

National Immigration Services

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Pasadena, Ca 91101

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Walnut, Ca 91789

AN INTRODUCTION TO THE H-1B VISA

The H-1B visa is commonly used by foreign nationals seeking to work and live in the U.S., particularly in the high-tech and internet industries. Reserved for “specialty occupations”, the H-1B visa status is only granted to foreign nationals who are filling positions that require a bachelor’s degree or higher. In addition, the foreign national must possess a bachelor’s degree or equivalent experience. The H-1B is valid for up to six years and is issued in three-year increments. During this time, the foreign national may apply for permanent residency if he or she wishes.

BENEFITS TO THE U.S. PETITIONING EMPLOYER

American companies and their Human Resources departments are often interested in hiring a foreign national for the H-1B status but are confused or concerned about the responsibilities of sponsoring such an employee. Here are some key issues for an employer to keep in mind:

- The employer is able to utilize professional highly-educated workers to fill staffing shortages and promote the efficient operation of the company.
- The employer/employee relationship continues to be governed by state employment law. Therefore, in most instances, an employer is not obligated to employ a foreign national for a specific amount of time, barring any specific promise by the employer.
- The employer does not need to prove that no American workers are available to fulfill the job.
- The employer does not need to pay the foreign national more than it is paying its American workers.
- The employer is not obligated to sponsor the foreign national for a green card.

BENEFITS FOR THE H-1B FOREIGN NATIONAL

- The foreign national will be able to sharpen his skills and experience by working for a U.S. company.
- Often, the H-1B visa holder will be exposed to and working with the latest technology.
- The H-1B permits dual intent; thus, the foreign national may apply for permanent residency if he wishes.
- Since the employer must pay the prevailing wage, the foreign national should be receiving a competitive salary for his services.
- The H-1B permits the foreign national to stay in the U.S. for up to six years—sufficient time for the alien to determine whether he wishes to stay in the U.S.

BASIC REQUIREMENTS FOR THE H-1B VISA

- The job title is for a specialty occupation that requires a bachelor’s degree.
- The foreign national possesses a degree in the field or a related field.
- The employer is willing to pay a competitive salary.

THE LAW FIRM OF NATIONAL IMMIGRATION SERVICES

"A law firm that sees things from a client's perspective is a firm that provides superior customer service." -Theodore Huang, Esq.

National Immigration Services is a law firm specializing in corporate immigration. Headed by attorney Theodore Huang, National Immigration Services have successfully obtained work visas for such well-known companies as 7-Up Bottling Company and Emachines. Since 1997, National Immigration Services has provided practical and free information for Internet visitors via its Internet site at www.myvisa.com Foreign nationals, Human Resources professionals, and other Internet visitors have come to rely on the site for easy-to-understand information that cuts through the legalese and gets to the bottom line. Attorney Huang has written numerous articles for the Internet and has been quoted in a number of articles and websites like techrepublic.com. He is an active member of American Immigration Lawyers Association and a member of the Maryland State Bar Association in excellent standing.

NIS law firm is committed to providing expeditious service to its clients in a cost-effective manner. The entire law firm is highly automated and streamlined utilizing current technology that enables the firm to prepare H-1B petitions quickly and efficiently. Clients are impressed with the speed with which petitions are prepared. Our accessibility to our clients is widely appreciated, and clients are impressed with the responsiveness we have shown to their questions and inquiries. Many foreign nationals have actually switched over to our firm after working with other immigration attorneys who never returned phone calls.

"Thank you for providing such great service. I was surprised at how quickly you prepared my H-1B application. I really didn't expect it to make it under the cap, but you got it in in time and my employer and I are very pleased with your service." -A. Mohamed, Harrow & Company, Inc.

"Thank you for your work on this, it is very much appreciated. I will recommend you highly to all." -N. Cooke, Q&A Research, Inc.

