

Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9 Supplement A OMB No. 1615-0047 Expires 05/31/2027

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.		N	Middle initial (if any) from Section 1.		
Instructions: This supplement must be completed by any preparer and/or translator who assists 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 above. 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			Date (mm/dd/yyyy)			
Last Name (Family Name)	First	First Name (Given Name)		Middle Initial (if any)		
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			Date (mm/dd/yyyy)			
Last Name (Family Name)	First Name (Given Name)				Middle Initial (if any)	
Address (Street Number and Name)	•	City or Town		State	ZIP Code	
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