



# Election Worker Payroll Packet

Notice: This form and other payroll documents will be used to build a pool of citizens wishing to serve as election workers for future elections in Pickens County, South Carolina. Completing this packet does not automatically mean you will be appointed to work any given election. You understand that the Executive Director of the Board of Voter Registration & Elections will appoint election workers from this pool as positions become available.

*In order to be an election worker, YOU MUST:*

- Be a registered voter in Pickens County or an adjoining county (Anderson, Greenville, or Oconee Counties); OR be aged 16 or 17. Sixteen and seventeen year olds are compensated at the same pay rate as adults; however, we may only appoint one 16 or 17 year old for every two adult poll managers.
- Attend a Poll Manager Training Class before EACH election. Classes are approximately 3 hours in length.
- Be willing and able to work the ENTIRE Election Day, from approximately 5:45AM until approximately 8:00PM.
- Be non-partisan and neutral when working an election.
- Cannot be related to or work for any candidate on the ballot in your assigned precinct.
- Must not campaign for a candidate or issue on the ballot.
- Must be able to lift 50 pounds (weight of the voting machines).
- Must have sufficient vision to read the laptop, procedure manuals, voter IDs, and signs.
- Must have sufficient hearing to hear, understand, and communicate with voters and fellow workers.
- Must be able to operate a laptop computer.
- Must be able to type proficiently.

*Required Documents:*

You must include copies of the following identification documents when you submit this packet:

- Your United States Passport, or
- Your South Carolina Driver's License and Social Security Card, or
- Your South Carolina Driver's License and Birth Certificate

You only need to provide one set from above.

# Poll Clerks

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A Poll Clerk is the Executive Director's appointed supervisor in charge of a specific voting precinct for a specific election. The purpose of this class is to oversee and manage a voting precinct, provide specialized assistance to help ensure effective and efficient elections; to provide professional, courteous customer service at all times, and to perform related duties as assigned. The class works within a general outline of work to be performed, and develops work methods and sequences under general supervision of the Election Analyst and Executive Director.

## **Pay Rates:**

Pay rate for Primary & General Elections are \$195. Pay rate for any subsequent runoff election is \$135. Applicable taxes will be withheld. Poll Managers who already have a retirement account with the SC Public Employee Benefits Authority (PEBA) (SC state, county, municipal, or school current and former employees) will have a deduction for retirement withheld.

## **Requirements:**

- To be considered to be appointed as a Poll Clerk, the applicant must have experience successfully serving as a poll manager for elections in Pickens County, SC.
- Poll Clerks must meet all qualifications of being a Poll Manager.

## **Job Responsibilities:**

The tasks listed below are those that represent the majority of the time spent working in this class. Management may assign additional tasks related to the type of work of the class as necessary.

- Oversee and supervise the opening and setting up voting precinct including check-in table, chairs, voting machines, organizing supplies, curbside voting spaces, and hanging posters and sample ballots.
- Contacts voting location and verifies availability of facility prior to election and notify them of special needs (table, chairs, electrical outlets and cords, availability times, etc.).
- Recruit sufficient poll managers to staff the voting precinct, register poll managers for training classes, and maintaining contact to insure poll managers attend the training classes and work the day of the election.
- Poll Clerks are responsible for ensuring all laws and procedures are followed and materials are picked up and returned.
- Handle any issues with voters, candidates, poll watchers, or poll managers.
- Check-in and process voters on laptop computers
- Determine voters qualification, districts, and appropriate ballot style
- Distribute and account for all ballots
- Activate the voting system

- Ensure that election laws and voting procedures are being complied with
- General and accurate assistance to voters
- Oversee and supervise the closing of the voting precinct, tabulating results, and packing of equipment and supplies.
- Must return all equipment, ballots, and supplies to the Department immediately after the closing of the polls on election night.....NO exceptions...No delays.

## Poll Managers

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Poll Managers are the Executive Director's appointed election workers that serve under the Precinct Poll Clerk and assist in operating the polling places. Though appointed by the Board's Executive Director, Poll Managers are usually recruited and selected by the Precinct's Poll Clerk.