National Immigration Services focuses exclusively on U.S. immigration law and provides full legal support for the immigration needs of companies. We offer the following services for H-1B applicants:

- Solicit all required information from client to prepare application
- Review client's visa history and identify issues of potential problems
- Obtain necessary foreign degree and experience evaluations
- Provide legal advice as necessary
- Prepare forms such as I-129, H supplement, ETA 750, Prevailing wage requests, I-129w, G-28, etc.
- Draft letters on behalf of petitioner to the INS
- Answer most client questions within a 24 hour period
- Package petition in accordance to INS processing requirements
- Advise client on exit/reentry issues
- Provide guidance on public access files, work authorization, and transfer/extension issues

Competitive legal fee policy: Given the quality of our legal services, our law firm believes that the fees we quote are reasonable and competitive. If, prior to signing our firm's contract, a potential client can produce proof of a lower legal fee from another law firm, our firm will match the legal fees.

Foreign nationals and companies interested in hiring them are encouraged to contact our law firm. We can be reached at (626) 810-1357 or by email, info@myvisa.com We will respond to their inquiries within a few hours of receipt. With our high commitment to providing the best possible service, we are confident that once a person becomes our client, he will believe that he made the right choice. We thank you for your interest in National Immigration Services and look forward to serving you and your company. Be advised that this package does not include form ETA 9035 which is available at <http://www.lca.doleta.gov/>

Petition for a Nonimmigrant Worker

START HERE - Please Type or Print.

FOR INS USE ONLY

Part 1. Information about the employer filing this petition. If the employer is an individual, use the top name line. Organizations should use the second line.

| | | |
|------------------------------|-------------------|----------------|
| Family Name | Given Name | Middle Initial |
| Company or Organization Name | | |
| Address - Attn: | | |
| Street Number and Name | Apt. # | |
| City | State or Province | |
| Country | Zip/Postal Code | |

IRS Tax #

Part 2. Information about this petition.

(See instructions to determine the fee.)

- Requested Nonimmigrant Classification**
(Write classification symbol at right) _____
 - Basis for Classification** *(Check one)*
 - New employment
 - Continuation of previously approved employment without change
 - Change in previously approved employment
 - New concurrent employment
 - Prior Petition.** If you checked other than "New Employment" in item 2. (above) give the most recent prior petition number for the worker(s): _____
 - Requested Action:** *(Check one)*
 - Notify the office in Part 4 so the person(s) can obtain a visa or be admitted (NOTE: a petition is not required for an E-1, E-2 or R visa).
 - Change the person(s) status and extend their stay since they are all now in the U.S. in another status (see instructions for limitations). This is available only where you check "New Employment" in item 2, above.
 - Extend or amend the stay of ther person(s) since they now hold this status.
- Total number of workers in petition:**
(See instructions for where more than one worker can be included.) _____

Part 3. Information about the person(s) you are filing for.

Complete the blocks below. Use the continuation sheet to name each person included in this petition.

If an entertainment group, give their group name

| | | |
|--|------------------|----------------|
| Family Name | Given Name | Middle Initial |
| Date of Birth <i>(Month/Day/Year)</i> | Country of Birth | |
| Social Security # | A # | |

If in the United States, complete the following:

| | |
|--|------------------------------------|
| Date of Arrival <i>(Month/Day/Year)</i> | I-94 # |
| Current Nonimmigrant Status | Expires <i>(Month/Day/Year)</i> |

| | |
|---|------------------------|
| Returned | Receipt |
| Resubmitted | |
| Reloc Sent | |
| Reloc Rec'd | |
| Interviewed | |
| <input type="checkbox"/> Petitioner | |
| <input type="checkbox"/> Beneficiary | |
| Class: | _____ |
| # of Workers: | _____ |
| Priority Number: | _____ |
| Validity Dates: | From _____ To _____ |
| <input type="checkbox"/> Classification | |
| <input type="checkbox"/> Consulate/POE/PFI Notified | |
| At: _____ | |
| <input type="checkbox"/> Extension Granted | |
| <input type="checkbox"/> COS/Extension Granted | |
| Partial Approval <i>(explain)</i> | |
| Action Block | |
| To Be Completed by Attorney or Representative, if any | |
| <input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant | |
| VOLAG# | |
| ATTY State License # | |

Part 4. Processing Information.

