

CITY OF SOUTHFIELD
ELECTION INSPECTOR APPLICATION

(MUST BE COMPLETED IN YOUR OWN HANDWRITING IN INK)

Name in Full _____ Date of Birth \ \ \

Home Address _____ Telephone Number _____

Length of Residence in City, Township, Village or School District _____

Registered in Precinct No. _____ Ward No. NA Social Security No. _____

Political Party Affiliation (to be eligible for appointment you MUST check one):

Republican Party _____ Democratic Party _____ Minor Party _____

(name)

Have you ever been convicted of a felony or election crime? Yes ___ No ___

Educational Background - (include highest grade completed or degrees held)

Employment Background - (include current or last place of employment and type of work performed)

Past Experience as an election inspector, if any (include name of jurisdiction) _____

Do you have transportation? Yes ___ No ___ Will you work at any polling place? Yes ___ No ___

I CERTIFY THAT I am not a member or a known active advocate* of a political party other than the party identified above. I FURTHER CERTIFY THAT the foregoing statements are true to the best of my knowledge and belief.

_____ Date \ \ \

Signature of Applicant

*A "known active advocate" of another political party is defined to mean a person who 1) is a delegate to the convention or an officer of another party 2) is affiliated with another party through and elected or appointed government position or 3) has made documented public statements specifically supporting by name another political party or its candidates in the same calendar year as the election at which the person will serve as an election inspector. "Documented public statements" means statements reported by the news media or written statements with a clear and unambiguous attribution to the applicant.

ANY FALSE STATEMENTS ON THIS APPLICATION WILL DISQUALIFY THE APPLICANT

MI-W4

(Rev. 10-87)

**EMPLOYEE'S MICHIGAN WITHHOLDING EXEMPTION CERTIFICATE
STATE OF MICHIGAN - DEPARTMENT OF TREASURY**

This certificate is for Michigan income tax withholding purposes only. You must file a revised form within 10 days if your exemptions decrease or your residency status changes from nonresident to resident. Read instructions on back before completing this form.

Issued under P.A. 281 of 1967. Filing is mandatory.

▶ 3. Type or Print Your First Name, Middle Initial and Last Name		▶ 1. Social Security Number	▶ 2. Date of Birth
Home Address (No., Street, P.O. Box or Rural Route)		4. Driver License Number	
City or Town	State	▶ 5. Are you a new employee? Yes <input type="checkbox"/> If yes, enter date of hire	
ZIP Code		No <input type="checkbox"/>	
6. Enter the number of personal and dependency exemptions you are claiming		▶ 6. <input style="width:20px;" type="text"/>	
7. Additional amount you want deducted from each pay (if employer agrees and you are not choosing the No-Form option)		7. \$ <input style="width:40px;" type="text"/> .00	
8. I claim exemption from withholding because (see instructions):			
a. <input type="checkbox"/> A Michigan income tax liability is not expected this year.			
b. <input type="checkbox"/> Wages are exempt from withholding. Explain: _____			
c. <input type="checkbox"/> Permanent home (domicile) is located in the following Renaissance Zone: _____			
Complete lines 9 through 14 only if you elect not to file a Michigan income tax return, using the No-Form option (see line 9 instructions). Otherwise, skip to line 15.			

NO-FORM OPTION (Read instructions on back before completing.)

Electing to file using the No-Form option may not be for everyone who is eligible. If a taxpayer chooses the No-Form option, he or she may not be eligible for some of the credits allowed under the Michigan Income Tax Act including the property tax credit allowed under sections 520 and 522, the tuition tax credit allowed under section 274, and the city income tax credit allowed under section 257.

9. If you choose the No-Form option, check this box ▶ 9.
10. Enter the tax year you want the No-Form option to begin
(must be 1997 or later) ▶ 10.
11. Enter below the name(s) and Social Security numbers of the dependents you are claiming on line 6.

Dependent's Name	Social Security Number
Spouse	▶ <input style="width:20px;" type="text"/>
a.	
b.	
c.	
d.	
e.	
f.	

