



# Petition for a Nonimmigrant Worker

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

USCIS  
Form I-129  
OMB No. 1615-0009  
Expires 10/31/2021

For USCIS Use Only	Receipt	Partial Approval (explain)	Action Block
Class: _____ No. of Workers: _____ Job Code: _____ Validity Dates: _____ From: _____ To: _____	<input type="checkbox"/> Classification Approved <input type="checkbox"/> Consulate/POE/PFI Notified At: _____ <input type="checkbox"/> Extension Granted <input type="checkbox"/> COS/Extension Granted		

► **START HERE - Type or print in black ink.**

## Part 1. Petitioner Information

If you are an individual filing this petition, complete **Item Number 1**. If you are a company or an organization filing this petition, complete **Item Number 2**.

### 1. Legal Name of Individual Petitioner

Family Name (Last Name)	Given Name (First Name)	Middle Name

### 2. Company or Organization Name

New Tech Inc
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### 3. Mailing Address of Individual, Company or Organization

In Care Of Name			
John SMART			
Street Number and Name		Apt. Ste. Flr.	Number
222 Victory St		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	1200
City or Town		State	ZIP Code
San Francisco		CA	94111
Province	Postal Code	Country	
		USA	

### 4. Contact Information

Daytime Telephone Number	Mobile Telephone Number	Email Address (if any)
4156666666		john@newtech.com

### 5. Other Information

Federal Employer Identification Number (FEIN)	Individual IRS Tax Number	U.S. Social Security Number (if any)
► 11-5555555	►	►

**Part 2. Information About This Petition** (See instructions for fee information)

1. **Requested Nonimmigrant Classification** (Write classification symbol): **H-1B**
2. **Basis for Classification** (select only one box):
- ☒ a. New employment.
- ☐ b. Continuation of previously approved employment without change with the same employer.
- ☐ c. Change in previously approved employment.
- ☐ d. New concurrent employment.
- ☐ e. Change of employer.
- ☐ f. Amended petition.
3. **Provide the most recent petition/application receipt number for the beneficiary. If none exists, indicate "None."** **N o n e**
4. **Requested Action** (select only one box):
- ☐ a. Notify the office in **Part 4**, so each beneficiary can obtain a visa or be admitted. (**NOTE:** A petition is not required for E-1, E-2, E-3, H-1B1 Chile/Singapore, or TN visa beneficiaries.)
- ☒ b. Change the status and extend the stay of each beneficiary because the beneficiary(ies) is/are now in the United States in another status (see instructions for limitations). This is available only when you check "New Employment" in **Item Number 2.**, above.
- ☐ c. Extend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
- ☐ d. Amend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
- ☐ e. Extend the status of a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)
- ☐ f. Change status to a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)
5. **Total number of workers included in this petition.** (See instructions relating to when more than one worker can be included.) **1**

**Part 3. Beneficiary Information** (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the Attachment-I sheet to name each beneficiary included in this petition.)

1. **If an Entertainment Group, Provide the Group Name**
2. **Provide Name of Beneficiary**
- | Family Name (Last Name) | Given Name (First Name) | Middle Name |
|-------------------------|-------------------------|-------------|
| KIM                     | Thai                    |             |
3. **Provide all other names the beneficiary has used.** Include nicknames, aliases, maiden name, and names from all previous marriages.
- | Family Name (Last Name) | Given Name (First Name) | Middle Name |
|-------------------------|-------------------------|-------------|
| None                    |                         |             |
|                         |                         |             |
|                         |                         |             |
4. **Other Information**
- |                            |  |                                      |
|----------------------------|--|--------------------------------------|
| Date of birth (mm/dd/yyyy) | Gender   | U.S. Social Security Number (if any) |
| 01/01/1990                 | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | <b>1 1 1 2 2 2 3 3 3</b>             |

**Part 3. Beneficiary Information** (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the Attachment-1 sheet to name each beneficiary included in this petition.) (continued)

