

G-28, Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

Part 1. Notice of Appearance as Attorney or Accredited Representative**A. This appearance is in regard to immigration matters before:**

- USCIS - List the form number(s): I-129 CBP - List the specific matter in which appearance is entered:
- ICE - List the specific matter in which appearance is entered: _____

B. I hereby enter my appearance as attorney or accredited representative at the request of:

List Petitioner, Applicant, or Respondent. NOTE: Provide the mailing address of Petitioner, Applicant, or Respondent being represented, and not the address of the attorney or accredited representative, except when filed under VAWA.

Principal Petitioner, Applicant, or Respondent			A Number or Receipt Number, if any	<input checked="" type="checkbox"/> Petitioner <input type="checkbox"/> Applicant <input type="checkbox"/> Respondent
Name: Last	First	Middle		
Robert Kenny Joseph for Step Ahead Solutions Inc			N/A	
Address: Street Number and Street Name		Apt. No.	City	State Zip Code
3333 Bowers Avenue, Suite#130,		Santa Clara	CA 95054	

Pursuant to the Privacy Act of 1974 and DHS policy, I hereby consent to the disclosure to the named Attorney or Accredited Representative of any record pertaining to me that appears in any system of records of USCIS, USCBP, or USICE.

Signature of Petitioner, Applicant, or Respondent

Date

03-20-2013

Part 2. Information about Attorney or Accredited Representative (Check applicable items(s) below)

- A. I am an attorney and a member in good standing of the bar of the highest court(s) of the following State(s), possession(s), territory(ies), commonwealth(s), or the District of Columbia: Supreme Court New York
I am not or am subject to any order of any court or administrative agency disbarring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law (If you are subject to any order(s), explain fully on reverse side).
- B. I am an accredited representative of the following qualified non-profit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals pursuant to 8 CFR 1292.2. Provide name of organization and expiration date of accreditation:
- C. I am associated with _____.
The attorney or accredited representative of record previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative is at his or her request (*If you check this item, also complete item A or B above in Part 2, whichever is appropriate.*)

Part 3. Name and Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before the Department of Homeland Security. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

Name of Attorney or Accredited Representative	Attorney Bar Number(s), if any
Tanuja Patel, Esq.	New York
Signature of Attorney or Accredited Representative	Date
03-20-2013	

Complete Address of Attorney or Organization of Accredited Representative (Street Number and Street Name, Suite No., City, State, Zip Code)
The Patel Law Offices P C, 3350 Scott Blvd, Bldg 55, #5502, Santa Clara, CA 95054

Phone Number (Include area code)	Fax Number, if any (Include area code)	E-Mail Address, if any
408-647-3100	408-647-3165	patel@theapatellawoffices.com

START HERE - Type or print in black ink.

Part 1. Petitioner Information

(If the employer is an individual, complete Number 1; Organizations complete Number 2.) Use the mailing address of the petitioner.

1. Legal Name of Employer:

a. Last Name (*Family Name*)

b. First Name (*Given Name*)

c. Full Middle Name

2. Company or Organization:

Name of Company or Organization

Step Ahead Solutions Inc

3. Mailing Address:

a. C/O: (*In Care Of, if any*)

 Robert Joseph Kenny

b. Street Number and Name

 3333 Bowers Avenue, Suite 130

c. Suite/Apt. Number

d. City

 Santa Clara

e. State/Province

 CA

f. Country

 USA

g. Zip/Postal Code

 95054

h. Telephone Number (include area code) (*Do not leave spaces or type any special characters*)

 (408) 200-0965

i. E-Mail Address

 kjoseph@stepaheadsolution.com

j. Federal Employer Identification Number

 87-0767923

k. Individual Tax Number

 N/A

l. Social Security Number

 N/A

Receipt

Class: _____

of Workers: _____

Job Code: _____

Validity Dates: _____

From: _____

To: _____

Classification Approved

- Consulate/POE/PFI Notified
At _____
 Extension Granted
 COS/Extension Granted

Partial Approval (*explain*)

Action Block

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

1. Requested Nonimmigrant Classification (*Write classification symbol:*) H-1b

2. Basis for Classification (*Check one*):

- 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 "N/A."

N/A

4. Requested Action (*Check one*):

- a. Notify the office in **Part 4** so each beneficiary can obtain a visa or be admitted. (**NOTE:** *A petition is not required for an E-1, E-2, H-1B1 Chile/Singapore, or TN visa.*)
- b. Change each beneficiary's status and extend their stay since he, she, or they are all now in the U.S. in another status (*see instructions for limitations*). This is available only where you check "New Employment" in **Item 2**, above.
- c. Extend the stay of each beneficiary since he, she, or they now hold this status.
- d. Amend the stay of each beneficiary since he, she, or they now hold this status.
- e. Extend the status of a nonimmigrant classification based on a Free Trade Agreement. (*See Free Trade Supplement for TN and H1B1 to Form I-129.*)
- f. Change status to a nonimmigrant classification based on a Free Trade Agreement. (*See Free Trade Supplement for TN and H1B1 to Form I-129.*)

5. Total number of workers in petition (*See instructions relating to when more than one worker can be included.*): 1 (One)

Part 3. Beneficiary Information: Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the continuation sheet to name each beneficiary included in this petition.

1. If an Entertainment Group, Give the Group Name

N/A

a. Family Name (*Last Name*)

JAYACHANDRAN

b. Given Name (*First Name*)

Sivagnanamoorthy

c. Full Middle Name

d. All Other Names Used (*include aliases, maiden name and names from all previous marriages*)

N/A

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

02/10/1983

f. Gender

Male

Female

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

N/A

h. A-Number (*if any*)

A-N/A

i. Country of Birth

India

j. Province of Birth

Tamilnadu

k. Country of Citizenship

India

2. If in the United States, complete the following:

a. Date of Last Arrival
(*mm/dd/yyyy*)

N/A

b. I-94 Number (*Arrival/Departure Document*)

N/A

c. Current Nonimmigrant Status

N/A

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

N/A

e. Student & Exchange Visitor Information System (SEVIS) Number (*if any*)

N/A

f. Employment Authorization Document (EAD) Number (*if any*)

N/A

g. Passport Number

G9182955

h. Date Passport Issued
(*mm/dd/yyyy*)

06/28/2008

i. Date Passport Expires
(*mm/dd/yyyy*)

06/27/2018

j. Current U.S. Address (if applicable)

N/A

Part 4. Processing Information

1. If the 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 (*Check one*): Consulate Pre-flight inspection Port of Entry

b. Office Address (*City*)

Chennai

c. U.S. State or Foreign Country

India

d. Beneficiary's Foreign Address

Flatno:G-2, Mayapuri Mandakini Apartment, No:27, 2nd Avenue, Shastri Nagar, Adyar, Chennai-600020, India

Part 4. Processing Information (Continued)

2. Does each person in this petition have a valid passport?	<input type="checkbox"/> Not required to have passport	<input type="checkbox"/> No - Go to Page 7, Part 9 and write your explanation	<input checked="" type="checkbox"/> Yes
3. Are you filing any other petitions with this one?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - How many? _____		
4. Are applications for replacement/initial I-94s being filed with this petition?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - How many? _____		
5. Are applications by dependents being filed with this petition?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - How many? _____		
6. Is any beneficiary in this petition in removal proceedings?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - explain on Page 7, Part 9		
7. Have you ever filed an immigrant petition for any beneficiary in this petition?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - explain on Page 7, Part 9		
8. If you indicated you were filing a new petition in Part 2 within the past 7 years, has any beneficiary in this petition:			
a. Ever been given the classification you are now requesting?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - explain on Page 7, Part 9		
b. Ever been denied the classification you are now requesting?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - explain on Page 7, Part 9		
9. Have you ever previously filed a petition for this beneficiary?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - explain on Page 7, Part 9		
10. If you are filing for an entertainment group, has any beneficiary in this petition not been with the group for at least 1 year?	<input type="checkbox"/> No <input type="checkbox"/> Yes - explain on Page 7, Part 9		
11a. Has any beneficiary in this petition ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
11b. If yes to 11a, 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 status, a Form IAP-66, or a copy of the passport that includes the J visa stamp.	N/A		

Part 5. Basic Information About the Proposed Employment and Employer (Attach the supplement relating to the classification you are requesting.)

1. Job Title	2. LCA or ETA Case Number
Software Developer	I-200-13080-506749
3. Address where the beneficiary(es) will work if different from address in Part 1. (Street number and name, city/town, state, zip code)	Same as Part 1
4. Is an itinerary included with the petition? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	5. Will the beneficiary work off-site? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 5. Basic Information About the Proposed Employment and Employer (*Attach the supplement relating to the classification you are requesting.*) *(Continued)*

6. Will the beneficiary(ies) work exclusively in the CNMI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	8. Wages per week or per year: \$72,000/year		
7. Is this a full-time position? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If "No," Hours per week: <input type="text"/>			
9. Other Compensation (<i>Explain</i>) <input type="text" value="Standard Employee Benefits"/>			
10. Dates of intended employment (mm/dd/yyyy): From: <input type="text" value="10/01/2013"/>	To: <input type="text" value="09/19/2016"/>		
11. Type of Business <input type="text" value="Computer Software Development & Consulting"/>			
12. Year Established <input type="text" value="2006"/>	13. Current Number of Employees in the U.S. <input type="text" value="2"/>	14. Gross Annual Income <input type="text" value="\$333,351"/>	15. Net Annual Income <input type="text"/>

Part 6. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States

(For H-1B, H-1B1 Chile/Singapore, L-1, and O-1A petitions only. This section of the form is not required for all other classifications. See Page 3 of the Instructions before completing this section.)

Check Box 1 or Box 2 as appropriate:

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 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 7. Signature *Read the information on penalties in the instructions before completing this section.*

I certify, under penalty of perjury that this petition and the evidence submitted with it are true and correct to the best of my knowledge. I authorize the release of any information from my records, or from the petitioning organization's records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that supporting evidence submitted 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.

Signature

Daytime Phone Number (Area/Country Code)

(408) 200-0965

Print Name

Date (mm/dd/yyyy)

Robert Joseph Kenny, CEO

03/20/2013

NOTE: If you do not completely fill out this form and the required supplement, or fail to submit required documents listed in the instructions, the person(s) filed for may not be found eligible for the requested benefit and this petition may be denied.

Part 8. Signature of Person Preparing Form, If Other Than Above

I declare that I prepared this petition at the request of the above person and I certify that it is true and correct to the best of my knowledge.

Signature

Daytime Phone Number (Area/Country Code)

408-647-3100

Print Name

Date (mm/dd/yyyy)

Tanuja Patel, Esq.

03/20/2013

Firm Name and Address

The Patel Law Offices P C, 3350 Scott Blvd, Bldg 55, #5502, Santa Clara, CA 95054

H Classification
Supplement to Form I-129

1. Name of the petitioner

Step Ahead Solutions Inc

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

Sivagnanamoorthy JAYACHANDRAN

3. List each beneficiary's prior periods of stay in H or L classification in the United States for the last 6 years (beneficiaries requesting H-2A or H-2B classification need only list the last 3 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 (Check one):

- a. H-1B Specialty Occupation e. H-2A Agricultural worker
 b. H-1B2 Exceptional services relating to a cooperative research f. H-2B Non-agricultural worker
and development project administered by the U.S. Department g. H-3 Trainee
of Defense (DOD) h. H-3 Special education exchange visitor program
 c. H-1B3 Fashion model of national or international acclaim
 d. H-1C Registered Nurse

5. Are you filing this petition on behalf of an alien subject to the Guam-CNMI cap exemption under Public Law 110-229?

No

Yes

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

1. Describe the proposed duties

Please see the attached detailed petitioner's letter in support.

2. Beneficiary's present occupation and summary of prior work experience

Please see the attached detailed petitioner's letter in support.

1. Name of the petitioner

Step Ahead Solutions Inc

2. Name of the beneficiary

Sivagnanamoorthy JAYACHANDRAN

Part A. General Information**1. Employer Information - (check all items that apply)**

- a. Is the petitioner an H-1B dependent employer? No Yes
- b. Has the petitioner ever been found to be a willful violator? No Yes
- c. Is the beneficiary an H-1B nonimmigrant exempt from the Dept. of Labor attestation requirements?
- 1. If yes, is it because the beneficiary's annual rate of pay is equal to at least \$60,000? No Yes
 - 2. Or is it because the beneficiary has a master's or higher degree in a specialty related to the employment? No Yes
- d. Has the petitioner received TARP funding (provide explanation on **Page 7, Part 9** if the petitioner has subsequently repaid all TARP funding)? No Yes
- e. Does the petitioner employ 50 or more individuals in the U.S.? No Yes
- If yes, are more than 50% of those employees in H-1B or L nonimmigrant status? No Yes

2. Beneficiary's Highest Level of Education (Check one box below)

- a. NO DIPLOMA f. Bachelor's degree (*for example: BA, AB, BS*)
- b. HIGH SCHOOL GRADUATE DIPLOMA or the equivalent (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

Engineering

4. Rate of Pay Per Year

\$72,000.00

5. DOT Code

0 3 0

6. NAICS Code

5 4 1 5 1 1

Part B. Fee Exemption 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:

- | | | |
|--|------------------------------|--|
| <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | 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)? |
| <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | 2. Are you a nonprofit organization or entity related to or affiliated with an institution of higher education, as defined in section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a)? |
| <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | 3. Are you a nonprofit research organization or a governmental research organization, as defined in 8 CFR 214.2(h)(19)(iii)(C)? |
| <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | 4. Is this the second or subsequent request for an extension of stay that this petitioner has filed for this alien? |
| <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | 5. Is this an amended petition that does not contain any request for extensions of stay? |

1. Name of the petitioner

Step Ahead Solutions Inc

2. Name of the beneficiary

Sivagnanamoorthy JAYACHANDRAN

Part A. General Information**1. Employer Information - (check all items that apply)**

- a. Is the petitioner an H-1B dependent employer? No Yes
- b. Has the petitioner ever been found to be a willful violator? No Yes
- c. Is the beneficiary an H-1B nonimmigrant exempt from the Dept. of Labor attestation requirements?
 - 1. If yes, is it because the beneficiary's annual rate of pay is equal to at least \$60,000? No Yes
 - 2. Or is it because the beneficiary has a master's or higher degree in a specialty related to the employment? No Yes
- d. Has the petitioner received TARP funding (provide explanation on **Page 7, Part 9** if the petitioner has subsequently repaid all TARP funding)? No Yes
- e. Does the petitioner employ 50 or more individuals in the U.S.?
 - If yes, are more than 50% of those employees in H-1B or L nonimmigrant status? No Yes
 - No Yes

2. Beneficiary's Highest Level of Education (Check one box below)

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

3. Major/Primary Field of Study

Engineering

4. Rate of Pay Per Year

\$72,000.00

5. DOT Code

0 3 0

6. NAICS Code

5 4 1 5 1 1

Part B. Fee Exemption 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:

- | | | |
|--|------------------------------|--|
| <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | 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)? |
| <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | 2. Are you a nonprofit organization or entity related to or affiliated with an institution of higher education, as defined in section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a)? |
| <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | 3. Are you a nonprofit research organization or a governmental research organization, as defined in 8 CFR 214.2(h)(19)(iii)(C)? |
| <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | 4. Is this the second or subsequent request for an extension of stay that this petitioner has filed for this alien? |
| <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | 5. Is this an amended petition that does not contain any request for extensions of stay? |

H-1B Data Collection and**Filing Fee Exemption Supplement**

1. Name of the petitioner

Step Ahead Solutions Inc

2. Name of the beneficiary

Sivagnanamoorthy JAYACHANDRAN

Part A. General Information**1. Employer Information - (check all items that apply)**

- a. Is the petitioner an H-1B dependent employer? No Yes
- b. Has the petitioner ever been found to be a willful violator? No Yes
- c. Is the beneficiary an H-1B nonimmigrant exempt from the Dept. of Labor attestation requirements?
 - 1. If yes, is it because the beneficiary's annual rate of pay is equal to at least \$60,000? No Yes
 - 2. Or is it because the beneficiary has a master's or higher degree in a specialty related to the employment? No Yes
- d. Has the petitioner received TARP funding (provide explanation on **Page 7, Part 9** if the petitioner has subsequently repaid all TARP funding)? No Yes
- e. Does the petitioner employ 50 or more individuals in the U.S.?
 - If yes, are more than 50% of those employees in H-1B or L nonimmigrant status? No Yes
 - No Yes

2. Beneficiary's Highest Level of Education (Check one box below)

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

3. Major/Primary Field of Study

Engineering

4. Rate of Pay Per Year

\$72,000.00

5. DOT Code

0 3 0

6. NAICS Code

5 4 1 5 1 1

Part B. Fee Exemption 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:

- | | | |
|--|------------------------------|--|
| <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | 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)? |
| <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | 2. Are you a nonprofit organization or entity related to or affiliated with an institution of higher education, as defined in section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a)? |
| <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | 3. Are you a nonprofit research organization or a governmental research organization, as defined in 8 CFR 214.2(h)(19)(iii)(C)? |
| <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | 4. Is this the second or subsequent request for an extension of stay that this petitioner has filed for this alien? |
| <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | 5. Is this an amended petition that does not contain any request for extensions of stay? |

1. Name of the petitioner

Step Ahead Solutions Inc

2. Name of the beneficiary

Sivagnanamoorthy JAYACHANDRAN

Part A. General Information**1. Employer Information - (check all items that apply)**

- a. Is the petitioner an H-1B dependent employer? No Yes
- b. Has the petitioner ever been found to be a willful violator? No Yes
- c. Is the beneficiary an H-1B nonimmigrant exempt from the Dept. of Labor attestation requirements?
- 1. If yes, is it because the beneficiary's annual rate of pay is equal to at least \$60,000? No Yes
 - 2. Or is it because the beneficiary has a master's or higher degree in a specialty related to the employment? No Yes
- d. Has the petitioner received TARP funding (provide explanation on **Page 7, Part 9** if the petitioner has subsequently repaid all TARP funding)? No Yes
- e. Does the petitioner employ 50 or more individuals in the U.S.? No Yes
- If yes, are more than 50% of those employees in H-1B or L nonimmigrant status? No Yes

2. Beneficiary's Highest Level of Education (Check one box below)

- a. NO DIPLOMA f. Bachelor's degree (*for example: BA, AB, BS*)
- b. HIGH SCHOOL GRADUATE DIPLOMA or the equivalent (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

Engineering

4. Rate of Pay Per Year

\$72,000.00

5. DOT Code

0 3 0

6. NAICS Code

5 4 1 5 1 1

Part B. Fee Exemption 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:

- | | | |
|--|------------------------------|--|
| <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | 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)? |
| <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | 2. Are you a nonprofit organization or entity related to or affiliated with an institution of higher education, as defined in section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a)? |
| <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | 3. Are you a nonprofit research organization or a governmental research organization, as defined in 8 CFR 214.2(h)(19)(iii)(C)? |
| <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | 4. Is this the second or subsequent request for an extension of stay that this petitioner has filed for this alien? |
| <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | 5. Is this an amended petition that does not contain any request for extensions of stay? |