



Write a separate check
\$140 fee. USCIS
accepts separate
check for each forms

EB1A Self filing
Instruction

Immigrant Petition for Alien Workers

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

USCIS
Form I-140
OMB No. 1615-0015
Expires 03/31/2024

For USCIS Use Only	Fee Stamp	Priority Date	Consulate	Action Block
Classification <input type="checkbox"/> 203(b)(1)(A) Alien of Extraordinary Ability <input type="checkbox"/> 203(b)(1)(B) Outstanding Professor or Researcher <input type="checkbox"/> 203(b)(1)(C) Multinational Executive or Manager <input type="checkbox"/> 203(b)(2) Member of Professions with Advanced Degree/Exceptional Ability <input type="checkbox"/> 203(b)(3)(A)(i) Skilled Worker <input type="checkbox"/> 203(b)(3)(A)(ii) Professional <input type="checkbox"/> 203(b)(3)(A)(iii) Other Worker	Certification <input type="checkbox"/> National Interest Waiver (NIW) <input type="checkbox"/> Schedule A, Group I <input type="checkbox"/> Schedule A, Group II	Remarks		
To be completed by an Attorney or Accredited Representative (if any).	<input type="checkbox"/> Select this box if Form G-28 or Form G-28I is attached.	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)	

Check Expiration before filling

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

Part 1. Information About the Person or Organization Filing This Petition

If an individual is filing this petition, answer **Item Numbers 1.a. - 1.c.** If a company or organization is filing this petition, answer **Item Number 2.**

1.a. Family Name (Last Name) Type your lastname

1.b. Given Name (First Name) Type your Firstname

1.c. Middle Name

2. Company or Organization Name

Other Information

4. IRS Employer Identification Number (EIN)
5. U.S. Social Security Number (SSN) (if any) Type your SSN if you are in USA
6. USCIS Online Account Number (if any)

Part 2. Petition Type

Mark it for EB1A

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

- 1.a. ☒ An alien of extraordinary ability.
- 1.b. ☐ An outstanding professor or researcher.
- 1.c. ☐ A multinational executive or manager.
- 1.d. ☐ A member of the professions holding an advanced degree or an alien of exceptional ability (who is **NOT** seeking a National Interest Waiver (NIW)).
- 1.e. ☐ A professional (at a minimum, possessing a bachelor's degree or a foreign degree equivalent to a U.S. bachelor's degree).
- 1.f. ☐ A skilled worker (requiring at least two years of specialized training or experience).
- 1.g. ☐ Any other worker (requiring less than two years of training or experience).
- 1.h. ☐ An alien applying for an NIW (who **IS** a member of the professions holding an advanced degree or an alien of exceptional ability).

Mailing Address

(USPS ZIP Code Lookup)

3.a. In Care Of Name Type your name

3.b. Street Number and Name

3.c. ☐ Apt. ☐ Ste. ☐ Flr.

3.d. City or Town

3.e. State 3.f. ZIP Code

3.g. Province

3.h. Postal Code

3.i. Country Type your current living address (US or Foreign Address)



Leave Empty

Part 2. Petition Type (continued)

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

- 2.a. ☐ To amend a previously filed petition.

Previous Petition Receipt Number

▶

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

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

- 1.a. Family Name (Last Name) Type your lastname

- 1.b. Given Name (First Name) Type your firstname

- 1.c. Middle Name

Mailing Address

- 2.a. In Care Of Name

- 2.b. Street Number and Name

- 2.c. ☐ Apt. ☐ Ste. ☐ Flr.

- 2.d. City or Town

- 2.e. State 2.f. ZIP Code

- 2.g. Province Type your name and address

- 2.h. Postal Code

- 2.i. Country

Other Information

3. Date of Birth (mm/dd/yyyy) Type your DOB in month day year

4. City/Town/Village of Birth Type your birth city

5. State or Province of Birth Type your Birth state

6. Country of Birth Type your Birth country

7. Country of Citizenship or Nationality Type your nationality based on birth

8. Alien Registration Number (A-Number) (if any) Type your A-number if an applicant should after your Form immigrant visa approval.

9. U.S. SSN (if any) Type your SSN if you are in usa

Information About His or Her Last Arrival in the United States

If the person for whom you are filing is in the United States, provide the following information.

10. Date of Last Arrival (mm/dd/yyyy) Type your USA date if you are in USA

- 11.a. Form I-94 Arrival-Departure Record Number Type your I94 Admission number

- 11.b. Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy) Type your I94 Expiration Date

- 11.c. Status on Form I-94 (for example, class of admission, or paroled, if paroled) Your last Visa Status

12. Passport Number Type your Passport number

13. Travel Document Number Type your visa number if any

14. Country of Issuance for Passport or Travel Document Type country that you received passport

15. Expiration Date for Passport or Travel Document (mm/dd/yyyy) Passport expiration date in month day year

Part 4. Processing Information

Provide the following information for the person named in Part 3. (select **only one** box):

- 1.a. ☐ Alien will apply for a visa abroad at a U.S. Consulate at: Mark if you apply from foreign country. 1b and 1c your city and your country

- 1.b. City or Town

- 1.c. Country

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

Mark if you apply from USA

Type your last country of residence if you marked 2a

Part 4. Processing Information (continued)

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

If you provided a United States address in **Part 3.**, provide the person's foreign address in **Item Numbers 3.a. - 3.f.**:

- 3.a. Street Number and Name
- 3.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 3.c. City or Town
- 3.d. Province
- 3.e. Postal Code
- 3.f. Country

Type Your foreign Address from 3a to 3f

If the person's native alphabet is other than Roman letters, type or print the person's foreign name and address in the native alphabet in **Item Numbers 4.a. - 4.c.**:

- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name

Keep it empty otherwise your original name is not english alphabets

Mailing Address

- 5.a. In Care Of Name
- 5.b. Street Number and Name
- 5.c. ☐ Apt. ☐ Ste. ☐ Flr.
- 5.d. City or Town
- 5.e. Province
- 5.f. Postal Code
- 5.g. Country

Type Your foreign Address from 5a to 5g

If you answer "Yes" to **Item Numbers 6.a. - 10.**, provide the case number, office location, date of decision, and disposition of the decision in the space provided in **Part 11. Additional Information.**

- 6.a. Are you filing any other petitions or applications with this Form I-140? ☐ Yes ☐ No

Mark Yes if you filing I485 or other documents along with I140. Otherwise NO

- 6.b. If you answered "Yes" to **Item Number 6.a.**, select all applicable boxes:

- ☐ Form I-485
- ☐ Form I-131
- ☐ Form I-765
- ☐ Other (Provide an explanation in **Part 11. Additional Information.**)

If you are filing concurrently, mark required boxes

Mark No mostly

7. Is the person for whom you are filing in removal proceedings? ☐ Yes ☐ No
8. Has any immigrant visa petition ever been filed by or behalf of this person? ☐ Yes ☐ No
9. Are you filing this petition without an original labor certification because the original labor certification was previously submitted in support of another Form I-140? ☐ Yes ☐ No
10. If you are filing this petition without an original labor certification, are you requesting that U.S. Citizenship and Immigration Services (USCIS) request a duplicate labor certification from the Department of Labor (DOL)? ☐ Yes ☐ No

Part 5. Additional Information About the Petitioner

Type of petitioner (select **only one** box):

- 1.a. ☐ Employer
- 1.b. ☐ Self
- 1.c. ☐ Other (For example, Lawful Permanent Resident, U.S. citizen or any other person filing on behalf of the alien)

Mark Self

If a company or an organization is filing this petition, provide the following information:

2. Type of Business
3. Date Established (mm/dd/yyyy)
4. Current Number of U.S. Employees
5. Gross Annual Income \$
6. Net Annual Income \$
7. NAICS Code
8. Labor Certification DOL Case Number

Part 5. Additional Information About the Petitioner (continued)

9. Labor Certification DOL Filing Date (mm/dd/yyyy)

10. Labor Certification Expiration Date (mm/dd/yyyy)

be your Field Of
devor

If an individual is filing this petition, provide the following information.

11. Occupation

Current annual income

12. Annual Income

\$

Part 6. Basic Information About the Proposed Employment

1. Job Title

SOC Job Title

2. SOC Code



3. Nontechnical Job Description

SOC Number

Description of Job

Mark Yes if it is
permanent position

Mark Yes if it is full time
otherwise No and
Mention no. of hours in
5

time position?

☐ Yes ☐ No

For Item Number 4. is "No," how many
hours per week for the position?

6. Is this a permanent position?

☐ Yes ☐ No

7. Is this a new position?

☐ Yes ☐ No

8. Wages (Specify hour, week, month, or year):

\$ per

Mark yes if it is New
job

Worksite Location

For Item Numbers 9.a. - 9.e., provide the address where the
person will work if different from the address provided in Part 1.

9.a. Street Number
and Name

9.b. ☐ Apt. ☐ Ste. ☐ Flr.

9.c. City or Town

9.d. State

9.e. ZIP Code

Provide new job salary
or current annual
salary

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

For Part 7., provide information on the spouse and all children
related to the individual for whom you are filing this petition.
Also, note if the individual will apply for a visa abroad or
adjustment of status as the dependent of the individual for
whom the petition is filed. If you need extra space to provide
information about additional family members, use the space
provided in Part 11. Additional Information.

Type all family member
details

Person 1

1.a. Family Name
(Last Name)

1.b. Given Name
(First Name)

1.c. Middle Name

2. Date of Birth (mm/dd/yyyy)

3. Country of Birth

4. Relationship

5. Is he or she applying for adjustment of status?

☐ Yes ☐ No

Is he or she applying for a visa abroad?

☐ Yes ☐ No

Person 2

7.a. Family Name
(Last Name)

7.b. Given Name
(First Name)

7.c. Middle Name

8. Date of Birth (mm/dd/yyyy)

9. Country of Birth

10. Relationship

11. Is he or she applying for adjustment of status?

☐ Yes ☐ No

12. Is he or she applying for a visa abroad?

☐ Yes ☐ No

9a to 9d Your work
location



Part 7. Information About Spouse and All Children of the Person for Whom You Are Filing
(continued)

Person 3

- 13.a.** Family Name (Last Name)
- 13.b.** Given Name (First Name)
- 13.c.** Middle Name
- 14.** Date of Birth (mm/dd/yyyy)
- 15.** Country of Birth
- 16.** Relationship
- 17.** Is he or she applying for adjustment of status?
☐ Yes ☐ No
- 18.** Is he or she applying for a visa abroad?
☐ Yes ☐ No

Person 4

- 19.a.** Family Name (Last Name)
- 19.b.** Given Name (First Name)
- 19.c.** Middle Name
- 20.** Date of Birth (mm/dd/yyyy)
- 21.** Country of Birth
- 22.** Relationship
- 23.** Is he or she applying for adjustment of status?
☐ Yes ☐ No
- 24.** Is he or she applying for a visa abroad?
☐ Yes ☐ No

Person 5

- 25.a.** Family Name (Last Name)
- 25.b.** Given Name (First Name)
- 25.c.** Middle Name
- 26.** Date of Birth (mm/dd/yyyy)
- 27.** Country of Birth
- 28.** Relationship
- 29.** Is he or she applying for adjustment of status?
☐ Yes ☐ No
- 30.** Is he or she applying for a visa abroad?
☐ Yes ☐ No

Person 6

- 31.a.** Family Name (Last Name)
- 31.b.** Given Name (First Name)
- 31.c.** Middle Name
- 32.** Date of Birth (mm/dd/yyyy)
- 33.** Country of Birth
- 34.** Relationship
- 35.** Is he or she applying for adjustment of status?
☐ Yes ☐ No
- 36.** Is he or she applying for a visa abroad?
☐ Yes ☐ No



Part 8. Statement, Contact Information, Declaration, Certification, and Signature of the Petitioner or Authorized Signatory and Signature

NOTE: Read the **Penalties** section of the Form I-140 Instructions before completing this part.

Petitioner's or Authorized Signatory's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. ☒ I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question. **Mark yes**
- 1.b. ☐ The interpreter named in **Part 9.** has read to me every question and instruction on this petition and my answer to every question in , a language in which I am fluent. I understood all of this information as interpreted.
2. ☐ At my request, the preparer named in **Part 10.**, , prepared this petition for me based only upon information I provided or authorized.

Authorized Signatory's Contact Information

- 3.a. Authorized Signatory's Family Name (Last Name)
- 3.b. Authorized Signatory's Given Name (First Name)
4. Authorized Signatory's Title **Provide your Lastname, first name , phone number and email**
5. Authorized Signatory's Daytime Telephone Number
6. Authorized Signatory's Mobile Telephone Number (if any)
7. Authorized Signatory's Email Address (if any)

Petitioner's or Authorized Signatory's Declaration and Certification

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 USCIS at a later date.

I authorize the release of any information from my records, or from the petitioning organization's records, to USCIS or other entities and persons where necessary to determine eligibility for the immigration benefit sought or where authorized by law. 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, I understand all of the information contained in, and submitted with, my petition, and all of this information is complete, true, and correct.

Petitioner's or Authorized Signatory's Signature

- 8.a. Petitioner's Signature **Sign it . { Electronic sign is not submitted}**
- 8.b. Date of Signature (mm/dd/yyyy) **Provide signed date in month day and year**
- NO SIGNERS AND AUTHORIZED SIGNATORIES:** If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may delay a decision on or deny your petition.

Part 9. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

- 1.a. Interpreter's Family Name (Last Name)
- 1.b. Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name (if any)



Part 9. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Mailing Address

- 3.a. Street Number and Name
- 3.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 3.c. City or Town
- 3.d. State 3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number
5. Interpreter's Mobile Telephone Number
6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 8., Item Number 1.b.**, and I have read to this petitioner or the authorized signatory in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner or authorized signatory informed me that he or she understands every instruction, question, and answer on the petition, including the **Petitioner's or Authorized Signatory's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

- 7.a. Interpreter's Signature
- 7.b. Date of Signature (mm/dd/yyyy)

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Authorized Individual

Provide the following information about the preparer.

Preparer's Full Name

- 1.a. Preparer's Family Name (Last Name)
- 1.b. Preparer's Given Name (First Name)
2. Preparer's Business or Organization (if any)

Preparer's Mailing Address

- 3.a. Street Number and Name
- 3.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 3.c. City or Town
- 3.d. State 3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number
5. Preparer's Mobile Telephone Number (if any)
6. Preparer's Email Address (if any)



Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Authorized Individual
(continued)

Preparer's Statement

- 7.a. ☐ I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent.
- 7.b. ☐ I am an attorney or accredited representative and my representation of the petitioner in this case
☐ extends ☐ does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this petition.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner or authorized signatory. The petitioner has reviewed this completed petition, including the **Petitioner's or Authorized Signatory's Declaration and Certification**, and informed me that all of this information in the form and in the supporting documents is complete, true, and correct.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)



Part 11. Additional Information

If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. IRS EIN

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d.

Provide Your previous I140 details here .
attach your document
along with it

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d.

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d.

Type your first name

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d.

Sign and Date here