Alien Registration Number (A-Number) Country of Birth

► A- 1 3 1 2 2 2 4 4 4

Thailand

Province of Birth

Bangkok

Country of Citizenship or Nationality

Thailand

**5. If the beneficiary is in the United States, complete the following:**

Date of Last Arrival (mm/dd/yyyy)

08/01/2019

I-94 Arrival-Departure Record Number

► 4 1 0 3 6 6 9 9 9 9 9

Passport or Travel Document Number

567321999

Date Passport or Travel Document  
Issued (mm/dd/yyyy)

04/01/2018

Date Passport or Travel Document  
Expires (mm/dd/yyyy)

04/01/2028

Passport or Travel Document Country  
of Issuance

Thailand

Current Nonimmigrant Status

F1 - STUDENT - ACADEMIC

Date Status Expires or D/S (mm/dd/yyyy)

D/S

Student and Exchange Visitor Information System (SEVIS)  
Number (if any)

N0071234567

Employment Authorization Document (EAD)  
Number (if any)

YSC2020111222

**6. Current Residential U.S. Address (if applicable) (do not list a P.O. Box)**

Street Number and Name

111 Flower St

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

Santa Rosa

State

CA

ZIP Code

94010

**Part 4. Processing Information**

**1.** If a beneficiary or beneficiaries named in **Part 3.** is/are outside the United States, or a requested extension of stay or change of status cannot be granted, state the U.S. Consulate or inspection facility you want notified if this petition is approved.

**a. Type of Office** (select only one box): ☒ Consulate ☐ Pre-flight inspection ☐ Port of Entry

**b. Office Address (City)**

Bangkok

**c. U.S. State or Foreign Country**

Thailand

**d. Beneficiary's Foreign Address**

Street Number and Name

87 Witthayu Rd Lumphini

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

Bangkok

State

Province

Postal Code

10330

Country

Thailand

**2.** Does each person in this petition have a valid passport? ☒ Yes ☐ No. If no, go to **Part 10.** and type or print your explanation.

#### Part 4. Processing Information (continued)

3. Are you filing any other petitions with this one?  
☐ Yes. If yes, how many? ▶  ☒ No
4. Are you filing any applications for replacement/initial I-94, Arrival-Departure Records with this petition? Note that if the beneficiary was issued an electronic Form I-94 by CBP when he/she was admitted to the United States at an air or sea port, he/she may be able to obtain the Form I-94 from the CBP Website at [www.cbp.gov/i94](http://www.cbp.gov/i94) instead of filing an application for a replacement/initial I-94.  
☐ Yes. If yes, how many? ▶  ☒ No
5. Are you filing any applications for dependents with this petition?  
☐ Yes. If yes, how many? ▶  ☒ No
6. Is any beneficiary in this petition in removal proceedings?  
☐ Yes. If yes, proceed to **Part 10.** and list the beneficiary's(ies) name(s). ☒ No
7. Have you ever filed an immigrant petition for any beneficiary in this petition?  
☐ Yes. If yes, how many? ▶  ☒ No
8. Did you indicate you were filing a new petition in **Part 2.**?  
☒ Yes. If yes, answer the questions below. ☐ No. If no, proceed to **Item Number 9.**
- a. Has any beneficiary in this petition ever been given the classification you are now requesting within the last seven years?  
☐ Yes. If yes, proceed to **Part 10.** and type or print your explanation. ☒ No
- b. Has any beneficiary in this petition ever been denied the classification you are now requesting within the last seven years?  
☐ Yes. If yes, proceed to **Part 10.** and type or print your explanation. ☒ No
9. Have you ever previously filed a nonimmigrant petition for this beneficiary?  
☐ Yes. If yes, proceed to **Part 10.** and type or print your explanation. ☒ No
10. If you are filing for an entertainment group, has any beneficiary in this petition not been with the group for at least one year?  
☐ Yes. If yes, proceed to **Part 10.** and type or print your explanation. ☒ No
- 11.a. Has any beneficiary in this petition ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor?  
☐ Yes. If yes, proceed to **Item Number 11.b.** ☒ No
- 11.b. If you checked yes in **Item Number 11.a.**, provide the dates the beneficiary maintained status as a J-1 exchange visitor or J-2 dependent. Also, provide evidence of this status by attaching a copy of either a DS-2019, Certificate of Eligibility for Exchange Visitor (J-1) Status, a Form IAP-66, or a copy of the passport that includes the J visa stamp.
- 

#### Part 5. Basic Information About the Proposed Employment and Employer

Attach the Form I-129 supplement relevant to the classification of the worker(s) you are requesting.

