New Hire Reporting Form



Employers must report each new hire within 20 days.

Assistance: 1 800 327-HIRE (4473)

Please print or type

	EMPLOYER NA	ME AND ADDRESS
Federal Employer ID Number - FEIN	· -	
Company Name		
Street Address		
Street Address		
City	State	Zip Code -
EMPLOYER A	DDRESS FOR CHILD	SUPPORT WAGE WITHHOLDING ORDERS
Street Address		
Street Address		
City	State	Zip Code
	NEW EMPLOYEE N	IAME AND ADDRESS
Social Security Number		Date of Hire (MM-DD-YYYY)
First Name	МІ	Last Name
Street Address		
City	State	Zip Code
	NEW EMPLOYEE N	IAME AND ADDRESS
Social Security Number		Date of Hire (MM-DD-YYYY) -
First Name	MI	Last Name
Street Address		
City	State	Zip Code -

Employee's Withholding Certificate

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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.

Your withholding is subject to review by the IRS.

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Step 1:	(a) First name and middle initial	Last name		(b) Social security number				
Enter Personal Information	rsonal							
	contact SSA at 800-772-1213 or go to www.ssa.gov.							
	Married filing jointly or Qualifying surviving s			المرامان المرام من القالم من المرام				
	Head of household (Check only if you're unmai	rried and pay more than half the costs of	of keeping up a home for yo	urseit and a qualitying individual.)				
Complete Ste	ps 2–4 ONLY if they apply to you; otherwison from withholding, and when to use the est	se, skip to Step 5. See page to timator at www.irs.gov/W4App	2 for more information o.	n on each step, who can				
Step 2: Multiple Job	Complete this step if you (1) hold more also works. The correct amount of wi	re than one job at a time, or (2 thholding depends on income) are married filing joi earned from all of th	ntly and your spouse ese jobs.				
or Spouse	Do only one of the following.							
Works	(a) Use the estimator at www.irs.gov, or your spouse have self-employr			(and Steps 3-4). If you				
	(b) Use the Multiple Jobs Worksheet							
	(c) If there are only two jobs total, yo option is generally more accurate higher paying job. Otherwise, (b) i	than (b) if pay at the lower pa	same on Form W-4 form was same on Form W-4 for same same same was same was same was same was same was same was	or the other job. This half of the pay at the				
	ps 3–4(b) on Form W-4 for only ONE of the ate if you complete Steps 3–4(b) on the Form If your total income will be \$200,000	n W-4 for the highest paying jo	ob.)	3. (Total withholding will				
Claim	Multiply the number of qualifying							
Dependent and Other	Multiply the number of other depe	. \$	-					
Credits	Add the amounts above for qualifyin this the amount of any other credits.		ents. You may add to	3 \$				
Step 4 (optional): Other	(a) Other income (not from jobs) expect this year that won't have we have include interest, dividen	withholding, enter the amount	of other income here.					
Adjustment	(b) Deductions. If you expect to clair want to reduce your withholding, the result here							
	(c) Extra withholding. Enter any add	litional tax you want withheld ε	each pay period	4(c) \$				
Step 5:	Under penalties of perjury, I declare that this cer	tificate to the best of my knowled	tge and belief is true, co	orrect, and complete.				
Sign Here	order perfantes of perjury, I declare that this con	illicate, to the best of my knowled	igo ana bonor, la rado, or	on oot, and oom proces				
	Employee's signature (This form is not v	ite						
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)					

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 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 and you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), 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 2024 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, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

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;
- Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
- 3. 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.

Instead, if you (and your spouse) have a total of only two jobs, you may 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 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 2024 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.

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. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

