

# Prisoner Reentry Network's Guide To: The Job Search



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You will need to gather various documents in order to be eligible to find a job. This is an important step that will simplify the application process. This guide will help you assemble the documents and information you will need to provide to prospective employers. Also included in this packet are tips on interviewing and how to present yourself to prospective employers. At the end of this packet there is a collection of forms you may need or may see in the future. Familiarize yourself with them and prepare for the job search.



About the Prisoner Reentry Network:

The Prisoner Reentry Network promotes successful transitions from incarceration to the community through direct legal and social services, coordinating community resources, public education, and policy advocacy. This includes developing parole plans; providing prisoners assistance with services in their local communities; promoting public support for such programs; and providing a model for reentry programs that can be replicated in California and elsewhere. The Prisoner Reentry Network was founded by Jared Rudolph in February 2014.

Accessing Prisoner Reentry Network's Services:

The program will supply information packets and individualized counseling on any reentry-related issue through the mail. To contact the Prisoner Reentry Network by mail, write to:

Prisoner Reentry Network  
PO Box 71552  
Oakland, CA 94612

If you have internet access, contact us through our website: [www.prisonerreentrynetwork.org](http://www.prisonerreentrynetwork.org).

## **1. Job Search Checklist**

When applying for a job you are going to need various forms of supporting documentation in order to make you eligible to be hired.

These are:

- Social Security Number
- Picture ID
- An Address; technically you don't need an address, but this will strengthen your application.
- Birth Certificate (in order to get a Social Security Number)

## **2. Forms Explained**

Copies of the forms can be found at the end of this packet. They are there so that you can familiarize yourself with them. You'll get copies when you're on the outside.

### **W-4 Form**

The W-4 is an Internal Revenue Service (IRS) form you complete to let your employer know how much money to withhold from your paycheck for federal taxes. Accurately completing your W-4 can ensure you don't have a big balance due at tax time. It can also prevent you from overpaying your taxes, putting more money in your pocket during the year.

In general, your employer will not send form W-4 to the IRS; after using it to determine your withholding, the company will file it. You can change your withholding at any time by submitting a new W-4 to your employer. Situations when you might need to change your W-4 include getting married or divorced, having a child or picking up a second job. You might also want to submit a new W-4 if you discover that you withheld too much or too little the previous year when you're preparing your annual tax return – and you expect your circumstances to be similar for the current tax year. Your W-4 changes will take effect within the next one to three pay periods.

### **Claiming allowances**

The W-4 is based on the idea of "allowances." The more allowances you claim, the less money your employer will withhold for taxes. You get one allowance for yourself, one for your spouse and one for each dependent you report on your tax return. You can claim additional allowances in certain cases such as planning to itemize your deductions when preparing your return, your filing status is "head of household" or if you're eligible to claim a tax credit for child care expenses.

### **Requesting additional withholding**

The W-4 also helps you determine whether you need extra money withheld from your pay. If you work more than one job, have self-employment income or if your spouse earns income too, the personal allowance worksheet on Form W-4 will not incorporate this other income into your allowances, and too little will be withheld. This is because the additional income that you end up reporting on your tax return may put you in a higher tax bracket. By voluntarily increasing your tax withholding on the W-4, you can avoid having to make an additional lump-sum tax payment when you file

## Filling out the W-4

The W-4 form, otherwise known as Employee's Withholding Allowance Certificate, includes a series of worksheets you can use to calculate the appropriate number of allowances to claim. This includes a separate worksheet for taxpayers who have a working spouse or earn other types of income.

After calculating your allowances, you must provide some personal information and report your total allowances and additional withholding amounts on the actual form. You must tear off this certificate and provide it to your employer.

## Updating your W-4

The IRS recommends that if you work more than one job, or if you and your spouse both work, that you claim all your allowances on the W-4 for the highest-paying job and claim zero allowances on the W-4 forms for all other jobs. It also suggests that taxpayers consider completing a new W-4 every time a major life event occurs, such as a marriage, the birth or adoption of a child or a spouse getting or losing a job. These things can have a direct effect on the amount of tax you owe, so your W-4 should account for them.

## **I-9 Form**

The Employment Eligibility Verification Form I-9 is a U.S. Citizenship and Immigration Services form. It is used by an employer to verify an employee's identity and to establish that the worker is eligible to accept employment in the United States

When submitting an I-9 you will need to show your employer a valid form of Identification. If you are not a US citizen then there are issues with completing an I-9. If you are a US citizen then you will need either a passport, a drivers license, or a state issued ID card.

## **3. Obtaining Documents**

### **How to Obtain a Social Security Card**

Complete an application for a Social Security Card (Form SS-5) and show the Social Security office the following original documents or copies certified by the issuing agency verifying:

- U.S. citizenship or immigrant status (including Department of Homeland Security permission to work in the United States)
- Age (birth certificate or other required documentation)
- Identity (driver's license, state-issued identification card, or U.S. Passport)

An application can be found at the end of this pamphlet. Take or mail your completed application and original documents to the Social Security Administration Office.

1098 Valencia Street  
San Francisco, CA 94110

## **How to Obtain a Birth Certificate**

If you cannot find your original birth certificate, the steps you will need to take in order to obtain a certified copy of your birth certificate will vary depending on the state you were born in. If you were born outside of California, you will need to visit your state's official website to find information on requesting a copy.

If you were born in California, visit the California Department of Public Health for more information. It is often quicker to obtain a copy from the county in which you were born. If you were born in San Francisco, visit the San Francisco Department of Public Health Office of Vital Records for more information.

For a list of addresses for County recorders, turn to the end of the packet where you can find a pamphlet on how to get a copy of your birth certificate. There is an application. You will need to get the application notarized. Ask your counselor if there is a notary in the facility in which you are being held.

## **How to Obtain a California ID**

The CAL-ID Card Program provides a valid California identification card to eligible inmates upon their release from prison in accordance with California Penal Code Section 3007.05. Possession of a CAL-ID card is a critical component for employment and other services

The CAL-ID program is available in all correctional facilities in California.

In order to participate, offenders must:

- Be within 120-210 days of release
- Have no active felony hold, warrant, or detainer that may result in additional incarceration following release
- Not have an active Immigration and Customs Enforcement hold, which would result in deportation
- Provide a valid Social Security number
- Have been issued a California identification card or driver license from the Department of Motor Vehicles within the previous 10 years
- Provide a physical address, including a zip code

## **The Application**

### Résumé Skill-based Words

The following is a list of skill areas that you might use on your resume, or you may decide on other skill categories that are more appropriate for your experience. These are just a few of the skills normally associated with each of these categories. When you go over your own list of skills, group them into these categories as well as you can, but don't hesitate to put one skill into several categories. The test you should use is whether the skill you are grouping is mainly a financial or service or management or communication skill, etc.

- Administration Skills; Planning, Organizing, Scheduling, Assigning/Delegating, Directing, Interviewing/Hiring, Measuring production, Setting standards, Work under stress, Work with people, Travel frequently, Work as a team member, Personnel practices, Analyzing & evaluating, Time management, Negotiating strategies, Problem solving, Program development, Decision making, Program planning
- Computer Skills; Microsoft Word, Power Point, Access, Excel, Internet, Front Page, Photo Draw, Print Shop, Hyper Studio, Java Script, HTML, DHTML, Cold Fusion, C++, Macintosh, PC, Microsoft Outlook, Publisher, Adobe Acrobat or List the types of programs you know, such as word processing, databases, spreadsheets, web design, etc.
- Service Skills; Counseling, Guiding, Listening, Leading, Coordinating, Respond to emergencies, Teaching/Training, Work evenings/weekends, Work independently, Knowledge of a subject, Agencies' policies, Community resources, Human behavior principles, Work under hazardous conditions, Program planning/development
- Communication Skills; Reasoning, Organizing, Defining, Writing/editing, Listening, Explaining, Interpreting ideas, Reading, Communicate precise information, Work with committees, Public speaking, Correct English usage, Operate communication systems, Subject knowledge, Good sense of timing
- Supervisory Skills; Instructing, Organizing (people, data, things), Delegating responsibilities, Negotiating, Motivating others, Evaluating people and data, Problem solving, Implementing, Researching, Adaptability, Coordinating, Flexibility, Decision making, Staff development, Assigning, Scheduling, Inspecting
- Financial Skills; Analyzing, Calculating, Projecting, Budgeting, Recognize problems, Problem solving, Able to concentrate, Handle detail work, Work under tight deadlines, Orderly thinking, Accounting procedure, Data processing, Operate business machines, Record keeping, Financial concepts, Investment principles, Estimating & bidding, Fund raising, Bookkeeping
- Interpersonal Skills; Assertive, Adaptable, Confident, Cooperative, Dependable, Relate well with others, Convey warmth-caring, Demonstrate empathy, Develop rapport, Listening, Use of humor, Trustworthy, Motivated, Tactful, Reflective
- Creative Skills; Idea creation, Painting / Drawing, Designing, Color coordination, Writing, Innovative, Remodeling, Artistic talent, Craft talent, Acting, Spatial relations, Performing arts, Developing

- Public Relations Skills; Planning, Conducting, Maintaining favorable image, Informing the public, Consulting, Write news releases, Researching, Representing, Work with people, Work under stress, Work long hours, Work odd hours, Media process, Human relations
- Sales Skills; Contacting, Persuading, Reviewing products, Inspecting products, Determining value, Informing buyers, Promoting sales, Work outdoors/indoors, Work with people, Work under stress, Work long hours, Knowledge of products, Human relations, Financing, Budgeting, Marketing, Advertising
- Language Skills; Writing, Editing, Communicating verbally, Proofreading, Public speaking, Negotiating, Persuading, Motivating, Teaching/training, Foreign languages (written and verbal)

### **Interview Process**

A felony conviction in your past doesn't prevent you from getting a job; it just requires you to convince prospective employers that hiring you is not a risk. Your best option is to be honest with your employer about your conviction

When applying for a job, you may be asked about felony convictions.

Tell the truth. Most employers will run a background check and learn about your criminal record, whether you tell them or not.