- |   |   |
|---|---|
| 1. Job Title<br><div style="border: 1px solid black; padding: 2px;">Software Engineer</div> | 2. LCA or ETA Case Number<br><div style="border: 1px solid black; padding: 2px;">I-200-20262-999999</div> |
|---|---|

**Part 5. Basic Information About the Proposed Employment and Employer (continued)**

3. Address where the beneficiary(ies) will work if different from address in **Part 1**.

Street Number and Name

Same as Part 1

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

4. Did you include an itinerary with the petition? ☐ Yes ☒ No
5. Will the beneficiary(ies) work for you off-site at another company or organization's location? ☐ Yes ☒ No
6. Will the beneficiary(ies) work exclusively in the Commonwealth of the Northern Mariana Islands (CNMI)? ☐ Yes ☒ No
7. Is this a full-time position? ☒ Yes ☐ No

8. If the answer to **Item Number 7** is no, how many hours per week for the position? ▶

9. Wages: \$ 150,000.00 per (Specify hour, week, month, or year) ▶

year

10. Other Compensation (Explain)

Standard company benefits

11. Dates of intended employment From: (mm/dd/yyyy) 10/01/2020 To: (mm/dd/yyyy) 09/30/2023

12. Type of Business

Software development

13. Year Established

2010

14. Current Number of Employees in the United States

20

15. Gross Annual Income

\$3,000,000

16. Net Annual Income

\$200,000

**Part 6. Information About The Beneficiary's Public Benefits**

**Part 6.** only applies to petitions that also seek a change of a beneficiary's status or an extension of a beneficiary's nonimmigrant stay in the United States. If you are filing this petition without a request for the beneficiary's change of status or extension of stay, you may skip **Part 6**.

Provide the requested information and submit documentation as outlined in the Instructions. For additional beneficiaries, please respond to the questions in **Attachment 1** below.

**Part 6. Information About The Beneficiary's Public Benefits (continued)**

1. Has the beneficiary received, since obtaining the nonimmigrant status that you seek to extend or that you seek to change on behalf of the beneficiary, received, or is the beneficiary currently certified to receive, the following public benefits? (select all that apply).

☐ Yes, the beneficiary has received or is currently certified to receive the following public benefits: (select all that apply)

- ☐ Any Federal, State, local or tribal cash assistance for income maintenance
- ☐ Supplemental Security Income (SSI)
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ General Assistance (GA)
- ☐ Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps")
- ☐ Section 8 Housing Assistance under the Housing Choice Voucher Program
- ☐ Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation)
- ☐ Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.
- ☐ Federally-Funded Medicaid

☒ No, the beneficiary has not received any of the above listed public benefits.

☒ No, the beneficiary is not certified to receive any of the above listed public benefits.

2. If the beneficiary has received or is currently certified to receive any of the above public benefits, provide information about the public benefits below. If you need additional space to complete any Item Number in this Part, use the space provided in **Part 10. Additional Information**. Submit evidence as outlined in the Instructions.