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	2a	\$
	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.)		<i>\$</i> //
1	Enter an estimate of your 2024 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: • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 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 territories 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 (2024)	-			Married F	ilina Joi	ntly or C	Qualifying	Survivi	na Spou	se			Page 4
Higher Paying Jo	Married Filing Jointly or Qualifying Surviving Spouse Lower Paying Job Annual Taxable Wage & Salary												
Annual Taxable Wage & Salary			\$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 - 9,99	9 9	50	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,99	9	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,99	9 78	30	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,99	9 8	50	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,99	9	40	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,9	9 1,0	20	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,99		20	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,99	i '	- 1	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,9			2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,9		- 1	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,9		ł	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910 16,990	18,110 18,190
\$240,000 - 259,9			4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,9		1	4,440	6,840	8,310	9,710	10,990	12,190 12,190	13,390	14,590 14,590	15,790 15,790	16,990	18,380
\$280,000 - 299,9			4,440 4,440	6,840 6,840	8,310 8,310	9,710 9,710	10,990	12,190	13,390	14,590	15,790	17,980	19,980
\$300,000 - 319,9				 			· · · · · · · · · · · · · · · · · · ·		15,280	17,280	19,280	21,280	23,280
\$320,000 - 364,9 \$365,000 - 524,9		1	4,440 6,010	6,840 9,510	8,310 12,080	9,710 14,580	11,280 16,950	13,280 19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	1	- 1	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590
ψ323,000 and 0 vi	1 0,1	-0 _1	0,040				d Filing S	<u> </u>		20,000		1 - 1,	
Higher Paying J	h.						Job Annua	<u> </u>		Salary			
Annual Taxable Wage & Salary	\$0		\$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 - 9,9	_	40	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,9		70	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,9	1	- 1	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,9	9 1,0	20	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,9	99 1,3	90	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,9	99 1,8	70	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,9	99 1,8	70	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,9	99 2,0	40	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,9	99 2,0	40	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,9		40	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,9			4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,9			5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,9			6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,9		70	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260 24,430	23,500 25,870
\$450,000 and ov	er 3,1	40	6,450	9,110	11,610	14,110	16,610 Househo	18,430	19,930	21,430	22,930	24,430	23,070
Higher Paying J	oh						Job Annu	 	Wage &	Salary		******	
Annual Taxabl Wage & Salan	\$ 0		\$10,000 - 19,999	\$20,000 -		\$40,000 - 49,999		\$60,000 -	\$70,000 - 79,999	1	\$90,000 - 99,999	\$100,000 109,999	\$110,000 - 120,000
\$0 - 9,9		\$0	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,9		510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,9	t t	350	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,9		20	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,9		20	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,9			3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,9		370	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,9			4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,9	99 2,0)40	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,9	99 2,0)40	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,9	99 2,0)40	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,9	99 2,7	'20	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,9	99 2,9	70	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and ov	er 3,1	40	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230

Illinois Withholding Allowance Worksheet

General Information

Use this worksheet as a guide to figure your total withholding allowances you may enter on your Form IL-W-4.

Complete Step 1.

Complete Step 2 if

- · you (or your spouse) are age 65 or older or legally blind, or
- you wrote an amount on Line 4 of the Deductions Worksheet for federal Form W-4.

If you have more than one job or your spouse works, your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

You may reduce the number of allowances or request that your employer withhold an additional amount from your pay, which may help avoid having too little tax withheld.

Step 1: Figure your basic personal allowar	nces (including allowances for de	ependents)
Check all that apply:	•	
☐ No one else can claim me as a dependent.		
☐ I can claim my spouse as a dependent.		
1 Enter the total number of boxes you checked.		
2 Enter the number of dependents (other than you or your spouse)		
 Add Lines 1 and 2. Enter the result. This is the total number of baentitled. You are not required to claim these allowances. The nurchoose to claim will determine how much money is withheld from Enter the total number of basic personal allowances you choose 	mber of basic personal allowances that you your pay. See Line 4 for more information. 3	
Form IL-W-4 below. This number may not exceed the amount on	Line 3 above, however you can claim as	
few as zero. Entering lower numbers here will result in more mon	ney being withheld(deducted) from your pay. 4	
Step 2: Figure your additional allowances		
Check all that apply:		
☐ I am 65 or older. ☐ I am legally bli	nd.	
☐ My spouse is 65 or older. ☐ My spouse is I	egally blind.	
5 Enter the total number of boxes you checked.	5	
6 Enter any amount that you reported on Line 4 of the Deductions		
for federal Form W-4 plus any additional Illinois subtractions or d		
7 Divide Line 6 by 1,000. Round to the nearest whole number. Ente		
8 Add Lines 5 and 7. Enter the result. This is the total number of ac you are entitled . You are not required to claim these allowances.		
that you choose to claim will determine how much money is withl		
9 Enter the total number of additional allowances you elect to claim	n on Line 2 of Form IL-W-4, below. This	
number may not exceed the amount on Line 8 above, however y		
numbers here will result in more money being withheld (deducted	i) from your pay.	ne 3 of Form II -W-4
IMPORTANT: If you want to have additional amounts withheld from y below. This amount will be deducted from your pay in addition to the	amounts that are withheld as a result of the a	llowances you have
claimed.		
Cut here and give the certificate to your emp	ployer. Keep the top portion for your records. — — —	>
Illinois Department of Revenue		
IL-W-4 Employee's Illinois Withholding Allow	vance Certificate	
	1 Enter the total number of basic allowances that	t you
Social Security number	are claiming (Step 1, Line 4, of the worksheet).	•
	2 Enter the total number of additional allowances	
Name	you are claiming (Step 2, Line 9, of the worksh	eet). 2
Object and the co	3 Enter the additional amount you want withheld (deducted) from each pay.	3
Street address	, , ,	
City State ZIP	I certify that I am entitled to the number of withholdir this certificate.	ig anowances cidimed Off
Check the box if you are exempt from federal and Illinois		
Income Tax withholding and sign and date the certificate.	Your signature	Date
Printed by the authority of the State	Employer: Keep this certificate with your records. If you have re certificate to the IRS and the IRS has notified you to disregard it	, you may also be required to
of Illinois - web only,1 copy. This form is authorized under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.	disregard this certificate. Even if you are not required to refer the IRS, you still may be required to refer this certificate to the II inspection. See Illinois Income Tax Regulations 86 III. Adm. Cod	e employee's federal certificate t linois Department of Revenue fo