- a. If the person named in Part 3 is outside the U.S. or a requested extension of stay or change of status cannot be granted, give the U.S. consulate or inspection facility you want notified if this petition is approved.

Type of Office (Check one): Consulate Pre-flight inspection Port of Entry
Office Address (City) _____ U.S. State or Foreign Country _____

Person's Foreign Address _____

- b. Does each person in this petition have a valid passport?
 Not required to have passport No - explain on separate paper Yes
- c. Are you filing any other petitions with this one? No Yes - How many? _____
- d. Are applications for replacement/initial I-94's being filed with this petition? No Yes - How many? _____
- e. Are applications by dependents being filed with this petition? No Yes - How many? _____
- f. Is any person in this petition in exclusion or deportation proceedings? No Yes - explain on separate paper
- g. Have you ever filed an immigrant petition for any person in this petition? No Yes - explain on separate paper
- h. If you indicated you were filing a new petition in Part 2, within the past 7 years has any person in this petition:
1) ever been given the classification you are now requesting? No Yes - explain on separate paper
2) ever been denied the classification you are now requesting? No Yes - explain on separate paper
- i. If you are filing for an entertainment group, has any person in this petition not been with the group for at least 1 year? No Yes - explain on separate paper

Part 5. Basic information about the proposed employment and employer. *Attach the supplement relating to the classification you are requesting.*

| | | |
|--|---|--|
| Job Title | Nontechnical Description of Job | |
| Address where the person(s) will work if different from the address in Part 1. | | |
| Is this a full-time position? | <input type="checkbox"/> No - Hours per week _____ <input type="checkbox"/> Yes | Wages per week or per year _____ |
| Other Compensation (Explain) | Value per week or per year _____ | Dates of intended employment From: _____ To: _____ |
| Type of Petitioner - Check | <input type="checkbox"/> U.S. citizen or permanent resident <input type="checkbox"/> Organization | <input type="checkbox"/> Other - explain on separate paper |
| Type of Business: | Year established: _____ | |
| Current Number of Employees | Gross Annual Income | Net Annual Income |

Part 6. Signature. *Read the information on penalties in the instructions before completing this section.*

I certify, under penalty of perjury under the laws of the United States of America, that this petition, and the evidence submitted with it, is all true and correct. If filing this on behalf of an organization, I certify that I am empowered to do so by that organization. If this petition is to extend a prior petition, I certify that the proposed employment is under the same terms and conditions as in the prior approved petition. I authorize the release of any information from my records, or from the petitioning organization's records, which the Immigration and Naturalization Service needs to determine eligibility for the benefit being sought.

| | | |
|---------------------|------------|------|
| Signature and Title | Print Name | Date |
|---------------------|------------|------|

Please Note: If you do not completely fill out this form and the required supplement, or fail to submit required documents listed in the instructions, then the person(s) filed for may not be found eligible for the requested benefit, and this petition may be denied.

Part 7. Signature of person preparing form, if other than above.

I declare that I prepared this petition at the request of the above person and it is based on all information of which I have any knowledge.

| | | |
|-----------|------------|------|
| Signature | Print Name | Date |
|-----------|------------|------|

Firm Name and Address _____

Name of person or organization filing petition:

Name of person you are filing for:

Classification Sought (*Check one*):

Name of country signatory to treaty with U.S.

E-1 Treaty trader

E-2 Treaty investor

Section 1. Information about the Employer Outside the U.S. (If any)

Name

Address

Alien's Position - Title, duties and number of years employed

Principal Product, Merchandise or Service

Total Number of Employees

Section 2. Additional information about the U.S. Employer

The U.S. company is, to the company outside the U.S. (*Check one*):

Parent

Branch

Subsidiary

Affiliate

Joint Venture

Date and Place of Incorporation or establishment in the U.S.

