

ORIGIN ID: BEDA (617) 574-7033
BRIAN DOYLE
FRAGOMEN WORLDWIDE
7000 BROOKTREE ROAD
MS #7351872
WEXFORD, PA 15090
UNITED STATES US

SHIP DATE: 13APR23
ACTWGT: 1.00 LB
CAD: 113728567/INET4585
BILL SENDER

TO USCIS TEXAS SERVICE CENTER

6046 NORTH BELT LINE ROAD
STE 107

ATTN: I-129 H-1B MASTER'S CAP
IRVING TX 75038

(617) 574-0400

REF:

PO:

DEPT:

581J3/78CF/FE2D



J231023011101uv

TRK# 7718 3576 1308
0201

FRI - 14 APR 10:30A
PRIORITY OVERNIGHT

DSR 75038

XA DALA

TX-US DFW



After printing this label:

CONSIGNEE COPY - PLEASE PLACE IN FRONT OF POUCH

1. Fold the printed page along the horizontal line.
2. Place label in shipping pouch and affix it to your shipment.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](https://www.fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

FRAGOMEN

ATTORNEYS AT LAW

Fragomen, Del Rey, Bernsen & Loewy, LLP

100 High Street, 3rd Floor

Boston, MA 02110

USA

O +1 617 574 0400

F +1 617 226 4561

www.fragomen.com

March 31, 2023

VIA FEDERAL EXPRESS

U.S. Citizenship and Immigration Services

RE: H-1B Cap Petition for a Nonimmigrant Worker (Form I-129)

Dear Sir or Madam:

We write in support of the above referenced petition/application. Please find the following enclosures:

1. Filing fees in the amounts of \$460, \$1,500, and \$500;
2. Form G-28, Notice of Appearance as Attorney;
3. Form I-129, Petition for Nonimmigrant Worker with H Supplement;
4. H-1B Data Collection Supplement Form;
5. Certified Form ETA-9035, Labor Condition Application (LCA);
6. Petitioner Support Letter; and
7. Copy of supporting documentation;

Should you require any additional information or documentation, please contact this office directly.

Thank you for your kind attention and consideration in this matter.

Rajeev, Avinash

KAI ZHEN

Boston - Boston - Amazon Team

U.S. Department of Homeland Security

9709595

Check Date:	2023-04-11	
Client:	AMAZON.COM SERVICES LLC	1005967
Foreign National:	KAI ZHEN	
Case-ID:	7351872	
Paralegal:	Amy McCreary	
Attorney:	Amy McCreary	
Government Form:	I-129 USCIS Petition for Nonimmigrant Worker	
Notes:	I-129 USCIS Petition for Nonimmigrant Worker - KAI ZHEN	
Check Date: 4/11/2023		Check Total: \$460.00

ORIGINAL CHECK HAS MULTIPLE SECURITY FEATURES. PRINTED ON CHEMICAL REACTIVE TONER FUSE PAPER-SEE BACK FOR DETAILS

Fragomen, Del Rey, Bernsen & Loewy, LLP
90 Matawan Road
P.O. Box 2001
Matawan, NJ 07747
United States of America

The Northern Trust Company
Chicago IL
Payable Through
Oakbrook Terrace 60181

9709595

70-2382-719

DATE 4/11/2023

PAY
TO THE
ORDER OF

U.S. Department of Homeland Security

\$460.00

VOID AFTER 180 DAYS

Four Hundred Sixty and 00/100 Dollar(s)

FOR KAI ZHEN, I-129



True

9709595 071923828 30547775

Rajeev, Avinash

KAI ZHEN

Boston - Boston - Amazon Team

U.S. Department of Homeland Security

9709596

Check Date:	2023-04-11	
Client:	AMAZON.COM SERVICES LLC	1005967
Foreign National:	KAI ZHEN	
Case-ID:	7351872	
Paralegal:	Amy McCreary	
Attorney:	Amy McCreary	
Government Form:	H-1B Data Collection for Emp 26 or more full-time equiv emp US	
Notes:	H-1B Data Collection for Emp 26 or more full-time equiv emp US - KAI ZHEN	