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No.1615-0047 Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the <u>Instructions</u>.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee li	nformation ut not befor	and Attestati e accepting a j	on: Employe	es must comp	ete and sig	n Sectio	n 1 of Fo	rm I-9 n	o later than the first
Last Name (Family Name)	First Name	e (Given Name)		Middle Initial (if any) Other La			st Names Used (if any)		
Address (Street Number and	Name)		Apt. Number (if a	t. Number (if any) City or Town				State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. So	cial Security Numbe	Emplo	yee's Email Addres	s			Employee'	s Telephone Number
I am aware that federal provides for imprisonm fines for false statemen use of false documents connection with the corthis form. I attest, unde of perjury, that this info including my selection attesting to my citizens immigration status, is to correct.	1. A citizen 2. A noncit 3. A lawful 4. A noncit	ck one of the following boxes to attest to your citizenship or immigration states 1. A citizen of the United States 2. A noncitizen national of the United States (See Instructions.) 3. A lawful permanent resident (Enter USCIS or A-Number.) 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to the united the united Number 4., enter one of these: USCIS A-Number OR Form I-94 Admission Number OR Foreign							
Signature of Employee If a preparer and/or tra	moleter ossis	ted you in comple	ling Section 1	that person MUST			nm/dd/yyyy		ertification on Page 3.
Section 2. Employer F business days after the en authorized by the Secretal documentation in the Addi	nployee's firs	st day of employn ocumentation from	nent, and mus m List A OR a	t physically exam	ine, or exam	iine consi	istent with	an altern	ative procedure
		List A	OR	Li	st B	Al	ND		List C
Document Title 1 Issuing Authority	· · · · · · · · · · · · · · · · · · ·	 							
Document Number (if any)									
Expiration Date (if any)									
Document Title 2 (if any)			Add	itional Informat	ion				
Issuing Authority									
Document Number (if any)									
Expiration Date (if any)									
Document Title 3 (if any)									
Issuing Authority									
Document Number (if any)									
Expiration Date (if any)				Check here if you us	sed an alterna	tive proced	lure authoriz		6 to examine documents.
Certification: I attest, under employee, (2) the above-list best of my knowledge, the	ed document	tation appears to b	e genuine and	to relate to the en				First Da (mm/dd	y of Employment /yyyy):
Last Name, First Name and T	itle of Employ	er or Authorized Re	presentative	Signature of Er	nployer or Aut	norized Re	presentative	•	Today's Date (mm/dd/yyy
Employer's Business or Orga	nization Name		Employer's	Business or Organ	ization Addres	s, City or T	own, State,	ZIP Code	

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity AN	D Documents that Establish Employment Authorization
 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 I-551 printed notation on a machine-readable immigrant visa Employment Authorization Document that contains a photograph (Form I-766) For an individual temporarily authorized to work for a specific employer because of his or her status or parole: Foreign passport; and Form I-94 or Form I-94A that has the following: The same name as the passport; and An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or 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 		1. Driver's license or ID card issued by a State of outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 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. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record	 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 (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) Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal Native American tribal document U.S. Citizen ID Card (Form I-197) Identification Card for Use of Resident Citizen in the United States (Form I-179) Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central. The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.
and the FSM or RMI		Acceptable Receipts	
May be prese	ente	d in lieu of a document listed above for a t	temporary period.
		For receipt validity dates, see the M-274.	
Receipt for a replacement of a lost, stolen, or damaged List A document. Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. Form I-94 with "RE" notation or	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.
refugee stamp issued to a refugee.			

^{*}Refer to the Employment Authorization Extensions page on <u>I-9 Central</u> for more information.

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