Know what is in your criminal record. It is not uncommon for your criminal record to contain incorrect information, and prospective employers will probably see it. It's important that you review it first and clean up any problems before you apply for a job.

Some convictions are better than others. Many employers will forgive a single drug possession conviction or a DUI, but not a string of theft convictions or assaults. Also, the farther back in time the conviction occurred, the better.

### **On the Application**

Read the felony question carefully! Not all felony questions are the same. For example, some job applications simply ask for felony convictions in the past five years. If your conviction was seven years ago, you can simply say "no," and move on.

Explain your conviction. If the application gives you space to explain your conviction, and if the conviction is far in the past, state what the conviction was and how long ago it happened, explain that you've turned your life around, and welcome an opportunity to discuss it in person.

If your conviction is recent or more serious in nature, ask to explain the situation in person.

Recent or serious conviction example: "I would like the opportunity to explain this situation more fully to you at an interview."

## At the Interview

If you get an interview, congratulations! This is your chance to show the employer who you are and why you would be a good fit for the position. It's also the time when you will have to explain your felony conviction.

Give a very brief explanation of your crime including only the necessary information and leaving out the personal details and drama. The older the crime the better, so mention if it was a long time ago.

Take responsibility for your actions. Admit that you made some poor choices. Give the interviewer a brief explanation of your crime. Do not make excuses or try to justify the crime.

Put a positive spin on your experience. No one wants to get enmeshed in the criminal justice system, but everyone who does learns something from the experience. Tell the employer what your experience taught you – for example, quickly gaining social skills, respecting authority, taking direction, tapping into creativity or setting goals.

Stress that you've turned your life around. Since your conviction, you have probably made changes in your life to make sure you don't ever go to prison again. Talk about these changes — for example, joining AA, attending support groups, seeking counseling, leaving an abusive relationship, finding new law-abiding friends, reconnecting with a supportive family.

Example of felony explanation in an interview: “Seven years ago, I was convicted of possessing a controlled substance. I served my time and am now on parole. I took part in an addiction program and am now drug free. Since my conviction, I have earned my GED and have gotten my beauty license. I have reconnected with my family and am living with my parents. They are incredibly loving and supportive. My conviction was a mistake I made, but I have turned my life around. It won't happen again.”

Employer benefits of hiring an ex-offender. The Federal government has two programs to encourage employers to hire ex-offenders. The employers themselves may not know about these incentives, so you might have to explain it to them, as an additional benefit of hiring you. (More Detail of these is given a few pages later in the packet.)

Focus on your skills and your abilities. Don't get sidetracked by the felony question. Address it and move on to talking about why you are the right person for the job.

The following pages contain some tips on how to present yourself at the interview and how to further market yourself as an employee.



Question/Topic	DON'T	DO
Have you ever been convicted of a felony?	<p>DON'T simply say yes. DON'T leave blank.</p> <p>DON'T lie and say that you haven't ever been convicted of a felony.</p> <p>DON'T write a lengthy explanation of past convictions on the application.</p>	<p>DO write "Yes, will discuss in interview" or something similar.</p> <p>DO remember that honesty is important.</p>
What was your wage/salary at your job?	DON'T say the actual amount paid (\$.20/hr).	DO write "minimum wage." After all, a dollar a day was the minimum wage!
What was your reason for leaving?	DON'T use negative words like "went to jail" or "paroled."	DO use terms like "relocated" or "contract ended." Both of these are true.
What experience do you have?	DON'T lie about your experience or qualifications. Even if it helps you get the job initially, you can be fired if and when the truth becomes known (and it usually does).	<p>DO be honest.</p> <p>DO "sell yourself." If you have the experience, let the employer know why you should be hired.</p>
Grooming	DON'T take this for granted!	DO look your best, even when going to fill out an application - this will be the employer's first impression of you. You might also be interviewed on the spot.
Follow-up	<p>DON'T forget that you filled out an application.</p> <p>DON'T simply wait for an employer to call you back.</p>	<p>DO call back within 5 - 7 days to check on the status of your application. This shows you are really interested in the job.</p> <p>DO keep a list of the places where you filled out an application. This will make it easier to do callbacks.</p>
Volunteering Information	DON'T volunteer information that might be considered "negative" by employers (for example your criminal record, substance abuse history, job terminations).	<p>If you have to explain, DO write "will discuss in interview."</p> <p>DO know your rights and which questions are considered illegal. (See "Examples of Illegal Interview Questions" in this packet).</p>
Overall .....	DON'T give up!	DO remember you will probably hear many "no's" before you get a job.

Don't	Do
DON'T be unprepared for questions about your criminal history.	<p>DO be prepared.</p> <p>DO decide whether you will tell an employer directly and explain what you have learned from the situation or if you will avoid giving any information unless you are specifically asked. Our suggestion is that "honesty is the best policy." How you communicate the information makes a difference.</p>
DON'T see yourself as an ex-convict unworthy of employment	<p>DO see yourself as worthwhile and a valuable asset who has the skills and abilities an employer needs.</p> <p>DO have a positive self-image and confidence in your skills and abilities to "sell yourself" to an employer.</p>
DON'T be lengthy in explaining things.	DO keep it short and discuss only necessary items
When asked about your criminal conviction, DON'T say things like "The cops set me up" or "I didn't do anything wrong; it was my brother, Bob, who should have went to prison."	<p>DO be honest.</p> <p>DO explain what you learned from your prison experience or how you want to better yourself after being in prison.</p> <p>DO take responsibility for the actions that led you to prison.</p>
DON'T lie about your criminal background. Employers now have a way to review your criminal background on the Internet! If you are fired, it's not because you are a felon, but because you lied on your	DO stress that although you were incarcerated, you haven't been lazy; explain things you did to stay busy or improve yourself (worked, read, etc.)

application!	
DON'T stress out!	<p>DO relax and be comfortable in explaining you're criminal conviction.</p> <p>DO practice ahead of time. DO maintain eye contact; this shows you have nothing to hide. DO believe in yourself - it will show.</p> <p>DO add something positive about your skills and abilities or positive information about the company.</p>
DON'T be blind to programs that can help you get a job.	<p>DO remember the Federal Bonding Program. This program allows employers to hire ex-felons and bond them if their own insurance won't. In other words, this program acts like an insurance coverage on you to protect the employer (Contact the Transition Program for more information on this program). Mention this program to the potential employer.</p> <p>DO remember the federal Work Opportunity Tax Credit (WOTC). This is available as an incentive for employers to hire ex-offenders and others who may have difficulty in getting work. Inform the potential employer about this.</p>

**How would you answer the question, "Have you ever been convicted of a crime?" Below are some examples of how to answer that difficult question!**

**EXAMPLE 1**

*Interviewer: "I see from your application that you have been convicted of a crime. Will you explain this to me? Tell me about it."*

*Applicant: "I'm glad you asked because I want you to feel comfortable hiring me. It is embarrassing for me to talk about. I want to assure you that it had nothing to do with my previous employers. I took some things that didn't belong to me and as a result, I've taken the time to decide what field I would like to get into. I have enrolled in several clerical courses and can type 50 wpm. I am familiar with several software programs for word processin, and have excellent phone skills. I am very interested in learning all I can about this industry, and I know I would be an asset to your organization."*

**-OR-**

*"When I was younger I got mixed up with the wrong crowds and got in trouble for breaking into cars. We all do things when we are young that we regret. I used the time to my advantage by completing an air conditioning and heating training program and received my certificate. I've researched several air conditioning companies in the area and yours is well respected. I would really like to be a part of your team."*

**-OR-**

"In my past, I was involved with drugs, but that is all behind me, and I've taken control of my life. I have two years of experience in food service and want to stay in this industry and learn as much as possible. As a result of my past, when you hire me, your company is eligible for the Work Opportunity Tax Credit, which can save you up to \$2,400. Are you familiar with this program?"

**Below are examples of phone scripts you can use when calling an employer to get more information about a job or to apply for a job.**

**For a Classified Ad:**

Hello, my name is \_\_\_\_ (name) \_\_\_\_\_. I'm calling about the \_\_\_\_\_ (Job title) \_\_\_\_\_ position advertised in (name of newspaper/website). I've had (number of years of experience or "a lot") years of experience in this field and would like to set up a time for us to get together and discuss this job in more detail.

**For a Random Call When No Position Has Been Advertised:**

Hello, my name is \_\_\_\_ (name) \_\_\_\_\_. I'm calling to see if you have any openings for \_\_\_\_ (job you're interested in) \_\_\_\_\_. I've had \_\_\_\_ (number of years or "a lot") \_\_\_\_ years of experience in this field and would like to set up a time for us to get together and discuss this job in more detail.

### **If They Don't Have Openings:**

Would it be possible for me to come down and fill out an application in case any positions become available?  
Do you know of any \_\_\_\_\_(job title)\_\_\_\_\_ openings in the area?

### **Remember that communication is not just about the words you use.**

Actual words are only part of it. Also make sure to consider tone, pitch, volume, body posture, clothing, facial expressions, gestures.

### **Remember:**

Be polite. Whether you get the results you want or not, thank the person for taking the time to speak with you.

Be prepared to answer questions about your background and/or experience. Have a pen and paper handy to take down information or directions. Be prepared to set up an interview.

### **EXAMPLES OF ILLEGAL INTERVIEW QUESTIONS**

#### **These are questions that should NOT be asked in an interview by an employer:**

Are you married? How old are you? Do you have children? What is your sexual preference? Do you go to church? Do you have a disability? If so, what is it? How much do you weigh? How tall are you? Is your childcare taken care of and who is your provider? Do you own your home or rent? Do you plan on having children/more children? Would you like to go out with me?

Tell us something about any personal, family, or health issues that will prevent you from doing your job.

What does your spouse do? What political party do you belong to? How much money did you make last year? Have you been arrested and if so, what was the charge? What is your opinion on (politics, social groups, religion)? Do you drink, take drugs, both?