**A. Type of Benefit**

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified,  
Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

Date Benefit Ended or Expires  
(mm/dd/yyyy)

**B. Type of Benefit**

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified,  
Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

Date Benefit Ended or Expires  
(mm/dd/yyyy)

**C. Type of Benefit**

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified,  
Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

Date Benefit Ended or Expires  
(mm/dd/yyyy)

**Part 6. Information About The Beneficiary's Public Benefits (continued)**

**D. Type of Benefit**

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified,  
Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

Date Benefit Ended or Expires  
(mm/dd/yyyy)

**3. If you answered "Yes" to Item Number 1., do any of the following apply to the beneficiary? Provide the evidence listed in the Form I-129 Instructions.**

- ☐ The beneficiary is enlisted in the Armed Forces, or is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- ☐ The beneficiary is the spouse or the child of an individual who is enlisted in the Armed Forces, or who is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- ☐ At the time the beneficiary received the public benefits, the beneficiary (or the beneficiary's spouse or parent) was enlisted in the Armed Forces, or was serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- ☐ At the time the beneficiary received the public benefits, the beneficiary was present in the United States in a status exempt from the public charge ground of inadmissibility.
- ☐ At the time the beneficiary received the public benefits, the beneficiary was present in the United States after being granted a waiver of the public charge ground of inadmissibility.
- ☐ The beneficiary is a child currently residing abroad who entered the United States with a nonimmigrant visa to attend an N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322 interview.
- ☐ None of the above statements apply to the beneficiary.

**4.a. Has the beneficiary received, applied for, or has been certified to receive federally-funded Medicaid in connection with any of the following (select all that apply): Submit evidence as outlined in the Instructions.**

- ☐ An emergency medical condition
- ☐ For a service under the Individuals with Disabilities Education Act (IDEA)
- ☐ Other school-based benefits or services available up to the oldest age eligible for secondary education under State law
- ☐ While under the of age 21
- ☐ While pregnant or during the 60-day period following the last day of pregnancy

**4.b. Provide the applicable dates**

From: (mm/dd/yyyy)

To: (mm/dd/yyyy)

**Part 7. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States**

(This section of the form is required only for H-1B, H-1B1 Chile/Singapore, L-1, and O-1A petitions. It is not required for any other classifications. Please review the Form I-129 General Filing Instructions before completing this section.)

Select Item Number 1. or Item Number 2. as appropriate. DO NOT select both boxes.

With respect to the technology or technical data the petitioner will release or otherwise provide access to the beneficiary, the petitioner certifies that it has reviewed the Export Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR) and has determined that:

1. ☒ A license is not required from either the U.S. Department of Commerce or the U.S. Department of State to release such technology or technical data to the foreign person; or
2. ☐ A license is required from the U.S. Department of Commerce and/or the U.S. Department of State to release such technology or technical data to the beneficiary and the petitioner will prevent access to the controlled technology or technical data by the beneficiary until and unless the petitioner has received the required license or other authorization to release it to the beneficiary.

**Part 8. Declaration, Signature, and Contact Information of Petitioner or Authorized Signatory (Read the information on penalties in the instructions before completing this section.)**

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date.

I authorize the release of any information from my records, or from the petitioning organization's records that USCIS needs to determine eligibility for the immigration benefit sought. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization.

I certify, under penalty of perjury, that I have reviewed this petition and that all of the information contained in the petition, including all responses to specific questions, and in the supporting documents, is complete, true, and correct.

**1. Name and Title of Authorized Signatory**

Family Name (Last Name)

SMART

Given Name (First Name)

John

Title

HR Manager

**2. Signature and Date**

Signature of Authorized Signatory

Date of Signature (mm/dd/yyyy)



5/1/2020

**3. Signatory's Contact Information**

Daytime Telephone Number

4156666666

Email Address (if any)

john@newtech.com

**NOTE:** If you do not fully complete this form or fail to submit the required documents listed in the instructions, a final decision on your petition may be delayed or the petition may be denied.



**Part 9. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner**

Provide the following information concerning the preparer:

**1. Name of Preparer**

Family Name (Last Name)

Given Name (First Name)

**2. Preparer's Business or Organization Name (if any)**

(If applicable, provide the name of your accredited organization recognized by the Board of Immigration Appeals (BIA).)

**3. Preparer's Mailing Address**

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

Province

Postal Code

Country

**4. Preparer's Contact Information**

Daytime Telephone Number

Fax Number

Email Address (if any)

**Preparer's Declaration**

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this petition on behalf of, at the request of, and with the express consent of the petitioner or authorized signatory. The petitioner has reviewed this completed petition as prepared by me and informed me that all of the information in the form and in the supporting documents, is complete, true, and correct.

