

## Form I-9 Supplement, **Section 1 Preparer and/or Translator Certification**

**USCIS** Form I-9 **Supplement** 

## **Department of Homeland Security**

U.S. Citizenship and Immigration Services

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

Instructions: This supplement may be used if extra spaces are required to document more than one preparer and/or translat assisting an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided. Each preparer or translator must complete, sign and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.  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  Last Name (Family Name)  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  Last Name (Family Name)  Address (Street Number and Name)  First Name (Given Name)  Address (Street Number and Name)  City or Town  State  ZIP Code  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  Last Name (Family Name)  First Name (Given Name)  Address (Street Number and Name)  City or Town  State  ZIP Code  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  Last Name (Family Name)  First Name (Given Name)  Address (Street Number and Name)  City or Town  State  ZIP Code	Employee Name:	me: Last Name (Family Name)		First Name (Given Name)				Middle Initial	
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