#### **Preparing for an Interview:**

#### **Difficult Questions Employers Might Ask you about your Criminal Background**

During an interview, an employer is trying to get as much information about you as possible in a very short amount of time. Below is a worksheet of difficult questions that an employer might ask you. Fill in your answers to see how you would answer them.

I've noticed gaps in your work history; can you explain those gaps? Have you ever been convicted of a crime? What were your convictions? What have you learned from this?

How can you assure our company that you won't re-offend or commit the same

## **Advice on answering the “Felony Interview Question”**

Sandwich your response. Tell of your felony conviction between several strengths and accomplishments. People often remember the first and last parts of sentences. Own up. Be honest. Think about these questions:

- What strengths and accomplishments do I have?
- How do I feel about what I did?
- How have I changed because of going to prison? Where am I going? What are my life and career plans?

## **Examples of Other Difficult Interview Questions**

Tell us about yourself.

Why do you want to work here?

Why did you leave your last job?

Name three strengths and three weaknesses.

How do you respond to having to work under pressure?

How many days of work did you miss in the last year?

I see on your application that you have had many jobs in the past year; is there a reason for this?

Would you have any objections if we contacted any of your former employers?

Where do you see yourself five years from now? What are your long-range career plans?

Why should I hire you?

What would you do if there were a conflict between you and a supervisor? What would you do if there were a conflict between you and another worker?

Why do you want to work for our company?

## **How to Explain Your Felony at a Job Interview**

### **Step 1**

Offer employers an honest explanation about your past. If you lie and the employer finds out after the interview, he'll likely disqualify you without giving you a chance to explain. If he finds out after he hires you, he'll probably fire you. Addressing the conviction during the interview shows employers you're honest, and gives you a chance to explain it in a way that emphasizes what you learned from the experience and how you've changed.

### **Step 2**

Help employers to understand the conviction by being specific about the charges and explaining what they mean. Be honest about how much time you spent in jail and if you're on parole. Some employers aren't concerned with a single conviction, but hesitate to hire anyone with multiple arrests. If the conviction was a one-time thing, mention that upfront.

### **Step 3**

Don't apologize or try to downplay the conviction as "a minor mistake." Own up to your conviction and explain it a matter-of-fact way, so employers can see you've dealt with your past and that it doesn't affect the present. If you try to minimize your conviction, employers may think you haven't overcome the issues that caused you trouble in the past. They may also perceive it as an indicator that you won't be honest if they hire you.

### **Step 4**

Instead of dwelling on your conviction, shift the conversation toward what you learned from the experience. Tell employers that going to jail taught you about taking responsibility for your life, or that you have a greater understanding of how your actions affect other people. Also describe anything you learned in prison and how it's relevant to the job you're applying for. If you worked in the prison kitchen, tell the employer how that taught you about working with others, stressing that you enjoy being part of a team. Also mention if you got your GED, took college classes or learned vocational skills.

### **Step 5**

Focus on the changes you've made to stay out of prison, such as joining a 12-step program, getting your GED or going to college. Stress that you've been sober for over a decade or that you earned early release from prison because of good behavior. Mention that you now volunteer at homeless shelters or with at-risk teens, or that you mentor children in your community. Draw the employer's attention to the fact you've been steadily employed since your release or that you were quickly promoted at your last job. By focusing on how you've improved your life, you'll portray yourself as someone dedicated to becoming a better person and making the world a better place, rather than someone with a criminal history.

### **Step 6**

When explaining your conviction, tell the interviewer how long ago it was so he'll know you've stayed out of trouble since. The older your felony conviction, the less impact it will have when applying for jobs. Some employers only ask about felony convictions within the last five years. Offer a brief explanation by saying something along the lines of, "I went through a rough period in my late teens when I was confused and I acted inappropriately. After getting arrested, I realized how destructive my behavior was and I've done everything I can to put that time in my life behind me."

## **Independent Reasons for an Employer to Hire an Ex-Felon**

An employer who is on the fence or who might otherwise hire somebody without a felony conviction may be persuaded to hire you upon learning of these federal tax incentives that encourage employers to hire ex-offenders. Small businesses are the least likely to know of these programs. It will be helpful to mention them. Doing so will show your financial maturity and that you have a concern for the businesses bottom line.

### **- Work Opportunity Tax Credit (WOTC)**

The Work Opportunity Tax Credit (WOTC) is a federal tax credit available to all private sector businesses as an incentive to employers to hire workers in certain groups who consistently experience high rates of unemployment. If you're reading this you will likely fit into Group 3; Qualified Ex-felon: Individual convicted of a felony **and who is hired within one year after the conviction or release date from a correctional facility**.

The maximum tax credit an employer can claim for the new hire is \$2,400. Only the first \$6,000 of qualified wages can be considered

Here is how the credit is calculated:

Full WOTC credit requires 400 hours of work. Calculate 40 percent of wages earned up to \$6,000 wage cap.

Partial WOTC credit requires at least 120 hours but less than 400 hours. Calculate 25 percent of wages earned up to \$6,000 wage cap (\$1500 maximum credit allowed)

### **- Federal Bonding Program**

The Employment Development Department's (EDD) Fidelity Bonding Program provides bonding services at no cost to employers, employees, and job seekers at Workforce Services sites and America's Job Center of CaliforniaSM (AJCCSM) throughout the state. Fidelity bonding services protect employers against possible theft and dishonest or fraudulent acts, and help alleviate employers' concerns in hiring ex-offenders and at-risk job applicants. This program is funded and administered by the EDD in partnership with the U.S. Department of Labor, Employment and Training Administration. The bonds cover the first six months of employment. There is no cost to the job applicant or the employer. In most states the bonds are made available through the state agency responsible for workforce matters.

### **What Is Fidelity Bonding?**

- Insurance to protect employer against employee dishonesty
- Covers any type of stealing: theft, forgery, larceny, and embezzlement
- In effect, a guarantee of worker job honesty
- An incentive to the employer to hire an at-risk job applicant
- A unique tool for marketing applicants to employers
- DOES NOT cover 'liability' due to poor workmanship, job injuries, work accidents, etc.
- Is NOT a bail bond or court bond needed in adjudication
- Is NOT a bond needed for self-employment (contract bond, license bond or performance bond)

### **Why Is Fidelity Bonding Needed for Job Placement?**

- Employers view ex-offenders and other at-risk job seekers as potentially untrustworthy workers, thereby, denying them job-hire



- Insurance companies will not cover risky job applicants under commercial Fidelity Bonds purchased by employers to protect themselves against employee dishonesty
- Anyone who has ever “committed a fraudulent or dishonest act” is deemed NOT BONDABLE by insurance companies, a situation leading to routine denial of employment opportunities for such persons
- Being NOT BONDABLE is a significant barrier to employment possessed by the hardest-to-place job applicants; this barrier can be eliminated only by The Federal Bonding Program
- Job bonding enables the employer to “obtain worker skills without taking risk”
- Persons who are NOT BONDABLE can ultimately become commercially BONDABLE by demonstrating job honesty during the 6 months of bond coverage under the Federal Bonding Program (such commercial bonding will be made available by the Travelers Casualty and Surety Company of America; referred to hereafter as TRAVELERS)

### **Who Is Eligible for Bonding Services?**

- Any at-risk job applicant is eligible for bonding services, including: ex-offenders, recovering substance abusers (alcohol or drugs), welfare recipients and other persons having poor financial credit, economically disadvantaged youth and adults who lack a work history, individuals dishonorably discharged from the military, and others
- Anyone who cannot secure employment without bonding
- All persons bonded must meet the legal working age set by the State in which the job exists
- Self-employed persons are NOT ELIGIBLE for bonding services (bondee must be an employee who earns wages with Federal taxes automatically deducted from paycheck)
- Bonds can be issued to cover already employed workers who need bonding in order to (a) prevent being laid off, or (b) secure a transfer or promotion to a new job at the company
- Bonding coverage can apply to any job at any employer in any State

### **How Can Bonds Be Accessed Under the Federal Bonding Program?**

- Any organization is now eligible to deliver bonding services under The Federal Bonding Program; for many years bonding services were almost exclusively delivered by the State Employment Service
- All organizations issuing Fidelity Bonds must be “certified” to do so by The Federal Bonding Program
- The Fidelity Bonds issued to employers covering at-risk applicants are made available exclusively to The Federal Bonding Program by Travelers which is not duplicated by any other U.S. program
- Bonds are issued instantly to be in effect the day that the applicant is scheduled to start work; the bonds are self-terminating (no termination paperwork needed), and the employer does not sign any papers in order to receive the bond free-of-charge
- The bond insurance issued ranges from \$5,000 to \$25,000 coverage for a 6-month period with no deductible amount (employer gets 100% insurance coverage); when this bond coverage expires, continued bond coverage can be purchased from TRAVELERS by the employer if the worker demonstrated job honesty under coverage provided by The Federal Bonding Program
- Bond can be issued to the employer as soon as the applicant has a job offer with a date scheduled to start work

# Form W-4 (2016)

**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 2016 expires February 15, 2017. 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 cannot claim exemption from withholding if your 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 do not apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you are not 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 2016. 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>	<u>      </u>
<b>B</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> <span style="font-size: 2em; vertical-align: middle;">}</span> . . . . .	<b>B</b>	<u>      </u>
<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>	<u>      </u>
<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>	<u>      </u>
<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>	<u>      </u>
<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>Note:</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	<u>      </u>
<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>	<u>      </u>
<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>	<u>      </u>
	For accuracy, <b>complete all worksheets that apply.</b> <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul> <span style="font-size: 2em; vertical-align: middle;">}</span>		

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <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.</b></p>	OMB No. 1545-0074  <div style="font-size: 2em; font-weight: bold; text-align: center;">2016</div>				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">1 Your first name and middle initial</td> <td style="width: 50%; padding: 2px;">Last name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2 Your social security number</td> </tr> </table>		1 Your first name and middle initial	Last name	2 Your social security number		
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. <b>Note:</b> 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 <u>      </u>				
6 Additional amount, if any, you want withheld from each paycheck . . . . .		6 \$ <u>      </u>				
7 I claim exemption from withholding for 2016, 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 <u>      </u>				
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)				

### Deductions and Adjustments Worksheet

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

<b>1</b>	Enter an estimate of your 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,300 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter “-0-” . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505)	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2016 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2016 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter “-0-” . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$4,050 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____

### 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.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> )	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3” . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> 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. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____
<b>Note:</b> If line 1 is <b>less than</b> 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.			
<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2016. 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 2016. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**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 - \$6,000	0	\$0 - \$9,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
6,001 - 14,000	1	9,001 - 17,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 25,000	2	17,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
25,001 - 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 - 75,000	5	405,001 and over	1,600		
44,001 - 55,000	6	75,001 - 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 - 100,000	10	140,001 and over	10				
100,001 - 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.