The purpose of the class is to provide specialized assistance to help ensure effective and efficient elections; to provide professional, courteous customer service at all times, and to perform related duties as assigned. The class works within a general outline of work to be performed, and develops work methods and sequences under general supervision of the Precinct's Poll Clerk, the Election Analyst, and the Executive Director.

Poll managers are essential to conducting good, fair, and impartial elections. The goal is to provide a positive experience for voters while following procedures. Poll Managers must put aside personal views about candidates and political parties. Security and accountability are key.

### **Pay rates:**

Pay rate for Primary & General elections is: \$135. Pay rate for any subsequent runoff election is \$75. Applicable taxes will be withheld. Poll Managers who already have a retirement account with the SC Public Employee Benefits Authority (PEBA) (SC state, county, municipal, or school current and former employees) will have a deduction for retirement withheld.

### **Requirements:**

In order to be a poll manager, the person being considered must:

- Be a registered voter in Pickens County or an adjoining county (Anderson, Greenville, or Oconee Counties); OR be aged 16 or 17. Sixteen and seventeen year olds are compensated at the same pay rate as adults; however, we may only appoint one 16 or 17 year old for every two adult poll managers.
- Attend a Poll Manager Training Class before EACH election. Classes are approximately 3 hours in length.
- Be willing and able to work the ENTIRE Election Day, from approximately 5:45AM until approximately 8:00PM.
- Be non-partisan and neutral when working an election.

- Cannot be related to or work for any candidate on the ballot in your assigned precinct.
- Must not campaign for a candidate or issue on the ballot.
- Must be able to lift 50 pounds (weight of the voting machines).
- Must have sufficient vision to read the laptop, procedure manuals, voter IDs, and signs.
- Must have sufficient hearing to hear, understand, and communicate with voters and fellow workers.
- Must be able to operate a laptop computer.
- Must be able to type proficiently.

**Job Responsibilities:**

The tasks listed below are those that represent the majority of the time spent working in this class. Management may assign additional tasks related to the type of work of the class as necessary.

- Attend a poll manager training class that is a minimum of 3-hours long prior to each election.
- Assist with opening and setting up voting precinct including check-in table, chairs, voting machines, organizing supplies, curbside voting spaces, and hanging posters and sample ballots.
- Check-in and process voters on laptop computers
- Determine voters qualification, districts, and appropriate ballot style
- Distribute and account for all ballots
- Activate the voting system
- Ensure that election laws and voting procedures are being complied with
- General and accurate assistance to voters
- Assist with closing the voting precinct, tabulating results, and returning equipment and supplies to the Department



## Board of Voter Registration & Elections

### Application to Be an Election Worker

I am applying to be a:

Poll Clerk - is in charge of the voting location

Poll Manager

Rover / Polling Location Technician

Temporary In-office Absentee Poll Clerk

Full Name as Registered to Vote: \_\_\_\_\_

Voting Precinct(s) or Location(s) Preferred: \_\_\_\_\_

Are you currently an elected official in Pickens County? \_\_\_\_\_ If yes, what is your office title? \_\_\_\_\_

Do you currently work for an elected official in Pickens County? \_\_\_\_\_ If yes, who? \_\_\_\_\_

Are you related to an elected official in Pickens County? \_\_\_\_\_ If yes, who? \_\_\_\_\_

If yes to above, what is the nature of your relation (ie mother, father, sister, brother, aunt, uncle, etc.)? \_\_\_\_\_

Are you related to any candidate running for office in Pickens County? \_\_\_\_\_ If yes, who? \_\_\_\_\_

If yes to above, what is the nature of your relation (ie mother, father, sister, brother, aunt, uncle, etc.)? \_\_\_\_\_

Are you an employee of Pickens County? \_\_\_\_\_ If yes, which office or department? \_\_\_\_\_

Legal Domicile Residence Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Voter Registration Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Signature and Oath

I understand that this form and other payroll documents will be used to build a pool of citizens wishing to serve as election workers for future elections in Pickens County, South Carolina and does not automatically mean I will be appointed to work any given election. I understand that the Executive Director of the Board of Voter Registration & Elections will appoint election workers from this pool in accordance with SC Code of Laws 7-13-72.