Nationality of Ownership (*Individual or Corporate*)

Name

Nationality

Immigration Status

% Ownership

| Name | Nationality | Immigration Status | % Ownership |
|------|-------------|--------------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Assets

Net Worth

Total Annual Income

Staff in the U.S.

Executive Manager

Specialized Qualifications or Knowledge

Nationals of Treaty Country in E or L Status

Total number of employees in the U.S.

Total number of employees the alien would supervise; or describe the nature of the specialized skills essential to the U.S. company.

Section 3. Complete if filing for an E-1 Treaty Trader

Total Annual Gross Trade/Business of the U.S. company

For Year Ending

\$

Percent of total gross trade which is between the U.S. and the country of which the treaty trader organization is a national.

Section 4. Complete if filing for an E-2 Treaty Investor

Total Investment:

Cash

Equipment

Other

\$

\$

\$

Inventory

Premises

Total

\$

\$

\$

Name of person or organization filing petition:

Name of person or total number of workers or trainees you are filing for:

List the alien's and any dependent family members' prior periods of stay in H classification in the U.S. for the last six years. Be sure to list only those periods in which the alien and/or family members were actually in the U.S. in an H classification. If more space is needed, attach an additional sheet.

Classification sought (*Check one*):

- | | |
|---|--|
| <input type="checkbox"/> H-1A Registered professional nurse | <input type="checkbox"/> H-1B5 Athlete |
| <input type="checkbox"/> H-1B1 Specialty occupation | <input type="checkbox"/> H-1BS Essential Support Personnel for H-1B entertainer or athlete |
| <input type="checkbox"/> H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense | <input type="checkbox"/> H-2A Agricultural worker |
| <input type="checkbox"/> H-1B3 Artist, entertainer or fashion model of national or international acclaim | <input type="checkbox"/> H-2B Nonagricultural worker |
| <input type="checkbox"/> H-1B4 Artist or entertainer in unique or traditional art form | <input type="checkbox"/> H-3 Trainee |
| | <input type="checkbox"/> H-3 Special education exchange visitor program |

Section 1. Complete this section if filing for H-1A or H-1B classification.

Describe the proposed duties

Alien's present occupation and summary of prior work experience

Statement for H-1B specialty occupations only:

By filing this petition, I agree to the terms of the labor condition application for the duration of the alien's authorized period of stay for H-1B employment.

Petitioner's Signature

Date

Statement for H-1B specialty occupations and DOD projects:

As an authorized official of the employer, I certify that the employer will be liable for the reasonable costs of return transportation of the alien abroad if the alien is dismissed from employment by the employer before the end of the period of authorized stay.

Signature of authorized official of employer

Date

Statement for H-1B DOD projects only:

I certify that the alien will be working on a cooperative research and development project or a coproduction project under a reciprocal Government-to-government agreement administered by the Department of Defense.

DOD project manager's signature

Date

Section 2. Complete this section if filing for H-2A or H-2B classification.

Employment is:
(*Check one*)

- Seasonal
- Peakload
- Intermittent
- One-time occurrence

Temporary need is:
(*Check one*)

- Unpredictable
- Periodic
- Recurrent annually

Explain your temporary need for the alien's services (attach a separate paper if additional space is needed).

Section 3. Complete this section if filing for H-2A classification.

The petitioner and each employer consent to allow government access to the site where the labor is being performed for the purpose of determining compliance with H-2A requirements. The petitioner further agrees to notify the Service in the manner and within the time frame specified if an H-2A worker absconds or if the authorized employment ends more than five days before the relating certification document expires, and pay liquidated damages of ten dollars for each instance where it cannot demonstrate compliance with this notification requirement. The petitioner also agrees to pay liquidated damages of two hundred dollars for each instance where it cannot be demonstrated that the H-2A worker either departed the United States or obtained authorized status during the period of admission or within five days of early termination, whichever comes first.

The petitioner must execute Part A. If the petitioner is the employer's agent, the employer must execute Part B. If there are joint employers, they must each execute Part C.

Part A. Petitioner:

By filing this petition, I agree to the conditions of H-2A employment, and agree to the notice requirements and limited liabilities defined in 8 CFR 214.2(h)(3)(vi).