# Instructions for Employment Eligibility Verification

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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

**Read all instructions carefully before completing this form.**

**Anti-Discrimination Notice.** It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit [www.justice.gov/crt/about/osc](http://www.justice.gov/crt/about/osc).

## What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

## General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

## Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

**Name:** Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

**Other names used:** Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

**Address:** Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

**Date of Birth:** Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

**U.S. Social Security Number:** Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

**E-mail Address and Telephone Number (Optional):** You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

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All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

**1. A citizen of the United States**

**2. A noncitizen national 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.

**3. A lawful permanent resident:** A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

**4. An alien authorized to work:** If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

- a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.
- b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).
  - (1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).
  - (2) If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

**Preparer and/or Translator Certification**

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

**Minors and Certain Employees with Disabilities (Special Placement)**

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central) before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include (1) the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and (2) the employer writing "minor under age 18" or "special placement" under List B in Section 2.

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## Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A **OR** a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should **not** present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.
2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.  
If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:
  - a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); **and** the program end date from Form I-20 or DS-2019.
3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.
4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.
5. Sign and date the attestation on the date Section 2 is completed.
6. Record the employer's business name and address.
7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for **ALL** new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.

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## Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central ([www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central)) for examples.

## Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents 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. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.
2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.
2. Record the number and other required document information from the actual document presented.
3. Initial and date the change.

See the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* at [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central) for more information on receipts.

## Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.

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Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 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. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
  - a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
  - b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:

- a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
  - b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

### **What Is the Filing Fee?**

There is no 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 "**USCIS Privacy Act Statement**" below.

### **USCIS Forms and Information**

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.



You can also obtain information about Form I-9 from the USCIS Web site at [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central), by e-mailing USCIS at [I-9Central@dhs.gov](mailto:I-9Central@dhs.gov), or by calling **1-888-464-4218**. For TDD (hearing impaired), call **1-877-875-6028**.

To obtain USCIS forms or the *Handbook for Employers*, you can download them from the USCIS Web site at [www.uscis.gov/forms](http://www.uscis.gov/forms). You may order USCIS forms by calling our toll-free number at **1-800-870-3676**. You may also obtain forms and information by contacting the USCIS National Customer Service Center at **1-800-375-5283**. For TDD (hearing impaired), call **1-800-767-1833**.

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 the USCIS Web site at [www.dhs.gov/E-Verify](http://www.dhs.gov/E-Verify), by e-mailing USCIS at [I-9Central@dhs.gov](mailto:I-9Central@dhs.gov) or by calling **1-888-464-4218**. For TDD (hearing impaired), call **1-877-875-6028**.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling **1-888-897-7781**. For TDD (hearing impaired), call **1-877-875-6028**.

### Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

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

### USCIS Privacy Act Statement

**AUTHORITIES:** The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

**PURPOSE:** This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire 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.

**DISCLOSURE:** Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

**ROUTINE USES:** 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 employer will keep this form and make it 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.

### 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 at 35 minutes per response, including the time for reviewing instructions and completing and retaining 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 Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**



# Employment Eligibility Verification

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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

▶ **START HERE.** 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 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 ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		Middle Initial	Other Names Used ( <i>if any</i> )	
Address ( <i>Street Number and Name</i> )			Apt. Number	City or Town		State Zip Code
Date of Birth ( <i>mm/dd/yyyy</i> )	U.S. Social Security Number [ ][ ]-[ ][ ]-[ ][ ][ ][ ]	E-mail Address			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):

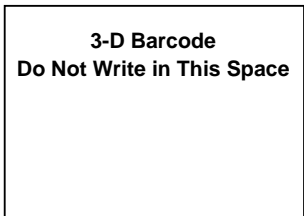
- A citizen of the United States
- A noncitizen national of the United States (*See instructions*)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

Signature of Employee:	Date ( <i>mm/dd/yyyy</i> ):
------------------------	-----------------------------

**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.

Signature of Preparer or Translator:		Date ( <i>mm/dd/yyyy</i> ):	
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )	
Address ( <i>Street Number and Name</i> )		City or Town	State Zip Code



*Employer Completes Next Page*



## Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p><b>3-D Barcode</b> Do Not Write in This Space</p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

### Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

### Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name)		Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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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 (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

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

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	OR	<b>LIST B</b> <b>Documents that Establish Identity</b>	AND	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> </ol>		<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or 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</li> </ol>		<ol style="list-style-type: none"> <li>1. 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</li> </ol>
<ol style="list-style-type: none"> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> </ol>		<ol style="list-style-type: none"> <li>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</li> </ol>		<ol style="list-style-type: none"> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> </ol>
<ol style="list-style-type: none"> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> </ol>		<ol style="list-style-type: none"> <li>3. School ID card with a photograph</li> </ol>		<ol style="list-style-type: none"> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> </ol>
<ol style="list-style-type: none"> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> </ol>		<ol style="list-style-type: none"> <li>4. Voter's registration card</li> </ol>		<ol style="list-style-type: none"> <li>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</li> </ol>
<ol style="list-style-type: none"> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status 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.</li> </ol> </li> </ol> </li> </ol>		<ol style="list-style-type: none"> <li>5. U.S. Military card or draft record</li> </ol>		<ol style="list-style-type: none"> <li>5. Native American tribal document</li> </ol>
<ol style="list-style-type: none"> <li>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</li> </ol>		<ol style="list-style-type: none"> <li>6. Military dependent's ID card</li> </ol>		<ol style="list-style-type: none"> <li>6. U.S. Citizen ID Card (Form I-197)</li> </ol>
		<b>For persons under age 18 who are unable to present a document listed above:</b>		<ol style="list-style-type: none"> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> </ol>
		<ol style="list-style-type: none"> <li>7. U.S. Coast Guard Merchant Mariner Card</li> </ol>		<ol style="list-style-type: none"> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>
		<ol style="list-style-type: none"> <li>8. Native American tribal document</li> </ol>		
		<ol style="list-style-type: none"> <li>9. Driver's license issued by a Canadian government authority</li> </ol>		
		<ol style="list-style-type: none"> <li>10. School record or report card</li> </ol>		
		<ol style="list-style-type: none"> <li>11. Clinic, doctor, or hospital record</li> </ol>		
		<ol style="list-style-type: none"> <li>12. Day-care or nursery school record</li> </ol>		

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).**

**Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.**

## Attention:

You may file Forms W-2 and W-3 electronically on the SSA's [Employer W-2 Filing Instructions and Information](#) web page, which is also accessible at [www.socialsecurity.gov/employer](http://www.socialsecurity.gov/employer). You can create fill-in versions of Forms W-2 and W-3 for filing with SSA. You may also print out copies for filing with state or local governments, distribution to your employees, and for your records.

**Note:** Copy A of this form is provided for informational purposes only. Copy A appears in red, similar to the official IRS form. The official printed version of this IRS form is scannable, but the online version of it, printed from this website, is not. Do **not** print and file Copy A downloaded from this website with the SSA; a **penalty** may be imposed for filing forms that can't be scanned. See the penalties section in the current [General Instructions for Forms W-2 and W-3](#), available at [www.irs.gov/w2](http://www.irs.gov/w2), for more information.

Please note that Copy B and other copies of this form, which appear in black, may be downloaded, filled in, and printed and used to satisfy the requirement to provide the information to the recipient.

To order official IRS information returns such as Forms W-2 and W-3, which include a scannable Copy A for filing, go to IRS' [Online Ordering for Information Returns and Employer Returns](#) page, or visit [www.irs.gov/orderforms](http://www.irs.gov/orderforms) and click on Employer and Information returns. We'll mail you the scannable forms and any other products you order.

See IRS Publications [1141](#), [1167](#), and [1179](#) for more information about printing these tax forms.

22222		Void <input type="checkbox"/>	<b>a</b> Employee's social security number		<b>For Official Use Only</b> ▶ OMB No. 1545-0008		
<b>b</b> Employer identification number (EIN)			<b>1</b> Wages, tips, other compensation		<b>2</b> Federal income tax withheld		
<b>c</b> Employer's name, address, and ZIP code			<b>3</b> Social security wages		<b>4</b> Social security tax withheld		
			<b>5</b> Medicare wages and tips		<b>6</b> Medicare tax withheld		
			<b>7</b> Social security tips		<b>8</b> Allocated tips		
<b>d</b> Control number			<b>9</b>		<b>10</b> Dependent care benefits		
<b>e</b> Employee's first name and initial		Last name		Suff.	<b>11</b> Nonqualified plans		
<b>f</b> Employee's address and ZIP code			<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12a</b> See instructions for box 12		
			<b>14</b> Other		<b>12b</b>		
					<b>12c</b>		
<b>15</b> State Employer's state ID number		<b>16</b> State wages, tips, etc.		<b>17</b> State income tax		<b>18</b> Local wages, tips, etc.	
						<b>19</b> Local income tax	
						<b>20</b> Locality name	

Form **W-2** Wage and Tax Statement

2016

Department of the Treasury—Internal Revenue Service  
**For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.**

**Copy A For Social Security Administration** — Send this entire page with Form W-3 to the Social Security Administration; photocopies are **not** acceptable.