	Check Date: 4/11/2023	Check Total: \$1,500.00
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ORIGINAL CHECK HAS MULTIPLE SECURITY FEATURES. PRINTED ON CHEMICAL REACTIVE TONER FUSE PAPER-SEE BACK FOR DETAILS

Fragomen, Del Rey, Bernsen & Loewy, LLP
90 Matawan Road
P.O. Box 2001
Matawan, NJ 07747
United States of America

The Northern Trust Company
Chicago IL
Payable Through
Oakbrook Terrace 60181

9709596

70-2382-719

DATE 4/11/2023

PAY
TO THE
ORDER OF

U.S. Department of Homeland Security

\$1,500.00

VOID AFTER 180 DAYS

One Thousand Five Hundred and 00/100 Dollar(s)

FOR KAI ZHEN, H-1B



True

9709596 071923828 30547775

Rajeev, Avinash

KAI ZHEN

Boston - Boston - Amazon Team

U.S. Department of Homeland Security

9709594

Check Date:	2023-04-11	
Client:	AMAZON.COM SERVICES LLC	1005967
Foreign National:	KAI ZHEN	
Case-ID:	7351872	
Paralegal:	Amy McCreary	
Attorney:	Amy McCreary	
Government Form:	ANTI-H1B/L Anti Fraud Fee	
Notes:	ANTI-H1B/L Anti Fraud Fee - KAI ZHEN	

	Check Date: 4/11/2023	Check Total: \$500.00
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ORIGINAL CHECK HAS MULTIPLE SECURITY FEATURES. PRINTED ON CHEMICAL REACTIVE TONER FUSE PAPER-SEE BACK FOR DETAILS

Fragomen, Del Rey, Bernsen & Loewy, LLP
90 Matawan Road
P.O. Box 2001
Matawan, NJ 07747
United States of America

The Northern Trust Company
Chicago IL
Payable Through
Oakbrook Terrace 60181

9709594

70-2382-719

DATE 4/11/2023

PAY
TO THE
ORDER OF

U.S. Department of Homeland Security

\$500.00

VOID AFTER 180 DAYS

Five Hundred and 00/100 Dollar(s)

FOR KAI ZHEN, ANTI-H1B/L



True

9709594 071923828 30547775

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

Beneficiary Confirmation Number 2024-dc9f-89a2-d858		Case Type H-1BR - H1B REGISTRATION
Received Date 03/04/2023	Priority Date	Prospective Petitioner Amazon.com Services LLC
Notice Date 03/25/2023	Page 1 of 2	Beneficiary Zhen, Kai

Amazon.com Services LLC
1770 Crystal Drive
Arlington VA 22202

Notice Type: Registration Selection

Your company, Amazon.com Services LLC, with an Employer Identification Number of 820544687, submitted a registration on behalf of Zhen, Kai (Date of Birth: 07/23/1988) for possible selection toward the FY2024 H-1B numerical cap projections.

This registration was selected. The Beneficiary Confirmation Number is 2024-dc9f-89a2-d858.

This registration was selected toward the number projected as needed to reach the **advanced degree exemption (master's cap)**. Based on this selected registration, your company is eligible to file a corresponding H-1B petition between **04/01/2023** and **06/30/2023** at the following location:

Texas Service Center

Please see the "Direct Filing Addresses for Form I-129, Petition for a Nonimmigrant Worker" webpage (<https://www.uscis.gov/i-129-addresses>) for the appropriate address for the service center identified above that matches your petition type and mail carrier.

You must include a copy of this selection notice with your petition.

This notice is only valid for the FY2024 H-1B numerical allocations and for the company and beneficiary named below:

Company: Amazon.com Services LLC
D/B/A:
EIN: 820544687
Beneficiary: Zhen, Kai
DOB: 07/23/1988
Passport Number: EJ5248220

Your company may not substitute the beneficiary named in the registration or transfer the registration to another petitioner. If you file an H-1B cap-subject petition for a different beneficiary than the one identified in the selected registration notice submitted with the petition, the H-1B cap-subject petition will be denied or rejected.