Petitioner's signature

Date

Part B. Employer who is not petitioner:

I certify that I have authorized the party filing this petition to act as my agent in this regard. I assume full responsibility for all representations made by this agent on my behalf, and agree to the conditions of H-2A eligibility.

Employer's signature

Date

Part C. Joint Employers:

I agree to the conditions of H-2A eligibility.

Joint employer's signature(s)

Date

Joint employer's signature(s)

Date

Joint employer's signature(s)

Date

Joint employer's signature(s)

Date

Joint employer's signature(s)

Date

Section 4. Complete this section if filing for H-3 classification.

If you answer "yes" to any of the following questions, attach a full explanation.

- | | | |
|--|-----------------------------|------------------------------|
| a. Is the training you intend to provide, or similar training, available in the alien's country? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| b. Will the training benefit the alien in pursuing a career abroad? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| c. Does the training involve productive employment incidental to training? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| d. Does the alien already have skills related to the training? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| e. Is this training an effort to overcome a labor shortage? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| f. Do you intend to employ the alien abroad at the end of this training? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

If you do not intend to employ this person abroad at the end of this training, explain why you wish to incur the cost of providing this training, and your expected return from this training.

O and P Classification Supplement to Form I-129

U.S. Department of Justice
Immigration and Naturalization Service

Name of person or organization filing petition:

Name of person or group or total number of workers you are filing for:

Classification sought (*Check one*):

- O-1 Alien of extraordinary ability in sciences, art, education, or business.
- P-2 Artist or entertainer for reciprocal exchange program
- P-2S Essential Support Personnel for P-2.

Explain the nature of the event

Describe the duties to be performed

If filing for O-2 or P support alien, dates of the alien's prior experience with the O-1 or P alien.

Have you obtained the required written consultation(s)? Yes - attached No - Copy of request attached
If not, give the following information about the organization(s) to which you have sent a duplicate of this petition.

O-1 Extraordinary ability

Name of recognized peer group

Phone #

Address

Date sent

O-1 Extraordinary achievement in motion pictures or television

Name of labor organization

Phone #

Address

Date sent

Name of management organization

Phone #

Address

Date sent

O-2 or P alien

Name of labor organization

Phone #

Address

Date Sent

Name of person or organization filing petition:

Name of person you are filing for:

Section 1. Complete this section if you are filing for a Q international cultural exchange alien.

I hereby certify that the participant(s) in the international cultural exchange program:

- is at least 18 years of age,
- has the ability to communicate effectively about the cultural attributes of his or her country of nationality to the American public, and has not previously been in the United States as a Q nonimmigrant unless he/she has resided and been physically present outside the U.S.
- for the immediate prior year.

I also certify that the same wages and working conditions are accorded the participants as are provided similarly employed U.S. workers.

Petitioner's signature

Date

Section 2. Complete this section if you are filing for an R religious worker.

List the alien's, and any dependent family members, prior periods of stay in R classification in the U.S. for the last six years. Be sure to list only those periods in which the alien and/or family members were actually in the U.S. in an R classification.

Describe the alien's proposed duties in the U.S.

Describe the alien's qualifications for the vocation or occupation.

Description of the relationship between the U.S. religious organization and the organization abroad of which the alien was a member.

Supplement-1

Attach to Form I-129 when more than one person is included in the petition. (List each person separately. Do not include the person you named on the form).