Cat. No. 10134D


**Do Not Cut, Fold, or Staple Forms on This Page**

22222		a Employee's social security number		OMB No. 1545-0008			
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld		
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld		
			5 Medicare wages and tips		6 Medicare tax withheld		
			7 Social security tips		8 Allocated tips		
d Control number			9		10 Dependent care benefits		
e Employee's first name and initial		Last name	Suff.	11 Nonqualified plans		12a C o d e	
				13 Statutory employee Retirement plan Third-party sick pay		12b C o d e	
				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
f Employee's address and ZIP code				14 Other		12c C o d e	
						12d C o d e	
15 State	Employer's state ID number		16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement  
 Copy 1—For State, City, or Local Tax Department

2016

Department of the Treasury—Internal Revenue Service

		<b>a</b> Employee's social security number		OMB No. 1545-0008		Safe, accurate, <b>FAST! Use</b>				Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a>		
<b>b</b> Employer identification number (EIN)				<b>1</b> Wages, tips, other compensation		<b>2</b> Federal income tax withheld						
<b>c</b> Employer's name, address, and ZIP code				<b>3</b> Social security wages		<b>4</b> Social security tax withheld						
				<b>5</b> Medicare wages and tips		<b>6</b> Medicare tax withheld						
				<b>7</b> Social security tips		<b>8</b> Allocated tips						
<b>d</b> Control number				<b>9</b>		<b>10</b> Dependent care benefits						
<b>e</b> Employee's first name and initial		Last name		Suff.		<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12				
						<b>13</b> Statutory employee Retirement plan Third-party sick pay		<b>12b</b>				
						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
						<b>14</b> Other		<b>12c</b>				
<b>f</b> Employee's address and ZIP code								<b>12d</b>				
<b>15</b> State		Employer's state ID number		<b>16</b> State wages, tips, etc.		<b>17</b> State income tax		<b>18</b> Local wages, tips, etc.		<b>19</b> Local income tax		<b>20</b> Locality name

Form **W-2** Wage and Tax Statement

2016

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.  
This information is being furnished to the Internal Revenue Service.



## Notice to Employee

**Do you have to file?** Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you do not have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

**Earned income credit (EIC).** You may be able to take the EIC for 2016 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You cannot take the EIC if your investment income is more than the specified amount for 2016 or if income is earned for services provided while you were an inmate at a penal institution. For 2016 income limits and more information, visit [www.irs.gov/eitc](http://www.irs.gov/eitc). Also see Pub. 596, Earned Income Credit. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

**Clergy and religious workers.** If you are not subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

**Corrections.** If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA)

to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but are not the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 1-800-772-1213. You also may visit the SSA at [www.socialsecurity.gov](http://www.socialsecurity.gov).

**Cost of employer-sponsored health coverage (if such cost is provided by the employer).** The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

**Credit for excess taxes.** If you had more than one employer in 2016 and more than \$7,347 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$4,321.80 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040A instructions and Pub. 505, Tax Withholding and Estimated Tax.

(Also see *Instructions for Employee* on the back of Copy C.)

		<b>a</b> Employee's social security number	OMB No. 1545-0008				This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.		
<b>b</b> Employer identification number (EIN)			<b>1</b> Wages, tips, other compensation		<b>2</b> Federal income tax withheld				
<b>c</b> Employer's name, address, and ZIP code			<b>3</b> Social security wages		<b>4</b> Social security tax withheld				
			<b>5</b> Medicare wages and tips		<b>6</b> Medicare tax withheld				
			<b>7</b> Social security tips		<b>8</b> Allocated tips				
<b>d</b> Control number			<b>9</b>		<b>10</b> Dependent care benefits				
<b>e</b> Employee's first name and initial		Last name		Suff.		<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12	
<b>f</b> Employee's address and ZIP code						<b>13</b> Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	<b>12b</b>
						<b>14</b> Other		<b>12c</b>	<b>12d</b>
<b>15</b> State	Employer's state ID number		<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name		

Form **W-2** Wage and Tax Statement  
**Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)**

2016

Department of the Treasury—Internal Revenue Service

Safe, accurate,  
**FAST!** Use



**Instructions for Employee** (Also see *Notice to Employee*, on the back of Copy B.)

**Box 1.** Enter this amount on the wages line of your tax return.

**Box 2.** Enter this amount on the federal income tax withheld line of your tax return.

**Box 5.** You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.

**Box 6.** This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

**Box 8.** This amount is **not** included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. On Form 4137 you will calculate the social security and Medicare tax owed on the allocated tips shown on your Form(s) W-2 that you must report as income and on other tips you did not report to your employer. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

**Box 10.** This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 is also included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

**Box 11.** This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box should not be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

**Box 12.** The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$18,000 (\$12,500 if you only have SIMPLE plans; \$21,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$18,000. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2016, your employer may have allowed an additional deferral of up to \$6,000 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the "Wages, Salaries, Tips, etc." line instructions for Form 1040.

**Note:** If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

**A—**Uncollected social security or RRTA tax on tips. Include this tax on Form 1040. See "Other Taxes" in the Form 1040 instructions.

**B—**Uncollected Medicare tax on tips. Include this tax on Form 1040. See "Other Taxes" in the Form 1040 instructions.

**C—**Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5)

**D—**Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

**E—**Elective deferrals under a section 403(b) salary reduction agreement

*(continued on back of Copy 2)*

		a Employee's social security number		OMB No. 1545-0008				
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld			
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld			
			5 Medicare wages and tips		6 Medicare tax withheld			
			7 Social security tips		8 Allocated tips			
d Control number			9		10 Dependent care benefits			
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans		12a
						13 Statutory employee Retirement plan Third-party sick pay		12b
						14 Other		12c
f Employee's address and ZIP code					12d			
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
-----								

Form **W-2** Wage and Tax Statement

2016

Department of the Treasury—Internal Revenue Service

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return

## Instructions for Employee *(continued from back of Copy C)*

**F**— Elective deferrals under a section 408(k)(6) salary reduction SEP

**G**— Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

**H**— Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See “Adjusted Gross Income” in the Form 1040 instructions for how to deduct.

**J**— Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

**K**— 20% excise tax on excess golden parachute payments. See “Other Taxes” in the Form 1040 instructions.

**L**— Substantiated employee business expense reimbursements (nontaxable)

**M**— Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See “Other Taxes” in the Form 1040 instructions.

**N**— Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See “Other Taxes” in the Form 1040 instructions.

**P**— Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5)

**Q**— Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this amount.

**R**— Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

**S**— Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

**T**— Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

**V**— Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

**W**— Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

**Y**— Deferrals under a section 409A nonqualified deferred compensation plan

**Z**— Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See “Other Taxes” in the Form 1040 instructions.

**AA**— Designated Roth contributions under a section 401(k) plan

**BB**— Designated Roth contributions under a section 403(b) plan

**DD**— Cost of employer-sponsored health coverage. **The amount reported with Code DD is not taxable.**

**EE**— Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

**Box 13.** If the “Retirement plan” box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

**Box 14.** Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy’s parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

**Note:** Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Void <input type="checkbox"/>		a Employee's social security number		OMB No. 1545-0008			
b Employer identification number (EIN)		1 Wages, tips, other compensation		2 Federal income tax withheld			
c Employer's name, address, and ZIP code		3 Social security wages		4 Social security tax withheld			
		5 Medicare wages and tips		6 Medicare tax withheld			
		7 Social security tips		8 Allocated tips			
d Control number		9		10 Dependent care benefits			
e Employee's first name and initial      Last name      Suff.		11 Nonqualified plans		12a See instructions for box 12			
		13 Statutory employee      Retirement plan      Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b			
		14 Other		12c			
f Employee's address and ZIP code				12d			
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
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Form **W-2** Wage and Tax Statement  
 Copy D – For Employer

2016

Department of the Treasury—Internal Revenue Service  
 For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

## Employers, Please Note—

Specific information needed to complete Form W-2 is available in a separate booklet titled the 2016 General Instructions for Forms W-2 and W-3. You can order those instructions and additional forms at [www.irs.gov/orderforms](http://www.irs.gov/orderforms).

**Caution:** Do not send the SSA Forms W-2 and W-3 that you have printed from IRS.gov. The SSA is unable to process these forms. Instead, you can create and submit them online. See *E-filing*, later.

**Due dates.** By January 31, 2017, furnish Copies B, C, and 2 to each person who was your employee during 2016. By **January 31, 2017**, send Copy A of Form(s) W-2 and W-3 to the SSA. If you file electronically, the due date is also **January 31, 2017**. See the separate instructions.

**Need help?** If you have questions about reporting on Form W-2, call the information reporting customer service site toll free at 1-866-455-7438 or 304-263-8700 (not toll free). For TTY/TDD equipment for persons who are deaf, hard of hearing, or have a speech disability, call 304-579-4827 (not toll free). The hours of operation are 8:30 a.m. to 4:30 p.m. Eastern time.

**E-filing.** If you file 250 or more Form(s) W-2, you must file electronically. Even if you are not required to file electronically, doing so can save you time and effort. Employers may now use the SSA's W-2 Online service to create, save, print, and submit up to 50 Form(s) W-2 at a time over the Internet. When you e-file with the SSA, no separate Form W-3 filing is required. An electronic Form W-3 will be created for you by the W-2 Online service. For information, visit the SSA's Employer W-2 Filing Instructions & Information website at [www.socialsecurity.gov/employer](http://www.socialsecurity.gov/employer).

**Future developments.** Information about any future developments affecting Form W-2 and its instructions (such as legislation enacted after we release them) will be posted at [www.irs.gov/w2](http://www.irs.gov/w2).

## **INSTRUCTIONS**

- Mail the following items to our office:
  - 1) Completed "Application for Certified Copy of Birth Record" (VS 111).
  - 2) Notarized sworn statement (if applicable).
  - 3) \$25 fee per copy requested.
- Complete a separate application for each record requested.
- Be sure to complete all items required on the application, and provide as much information as possible to help locate the record, otherwise your request may be returned to you for correction.
- Fees are payable to "CDPH Vital Records" via check or money order. International money orders for out-of-country requests should be payable in U.S. dollars. Fees are also non-refundable per state law.
- If we cannot locate the record based on the information you provide, California Health and Safety Code authorizes our office to maintain the fee for the search itself, and we will issue a Certificate of No Public Record (CNPR).
- Fees previously paid to local registrars and county recorder's offices cannot be transferred to our office.

