



# 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 12/31/2018

1. Name of the Petitioner

2. Name of the Beneficiary

## 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, MEng, 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

4. Rate of Pay Per Year

5. DOT Code

6. NAICS Code

## 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