12. Check a box for all Michigan special exemptions that apply.
- | | | | | |
|---------------------------------------|-------------------------------|-----|-------------------------------|--------|
| Age 65 or older | ▶ a. <input type="checkbox"/> | You | ▶ b. <input type="checkbox"/> | Spouse |
| Deaf | ▶ c. <input type="checkbox"/> | | ▶ d. <input type="checkbox"/> | |
| Disabled (and under age 65)* or blind | ▶ e. <input type="checkbox"/> | | ▶ f. <input type="checkbox"/> | |
- * (Applies only to hemiplegic, paraplegic, quadriplegic or totally and permanently disabled.)
13. Total special exemptions (total number of boxes checked on line 12) ▶ 13.
14. Check this box if your parents (or someone else) can claim you as a dependent on their tax return. ▶ 14.

EMPLOYEE:

If you fail or refuse to file this form, your employer must withhold Michigan income tax from your wages without allowance for any exemptions. Keep a copy of this form for your records.

INSTRUCTIONS TO EMPLOYER:

Employers must report all new hires to the State of Michigan. Keep a copy of this certificate with your records. If the employee claims more than nine personal and dependency exemptions, claims a status exempting the employee from withholding, or selects the No-Form option, you must file their original MI-W4 form with the Michigan Department of Treasury.

Under penalty of perjury, I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled. If claiming exemption from withholding, I certify that I anticipate that I will not incur a Michigan income tax liability for this year.

15. Employee's Signature ▶ Date

Employer: Complete lines 16 and 17 before sending to the Michigan Department of Treasury.

16. Employer's Name, Address, Phone No. and Name of Contact Person

City of Southfield
26000 Evergreen Road
Southfield, MI 48076
Georgiana Smith
(248) 796-5150

▶ 17. Federal Employer Identification Number

3816031668

INSTRUCTIONS TO EMPLOYEE

You must submit a Michigan withholding exemption certificate (form MI-W4) to your employer on or before the date that employment begins. If you fail or refuse to submit this certificate, your employer must withhold tax from your compensation without allowance for any exemptions. Your employer is required to notify the Michigan Department of Treasury if you have claimed more than nine dependency exemptions, claimed a status which exempts you from withholding or elected to file using the No-Form option.

You **MUST** file a new MI-W4 within 10 days if your residency status changes or if your exemptions decrease because: a) your spouse, for whom you have been claiming an exemption, is divorced or legally separated from you or claims his/her own exemption(s) on a separate certificate, or b) a dependent must be dropped for federal purposes.

Line 5: If you check "yes," enter your date of hire (mo./day/year).

Line 6: Personal and dependency exemptions. The total number of exemptions you claim on the MI-W4 may not exceed the number of exemptions you are entitled to claim when you file your Michigan individual income tax return.

If you are married and you and your spouse are both employed, you both may **not** claim the same exemptions with each of your employers.

If you hold more than one job, you may not claim the same exemptions with more than one employer. If you claim the same exemptions at more than one job, your tax will be under withheld.

Line 7: You may designate additional withholding if you expect to owe more than the amount withheld and are not choosing the No-Form option.

Line 8: You may claim exemption from Michigan income tax withholding **ONLY** if you do not anticipate a Michigan income tax liability for the current year because all of the following exist: a) your employment is less than full time, b) your personal and dependency exemption allowance exceeds your annual compensation, c) you claimed exemption from federal withholding, d) you did not incur a Michigan income tax liability for the previous year. You may also claim exemption if your permanent home (domicile) is located in a Renaissance Zone. For more information on Renaissance Zones call the Michigan Tele-Help System, 1-800-827-4000, and listen to topic 293. Full-time students cannot claim exempt status.

No-Form Option

Line 9: Choosing the No-Form option eliminates the need to file an annual Michigan income tax return (MI-1040 or MI-1040EZ). Your Michigan income tax liability will be paid by withholding the proper amount of tax from your taxable compensation. Even though you elect the No-Form option, you may later choose to file an MI-1040 or MI-1040EZ.

You may choose No-Form if:

- You are a resident of Michigan, and
- Your income subject to Michigan income tax other than taxable compensation is less than \$100 for a single return or \$200 for a joint return, and
- You file this form (MI-W4) and elect the No-Form option.

You must be sure to claim only the exemptions you are entitled to (see instructions for line 6) or your tax may be under withheld and you will be required to file an MI-1040. Only those using the No-Form option can claim special exemptions on their MI-W4 (see instructions for line 12).