*Vital Records maintains a permanent, public record of every birth and death that has occurred in California since July 1905, and has more than 50 million records on file.*



California Department of Public Health  
Vital Records – MS 5103  
P.O. Box 997410  
Sacramento, CA 95899-7410  
(916) 445-2684  
[www.cdph.ca.gov](http://www.cdph.ca.gov)  
CA Relay: 711/1-800-735-2929



## How to Obtain Certified Copies of ***Birth Records***

January 1, 2015



## AVAILABILITY OF RECORDS

Before birth certificates are registered in our state database and are made available for processing copies, they are first registered in the county where the birth took place. This process is administered through the local county health department (registered) and local county recorder's office (maintained).

Because of the time it takes the county offices to send the records to our office and to get them registered in our system, *we encourage you to request certified copies of birth certificates from the county recorder's office if you require a copy within the first three months after the date of event.*

**Caution:** If you choose to send your request to our office within the first three months after the date of event, and we do not have the record available yet, we will issue you a Certificate of No Public Record (CNPR). Our office will retain the fee for the search, per California law.

## IF THE RECORD IS BEING AMENDED

Amendments to original birth records are frequently submitted to our office to correct errors or add information to original documents. Copies of amended certificates may be requested at the same time the amendment is submitted. The applicant receives a certified copy once the amendment is completed.

- If you request a certified copy **before** the amendment has been completed, you will receive either: a copy of the un-amended record, or a CNPR if we are not able to locate the record.
- If you know that the record is being amended, and it is the amended record that you want, please wait until after the amendment has been completed before requesting a certified copy.

**ATTENTION:**  
PLEASE READ THE FOLLOWING INFORMATION  
BEFORE COMPLETING APPLICATION

## CERTIFIED COPIES AND SWORN STATEMENTS

There are two types of certified copies available upon request:

### 1) **Certified Copy** *(authorized persons only)*

If you are requesting a certified copy, you **MUST** provide a notarized sworn statement (see page 3 of application) declaring under penalty of perjury that you are authorized by law to receive the certified copy (see application for list of authorized individuals).

If you are requesting a certified copy and a notarized sworn statement is not included, we will not be able to accept your request for processing.

A certified copy can be used to establish the identity of the person named on the certificate.

**Note:** Only one sworn statement is required for multiple records that are requested at the same time — but the sworn statement must include the name of each person whose record is being requested and your relationship to that person.

### 2) **Certified Informational Copy** *(any interested person)*

If you are requesting a certified informational copy, you **DO NOT** need to provide a sworn statement.

A certified informational copy has a legend printed on the face of the document that states, "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY." Persons who are not eligible to receive a certified copy can receive a certified informational copy.

Both types of documents are certified copies of the original document on file with our office. Depending on the exact year of event, some certified informational copies will have signatures and Social Security numbers redacted (concealed).

## APPLICANT NOTIFICATION

Once your request has been received and evaluated:

- If your request is not accepted (e.g., due to insufficient fees, insufficient information, etc.), we will return your request to you with a letter explaining what needs to be corrected; or,
- If your request is accepted, we will process the application and mail out a copy of the certificate(s) you requested.

Please allow a few weeks to receive these documents.

## PROCESSING TIMES

To check current processing times for certified copies of birth certificates, visit our website:

<http://www.cdph.ca.gov/certlic/birthdeathmar/Pages/ProcessingTimes.aspx>

If you need your copy sooner, please refer to the enclosed list of county recorder's offices to contact the county where the event occurred. Because of the large volume of requests we process at the state level, the county offices can usually provide a faster processing time.

All applications and written inquiries should be mailed to:

**California Department of Public Health  
Vital Records – MS 5103  
P.O. Box 997410  
Sacramento, CA 95899-7410**

If you still have any questions, please contact our Customer Service Unit at (916) 445-2684, Monday through Friday, between 8AM – 4PM.

**APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD**

PLEASE READ THE INSTRUCTIONS ON PAGE 2 BEFORE COMPLETING THIS APPLICATION

As part of statewide efforts to prevent identity theft, California law (Health and Safety Code Section 103526) permits only authorized individuals as listed on the application to receive certified copies of birth records. All others will be issued **Certified Informational Copies** marked with the legend, **“Informational, Not A Valid Document to Establish Identity.”**

Please indicate the type of certified copy you are requesting:

<input type="checkbox"/> I would like a <b>Certified Copy</b> . This copy will establish the identity of the registrant. (To receive a Certified Copy you <b>MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT</b> by selecting from the list below <b>AND COMPLETE THE ATTACHED SWORN STATEMENT</b> declaring that you are eligible to receive the Certified Copy. The Sworn Statement <b>MUST BE NOTARIZED</b> if the application is submitted by mail <b>unless you are a law enforcement or local or state governmental agency.</b> )	<input type="checkbox"/> I would like a <b>Certified Informational Copy</b> . This document will be printed with a legend on the face of the document that states, <b>“INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.”</b>  <b>(A Sworn Statement does not need to be provided.)</b>
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**NOTE: Both documents are certified copies of the original document on file with our office. With the exception of the legend and redaction of signatures and Social Security Number, the documents contain the same information.**

Fee: **\$25 per copy** (payable to CDPH Vital Records). **PLEASE SUBMIT CHECK OR MONEY ORDER – DO NOT SEND CASH** (CDPH cannot be held responsible for fees paid in cash that are lost, misdirected, or undelivered).

To receive a **Certified Copy** I am:

- The registrant (person listed on the certificate) or a parent or legal guardian of the registrant. **(Legal guardian must provide documentation.)**
- A party entitled to receive the record as a result of a court order or an attorney or a licensed adoption agency seeking the birth record in order to comply with the requirements of Section 3140 or 7603 of the Family Code. **(Please include a copy of the court order.)**
- A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. **(Companies representing a government agency must provide authorization from the government agency.)**
- A child, grandparent, grandchild, brother or sister, spouse, or domestic partner of the registrant.
- An attorney representing the registrant or the registrant’s estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant’s estate.
- Appointed rights in a power of attorney, or an executor of the registrant’s estate. **(Please include a copy of the power of attorney, or supporting documentation identifying you as executor.)**

PLEASE ATTACH CHECK HERE

**APPLICANT INFORMATION (PLEASE PRINT OR TYPE) Today’s Date:**

Agency Name (If Applicable)		Agency Case Number	Inmate ID Number	
Print Name of Applicant		Signature of Applicant	Purpose of Request	
Mailing Address – Number, Street		Amount Enclosed – <b>DO NOT SEND CASH</b> \$ _____ Check \$ _____ Money Order		Number of Copies
City		Name of Person Receiving Copies, if Different from Applicant		
State/Province	ZIP Code	Mailing Address for Copies, if Different from Applicant		
Daytime Telephone (include area code) (     )	Country	City	State	ZIP Code

**BIRTH RECORD INFORMATION (PLEASE PRINT OR TYPE) Adopted:  No  Yes (if Yes, see #4 on Page 2)**  
**Complete the information below as shown on the birth record, to the best of your knowledge.**

FIRST Name		MIDDLE Name	LAST Name	
City of Birth (must be in California)			County of Birth	
Date of Birth – MM/DD/CCYY (If unknown, enter approximate date of birth)			Sex ___ Female ___ Male	
Father/Parent FIRST Name		MIDDLE Name	LAST Name (Before Marriage/Domestic Partnership)	
Mother/Parent FIRST Name		MIDDLE Name	LAST Name (Before Marriage/Domestic Partnership)	

## INFORMATION:

Birth records have been maintained in the California Department of Public Health Vital Records since July 1, 1905.

*The name required on Vital Records (see Items 1C, 6C, 7C, 9C, and 12C) is the name given at birth, or a name received through adoption, court-ordered name change, or naturalization. AKAs (Also Known As) and assumed names cannot be entered as the legal name on the birth record.*

## INSTRUCTIONS:

1. **ONLY** individuals who are authorized by Health and Safety Code Section 103526 can obtain a Certified Copy of a birth record to establish identity of the registrant (person listed on the certificate). (Page 1 identifies the individuals who are authorized to make the request.) All others may receive a Certified Informational Copy which will be marked, "Informational, Not a Valid Document to Establish Identity."

**Confidential Information on Birth Record:** some individuals have special needs for a birth certificate that contains the confidential information provided at the time the birth record was prepared. This confidential information may be used to establish ethnicity, to provide health background, or for other personal reasons. For information on how to obtain a birth certificate containing the confidential information, please refer to the **Birth Record** section of our website at: [www.cdph.ca.gov](http://www.cdph.ca.gov). Only specific individuals may obtain confidential copies.

2. Complete a separate application for each birth record requested.
3. Complete the **Applicant Information** section on Page 1 and provide your signature where indicated. In the **Birth Record Information** section, provide all the information you have available to identify the birth record. If the information you furnish is incomplete or inaccurate, we may not be able to locate the record.
4. **If the registrant has been adopted**, make the request in the **adopted** name. If the registrant was born outside the United States and re-adopted in California, mark the "Yes" box and complete the application with the adopted information. (If you are requesting a copy of the **original** birth certificate, you **must** provide a court order releasing the original sealed record.)

### 5. **SWORN STATEMENT:**

- The authorized individual requesting the certified copy must sign the attached Sworn Statement, declaring under penalty of perjury that they are eligible to receive the certified copy of the birth record and identify their relationship to the registrant – the relationship must be one of those identified on Page 1.
- If the application is being submitted by mail, the Sworn Statement **must be** notarized by a Notary Public. (To find a Notary Public, see your local yellow pages or call your banking institution.) **Law enforcement and local and state governmental agencies are exempt from the notary requirement.**
- You do not have to provide a Sworn Statement if you are requesting a Certified Informational Copy of the birth record.

6. Submit \$25 for **each** copy requested. If no birth record is found, the fee will be retained for searching for the record (as required by law) and a "Certificate of No Public Record" will be issued to the applicant. Indicate the number of copies you want and include the correct fee(s) in the form of a personal check or postal or bank money order (International Money Order for out-of-country requests) made payable to **CDPH Vital Records**. **PLEASE SUBMIT CHECK OR MONEY ORDER – DO NOT SEND CASH** (CDPH cannot be held responsible for fees paid in cash that are lost, misdirected, or undelivered).

