive. There are earlier valid revisions of some illustrated documents and other less common documents that are not illustrated here.

Because the attachments are reproductions, the exact size and color may deviate from the original. Do not make identifications based on size and/or color alone.

For any questions regarding the authenticity of the documents shown in this guide, please contact the nearest office of U.S. Immigration and Customs Enforcement (ICE).

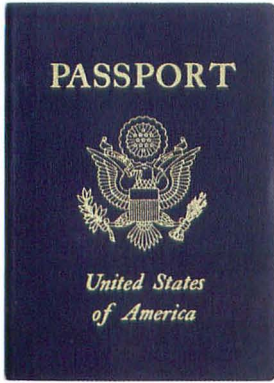
General Information On Alien Status

In accordance with the 14th amendment to the U.S. Constitution, any person born in and subject to the jurisdiction of the United States is a citizen of the United States at birth. U.S. citizenship may also be acquired through **DERIVATION** from a U.S. citizen parent when children are born abroad or through **NATURALIZATION** after meeting the necessary residency requirements. All persons not citizens or nationals of the U.S. are aliens, who are generally classified as **PERMANENT RESIDENTS** (immigrants), **NON-IMMIGRANTS** or **UNDOCUMENTED ALIENS**.

PERMANENT RESIDENT ALIENS enjoy almost all the same rights as U.S. citizens. This status may be obtained through a number of different procedures and, unless taken away administratively, is granted for life. Aliens with permanent residency must carry evidence of their status.

NON-IMMIGRANT ALIENS are admitted to the U.S. for a temporary period of time and for a specific purpose, most often as tourists. There are different categories of non-immigrants and they are identified through letter/number symbols (such as “B-2”). Non-immigrants are also required to present evidence of their lawful status in the U.S. to officers of ICE. This will usually consist of a passport containing a visa and an Arrival/Departure Record (Form I-94 or CBP I-94A).

UNDOCUMENTED ALIENS are those who may have crossed the border illegally and/or been smuggled into the interior of the U.S. or those who have violated their non-immigrant status by accepting unauthorized employment, remaining longer than permitted or committing some other violation. Some of these aliens purchase counterfeit documents or assume another person’s identity by using fraudulently obtained genuine documents.



The Emergency Passport booklet looks similar to the E-Passport, but it does not contain a chip and is only issued for a limited period of validity.



Older versions of the U.S. passport remain valid until the expiration dates printed in the passport booklet.

The current version of the **CERTIFICATE OF NATURALIZATION**, now issued by U.S. Citizenship and Immigration Services (USCIS), is similar to the previous version issued by the Immigration and Naturalization Service. It contains a gold embossed Great Seal of the United States in the top center portion. The watermark design, visible when the document is held up to a strong light, contains the emblem of the Department of Homeland Security (DHS).



DHS watermark

Older versions of the certificate of naturalization continue to serve as valid evidence of U.S. citizenship. The last version issued by the INS was similar to the current DHS certificate. It too bore a gold embossed Great Seal of the United States in the top center portion. The watermark design contained the the Department of Justice seal and the letters “USA.”



Department of Justice watermark

Earlier versions of the certificate had gray or beige background designs and did not contain the embossed seal. Original certificates of naturalization were printed on watermarked paper.

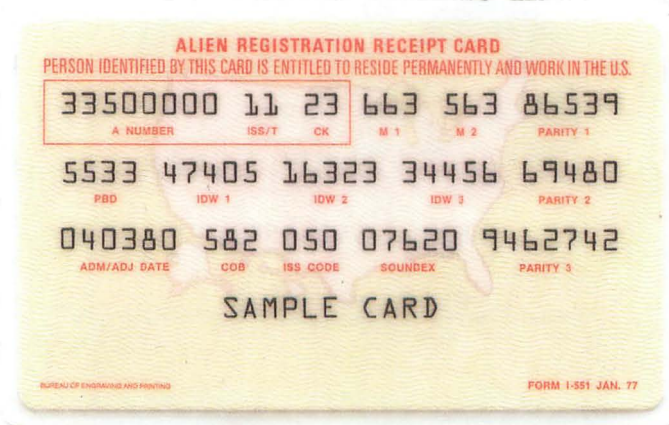
Forms I-151 and I-551 are issued to aliens who have been granted permanent resident status in the United States. They retain this status while in this country. The bearer is required to have this card in his/her possession at all times.

The first ALIEN REGISTRATION RECEIPT CARD, Form I-151, was introduced in 1946. Through 18 years of various revisions, it remained primarily green in color, causing it to become known as a "Green Card." This term is still used commonly, although the cards have not been green since 1959. The I-151 cards contained no expiration date and were only required to be renewed if the recipient was under the age of 14 at the time of issuance or if the card was lost or stolen. As of March 20, 1996, the Form I-151 is no longer acceptable as evidence of permanent residence.