Individuals with Social Security income, qualified pension benefits within the prescribed limits, senior citizens with qualifying annuity benefits or active duty members of the armed forces, may choose the No-Form option, if their income subject to Michigan income tax other than taxable compensation is less than \$100 for a single return or \$200 for a joint return. Since this income is not subject to Michigan tax you may also check box 8a if it applies to you, so that taxes will not be withheld.

You may choose the No-Form option and if eligible, still file for a prescription drug credit (MI-1040CR-9) or home heating credit (MI-1040CR-7). Do **not** choose No-Form if you are expecting a refund from your income tax withholding. Do **not** choose No-Form if you are eligible for a property tax credit (MI-1040CR and MI-1040CR-2), or if you claim nonrefundable credits for city income tax, public contributions, community foundations, or homeless/food bank cash contributions or college tuition. You must file an MI-1040 and MI-1040CR or MI-1040CR-2 to claim these credits.

Choosing the No-Form option does not preclude the Michigan Department of Treasury from enforcement of the tax laws. If it is determined that additional tax is due, you may receive an assessment for the amount of tax owed, plus applicable penalty and interest.

Line 11: Enter the names and Social Security numbers for all of the dependents you are claiming. Include your spouse's Social Security number even if you are not claiming your spouse as a dependent.

Line 12: Special exemptions. If you choose the No-Form option, you may claim special exemptions for withholding purposes. Enter the special exemptions that apply to you or your spouse.

a and b) You are considered age 65 the day before your 65th birthday. If you claim this exemption, you may **not** claim an exemption as a totally and permanently disabled person.

c and d) Deaf. You qualify for this exemption if the primary way you receive messages is through a sense other than hearing (like lip reading or sign language).

e and f) Blind or disabled. Blind means your better eye permanently has 20/200 vision or less with corrective lenses, or your peripheral field of vision is 20 degrees or less. Totally and permanently disabled means disabled as defined under Social Security Guidelines 42 USC 416. If you are age 65 or older you may **not** claim an exemption as totally and permanently disabled.

Line 14: If you choose the No-Form option and your parents (or someone else) can claim you as a dependent on their tax return, you cannot claim the full exemption amount. Check this box so your employer will withhold at the correct rate.

Once you choose the No-Form option, it remains in effect until you change it. If at any time during the year your income status or dependent exemptions change, you should file a regular MI-1040 when it is due.

Request *Questions and Answers About No-Form* (form #2992) for more information. Forms are available from your employer or by calling the Michigan Department of Treasury at 1-800-FORM-2-ME (367-6263).

If you have questions on the No-Form option, you may call Treasury at 1-800-487-7000. Deaf, hearing or speech impaired persons may call 517-373-9419 (TDD) or the Michigan Relay Center at 1-800-649-3777.

Form W-4 (1995)

Want More Money in Your Paycheck?

If you expect to be able to take the earned income credit for 1995 and a child lives with you, you may be able to have part of the credit added to your take-home pay. For details, get Form W-5 from your employer.

Purpose. Complete Form W-4 so that your employer can withhold the correct amount of Federal income tax from your pay.

Exemption From Withholding. Read line 7 of the certificate below to see if you can claim exempt status. *If exempt, complete line 7; but do not complete lines 5 and 6.* No Federal income tax will be withheld from your pay. Your exemption is good for 1 year only. It expires February 15, 1996.

Note: You cannot claim exemption from withholding if (1) your income exceeds \$650 and includes unearned income (e.g., interest

and dividends) and (2) another person can claim you as a dependent on their tax return.

Basic Instructions. Employees who are not exempt should complete the Personal Allowances Worksheet. Additional worksheets are provided on page 2 for employees to adjust their withholding allowances based on itemized deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply to your situation. The worksheets will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer allowances than this.

Head of Household. Generally, you may 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.

Nonwage Income. If you have a large amount of nonwage income, such as interest or dividends, you should consider making

estimated tax payments using Form 1040-ES. Otherwise, you may find that you owe additional tax at the end of the year.

Two Earners/Two 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. This total should be divided among all jobs. Your withholding will usually be most accurate when all allowances are claimed on the W-4 filed for the highest paying job and zero allowances are claimed for the others.