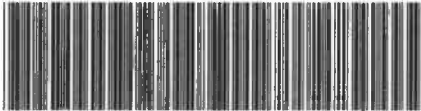
USCIS will deny or reject the H-1B cap-subject petition if it is not properly filed within the filing period indicated above at the filing location indicated above.

Ensure that any information provided during the electronic registration process matches the information provided on the petition. If any information does not match, you should provide an explanation with your petition and supporting documentation as to why there was a change or why the information does not match. If information on the registration and petition does not match, USCIS may reject or deny the petition.

For additional information regarding the H-1B numerical cap, and exemptions from the numerical cap, please visit the USCIS website.

Information concerning USCIS forms and filing instructions is available from the USCIS Forms Request Line, 1-800-870-3676 (Toll Free), or on the USCIS internet website at www.uscis.gov.

USCIS Contact Center: www.uscis.gov/contactcenter



If you are visiting a field office and need directions, including public transportation directions, please see www.uscis.gov/fieldoffices for more information.

Notice for People with Disabilities

To request a disability accommodation:

Go to uscis.gov/accommodations to make your request online, or

Call the USCIS Contact Center at 800-375-5283 (TTY 800-767-1833) for help in English or Spanish. Asylum and NACARA 203 applicants must call to make their request.

If you need a sign language interpreter, make your request as soon as you receive your appointment notice. The more advance notice we have of your accommodation request, the better prepared we can be and less likely we will need to reschedule your appointment. For more information about accommodations, visit uscis.gov/accommodationsinfo.

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Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS

Form G-28

OMB No. 1615-0105

Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

Address of Attorney or Accredited Representative

3.a. Street Number and Name

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code
(USPS ZIP Code Lookup)

3.f. Province

3.g. Postal Code

3.h. Country

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number

5. Mobile Telephone Number (if any)

6. Email Address (if any)

7. Fax Number (if any)

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all** applicable items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

1.b. Bar Number (if applicable)

1.c. I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

2.c. Date of Accreditation (mm/dd/yyyy)

3. ☐ I am associated with

,
the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate



Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

- 1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.
I-129
- 2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
- 3.a. ☐ U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
4. Receipt Number (if any)
▶
5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):
☐ Applicant ☒ Petitioner ☐ Requestor
☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

- 6.a. Family Name (Last Name)
- 6.b. Given Name (First Name)
- 6.c. Middle Name
- 7.a. Name of Entity (if applicable)
Amazon.com Services LLC
- 7.b. Title of Authorized Signatory for Entity (if applicable)
HR Immigration
8. Client's USCIS Online Account Number (if any)
▶
9. Client's Alien Registration Number (A-Number) (if any)
▶ A-

Client's Contact Information

10. Daytime Telephone Number
206-266-1000
11. Mobile Telephone Number (if any)
12. Email Address (if any)
amazonimmigration@amazon.com

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

- 13.a. Street Number and Name
1770 CRYSTAL DRIVE
- 13.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 13.c. City or Town
ARLINGTON
- 13.d. State
VA
- 13.e. ZIP Code
22202
- 13.f. Province
- 13.g. Postal Code
- 13.h. Country
UNITED STATES OF AMERICA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.


If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

- 1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. ☐ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

- 1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

- 2.a. Signature of Client or Authorized Signatory for an Entity

- 2.b. Date of Signature (mm/dd/yyyy) 05/25/2023

Part 5. 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 DHS. 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.

1. a. Signature of Attorney or Accredited Representative



- 1.b. Date of Signature (mm/dd/yyyy) 05/25/2023

- 2.a. Signature of Law Student or Law Graduate



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



Part 6. Additional Information

If you need extra space to provide any additional information within this form, 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 form or attach a separate sheet of paper. Type or print your name 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

1.c. Middle Name

2.a. Page Number 2.b. Part Number 2.c. Item Number

2.d.

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

3.d.