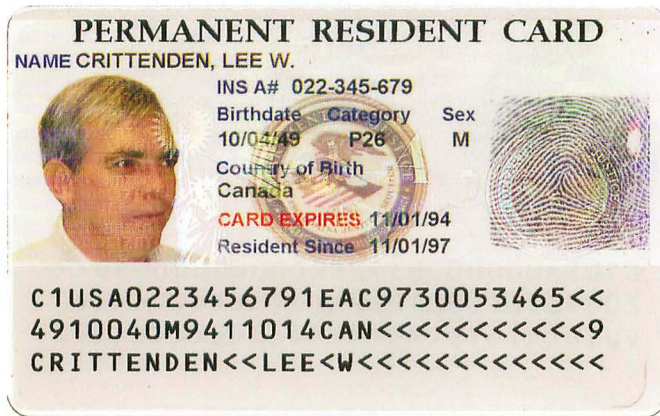
Form I-151

The RESIDENT ALIEN CARD, Form I-551, was introduced in January 1977 and phased in over a period of time. In addition to the photograph, the I-551 contains the bearer's signature and fingerprint. As with the older I-151 cards, this version I-551 generally does not contain an expiration date.



Form I-551 (1977)

The PERMANENT RESIDENT CARD, Form I-551, was introduced in December 1997. Noticeable differences on the front of the card include a change of card title from RESIDENT ALIEN CARD to PERMANENT RESIDENT CARD, a three-line machine readable zone and the addition of a hologram.



Form I-551 (1997)



Reverse

The optical memory stripe on the reverse contains encoded cardholder information as well as a personalized etching which depicts the bearer's photo, name, signature, date of birth, alien registration number, card expiration date and card number.

This **EMPLOYMENT AUTHORIZATION DOCUMENT**, Form I-688B, was introduced in November 1989 and issued to aliens who were granted permission to be employed in the U.S. for a specific period of time. The card was produced with a Polaroid process and had interlocking gold lines across the front.



Form I-688B

In January 1997, INS began issuing a new **EMPLOYMENT AUTHORIZATION CARD**, Form I-766. The front of the card bore the photograph, fingerprint and signature of the bearer. The reverse contained a standard bar code, magnetic strip and a two-dimensional bar code which contains unique card, biographic and biometric data.

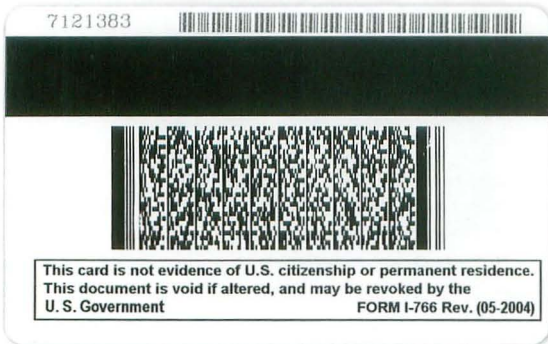


Form I-766 (1997)

The EMPLOYMENT AUTHORIZATION CARD, Form I-766 was updated in May 2004. It incorporated the DHS seal but is otherwise similar to the previous version, with a photograph, fingerprint and signature of the bearer beneath a holograph film. The reverse side displays a standard bar code, magnetic strip and a two-dimensional bar code containing encoded data. The card was revised again in August 2004, using a full frontal face photograph instead of the three quarter face position. The reverse continues to bear the revision date of 05-2004.



Form I-766 (2004)



Reverse

The U.S. Department of State introduced this version of the **BORDER CROSSING CARD**, Form DSP-150, in May 1998. The front of the card has a three-line machine readable zone and a hologram. Bearers of this card are not entitled to live or work in the United States.



Form DSP-150 (1998)



Reverse

The optical memory stripe contains encoded cardholder information as well as a personalized etching which depicts the bearer's photo, name, date of birth and card expiration date.

When an alien has been granted admission into the U.S. by a U.S. Customs and Border Protection (CBP) Officer at an authorized Port of Entry, he/she will be issued an **ARRIVAL/DEPARTURE RECORD**, Form I-94, the bottom portion of which is stapled to a page in the alien's passport. This document shows how long the bearer may remain in the U.S. and the terms of admission. The I-94, not the non-immigrant visa, serves as evidence of legal status.

Departure Number		OMB No. 1651-0111
b2b633123 12		
I-94 Departure Record		
14. Family Name	S, A M P L E	
15. First (Given) Name	16. Birth Date (Day/Mo/Yr)	
J A N E	2 3, 0 3, 6 8	
17. Country of Citizenship	N E W Z E A L A N D	
See Other Side	CBP Form I-94 (10/04) STAPLE HERE	

Form I-94

Nationals of some countries can enter the United States without a visa under the Visa Waiver Program. They are given a green I-94W and permitted to remain in the United States up to 90 days.

Departure Number		OMB No. 1651-0113
b95349308 12		
DEPARTMENT OF HOMELAND SECURITY U.S. Customs and Border Protection VISA WAIVER		
14. Family Name	S, A M P L E	
15. First (Given) Name	16. Birth Date (day/mo/yr)	
J O H N	1 9, 0 7, 7 2	
17. Country of Citizenship	U N I T E D, K I N G D O M	
See Other Side	CBP Form I-94W (10/04) Staple Here	

Form I-94W

USCIS can extend a period of admission or change a non-immigrant status after an I-94 has been issued. The approval for an extension or change of status is shown on an I-797A Approval Notice.