7. Mail completed applications with the fee(s) to:

California Department of Public Health  
Vital Records – MS 5103  
P.O. Box 997410  
Sacramento, CA 95899-7410  
(916) 445-2684

---

## BIRTH

**SWORN STATEMENT**

I, \_\_\_\_\_, declare under penalty of perjury under the laws of the State of California,  
(Applicant’s Printed Name)

that I am an authorized person, as defined in California Health and Safety Code Section 103526 (c), and am eligible to receive a certified copy of the birth, death, or marriage certificate of the following individual(s):

Name of Person Listed on Certificate	Applicant’s Relationship to Person Listed on Certificate (Must Be a Relationship Listed on Page 1 of Application)

(The remaining information must be completed in the presence of a Notary Public or CDPH Vital Records staff.)

Subscribed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_,  
(Day) (Month) (City) (State)

\_\_\_\_\_  
(Applicant’s Signature)

**Note: If submitting your order by mail, you must have your Sworn Statement notarized using the Certificate of Acknowledgment below. The Certificate of Acknowledgment must be completed by a Notary Public. (Law enforcement and local and state governmental agencies are exempt from the notary requirement.)**

**CERTIFICATE OF ACKNOWLEDGMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of \_\_\_\_\_)

County of \_\_\_\_\_)

On \_\_\_\_\_ before me, \_\_\_\_\_, personally appeared \_\_\_\_\_,  
(insert name and title of the officer)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct

WITNESS my hand and official seal.  
(SEAL)

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SIGNATURE OF NOTARY PUBLIC

## CALIFORNIA COUNTY RECORDERS

Alameda.....	1106 Madison Street, First Floor, Oakland, CA 94607, (510) 272-6362
Alpine.....	P.O. Box 155, Markleeville, CA 96120, (530) 694-2283
Amador.....	810 Court Street, Jackson, CA 95642, (209) 223-6468
Butte.....	25 County Center Drive, Suite 105, Oroville, CA 95965, (530) 538-7691
Calaveras.....	891 Mountain Ranch Road, San Andreas, CA 95249, (209) 754-6372
Colusa.....	546 Jay Street, Suite 200, Colusa, CA 95932, (530) 458-0500
Contra Costa.....	555 Escobar Street, or P.O. Box 350, Martinez, CA 94553, (925) 335-7900
Del Norte.....	981 H Street, Suite 160, Crescent City, CA 95531, (707) 464-7216
El Dorado.....	360 Fair Lane, Placerville, CA 95667, (530) 621-5490
Fresno.....	2281 Tulare Street, Room 302, or P.O. Box 766, Fresno, CA 93712, (559) 600-3476
Glenn.....	516 West Sycamore Street, Second Floor, Willows, CA 95988, (530) 934-6412
Humboldt.....	825 Fifth Street, Fifth Floor, Eureka, CA 95501, (707) 445-7382
Imperial.....	940 West Main Street, Suite 202, El Centro, CA 92243, (760) 482-4272
Inyo.....	168 North Edwards Street, or P.O. Drawer F, Independence, CA 93526, (760) 878-0222
Kern.....	1655 Chester Avenue, Bakersfield, CA 93301, (661) 868-6400
Kings.....	Government Center, 1400 West Lacey Boulevard, Hanford, CA 93230, (559) 582-3211, ext. 2470
Lake.....	Courthouse, 255 North Forbes Street, Lakeport, CA 95453, (707) 263-2293
Lassen.....	220 South Lassen Street, Suite 5, Susanville, CA 96130, (530) 251-8234
Los Angeles.....	12400 Imperial Highway, Room 1002, Norwalk, CA 90650, (562) 462-2137 or 2101 or 2102
Madera.....	200 West Fourth Street, Madera, CA 93637, (559) 675-7724
Marin.....	3501 Civic Center Drive, Room 234, San Rafael, CA 94903, (415) 473-6094
Mariposa.....	4982 Tenth Street, or P.O. Box 35, Mariposa, CA 95338, (209) 966-5719
Mendocino.....	501 Low Gap Road, Room 1020, Ukiah, CA 95482, (707) 463-4376
Merced.....	2222 M Street, Merced, CA 95340, (209) 385-7627
Modoc.....	108 E. Modoc Street, Alturas, CA 96101, (530) 233-6205
Mono.....	74 School Street, Annex 1, or P.O. Box 237, Bridgeport, CA 93517, (760) 932-5530
Monterey.....	168 West Alisal Street, First Floor, or P.O. Box 29, Salinas, CA 93902-0570, (831) 755-5041
Napa.....	900 Coombs Street, Room 116, or P.O. Box 298, Napa, CA 94559-0298, (707) 253-4105
Nevada.....	950 Maidu Avenue, Suite 210, Nevada City, CA 95959, (530) 265-1221
Orange.....	12 Civic Center Plaza, Room 101, Santa Ana, CA 92701, (714) 834-2500
Placer.....	2954 Richardson Drive, Auburn, CA 95603, (530) 886-5600
Plumas.....	520 Main Street, Room 102, Quincy, CA 95971, (530) 283-6218 or (530) 283-6256
Riverside.....	2724 Gateway Drive, or P.O. Box 751, Riverside, CA 92502-0751, (951) 486-7000
Sacramento.....	600 Eighth Street, or P.O. Box 839, Sacramento, CA 95812-0839, (916) 874-6334
San Benito.....	County Courthouse, 440 Fifth Street, Room 206, Hollister, CA 95023-3896, (831) 636-4046
San Bernardino.....	222 West Hospitality Lane, First Floor, San Bernardino, CA 92415-0022, (855) 732-2575
San Diego.....	1600 Pacific Highway, Suite 260, San Diego, CA 92101, (619) 237-0502
San Francisco.....	One Dr. Carlton B. Goodlett Place, City Hall, Room 190, San Francisco, CA 94102, (415) 554-5596*
San Francisco Health Dept.	101 Grove Street, Room 105, San Francisco, CA 94102, (415) 554-2700**
San Joaquin.....	44 North San Joaquin Street, Suite 260, or P.O. Box 1968, Stockton, CA 95201-1968, (209) 468-3939
San Luis Obispo.....	1055 Monterey Street, Room D120, San Luis Obispo, CA 93408, (805) 781-5080
San Mateo.....	555 County Center, First Floor, Redwood City, CA 94063-1665, (650) 363-4500
Santa Barbara.....	1100 Anacapa Street, or P.O. Box 159, Santa Barbara, CA 93102-0159, (805) 568-2250
Santa Clara.....	70 West Hedding Street, San Jose, CA 95110, (408) 299-5688
Santa Cruz.....	701 Ocean Street, Room 230, Santa Cruz, CA 95060, (831) 454-2800
Shasta.....	1450 Court Street, Suite 208, Redding, CA 96001-1670, (530) 225-5678
Sierra.....	100 Courthouse Square, Room 11, or P.O. Drawer D, Downieville, CA 95936, (530) 289-3295
Siskiyou.....	311 Fourth Street, Room 108, Yreka, CA 96097, (530) 842-8065
Solano.....	675 Texas Street, Suite 2700, Fairfield, CA 94533-6338, (707) 784-6294
Sonoma.....	585 Fiscal Dive, Room 103-F, or P.O. Box 1709, Santa Rosa, CA 95402, (707) 565-2651
Stanislaus.....	1021 I Street, Suite 101, Modesto, CA 95354-0847, (209) 525-5250
Sutter.....	433 Second Street, Yuba City, CA 95991, (530) 822-7134
Tehama.....	633 Washington Street, Room 11, or P.O. Box 250, Red Bluff, CA 96080, (530) 527-3350
Trinity.....	11 Court Street, or P.O. Box 1215, Weaverville, CA 96093, (530) 623-1215
Tulare.....	County Civic Center, 221 South Mooney Boulevard, Room 103, Visalia, CA 93291, (559) 636-5050
Tuolumne.....	2 South Green Street, Sonora, CA 95370, (209) 533-5531
Ventura.....	800 South Victoria Avenue, Ventura, CA 93009-1260, (805) 654-3665
Yolo.....	625 Court Street, Room B01, or P.O. Box 1130, Woodland, CA 95776-1130, (530) 666-8130
Yuba.....	915 Eighth Street, Suite 107, Marysville, CA 95901, (530) 749-7851

\* Public Marriages

\*\* Birth and Death Certificates

# **SOCIAL SECURITY ADMINISTRATION**

## **Application for a Social Security Card**

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**Applying for a Social Security Card is free!**

### **USE THIS APPLICATION TO:**

- Apply for an original Social Security card
- Apply for a replacement Social Security card
- Change or correct information on your Social Security number record

**IMPORTANT:** You MUST provide a properly completed application and the required evidence before we can process your application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable. We will return any documents submitted with your application. For assistance call us at 1-800-772-1213 or visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov).

### **Original Social Security Card**

To apply for an original card, you must provide at least two documents to prove age, identity, and U.S. citizenship or current lawful, work-authorized immigration status. If you are not a U.S. citizen and do not have DHS work authorization, you must prove that you have a valid non-work reason for requesting a card. See page 2 for an explanation of acceptable documents.

NOTE: If you are age 12 or older and have never received a Social Security number, you must apply in person.

### **Replacement Social Security Card**

To apply for a replacement card, you must provide one document to prove your identity. If you were born outside the U.S., you must also provide documents to prove your U.S. citizenship or current, lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

### **Changing Information on Your Social Security Record**

To change the information on your Social Security number record (i.e., a name or citizenship change, or corrected date of birth) you must provide documents to prove your identity, support the requested change, and establish the reason for the change. For example, you may provide a birth certificate to show your correct date of birth. A document supporting a name change must be recent and identify you by both your old and new names. If the name change event occurred over two years ago or if the name change document does not have enough information to prove your identity, you must also provide documents to prove your identity in your prior name and/or in some cases your new legal name. If you were born outside the U.S. you must provide a document to prove your U.S. citizenship or current lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

### **LIMITS ON REPLACEMENT SOCIAL SECURITY CARDS**

Public Law 108-458 limits the number of replacement Social Security cards you may receive to 3 per calendar year and 10 in a lifetime. Cards issued to reflect changes to your legal name or changes to a work authorization legend do not count toward these limits. We may also grant exceptions to these limits if you provide evidence from an official source to establish that a Social Security card is required.