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.

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

6.d.





Petition for a Nonimmigrant Worker

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

USCIS
Form I-129
OMB No. 1615-0009
Expires 11/30/2025

For USCIS Use Only	Receipt	Partial Approval (explain)	Action Block
Class: _____ No. of Workers: _____ Job Code: _____ Validity Dates: _____ From: _____ To: _____	<input type="checkbox"/> Classification Approved <input type="checkbox"/> Consulate/POE/PFI Notified At: _____ <input type="checkbox"/> Extension Granted <input type="checkbox"/> COS/Extension Granted		

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

Part 1. Petitioner Information

If you are an individual filing this petition, complete **Item Number 1**. If you are a company or an organization filing this petition, complete **Item Number 2**.

1. Legal Name of Individual Petitioner

Family Name (Last Name) _____ Given Name (First Name) _____ Middle Name _____

2. Company or Organization Name

Amazon.com Services LLC

3. Mailing Address of Individual, Company or Organization

(USPS ZIP Code Lookup)

In Care Of Name

Global Immigration Team - HR

Street Number and Name

1770 CRYSTAL DRIVE

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

ARLINGTON

State

VA

ZIP Code

22202

Province

Postal Code

Country

UNITED STATES OF AMERICA

4. Contact Information

Daytime Telephone Number

206-266-1000

Mobile Telephone Number

Email Address (if any)

amazonimmigration@amazon.com

5. Other Information

Federal Employer Identification Number (FEIN)

► 82-0544687

Individual IRS Tax Number

►

U.S. Social Security Number (if any)

► 3 8 1 4 1 3 8 5 8



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

1. **Requested Nonimmigrant Classification** (Write classification symbol): **H-1B**
2. **Basis for Classification** (select **only one** box):
- ☒ 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 "None."** ▶ **E A C 2 3 1 5 9 5 1 0 3 9**
4. **Requested Action** (select **only one** box):
- ☐ a. Notify the office in **Part 4**, so each beneficiary can obtain a visa or be admitted. (NOTE: A petition is not required for E-1, E-2, E-3, H-1B1 Chile/Singapore, or TN visa beneficiaries.)
- ☒ b. Change the status and extend the stay of each beneficiary because the beneficiary(ies) is/are now in the United States in another status (see instructions for limitations). This is available only when you check "New Employment" in **Item Number 2.**, above.
- ☐ c. Extend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
- ☐ d. Amend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
- ☐ e. Extend the status of a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)
- ☐ f. Change status to a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)
5. **Total number of workers included in this petition.** (See instructions relating to when more than one worker can be included.) ▶ **1**

Part 3. Beneficiary Information (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the Attachment-1 sheet to name each beneficiary included in this petition.)

1. **If an Entertainment Group, Provide the Group Name**
-
2. **Provide Name of Beneficiary**
- | Family Name (Last Name) | Given Name (First Name) | Middle Name |
|-------------------------|-------------------------|-------------|
| ZHEN | Kai | |
3. **Provide all other names the beneficiary has used.** Include nicknames, aliases, maiden name, and names from all previous marriages.
- | Family Name (Last Name) | Given Name (First Name) | Middle Name |
|-------------------------|-------------------------|-------------|
| | | |
| | | |
| | | |
4. **Other Information**
- | | | |
|----------------------------|--|--------------------------------------|
| Date of birth (mm/dd/yyyy) | Gender | U.S. Social Security Number (if any) |
| 07/23/1988 | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | ▶ 3 8 1 4 1 3 8 5 8 |

Part 3. Beneficiary Information (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the Attachment-1 sheet to name each beneficiary included in this petition.) (continued)

Alien Registration Number (A-Number) Country of Birth
▶ A- CHINA

Province of Birth Country of Citizenship or Nationality
 Hebei CHINA

5. If the beneficiary is in the United States, complete the following:

Date of Last Arrival (mm/dd/yyyy) I-94 Arrival-Departure Record Number Passport or Travel Document Number
 09/21/2019 ▶ 2 4 5 4 6 6 5 0 4 A 2 EJ5248220