I do solemnly swear (or affirm) that I am duly qualified, according to the Constitution of this State, to exercise the duties of the office to which I have applied, and that I will, to the best of my ability, discharge the duties thereof, and preserve, protect and defend the Constitution of this State and of the United States. So help me God.

I do solemnly swear (or affirm) that I will conduct every election according to law and will allow no person to vote who is not entitled by law to vote in any election, and I will not unlawfully assist any voter to prepare his ballot and will not advise any voter as to how he should vote at any election to which I serve as an election worker.

I will notify the Executive Director of the Board of Voter Registration & Elections immediately of any conflicts of interest that may impair my impartiality.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Form W-4 (2017)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	_____
<b>B</b>	Enter "1" if: { • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . . .	<b>B</b>	_____
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	_____
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	_____
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	_____
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b>	_____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have two to four eligible children or <b>less</b> "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	<b>G</b>	_____
<b>H</b>	Add lines A through G and enter total here. ( <b>Note:</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	_____

For accuracy, complete all worksheets that apply.   
 • If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.   
 • If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.   
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b> ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 <b>2017</b>
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5 _____
6 Additional amount, if any, you want withheld from each paycheck				6 \$ _____
7 I claim exemption from withholding for 2017, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶				7 _____
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)			9 Office code (optional)	10 Employer identification number (EIN)

Section

**Deductions and Adjustments Worksheet**

**Note:** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1 Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details . . . . . 1 \$ \_\_\_\_\_

2 Enter:  $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$  . . . . . 2 \$ \_\_\_\_\_

3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" . . . . . 3 \$ \_\_\_\_\_

4 Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) . . . . . 4 \$ \_\_\_\_\_

5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2017 Form W-4* worksheet in Pub. 505.) . . . . . 5 \$ \_\_\_\_\_

6 Enter an estimate of your 2017 nonwage income (such as dividends or interest) . . . . . 6 \$ \_\_\_\_\_

7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" . . . . . 7 \$ \_\_\_\_\_

8 **Divide** the amount on line 7 by \$4,050 and enter the result here. Drop any fraction . . . . . 8 \_\_\_\_\_

9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 . . . . . 9 \_\_\_\_\_

10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 . . . . . 10 \_\_\_\_\_

**Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**

**Note:** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) . . . . . 1 \_\_\_\_\_

2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . . 2 \_\_\_\_\_

3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . . . 3 \_\_\_\_\_

**Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4 Enter the number from line 2 of this worksheet . . . . . 4 \_\_\_\_\_

5 Enter the number from line 1 of this worksheet . . . . . 5 \_\_\_\_\_

6 **Subtract** line 5 from line 4 . . . . . 6 \_\_\_\_\_

7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . . 7 \$ \_\_\_\_\_

8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . 8 \$ \_\_\_\_\_

9 Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . 9 \$ \_\_\_\_\_

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

**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 who claims no withholding allowances; 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 possessions 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.



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**▶ START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ] - [ ][ ] - [ ][ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

1. A citizen of the United States

2. A noncitizen national of the United States *(See instructions)*

3. A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_

4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): \_\_\_\_\_  
 Some aliens may write "N/A" in the expiration date field. *(See instructions)*

*Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:  
 An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.*

1. Alien Registration Number/USCIS Number: \_\_\_\_\_  
**OR**  
 2. Form I-94 Admission Number: \_\_\_\_\_  
**OR**  
 3. Foreign Passport Number: \_\_\_\_\_  
 Country of Issuance: \_\_\_\_\_

QR Code - Section 1  
 Do Not Write in This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

**Preparer and/or Translator Certification (check one):**

I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

STCP **Employer Completes Next Page** STCP

Complete this section