Check Your Withholding. After your W-4 takes effect, you can use **Pub. 919, Is My Withholding Correct for 1995?**, to see how the dollar amount you are having withheld compares to your estimated total annual tax. We recommend you get **Pub. 919** especially if you used the **Two Earner/Two Job Worksheet** and your earnings exceed \$150,000 (Single) or \$200,000 (Married). Call 1-800-829-3676 to order **Pub. 919**. Check your telephone directory for the IRS assistance number for further help.

Personal Allowances Worksheet

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. 	B _____
C	Enter "1" for your spouse . But, you may choose to enter -0- if you are married and have either a working spouse or more than one job (this may help you avoid having too little tax withheld)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of Household above)	E _____
F	Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Add lines A through F and enter total here. Note: This amount may be different from the number of exemptions you claim on your return ▶	G _____

For accuracy, do all worksheets that apply.

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are **single** and have **more than one job** and your combined earnings from all jobs exceed \$30,000 OR if you are **married** and have a **working spouse or more than one job**, and the combined earnings from all jobs exceed \$50,000, see the Two-Earner/Two-Job Worksheet on page 2 if you want to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line G on line 5 of Form W-4 below.

----- Cut here and give the certificate to your employer. Keep the top portion for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2>Employee's Withholding Allowance Certificate</h2> <p>▶ For Privacy Act and Paperwork Reduction Act Notice, see reverse.</p>	OMB No. 1545-0010 <h1 style="font-size: 2em;">1995</h1>
1 Type or print your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.
City or town, state, and ZIP code _____		4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for a new card <input type="checkbox"/>
5 Total number of allowances you are claiming (from line G above or from the worksheets on page 2 if they apply)		5 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 1995 and I certify that I meet BOTH of the following conditions for exemption: • Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability; AND • This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability. If you meet both conditions, enter "EXEMPT" here ▶		7 _____

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's signature ▶ _____		Date ▶ _____, 19____	
8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS) City of Southfield 26000 Evergreen Southfield MI 48076		9 Office code (optional) _____	10 Employer identification number 38 6031668

Deductions and Adjustments Worksheet

Note: Use this worksheet only if you plan to itemize deductions or claim adjustments to income on your 1995 tax return.

1 Enter an estimate of your 1995 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (but not sales taxes), medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 1995, you may have to reduce your itemized deductions if your income is over \$114,700 (\$57,350 if married filing separately). Get Pub. 919 for details.) 1 \$ _____

2 Enter: $\left\{ \begin{array}{l} \$6,550 \text{ if married filing jointly or qualifying widow(er)} \\ \$5,750 \text{ if head of household} \\ \$3,900 \text{ if single} \\ \$3,275 \text{ if married filing separately} \end{array} \right\}$ 2 \$ _____

3 Subtract line 2 from line 1. If line 2 is greater than line 1, enter -0- 3 \$ _____

4 Enter an estimate of your 1995 adjustments to income. These include alimony paid and deductible IRA contributions 4 \$ _____

5 Add lines 3 and 4 and enter the total 5 \$ _____

6 Enter an estimate of your 1995 nonwage income (such as dividends or interest) 6 \$ _____

7 Subtract line 6 from line 5. Enter the result, but not less than -0- 7 \$ _____

8 Divide the amount on line 7 by \$2,500 and enter the result here. Drop any fraction 8 _____

9 Enter the number from Personal Allowances Worksheet, line G, on page 1 9 _____

10 Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earner/Two-Job Worksheet, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, on page 1 10 _____

Two-Earner/Two-Job Worksheet

Note: Use this worksheet only if the instructions for line G on page 1 direct you here.

1 Enter the number from line G on page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet) 1 _____

2 Find the number in Table 1 below that applies to the **LOWEST** paying job and enter it here 2 _____

3 If line 1 is **GREATER THAN OR EQUAL TO** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter -0-) and on Form W-4, line 5, on page 1. **DO NOT** use the rest of this worksheet 3 _____

Note: If line 1 is **LESS THAN** line 2, enter -0- on Form W-4, line 5, on page 1. Complete lines 4-9 to calculate the additional withholding amount necessary to avoid a year end tax bill.