Date Passport or Travel Document Issued (mm/dd/yyyy) Date Passport or Travel Document Expires (mm/dd/yyyy) Passport or Travel Document Country of Issuance
 02/15/2022 02/14/2032 China

Current Nonimmigrant Status Date Status Expires or D/S (mm/dd/yyyy)
 O-1 03/26/2026

Student and Exchange Visitor Information System (SEVIS) Number (if any) Employment Authorization Document (EAD) Number (if any)

6. Current Residential U.S. Address (if applicable) (do not list a P.O. Box)

Street Number and Name Apt. Ste. Flr. Number
 414 W Northlane Dr

City or Town State ZIP Code
 Bloomington IN 47404

Part 4. Processing Information

- 1.** If a 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 (select only one box): ☒ Consulate ☐ Pre-flight inspection ☐ Port of Entry

b. Office Address (City)

Vancouver

c. U.S. State or Foreign Country

Canada

d. Beneficiary's Foreign Address

Street Number and Name Apt. Ste. Flr. Number
 Room-501 Unit-2 Building-60, Shuixiehuadu, 218 Zhufeng St,

City or Town State
 Shijiazhuang

Province Postal Code Country
 050000 China

- 2.** Does each person in this petition have a valid passport? ☒ Yes ☐ No. If no, go to **Part 9.** and type or print your explanation.



Part 4. Processing Information (continued)

3. Are you filing any other petitions with this one?
☐ Yes. If yes, how many? ▶ ☒ No
4. Are you filing any applications for replacement/initial I-94, Arrival-Departure Records with this petition? Note that if the beneficiary was issued an electronic Form I-94 by CBP when he/she was admitted to the United States at an air or sea port, he/she may be able to obtain the Form I-94 from the CBP Website at www.cbp.gov/i94 instead of filing an application for a replacement/initial I-94.
☐ Yes. If yes, how many? ▶ ☒ No
5. Are you filing any applications for dependents with this petition?
☐ Yes. If yes, how many? ▶ ☒ No
6. Is any beneficiary in this petition in removal proceedings?
☐ Yes. If yes, proceed to **Part 9.** and list the beneficiary's(ies) name(s). ☒ No
7. Have you ever filed an immigrant petition for any beneficiary in this petition?
☐ Yes. If yes, how many? ▶ ☒ No
8. Did you indicate you were filing a new petition in **Part 2.**?
☒ Yes. If yes, answer the questions below. ☐ No. If no, proceed to **Item Number 9.**
- a. Has any beneficiary in this petition ever been given the classification you are now requesting within the last seven years?
☐ Yes. If yes, proceed to **Part 9.** and type or print your explanation. ☒ No
- b. Has any beneficiary in this petition ever been denied the classification you are now requesting within the last seven years?
☐ Yes. If yes, proceed to **Part 9.** and type or print your explanation. ☒ No
9. Have you ever previously filed a nonimmigrant petition for this beneficiary?
☒ Yes. If yes, proceed to **Part 9.** and type or print your explanation. ☐ No
10. If you are filing for an entertainment group, has any beneficiary in this petition not been with the group for at least one year?
☐ Yes. If yes, proceed to **Part 9.** and type or print your explanation. ☐ No
- 11.a. Has any beneficiary in this petition ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor?
☐ Yes. If yes, proceed to **Item Number 11.b.** ☒ No
- 11.b. If you checked yes in **Item Number 11.a.**, 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 (J-1) Status, a Form IAP-66, or a copy of the passport that includes the J visa stamp.
-

Part 5. Basic Information About the Proposed Employment and Employer

Attach the Form I-129 supplement relevant to the classification of the worker(s) you are requesting.