| | | | |
|-------------------------------|--|---------------------------------------|--|
| Family Name | Given Name | Middle Initial | Date of Birth <i>(Month/Day/Year)</i> |
| Country of Birth | Social Security No. | | A# |
| IF IN THE U.S. | Date of Arrival <i>(Month/Day/Year)</i> | I-94# | |
| | Current Nonimmigrant Status: | Expires on <i>(Month/Day/Year)</i> | |
| Country where passport issued | Expiration Date <i>(Month/Day/Year)</i> | Date Started with group | |
| Family Name | Given Name | Middle Initial | Date of Birth <i>(Month/Day/Year)</i> |
| Country of Birth | Social Security No. | | A# |
| IF IN THE U.S. | Date of Arrival <i>(Month/Day/Year)</i> | I-94# | |
| | Current Nonimmigrant Status: | Expires on <i>(Month/Day/Year)</i> | |
| Country where passport issued | Expiration Date <i>(Month/Day/Year)</i> | Date Started with group | |
| Family Name | Given Name | Middle Initial | Date of Birth <i>(Month/Day/Year)</i> |
| Country of Birth | Social Security No. | | A# |
| IF IN THE U.S. | Date of Arrival <i>(Month/Day/Year)</i> | I-94# | |
| | Current Nonimmigrant Status: | Expires on <i>(Month/Day/Year)</i> | |
| Country where passport issued | Expiration Date <i>(Month/Day/Year)</i> | Date Started with group | |
| Family Name | Given Name | Middle Initial | Date of Birth <i>(Month/Day/Year)</i> |
| Country of Birth | Social Security No. | | A# |
| IF IN THE U.S. | Date of Arrival <i>(Month/Day/Year)</i> | I-94# | |
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| Country where passport issued | Expiration Date <i>(Month/Day/Year)</i> | Date Started with group | |
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Continued on back.

Supplement-1

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| | | | |
|-------------------------------|--|----------------|--|
| Family Name | Given Name | Middle Initial | Date of Birth <i>(Month/Day/Year)</i> |
| Country of Birth | Social Security No. | | A# |
| IF IN | Date of Arrival <i>(Month/Day/Year)</i> | | I-94# |
| THE U.S. | Current Nonimmigrant Status: | | Expires on <i>(Month/Day/Year)</i> |
| Country where passport issued | Expiration Date <i>(Month/Day/Year)</i> | | Date Started with group |
| Family Name | Given Name | Middle Initial | Date of Birth <i>(Month/Day/Year)</i> |
| Country of Birth | Social Security No. | | A# |
| IF IN | Date of Arrival <i>(Month/Day/Year)</i> | | I-94# |
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| Country where passport issued | Expiration Date <i>(Month/Day/Year)</i> | | Date Started with group |
| Family Name | Given Name | Middle Initial | Date of Birth <i>(Month/Day/Year)</i> |
| Country of Birth | Social Security No. | | A# |
| IF IN | Date of Arrival <i>(month/day/year)</i> | | I-94# |
| THE U.S. | Current Nonimmigrant Status: | | Expires on <i>(Month/Day/Year)</i> |
| Country where passport issued | Expiration Date <i>(Month/Day/Year)</i> | | Date Started with group |
| Family Name | Given Name | Middle Initial | Date of Birth <i>(Month/Day/Year)</i> |
| Country of Birth | Social Security No. | | A# |
| IF IN | Date of Arrival <i>(Month/Day/Year)</i> | | I-94# |
| THE U.S. | Current Nonimmigrant Status: | | Expires on <i>(Month/Day/Year)</i> |
| Country where passport issued | Expiration Date <i>(Month/Day/Year)</i> | | Date Started with group |
| Family Name | Given Name | Middle Initial | Date of Birth <i>(Month/Day/Year)</i> |
| Country of Birth | Social Security No. | | A# |
| IF IN | Date of Arrival <i>(Month/Day/Year)</i> | | I-94# |
| THE U.S. | Current Nonimmigrant Status: | | Expires on <i>(Month/Day/Year)</i> |
| Country where passport issued | Expiration Date <i>(Month/Day/Year)</i> | | Date Started with group |
| Family Name | Given Name | Middle Initial | Date of Birth <i>(Month/Day/Year)</i> |
| Country of Birth | Social Security No. | | A# |
| IF IN | Date of Arrival <i>(Month/Day/Year)</i> | | I-94# |
| THE U.S. | Current Nonimmigrant Status: | | Expires on <i>(Month/Day/Year)</i> |
| Country where passport issued | Expiration Date <i>(Month/Day/Year)</i> | | Date Started with group |