**5. Signature and Date**

Signature of Preparer

Date of Signature (mm/dd/yyyy)

## Part 10. Additional Information About Your Petition For Nonimmigrant Worker

If you require more space to provide any additional information within this petition, use the space below. If you require more space than what is provided to complete this petition, you may make a copy of **Part 10.** to complete and file with this petition. In order to assist us in reviewing your response, you must identify the **Page Number**, **Part Number** and **Item Number** corresponding to the additional information.

1. A-Number ► A- 

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2. **Page Number**

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**Part Number**

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**Item Number**

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3. **Page Number**

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**Part Number**

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**Item Number**

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4. **Page Number**

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**Part Number**

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**Item Number**

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# H Classification Supplement to Form I-129

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

USCIS  
Form I-129  
OMB No. 1615-0009  
Expires 10/31/2021

1. Name of the Petitioner

New Tech Inc

Name of the beneficiary or if this petition includes multiple beneficiaries, the total number of beneficiaries

2.a. Name of the Beneficiary

Thai KIM

OR

2.b. Provide the total number of beneficiaries

3. List each beneficiary's prior periods of stay in H or L classification in the United States for the last six years (beneficiaries requesting H-2A or H-2B classification need only list the last three years). Be sure to only list those periods in which each beneficiary was actually in the United States in an H or L classification. Do not include periods in which the beneficiary was in a dependent status, for example, H-4 or L-2 status.

**NOTE:** Submit photocopies of Forms I-94, I-797, and/or other USCIS issued documents noting these periods of stay in the H or L classification. (If more space is needed, attach an additional sheet.)

Subject's Name	Period of Stay (mm/dd/yyyy)	
	From	To
N/A		

4. Classification sought (select **only one** box):

- ☒ a. H-1B Specialty Occupation
- ☐ b. H-1B1 Chile and Singapore
- ☐ c. H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense (DOD)
- ☐ d. H-1B3 Fashion model of distinguished merit and ability
- ☐ e. H-2A Agricultural worker
- ☐ f. H-2B Non-agricultural worker
- ☐ g. H-3 Trainee
- ☐ h. H-3 Special education exchange visitor program

5. If you selected **a.** or **d.** in **Item Number 4.**, and are filing an H-1B cap petition (including a petition under the U.S. advanced degree exemption), provide the Beneficiary Confirmation Number from the H-1B Registration Selection Notice for the beneficiary named in this petition (if applicable).

60865209859999999999

6. Are you filing this petition on behalf of a beneficiary subject to the Guam-CNMI cap exemption under Public Law 110-229?

☐ Yes ☒ No

7. Are you requesting a change of employer and was the beneficiary previously subject to the Guam-CNMI cap exemption under Public Law 110-229?

☐ Yes ☒ No

8.a. Does any beneficiary in this petition have ownership interest in the petitioning organization?

☐ Yes. If yes, please explain in Item Number 8.b. ☒ No

8.b. Explanation

**Section 1. Complete This Section If Filing for H-1B Classification**

1. Describe the proposed duties.

Please refer to Petitioner's Support Letter for detail.

2. Describe the beneficiary's present occupation and summary of prior work experience.

Please refer to Petitioner's Support Letter for detail.

**Statement for H-1B Specialty Occupations and H-1B1 Chile and Singapore**

By filing this petition, I agree to, and will abide by, the terms of the labor condition application (LCA) for the duration of the beneficiary's authorized period of stay for H-1B employment. I certify that I will maintain a valid employer-employee relationship with the beneficiary at all times. If the beneficiary is assigned to a position in a new location, I will obtain and post an LCA for that site prior to reassignment.

I further understand that I cannot charge the beneficiary the ACWIA fee, and that any other required reimbursement will be considered an offset against wages and benefits paid relative to the LCA.

