

**Section 2. Complete This Section If Filing for H-2A or H-2B Classification** (continued)**Mailing Address of Joint Employer**In Care Of Name (if any)  
Street Number and Name  
Apt. Ste. Flr. Number  
☐ ☐ ☐ City or Town  
State  
ZIP Code  
Province  
Postal Code  
Country  
**Contact Information**Daytime Telephone Number  
Mobile Telephone Number  
Email Address (if any)  
**Taxpayer Identification Numbers****25.** Provide the following information, as applicable.Employer Identification Number (EIN)  
▶ Individual Taxpayer Identification Number (ITIN)  
▶ U.S. Social Security Number (SSN)  
▶ **Other Information****26.** Type of Business Activity(ies)  
Year Established  
Current Number of Employees in the United States  
Gross Annual Income  
Net Annual Income  
**Joint Employer's Certification**

I agree to the conditions of H-2A eligibility employment, and agree to fully cooperate with any compliance review, evaluation, verification, or inspection conducted by USCIS.

**27.** Family Name (Last Name) of Authorized Signatory  
Given Name (First Name) of Authorized Signatory  
Title of Authorized Signatory  
**28.** Signature of Authorized Signatory  
Date of Signature (mm/dd/yyyy)