



# Immigrant Petition for Alien Workers

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

USCIS  
Form I-140  
OMB No. 1615-0015  
Expires 02/28/2027

<b>For USCIS Use Only</b>	<b>Fee Stamp</b>	<b>Priority Date</b>	<b>Consulate</b>	<b>Action Block</b>
	<b>Classification</b> <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 checked="" 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	<b>Certification</b> <input checked="" type="checkbox"/> National Interest Waiver (NIW) <input type="checkbox"/> Schedule A, Group I <input type="checkbox"/> Schedule A, Group II		
<b>Remarks</b>				

<b>To be completed by an Attorney or Accredited Representative (if any).</b>	<input type="checkbox"/> Select this box if Form G-28 or Form G-28I is attached.	<b>Attorney State Bar Number (if applicable)</b> <input type="text"/>	<b>Attorney or Accredited Representative USCIS Online Account Number (if any)</b> <input type="text"/>
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► **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)

**1.b.** Given Name (First Name)

**1.c.** Middle Name

**2.** Company or Organization Name

## Mailing Address

[\(USCIS ZIP Code Lookup\)](#)

**3.a.** In Care Of 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

## Other Information

**4.** IRS Employer Identification Number (EIN)

**5.** Are you a nonprofit organized as tax exempt or a governmental research organization? ☐ Yes ☒ No

**6.** 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

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

**8.** USCIS Online Account Number (if any)

## Part 2. Petition Type

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).



**Part 2. Petition Type (continued)**

- 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).

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)
- 1.b. Given Name (First Name)
- 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
- 2.h. Postal Code
- 2.i. Country

**Other Information**

3. Date of Birth (mm/dd/yyyy)
4. City/Town/Village of Birth
5. State or Province of Birth

6. Country of Birth
7. Country of Citizenship or Nationality
8. Alien Registration Number (A-Number) (if any) ▶ A-
9. U.S. SSN (if any) ▶

**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)
- 11.a. Form I-94 Arrival-Departure Record Number ▶
- 11.b. Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy)
- 11.c. Status on Form I-94 (for example, class of admission, or paroled, if paroled)
12. Passport Number
13. Travel Document Number
14. Country of Issuance for Passport or Travel Document
15. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

**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. Embassy or U.S. Consulate at:
- 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.



**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.

INDIA

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 31 Doorsanchar Colony**

**3.b.** ☐ Apt. ☐ Ste. ☐ Flr.

**3.c.** City or Town **INDORE**

**3.d.** Province **MADHYA PRADESH**

**3.e.** Postal Code **452014**

**3.f.** Country

INDIA

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

**Mailing Address**

**5.a.** In Care Of Name

Satyadhar Joshi

**5.b.** Street Number and Name **775 Newark Ave**

**5.c.** ☒ Apt. ☐ Ste. ☐ Flr. **4**

**5.d.** City or Town **Jersey City**

**5.e.** Province **NJ**

**5.f.** Postal Code **07306**

**5.g.** Country

USA

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

**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.**)

**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 on 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)

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)

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

11. Occupation

Assistant Vice President Quant Analyst at BoFA

12. Annual Income \$ \$145,000

### Part 6. Basic Information About the Proposed Employment

1. Job Title

2. SOC Code

►  -

3. Nontechnical Job Description

4. Is this a full-time position? ☐ Yes ☐ No

5. If the answer to **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

### 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

### 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.**

#### 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

6. 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

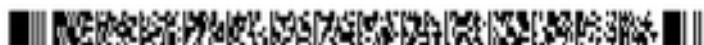
8. Date of Birth (mm/dd/yyyy)

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



**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. Contact Information, Certification, and Signature of the Petitioner or Authorized Signatory**

***Petitioner or Authorized Signatory's Contact Information***

- 1.a. Petitioner's or Authorized Signatory's Family Name (Last Name)

Joshi

- 1.b. Petitioner's or Authorized Signatory's Given Name (First Name)

Satyadhar

2. Petitioner's or Authorized Signatory's Title

3. Petitioner's or Authorized Signatory's Daytime Telephone Number

+1 929 356 5046

4. Petitioner's or Authorized Signatory's Mobile Telephone Number (if any)

5. Petitioner's or Authorized Signatory's Email Address (if any)

Satyadhar.Joshi@gmail.com

***Petitioner's or Authorized Signatory's Certification and Signature***

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization:

- a. I reviewed and provided or authorized all of the responses and information in my petition;
- b. I understood all of the responses and information contained in, and submitted with, my petition; and
- c. All of the responses and information were complete, true, and correct at the time of filing

Furthermore, I authorize the release of any information from any and all of my records as authorized signatory and the petitioner's records that USCIS may need to determine the petitioner's eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

- 6.a. Petitioner's or Authorized Signatory's Signature

- 6.b. Date of Signature (mm/dd/yyyy)

03/20/2025

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

***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

***Interpreter's Contact Information***

3. Interpreter's Daytime Telephone Number

4. Interpreter's Mobile Telephone Number (if any)

5. Interpreter's Email Address (if any)

***Interpreter's Certification and Signature***

I certify, under penalty of perjury, that I am fluent in English

and

and I have interpreted every question on the petition and Instructions and interpreted the petitioner's or authorized signatory's answers to the questions in that language, and the petitioner or authorized signatory informed me that they understood every instruction, question, and answer on the petition.

- 6.a. Interpreter's Signature

- 6.b. Date of Signature (mm/dd/yyyy)



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**Part 10. Contact Information, Certification, and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Authorized Signatory**

***Preparer's Full Name***

1. Preparer's Family Name (Last Name)

Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name

***Preparer's Contact Information***

3. Preparer's Daytime Telephone Number

4. Preparer's Mobile Telephone Number (if any)

5. Preparer's Email Address (if any)

***Preparer's Certification and Signature***

I certify, under penalty of perjury, that I prepared this petition for the petitioner or authorized signatory at their request and with express consent and that all of the responses and information contained in and submitted with the petition are complete, true, and correct and reflects only information provided by the petitioner or authorized signatory. The petitioner or authorized signatory reviewed the responses and information and informed me that they understand the responses and information in or submitted with the petition.

6. Preparer's Signature

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 to complete and file with this petition or attach a separate sheet 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. Family Name (Last Name)   
Given Name (First Name)   
Middle Name

2. IRS EIN

3. Page Number  Part Number  Item Number

4. Page Number  Part Number  Item Number

5. Page Number  Part Number  Item Number

6. Page Number  Part Number  Item Number

7. Page Number  Part Number  Item Number