Signature of Petitioner



Name of Petitioner

New Tech Inc

Date (mm/dd/yyyy)

5/1/2020

**Statement for H-1B Specialty Occupations and U.S. Department of Defense (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 beneficiary is dismissed from employment by the employer before the end of the period of authorized stay.

Signature of Authorized Official of Employer

Name of Authorized Official of Employer

John SMART

Date (mm/dd/yyyy)

5/1/2020

**Statement for H-1B U.S. Department of Defense Projects Only**

I certify that the beneficiary will be working on a cooperative research and development project or a co-production project under a reciprocal government-to-government agreement administered by the U.S. Department of Defense.

Signature of DOD Project Manager

Name of DOD Project Manager

Date (mm/dd/yyyy)



# H-1B and H-1B1 Data Collection and Filing Fee Exemption Supplement

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

USCIS  
Form I-129  
OMB No. 1615-0009  
Expires 10/31/2021

1. Name of the Petitioner

New Tech Inc

2. Name of the Beneficiary

Thai KIM

## Section 1. General Information

1. Employer Information - (select all items that apply)

- a. Is the petitioner an H-1B dependent employer? ☐ Yes ☒ No
- b. Has the petitioner ever been found to be a willful violator? ☐ Yes ☒ No
- c. Is the beneficiary an H-1B nonimmigrant exempt from the Department of Labor attestation requirements? ☒ Yes ☐ No
- c.1. If yes, is it because the beneficiary's annual rate of pay is equal to at least \$60,000? ☒ Yes ☐ No
- c.2. Or is it because the beneficiary has a master's degree or higher degree in a specialty related to the employment? ☐ Yes ☒ No
- d. Does the petitioner employ 50 or more individuals in the United States? ☐ Yes ☒ No
- d.1. If yes, are more than 50 percent of those employees in H-1B, L-1A, or L-1B nonimmigrant status? ☐ Yes ☐ No

2. Beneficiary's Highest Level of Education (select only one box)

- ☐ a. NO DIPLOMA ☒ f. Bachelor's degree (for example: BA, AB, BS)
- ☐ b. HIGH SCHOOL GRADUATE DIPLOMA or the equivalent (for example: GED) ☐ g. Master's degree (for example: MA, MS, MEd, MEd, MSW, MBA)
- ☐ c. Some college credit, but less than 1 year ☐ h. Professional degree (for example: MD, DDS, DVM, LLB, JD)
- ☐ d. One or more years of college, no degree ☐ i. Doctorate degree (for example: PhD, EdD)
- ☐ e. Associate's degree (for example: AA, AS)

3. Major/Primary Field of Study

Computer Science

4. Rate of Pay Per Year

\$100,000

5. DOT Code

0 3 0

6. NAICS Code

5 4 1 5 1 2

## Section 2. Fee Exemption and/or Determination

In order for USCIS to determine if you must pay the additional \$1,500 or \$750 American Competitiveness and Workforce Improvement Act (ACWIA) fee, answer all of the following questions:

1. Are you an institution of higher education as defined in section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a)? ☐ Yes ☒ No
2. Are you a nonprofit organization or entity related to or affiliated with an institution of higher education, as defined in 8 CFR 214.2(h)(19)(iii)(B)? ☐ Yes ☒ No

**Section 2. Fee Exemption and/or Determination (continued)**

3. Are you a nonprofit research organization or a governmental research organization, as defined in 8 CFR 214.2(h)(19)(iii)(C)? ☐ Yes ☒ No
4. Is this the second or subsequent request for an extension of stay that this petitioner has filed for this alien? ☐ Yes ☒ No
5. Is this an amended petition that does not contain any request for extensions of stay? ☐ Yes ☒ No
6. Are you filing this petition to correct a USCIS error? ☐ Yes ☒ No
7. Is the petitioner a primary or secondary education institution? ☐ Yes ☒ No
8. Is the petitioner a nonprofit entity that engages in an established curriculum-related clinical training of students registered at such an institution? ☐ Yes ☒ No

If you answered yes to any of the questions above, you are not required to submit the ACWIA fee for your H-1B Form I-129 petition. If you answered no to all questions, answer **Item Number 9.** below.

9. Do you currently employ a total of 25 or fewer full-time equivalent employees in the United States, including all affiliates or subsidiaries of this company/organization? ☒ Yes ☐ No

If you answered yes, to **Item Number 9.** above, you are required to pay an additional ACWIA fee of **\$750**. If you answered no, then you are required to pay an additional ACWIA fee of **\$1,500**.

**NOTE:** A petitioner seeking initial approval of H-1B nonimmigrant status for a beneficiary, or seeking approval to employ an H-1B nonimmigrant currently working for another employer, must submit an additional **\$500** Fraud Prevention and Detection fee. For petitions filed on or after December 18, 2015, an additional fee of **\$4,000** must be submitted if you responded yes to **Item Numbers 1.d. and 1.d.1. of Section 1.** of this supplement. This **\$4,000** fee was mandated by the provisions of Public Law 114-113.

The Fraud Prevention and Detection Fee and Public Law 114-113 fee do not apply to H-1B1 petitions. **These fees, when applicable, may not be waived.** You must include payment of the fees when you submit this form. Failure to submit the fees when required will result in rejection or denial of your submission. Each of these fees should be paid by separate checks or money orders.

**Section 3. Numerical Limitation Information**

1. Specify the type of H-1B petition you are filing. (select **only one** box):

- ☒ a. CAP H-1B Bachelor's Degree ☐ c. CAP H-1B1 Chile/Singapore  
☐ b. CAP H-1B U.S. Master's Degree or Higher ☐ d. CAP Exempt

2. If you answered **Item Number 1.b. "CAP H-1B U.S. Master's Degree or Higher,"** provide the following information regarding the master's or higher degree the beneficiary has earned from a U.S. institution as defined in 20 U.S.C. 1001(a):

- a. Name of the United States Institution of Higher Education

- b. Date Degree Awarded

- c. Type of United States Degree

- d. Address of the United States institution of higher education

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

### Section 3. Numerical Limitation Information (continued)

3. If you answered **Item Number 1.d. "CAP Exempt,"** you must specify the reason(s) this petition is exempt from the numerical limitation for H-1B classification:
- ☐ a. The petitioner is an institution of higher education as defined in section 101(a) of the Higher Education Act, of 1965, 20 U.S.C. 1001(a).
  - ☐ b. The petitioner is a nonprofit entity related to or affiliated with an institution of higher education as defined in 8 CFR 214.2(h)(8)(ii)(F)(2).
  - ☐ c. The petitioner is a nonprofit research organization or a governmental research organization as defined in 8 CFR 214.2(h)(8)(ii)(F)(3).
  - ☐ d. The beneficiary will be employed at a qualifying cap exempt institution, organization or entity pursuant to 8 CFR 214.2(h)(8)(ii)(F)(4).
  - ☐ e. The petitioner is requesting an amendment to or extension of stay for the beneficiary's current H-1B classification.
  - ☐ f. The beneficiary of this petition is a J-1 nonimmigrant physician who has received a waiver based on section 214(l) of the Act.
  - ☐ g. The beneficiary of this petition has been counted against the cap and (1) is applying for the remaining portion of the 6 year period of admission, or (2) is seeking an extension beyond the 6-year limitation based upon sections 104(c) or 106(a) of the American Competitiveness in the Twenty-First Century Act (AC21).
  - ☐ h. The petitioner is an employer subject to the Guam-CNMI cap exemption pursuant to Public Law 110-229.

### Section 4. Off-Site Assignment of H-1B Beneficiaries

1. The beneficiary of this petition will be assigned to work at an off-site location for all or part of the period for which H-1B classification sought. ☐ Yes ☒ No
- If no, do not complete **Item Numbers 2. and 3.**
2. Placement of the beneficiary off-site during the period of employment will comply with the statutory and regulatory requirements of the H-1B nonimmigrant classification. ☐ Yes ☐ No
3. The beneficiary will be paid the higher of the prevailing or actual wage at any and all off-site locations. ☐ Yes ☐ No