



H-1B (I-129) QUESTIONNAIRE

I. PERSONAL INFORMATION			
Name:		Age:	
Any Aliases (Including Maiden Name):			
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Social Security Number:			
Date of Birth:		City/Country of Birth:	

II. Employer's Information	
Sponsoring Company/Employer's Name	
Company Address	
Company Federal Tax Identification Number	
Company number Work Phone: Fax Number	
Does the company employ 50 or more Full Time Individuals in U.S.? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please fill out the following information: Are more than 50% of these employees on H-1B or L non-immigrant status? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Year the company was established:	
Type of Company (IT Consulting, Architecture, etc.):	
Gross Annual Income (required):	\$
Net annual Income (required):	\$
Has your company ever been found "willful violator"?:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you an Institution of Higher Learning OR Non-Profit Organization?	<input type="checkbox"/> No <input type="checkbox"/> Yes

North American Industry Classification System (NAICS) Code: (http://www.census.gov/eos/www/naics):	
3 Digit LCA Code (http://www.lca.doleta.gov/h1bcl_oc.pdf):	
Prevailing Wage (http://www.flcdatacenter.com/OesWizardStart.aspx):	
Premium Processing Requested	<input type="checkbox"/> No <input type="checkbox"/> Yes
Person who will sign the documents on company's behalf:	
a) Full Name: _____	
b) Official Title: _____	
c) Email Address: _____	
d) Phone Number: _____	
e) Fax Number (if any): _____	

III. Information about the Job	
Employee will be:	<input type="checkbox"/> Manager/Executive <input type="checkbox"/> Specialized Knowledge Professional
Is this a Full-Time Position?	<input type="checkbox"/> Yes <input type="checkbox"/> No If NO, please fill it out: Please indicate number of hours to be worked per week: _____/week
Job Title:	
Annual Salary:	\$
Dates of Intended Employment (if filling for New H-1B start date can't be before Oct 1 of given year)	
Address of Employee will work (if different than Company Address):	Street No. and Name
	Suite/Room # (if applicable)
	City
	State
	Zip Code
	Country

IV. Information About Employee	
Employee Full Name:	
Employee Address:	Street No. & Name: _____

	Apt # (if applicable):	
	City:	
	State:	
	Zip Code #:	
	Country:	
Is this New Employment or Extension of Visa?		
If it is an Extension, please provide prior Application receipt/Approval Notice: _____ and Job Title: _____		
If Filing for Extension, is this your SECOND or subsequent extension with this Company:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Employee's State and Country of Birth:		
Employee's Nationality (place of citizenship):		
Have you ever used other names – provide all the names (First Middle Last):		
Your Social Security Number (if any):		
Your Date of Birth (MM/DD/YYYY)		
Your Alien Number / A# (if any):		
Date of MOST RECENT arrival to US (if applicable – MM/DD/YYYY):		
Your I-94 # (include all 11 digits):		
Your Current Non-Immigrant Status (if in US):		
Expiry Date of Current State (MM/DD/YYYY):		

Your Passport number:	
Issued Date on Passport (MM/DD/YYYY)	
Expiry Date on Passport (MM/DD/YYYY)	
Complete Foreign Address of Employee:	Street No. and Name:
	Apt # (if applicable):
	City:
	State:
	Zip Code:
	Country:
US Consulate closest to applicant's foreign address:	
Have you ever been deported or had removal proceedings?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you Filing for DEPENDENT SPOUSE or CHILDREN?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Has an Immigration petition for Green Card every been filed for you by this Company?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever been granted an H-1B Visa before?	<input type="checkbox"/> No - If NO, please provide following info: Have you ever been on H-4 Status? Please specific dates for H-4 Status: <hr/> <input type="checkbox"/> Yes – If YES, please provide following info: Specific Dates that you have been on H-1B and copy of your Approved Notice: <hr/>
Have you ever been DENIED an H-1 B Visa before?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Has this Company ever filed for your H-1B Visa in past?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Your Highest Degree (i.e. Bachelors/Masters/PhD):	

Major or Primary Field of Study:	
If you have Master's Degree or Higher, was it from an accredited US institution?:	<input type="checkbox"/> No <input type="checkbox"/> Yes – If YES, please provide following info: Name of Institution: _____ Date Degree was awarded (MM/DD/YYYY): _____ Type of US Degree: _____

V. REQUIRED DOCUMENTS FROM EMPLOYEE

<input type="checkbox"/>	Copy of ALL degrees, certificates and transcripts/mark sheets (High School and/or secondary school certificates are not necessary)
<input type="checkbox"/>	Copy of Educational Evaluation (if available) – if not available we can obtain one for you
<input type="checkbox"/>	Copy of ALL Job experience letters that are related to the position (do not include your resume)
<input type="checkbox"/>	Copy of Biographical pages of Passport (do not include blank pages)
<input type="checkbox"/>	Copy of Visa Stamp (if applicable)
<input type="checkbox"/>	Copy of front and back of I-94 Card (if applicable)
<input type="checkbox"/>	Copy of Prior H-1B Approval Notice (if applicable)
<input type="checkbox"/>	Copy of most recent 2-4 pay stubs (only if filing for H-1B Transfers)

VI. REQUIRED DOCUMENTS FROM EMPLOYER

<input type="checkbox"/>	Attach or Email 1-2 paragraph of description of your company (this can be from your website)
<input type="checkbox"/>	Attach a list of job description and job duties for position (we can draft this for you, if requested)

In order for the employer to overcome the issue identified on the denial determination for any future LCA submitted using this exact FEIN, the CNPC will need to obtain the following information:

<input type="checkbox"/>	At least 1 document from the sample list below that clearly displays the FEIN and name of employer associated with Unique Identification Number: <ul style="list-style-type: none"> - Document from IRS noting assignment of FEIN - Federal or State Tax return (only acceptable with pre-printed label or pre-printed tax coupon) - Documentation from the employer's financial institution showing employer's FEIN articles of incorporation, business license or other certifications of business existence - Secretary of State Registration Documents - Other Documentation showing the FEIN and name of the employer
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VII. FEE STRUCTURE

A) Filing Fees:

Make Checks payable to

“U.S. Department of Homeland Security”

For each applicant, make a separate check for the following fees:

Base Filing Fee	\$325.00
Fee to be submitted with initial H-1B Petition filed on behalf of beneficiary by a Petitioner/Employer	\$500.00
H-1B Data Collection Fee (American Competitiveness and Workforce Improvement Act of 1998 (ACWIA) fee	
For Employers with 1 to 25 full-time equivalent employees	\$750.00
For Employers with 26 or more full-time equivalent employees	\$1,500.00
Expedite Process (USCIS/DHS will take a decision on your petition in 15 calendar days)	\$1,225.00

B) Attorney Fees:

Attorney Fees will vary case-to-case and should be discussed with Attorney Aditya Surti

This form was filled out by:

Name:

Signature:

Date: