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

Form I-140, Immigrant Petition for Alien Worker

START HERE - Type or print in black ink

For USCIS Use Only

Part 1. Information About the Person or Organization Filing This Petition
If an individual is filing, use the top name line. Organizations use the second line.

Receipt

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

Company or Organization Name

Address: (Street Number and Name) / Suite No.

Attn:

City	State/Province

Country	Zip/Postal Code

IRS Tax No.	U.S. Social Security No. *(if any)*	E-Mail Address *(if any)*

Part 2. Petition Type

This petition is being filed for: *(Check only one box)*

a. ☐ An alien of extraordinary ability

b. ☐ An outstanding professor or researcher

c. ☐ A multinational executive or manager

d. ☐ A member of the professions holding an advanced degree or an alien of exceptional ability (who is NOT seeking a National Interest Waiver)

e. ☐ A professional (at a minimum, possessing a bachelor's degree or a foreign degree equivalent to a U.S. bachelor's degree)

f. ☐ A skilled worker (requiring at least two years of specialized training or experience)

g. ☐ Any other worker (requiring less than two years of training or experience)

h. ☐ (Reserved)

i. ☐ An alien applying for a National Interest Waiver (who **IS** a member of the professions holding an advanced degree or an alien of exceptional ability)

Check below if this petition is being filed:

1. ☐ To amend a previously filed petition. Previous petition receipt number: _____

2. ☐ For the Schedule A, Group I or II designation

Classification:
☐ 203(b)(1)(A) Alien of Extraordinary Ability
☐ 203(b)(1)(B) Outstanding Professor or Researcher
☐ 203(b)(1)(C) Multinational Executive or Manager
☐ 203(b)(2) Member of Professions with Advanced Degree or Exceptional Ability
☐ 203(b)(3)(A)(i) Skilled Worker
☐ 203(b)(3)(A)(ii) Professional
☐ 203(b)(3)(A)(iii) Other Worker

Certification:
☐ National Interest Waiver (NIW)
☐ Schedule A, Group I
☐ Schedule A, Group II

Priority Date	Consulate

Remarks

Part 3. Information About the Person for Whom You Are Filing

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

Address: (Street Number and Name) / Apt. No.

C/O: (In Care Of)

Action Block

City

State/Province

Country

Zip/Postal Code

E-Mail Address *(if any)*

Daytime Phone # *(with area/country codes)*

Date of Birth *(mm/dd/yyyy)*

City/Town/Village of Birth

State/Province of Birth

Country of Birth

Country of Nationality/Citizenship

A-Number *(if any)*

U.S. Social Security Number *(if any)*

If in the U.S.

Date of Arrival *(mm/dd/yyyy)*

I-94 Number *(Arrival-Departure Document)*

Current Nonimmigrant Status

Date Status Expires *(mm/dd/yyyy)*

Part 4.   Processing Information

1. Complete the following for the person named in **Part 3**: *(Check one)*

☐ Alien will apply for a visa abroad at a U.S. Embassy or consulate at:

City

Foreign Country

☐ Alien is in the United States and will apply for adjustment of status to that of lawful permanent resident.

Alien's country of current residence or, if now in the United States, last permanent residence abroad.

2. If you provided a United States address in **Part 3**, print the person's foreign address:

3. If the person's native alphabet is other than Roman letters, write the person's foreign name and address in the native alphabet:

4. Are any other petition(s) or application(s) being filed with this Form I-140?

☐ No   ☐ Yes (check all that apply)

☐ Form I-485   ☐ Form I-765

☐ Form I-131   ☐ Other-Attach an explanation

5. Is the person for whom you are filing in removal proceedings?

☐ No   ☐ Yes-Attach an explanation

6. Has any immigrant visa petition ever been filed by or on behalf of this person?

☐ No   ☐ Yes-Attach an explanation

7. Is the petition being filed without an original labor certification because the original labor certification was previously submitted in support of another Form I-140?

☐ No   ☐ Yes-Attach an explanation

8. If the petition is being filed without an original labor certification, are you requesting that USCIS request a duplicate labor certification from the Department of Labor?

☐ No   ☐ Yes-Attach an explanation

If you answered "Yes" to any of questions 4 through 7, provide the case number, office location, date of decision, and disposition of the decision on a separate sheet of paper.

Part 5. Additional Information About the Petitioner

1. Type of petitioner *(Check one)*

☐ Employer   ☐ Self   ☐ Other (Explain, e.g., Permanent Resident, U.S. citizen or any other person filing on behalf of the alien)

2. If a company, give the following:

Type of Business

Date Established *(mm/dd/yyyy)*

Current Number of U.S. Employees

Gross Annual Income

Net Annual Income

NAICS Code

Labor Certification DOL/ETA Case Number

Labor Certification DOL/ETA Filing Date *(mm/dd/yyyy)*

Labor Certification Expiration Date *(mm/dd/yyyy)*

3. If an individual, give the following:

Occupation

Annual Income

Part 6. Basic Information About the Proposed Employment

1. Job Title

2. SOC Code

3. Nontechnical Description of Job

4. Address where the person will work if different from address in **Part 1**.

Street Number and Name   City   State   Zip Code

5. Is this a full-time position?   **6.** If the answer to **Number 5** is "No," how many hours per week for the position?

☐ Yes   ☐ No

7. Is this a permanent position?   **8.** Is this a new position?   **9.** Wages: $ _____ per _____ (specify hour, week, month, or year)

☐ Yes   ☐ No   ☐ Yes   ☐ No

Part 7. Information on Spouse and All Children of the Person for Whom You Are Filing

List husband/wife and all children related to the individual for whom the petition is being filed. Also, note if the individual will be applying for a visa abroad or for adjustment of status as the dependent of the individual for whom the petition is filed. Provide an attachment of additional family members, if needed.

Name *(Last)*   Name *(First)*   Name *(Middle)*   Relationship

Date of Birth *(mm/dd/yyyy)*   Country of Birth   Applying for Adjustment of Status ☐ Yes ☐ No   Applying for a Visa Abroad ☐ Yes ☐ No

Part 7.   Information on Spouse and All Children of the Person for Whom You Are Filing (Cont'd)

Name *(Last)*	Name *(First)*	Name *(Middle)*	Relationship

Date of Birth (mm/dd/yyyy)	Country of Birth	Applying for Adjustment of Status ☐ Yes ☐ No	Applying for a Visa Abroad ☐ Yes ☐ No

Name *(Last)*	Name *(First)*	Name *(Middle)*	Relationship

Date of Birth (mm/dd/yyyy)	Country of Birth	Applying for Adjustment of Status ☐ Yes ☐ No	Applying for a Visa Abroad ☐ Yes ☐ No

Name *(Last)*	Name *(First)*	Name *(Middle)*	Relationship

Date of Birth (mm/dd/yyyy)	Country of Birth	Applying for Adjustment of Status ☐ Yes ☐ No	Applying for a Visa Abroad ☐ Yes ☐ No

Name *(Last)*	Name *(First)*	Name *(Middle)*	Relationship

Date of Birth (mm/dd/yyyy)	Country of Birth	Applying for Adjustment of Status ☐ Yes ☐ No	Applying for a Visa Abroad ☐ Yes ☐ No

Name *(Last)*	Name *(First)*	Name *(Middle)*	Relationship

Date of Birth (mm/dd/yyyy)	Country of Birth	Applying for Adjustment of Status ☐ Yes ☐ No	Applying for a Visa Abroad ☐ Yes ☐ No

Part 8.   Signature

*Read the information on penalties in the instructions before completing this section. If someone helped you prepare this petition, he or she must complete **Part 9.***

I certify, under penalty of perjury under the laws of the United States of America, that this petition and the evidence submitted with it are all true and correct. I authorize U.S. Citizenship and Immigration Services (USCIS) to release to other government agencies any information from my USCIS records, if USCIS determines that such action is necessary to determine eligibility for the benefit sought.

Petitioner's Signature   **Daytime Phone Number** *(Area/Country Codes)*   **E-Mail Address**

Print Name   **Date** *(mm/dd/yyyy)*   **Job Title of Position with Petitioning Employer, If the Petition Is Being Filed by an Employer**

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.   Signature of Person Preparing Form, If Other Than Above   *(Sign below)*

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 knowledge.

Attorney or Representative: In the event of a Request for Evidence (RFE), may USCIS contact you by fax or e-mail?   ☐ Yes   ☐ No

Signature   **Print Name**   **Date** *(mm/dd/yyyy)*

Firm Name and Address

Daytime Phone Number *(Area/Country Codes)*   **Fax Number** *(Area/Country Codes)*   **E-Mail Address**