### **IF YOU HAVE ANY QUESTIONS**

If you have any questions about this form or about the evidence documents you must provide, please visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov) for additional information as well as locations of our offices and Social Security Card Centers. You may also call Social Security at 1-800-772-1213. You can also find your nearest office or Card Center in your local phone book.

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## EVIDENCE DOCUMENTS

The following lists are examples of the types of documents you must provide with your application and are not all inclusive. Call us at 1-800-772-1213 if you cannot provide these documents.

**IMPORTANT** : If you are completing this application on behalf of someone else, you must provide evidence that shows your authority to sign the application as well as documents to prove your identity and the identity of the person for whom you are filing the application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable.

### Evidence of Age

In general, you must provide your birth certificate. In some situations, we may accept another document that shows your age. Some of the other documents we may accept are:

- U.S. hospital record of your birth (created at the time of birth)
- Religious record established before age five showing your age or date of birth
- Passport
- Final Adoption Decree (the adoption decree must show that the birth information was taken from the original birth certificate)

### Evidence of Identity

You must provide current, unexpired evidence of identity in your legal name. Your legal name will be shown on the Social Security card. Generally, we prefer to see documents issued in the U.S. Documents you submit to establish identity must show your legal name AND provide biographical information (your date of birth, age, or parents' names) **and/or** physical information (photograph, or physical description - height, eye and hair color, etc.). If you send a photo identity document but do not appear in person, the document must show your biographical information (e.g., your date of birth, age, or parents' names). Generally, documents without an expiration date should have been issued within the past two years for adults and within the past four years for children.

As proof of your identity, you must provide a:

- U.S. driver's license; or
- U.S. State-issued non-driver identity card; or
- U.S. passport

If you do not have one of the documents above or cannot get a replacement within 10 work days, we may accept other documents that show your legal name and biographical information, such as a U.S. military identity card, Certificate of Naturalization, employee identity card, certified copy of medical record (clinic, doctor or hospital), health insurance card, Medicaid card, or school identity card/record. For young children, we may accept medical records (clinic, doctor, or hospital) maintained by the medical provider. We may also accept a final adoption decree, or a school identity card, or other school record maintained by the school.

If you are not a U.S. citizen, we must see your current U.S. immigration document(s) and your foreign passport with biographical information or photograph.

WE CANNOT ACCEPT A BIRTH CERTIFICATE, HOSPITAL SOUVENIR BIRTH CERTIFICATE, SOCIAL SECURITY CARD STUB OR A SOCIAL SECURITY RECORD as evidence of identity.

### Evidence of U.S. Citizenship

In general, you must provide your U.S. birth certificate or U.S. Passport. Other documents you may provide are a Consular Report of Birth, Certificate of Citizenship, or Certificate of Naturalization.

### Evidence of Immigration Status

You must provide a current unexpired document issued to you by the Department of Homeland Security (DHS) showing your immigration status, such as Form I-551, I-94, or I-766. If you are an international student or exchange visitor, you may need to provide additional documents, such as Form I-20, DS-2019, or a letter authorizing employment from your school and employer (F-1) or sponsor (J-1). We CANNOT accept a receipt showing you applied for the document. If you are not authorized to work in the U.S., we can issue you a Social Security card only if you need the number for a valid non-work reason. Your card will be marked to show you cannot work and if you do work, we will notify DHS. See page 3, item 5 for more information.

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## **HOW TO COMPLETE THIS APPLICATION**

**Complete and sign this application LEGIBLY using ONLY black or blue ink on the attached or downloaded form using only 8 ½” x 11” (or A4 8.25” x 11.7”) paper.**

**GENERAL:** Items on the form are self-explanatory or are discussed below. The numbers match the numbered items on the form. If you are completing this form for someone else, please complete the items as they apply to that person.

4. Show the month, day, and full (4 digit) year of birth; for example, “1998” for year of birth.
5. If you check “Legal Alien Not Allowed to Work” or “Other,” you must provide a document from a U.S. Federal, State, or local government agency that explains why you need a Social Security number and that you meet all the requirements for the government benefit. NOTE: Most agencies do not require that you have a Social Security number. Contact us to see if your reason qualifies for a Social Security number.
- 6., 7. Providing race and ethnicity information is voluntary and is requested for informational and statistical purposes only. Your choice whether to answer or not does not affect decisions we make on your application. If you do provide this information, we will treat it very carefully.
- 9.B., 10.B. If you are applying for an original Social Security card for a child under age 18, you **MUST** show the parents' Social Security numbers unless the parent was never assigned a Social Security number. If the number is not known and you cannot obtain it, check the “unknown” box.
13. If the date of birth you show in item 4 is different from the date of birth currently shown on your Social Security record, show the date of birth currently shown on your record in item 13 and provide evidence to support the date of birth shown in item 4.
16. Show an address where you can receive your card 7 to 14 days from now.
17. WHO CAN SIGN THE APPLICATION? If you are age 18 or older and are physically and mentally capable of reading and completing the application, you must sign in item 17. If you are under age 18, you may either sign yourself, or a parent or legal guardian may sign for you. If you are over age 18 and cannot sign on your own behalf, a legal guardian, parent, or close relative may generally sign for you. If you cannot sign your name, you should sign with an “X” mark and have two people sign as witnesses in the space beside the mark. Please do not alter your signature by including additional information on the signature line as this may invalidate your application. Call us if you have questions about who may sign your application.

## **HOW TO SUBMIT THIS APPLICATION**

In most cases, you can take or mail this signed application with your documents to any Social Security office. Any documents you mail to us will be returned to you. Go to <https://secure.ssa.gov/apps6z/FOLO/fo001.jsp> to find the Social Security office or Social Security Card Center that serves your area.



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## **PROTECT YOUR SOCIAL SECURITY NUMBER AND CARD**

Protect your SSN card and number from loss and identity theft. DO NOT carry your SSN card with you. Keep it in a secure location and only take it with you when you must show the card; e.g., to obtain a new job, open a new bank account, or to obtain benefits from certain U.S. agencies. Use caution in giving out your Social Security number to others, particularly during phone, mail, email and Internet requests you did not initiate.

### **PRIVACY ACT STATEMENT**

#### **Collection and Use of Personal Information**

Sections 205(c) and 702 of the Social Security Act, as amended, authorize us to collect this information. The information you provide will be used to assign you a Social Security number and issue a Social Security card.

The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent us from issuing you a Social Security number and card.

We rarely use the information you supply for any purpose other than for issuing a Social Security number and card. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
4. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Complete lists of routine uses for this information are available in System of Records Notice 60-0058 (Master Files of Social Security Number (SSN) Holders and SSN Applications). The Notice, additional information regarding this form, and information regarding our systems and programs, are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at any local Social Security office.

This information collection meets the requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 8.5 to 9.5 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**

# SOCIAL SECURITY ADMINISTRATION

## Application for a Social Security Card

Form Approved  
OMB No. 0960-0066

<b>1</b>	<b>NAME</b> TO BE SHOWN ON CARD		First	Full Middle Name	Last
	<b>FULL NAME AT BIRTH</b> IF OTHER THAN ABOVE		First	Full Middle Name	Last
	OTHER NAMES USED				
<b>2</b>	Social Security number previously assigned to the person listed in item 1		— —		
<b>3</b>	<b>PLACE OF BIRTH</b> (Do Not Abbreviate)			<b>Office Use Only</b>	<b>4</b> <b>DATE OF BIRTH</b>  MM/DD/YYYY
	City	State or Foreign Country		FCI	
<b>5</b>	<b>CITIZENSHIP</b> (Check One)		<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Legal Alien Allowed To Work	<input type="checkbox"/> Legal Alien <b>Not</b> Allowed To Work (See Instructions On Page 3)
<b>6</b>	<b>ETHNICITY</b> Are You Hispanic or Latino? (Your Response is Voluntary)		<b>7</b>	<b>RACE</b> Select One or More (Your Response is Voluntary)	
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> American Indian
<b>8</b>	<b>SEX</b>		<input type="checkbox"/> Male	<input type="checkbox"/> Female	
<b>9</b>	<b>A. PARENT/ MOTHER'S NAME AT HER BIRTH</b>		First	Full Middle Name	Last
	<b>B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 9 B on Page 3)		— —		<input type="checkbox"/> Unknown
<b>10</b>	<b>A. PARENT/ FATHER'S NAME</b>		First	Full Middle Name	Last
	<b>B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 10B on Page 3)		— —		<input type="checkbox"/> Unknown
<b>11</b>	Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before? <input type="checkbox"/> Yes (If "yes" answer questions 12-13) <input type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)				
<b>12</b>	Name shown on the most recent Social Security card issued for the person listed in item 1		First	Full Middle Name	Last
<b>13</b>	Enter any different date of birth if used on an earlier application for a card			MM/DD/YYYY	
<b>14</b>	<b>TODAY'S DATE</b> MM/DD/YYYY		<b>15</b> <b>DAYTIME PHONE NUMBER</b>		Area Code      Number
<b>16</b>	<b>MAILING ADDRESS</b> (Do Not Abbreviate)		Street Address, Apt. No., PO Box, Rural Route No.		
	City	State/Foreign Country		ZIP Code	
<b>17</b>	I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best to my knowledge.				
	<b>YOUR SIGNATURE</b>		<b>18</b> <b>YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:</b> <input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other Specify _____		

DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)					
NPN		DOC	NTI	CAN	
PBC	EVI	EVA	EVC	PRA	ITV
EVIDENCE SUBMITTED			SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW		
			DATE		
			DCL		
			DATE		