4 Enter the number from line 2 of this worksheet 4 _____

5 Enter the number from line 1 of this worksheet 5 _____

6 Subtract line 5 from line 4 6 _____

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

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

9 Divide line 8 by the number of pay periods remaining in 1995. (For example, divide by 26 if you are paid every other week and you complete this form in December 1994.) Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1: Two-Earner/Two-Job Worksheet

Married Filing Jointly				All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
0 - \$3,000	0	39,001 - 50,000	9	0 - \$4,000	0
3,001 - 6,000	1	50,001 - 55,000	10	4,001 - 10,000	1
6,001 - 11,000	2	55,001 - 60,000	11	10,001 - 14,000	2
11,001 - 16,000	3	60,001 - 70,000	12	14,001 - 19,000	3
16,001 - 21,000	4	70,001 - 80,000	13	19,001 - 23,000	4
21,001 - 27,000	5	80,001 - 90,000	14	23,001 - 45,000	5
27,001 - 31,000	6	90,001 and over	15	45,001 - 60,000	6
31,001 - 34,000	7			60,001 - 70,000	7
34,001 - 39,000	8			70,001 and over	8

Table 2: Two-Earner/Two-Job Worksheet

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
0 - \$50,000	\$380	0 - \$30,000	\$380
50,001 - 100,000	700	30,001 - 60,000	700
100,001 - 130,000	780	60,001 - 110,000	780
130,001 - 230,000	900	110,001 - 230,000	900
230,001 and over	990	230,001 and over	990

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. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a completed form will result in your being treated as a single person who claims no withholding allowances. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, and the District of Columbia for use in administering their tax laws.

The time needed to complete this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping** 46 min., **Learning about the law or the form** 10 min., **Preparing the form** 69 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the **Internal Revenue Service**, Attention: Tax Forms Committee, PC:FP, Washington, DC 20224. **DO NOT** send the tax form to this address. Instead, give it to your employer.



Please 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 eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month.day.year)
City	State	Zip Code	Social Security #
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): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until ___/___/___ (Alien # or Admission # _____)	
Employee's Signature			Date (month/day/year)

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.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		Driver's License		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		___/___/___		___/___/___
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ___/___/___ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name City of Southfield	Address (Street Name and Number, City, State, Zip Code) 26000 Evergreen Road Southfield, MI 48076	Date (month.day.year)

Section 3. Updating and Reverification. To be completed and signed by employer

A. New Name (if applicable): _____	B. Date of rehire (month/day/year) (if applicable) _____
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility. Document Title: _____ Document #: _____ Expiration Date (if any): ___/___/___	

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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 (month/day/year)
--	-----------------------

LISTS OF ACCEPTABLE DOCUMENTS

LIST A	LIST B	LIST C
Documents that Establish Both Identity and Employment Eligibility	Documents that Establish Identity	Documents that Establish Employment Eligibility
<ol style="list-style-type: none"> 1. U.S. Passport (unexpired or expired) 2. Certificate of U.S. Citizenship (<i>INS Form N-560 or N-561</i>) 3. Certificate of Naturalization (<i>INS Form N-550 or N-570</i>) 4. Unexpired foreign passport, with <i>I-551 stamp</i> or attached <i>INS Form I-94</i> indicating unexpired employment authorization 5. Alien Registration Receipt Card with photograph (<i>INS Form I-151 or I-551</i>) 6. Unexpired Temporary Resident Card (<i>INS Form I-688</i>) 7. Unexpired Employment Authorization Card (<i>INS Form I-688A</i>) 8. Unexpired Reentry Permit (<i>INS Form I-327</i>) 9. Unexpired Refugee Travel Document (<i>INS Form I-571</i>) 10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (<i>INS Form I-688B</i>) 	<p style="text-align: center; font-weight: bold; margin: 0;">OR</p> <ol style="list-style-type: none"> 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, sex, height, eye color, and address 2. ID card issued by federal, state, or local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <p style="text-align: center; font-weight: bold; margin: 0;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<p style="text-align: center; font-weight: bold; margin: 0;">AND</p> <ol style="list-style-type: none"> 1. U.S. social security card issued by the Social Security Administration' (<i>other than a card stating it is not valid for employment</i>) 2. Certification of Birth Abroad issued by the Department of State (<i>Form FS-545 or Form DS-1350</i>) 3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (<i>INS Form I-197</i>) 6. ID Card for use of Resident Citizen in the United States (<i>INS Form I-179</i>) 7. Unexpired employment authorization document issued by the INS (<i>other than those listed under List A</i>)

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