Department of Homeland Security
U.S. Citizenship and Immigration Services

I-797A, Notice of Action

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE

RECEIPT NUMBER LIN-06-1-5	FROM/ISSUE DATE May 22, 2006	CASE NUMBER 1519
RECEIVED BY July 24, 2006	FROM/ISSUE DATE July 24, 2006	APPLICATION TO EXTEND/CHANGE NONIMMIGRANT STATUS CLASSIFICATION STATUS OFFICE
NAME ADDRESS CHICAGO IL		NOTICE TYPE: Approval Notice CLASS: B2 Valid from 05/20/2006 to 11/19/2006

The above application for extension of temporary stay is approved. The temporary stay of the named applicant(s) is authorized to the date indicated above. An updated Form I-94 is attached.

If the applicant has an authorized representative, this notice has also been mailed to the representative.

Please read the back of this form carefully for more information.

THIS FORM IS NOT A VISA AND MAY BE USED TO PLACE ON A VISA.

Please see the additional information on the back. You will be notified separately about any other cases you filed.

MEMPHIS SERVICE CENTER
 U. S. IMMIGR. & NATZ. SERVICE
 P.O. BOX 22521
 LINCOLN ME 05091-2521
 Customer Service Telephone: 800-375-5283
 Form I-797A (Rev. 09/07/03)N

PLEASE TEAR OFF FORM I-94 PRINTED BELOW, AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records Receipt # LIN-06-1-5 I-94# 051 12 NAME K, E CLASS B2 VALID FROM 05/20/2006 UNTIL 11/19/2006 PETITIONER: K, E CHICAGO IL	051 12 Receipt Number LIN-06-1-5 Immigration and Naturalization Service I-94 Departure Record Petitioner:
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Form I-797A (Rev. 10/31/05) N

Form I-797A

The lower portion of the form replaces the original I-94, but it does not require any endorsing stamp.

PLEASE TEAR OFF FORM I-94 PRINTED BELOW, AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records Receipt # LIN-06-1-5 I-94# 051 12 NAME K, E CLASS B2 VALID FROM 05/20/2006 UNTIL 11/19/2006 PETITIONER: K, E CHICAGO IL	051 12 Receipt Number LIN-06-1-5 Immigration and Naturalization Service I-94 Departure Record Petitioner:
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14. Family Name K	
15. First (Given) Name E	16. Date of Birth
17. Country of Citizenship POLAND	

Form I-797A (Rev. 10/31/05) N

Some immigrants may have an impression of an ADIT stamp as proof of permanent residence without an immigrant visa. This stamp serves as evidence of immigrant status until the bearer receives a Permanent Resident Card.

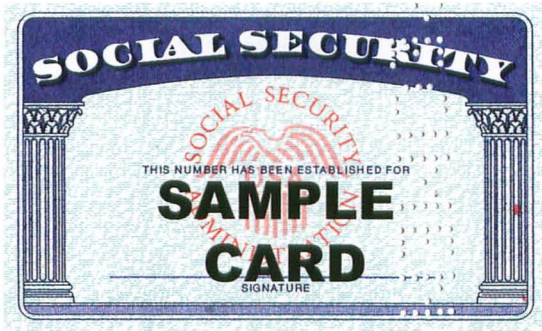


The current USCIS stamp is shown above. ADIT stamps in other formats may also be encountered. Similar stamp impressions are used to demonstrate refugee or asylum status.

Although **SOCIAL SECURITY CARDS** are not immigration documents, they are mentioned here because they are often used as identification and to establish employment authorization.

Social Security cards have been issued since 1936 and have been revised more than 20 times. Originally, the Social Security card contained the seal of the Department of Health, Education, and Welfare. In May 1980, the seal changed to that of the Department of Health and Human Services. In April 1995 the seal was changed again to that of the Social Security Administration. Some counterfeiters have failed to notice these changes.

In October 1983, security features were added to the card. All Social Security cards issued since October 1983 have been printed with raised (intaglio) printing and the signature line consists of microline printing of the words “**SOCIAL SECURITY ADMINISTRATION**” in a repeating pattern.



This card belongs to the Social Security Administration and you must return it if we ask for it.

If you find a card that isn't yours, please return it to:
Social Security Administration
P.O. Box 33008, Baltimore, MD 21290-3008

For any other Social Security business/information, contact your local Social Security office. If you write to the above address for any business other than returning a found card you will not receive a response.

Social Security Administration
Form SSA-3006 (11-2006)

F 15532006

To order copies of this document,
“**Form M-396; Guide to Selected U.S. Travel and Identity Documents,**”
please complete the appropriate form and mail or fax to:

**Customs and Border Protection
National Distribution Center**

P.O. Box 68912
Indianapolis, IN 46268

Fax: 317-290-3046

For government requests, please use **Form CBP-3039**.

All other requests should use **Form CBP-262**.

Links for these forms may be found in the
Forensic Document Laboratory fact sheet
posted on ICE's Web site:

www.ice.gov



U.S. Immigration
and Customs
Enforcement

Form M-396
4/2008