H-1B Data Collection and Filing Fee Exemption

Petitioner's Name:

PART A. General

Employer Information - (check all items that apply)

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 1. Is the petitioner a dependent employer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has the petitioner ever been found to be a willful violator? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the beneficiary an exempt H -1B nonimmigrant? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, is it because the beneficiary's annual rate of pay is equal to at least \$60,000? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Or is it because the beneficiary has a master's or higher degree in a speciality related to the employment? | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|-------------------------|----------------------|----------------------|
| Beneficiary's Last Name | First Name | Middle Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|----------------------------|--------------------------------------|----------------------|
| Attention To or In Care Of | Current Residential Address - Street | Apt. # |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|----------------------|----------------------|----------------------|
| City | State | Zip Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Beneficiary's Highest Level of Education. Please check only one box.

- NO DIPLOMA
- HIGH SCHOOL GRADUATE - high school DIPLOMA or the equivalent (for example ,GED)
- Some college credit, but less than one year
- One or more years of college, no degree
- Associate's degree (for example: AA, AS)
- Bachelor's degree (for example: BA, AB, BS)
- Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- Professional degree (for example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example: PhD, EdD)

Major/Primary Field of Study

| | | |
|----------------------|----------------------|----------------------|
| Rate of pay per year | LCA Code | NAICS Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

PART B. Fee Exemption

In order for the Immigration and Naturalization Service to determine if you must pay the additional \$1,000 fee, please answer all of the following questions:

- | | | | |
|----|--------------------------|--------------------------|---|
| | Yes | No | |
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Are you an institution of higher education as defined in the Higher Education Act of 1965, section 101(a), 20 U.S.C. section 1001 (a)? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Are you a nonprofit organization or entity related to or affiliated with an institution of higher education, as such institutions of higher education are defined in the Higher Education Act of 1965, section 101(a), 20 U.S.C. section 1001(a)? |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Are you a nonprofit research organization or a governmental research organization, as defined in 8 CFR 214.2(h)(19)(iii)(C)? |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Is this the second or subsequent request for an extension of stay that you have filed for this alien? |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Is this an amended petition that does not contain any requests for extension of stay? |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Are you filing this petition in order to correct a Service error? |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Is the petitioner a primary or secondary education institution? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Is the petitioner a non-profit entity that engages in an established curriculum-related clinical training of students registered at such an institution? |

If you answered **YES** to any of the sections above, you are **ONLY** required to submit the fee for your H-1B Form I-129 petition, which is \$130.00.

PART C. Numerical Limitation Exemption Information

- Yes No
1. Are you an institution of higher education as defined in the Higher Education Act of 1965, section 101(a), 20 U.S.C. section 1001 (a)?
 2. Are you a nonprofit organization or entity related to or affiliated with an institution of higher education, as such institutions of higher education are defined in the Higher Education Act of 1965, section 101(a), 20 U.S.C. section 1001(a)?
 3. Are you a nonprofit research organization or a governmental research organization, as defined in 8 CFR 214.2(h)(19)(iii)(C)?
 4. Is the beneficiary of this petition a J-1 nonimmigrant alien who received a waiver of the 2-year foreign residency requirement described in section 214 (l)(1)(B) of the Act?
 5. Has the beneficiary of this petition been previously granted status as an H-1B nonimmigrant in the past 6 years and not left the U.S. for more than a year after attaining such status?
 6. If the petition is to request a change of employer, did the beneficiary previously work as an H-1B for an institution of higher education, an entity related to or affiliated with an institution of higher education, or a nonprofit research organization or governmental research institution defined in questions 1, 2 and 3 of Part C of this form?

I certify under penalty of perjury, under the laws of the United States of America, that this attachment and the evidence submitted with it is true and correct. If filing this on behalf of an organization or entity, I certify that I am empowered to do so by that organization or entity. I authorize the release of any information from my records, or from the petitioning organization or entity's records, that the Immigration and Naturalization Service may need to determine eligibility for the exemption being sought.

Certification.

Signature

Print Name

Title

Date