1. Job Title

Applied Scientist II

2. LCA or ETA Case Number

I-200-23054-796792



Part 5. Basic Information About the Proposed Employment and Employer (continued)

3. Address where the beneficiary(ies) will work if different from address in **Part 1**.

Street Number and Name

414 West Northlane Drive

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

Bloomington

State

IN

ZIP Code

47404

4. Did you include an itinerary with the petition? ☐ Yes ☒ No
5. Will the beneficiary(ies) work for you off-site at another company or organization's location? ☐ Yes ☒ No
6. Will the beneficiary(ies) work exclusively in the Commonwealth of the Northern Mariana Islands (CNMI)? ☐ Yes ☒ No
7. Is this a full-time position? ☒ Yes ☐ No

8. If the answer to **Item Number 7** is no, how many hours per week for the position? ▶

9. Wages: \$ 166,600 per (Specify hour, week, month, or year) ▶

Year

10. Other Compensation (Explain)

Standard Corporate Employee Benefits.

11. Dates of intended employment From: (mm/dd/yyyy) 10/01/2023

To: (mm/dd/yyyy) 08/20/2026

12. Type of Business

Consumer Goods & Retail

13. Year Established

1995

14. Current Number of Employees in the United States

1,541,000 (Worldwide)

15. Gross Annual Income

\$513 Billion (Gross Profit)

16. Net Annual Income

-\$2.7 Billion



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

(This section of the form is required only for H-1B, H-1B1 Chile/Singapore, L-1, and O-1A petitions. It is not required for any other classifications. Please review the Form I-129 General Filing Instructions before completing this section.)

Select Item Number 1. or Item Number 2. as appropriate. DO NOT select both boxes.

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 the 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. Declaration, Signature, and Contact Information of Petitioner or Authorized Signatory (Read the information on penalties in the instructions before completing this section.)

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 U.S. Citizenship and Immigration Services (USCIS) at a later date.

I authorize the release of any information from my records, or from the petitioning organization's records that USCIS needs to determine eligibility for the immigration benefit sought. 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 and that all of the information contained in the petition, including all responses to specific questions, and in the supporting documents, is complete, true, and correct.

1. Name and Title of Authorized Signatory

Family Name (Last Name)

Van Den Handel / Spradley / Singh / Calabro

Given Name (First Name)

Daniel / Bryan / Shaina / Kim

Title

HR Immigration

2. Signature and Date

Signature of Authorized Signatory



Date of Signature (mm/dd/yyyy)

05/25/2023

3. Signatory's Contact Information

Daytime Telephone Number

(206) 266-1000

Email Address (if any)

amazonimmigration@amazon.com

NOTE: If you do not fully complete this form or fail to submit the required documents listed in the instructions, a final decision on your petition may be delayed or the petition may be denied.



Part 8. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner

Provide the following information concerning the preparer:

1. Name of Preparer

Family Name (Last Name)

DOYLE

Given Name (First Name)

Brian

2. Preparer's Business or Organization Name (if any)

(If applicable, provide the name of your accredited organization recognized by the Board of Immigration Appeals (BIA).)

Fragomen, Del Rey, Bernsen & Loewy, LLP

3. Preparer's Mailing Address

Street Number and Name

7000 Brooktree Road

Apt. Ste. Flr. Number

☐ ☐ ☐

MS# 7351872

City or Town

Wexford

State

PA

ZIP Code

15090

Province

Postal Code

Country

USA

4. Preparer's Contact Information

Daytime Telephone Number

(617) 574-0400

Fax Number

(617) 226-4561

Email Address (if any)

MPOCServices@fragomen.com

Preparer's Declaration

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this petition on behalf of, at the request of, and with the express consent of the petitioner or authorized signatory. The petitioner has reviewed this completed petition as prepared by me and informed me that all of the information in the form and in the supporting documents, is complete, true, and correct.

5. Signature and Date

Signature of Preparer



Date of Signature (mm/dd/yyyy)

05/25/2023



Part 9. Additional Information About Your Petition For Nonimmigrant Worker

If you require more space to provide any additional information within this petition, use the space below. If you require more space than what is provided to complete this petition, you may make a copy of **Part 9**, to complete and file with this petition. In order to assist us in reviewing your response, you must identify the **Page Number**, **Part Number** and **Item Number** corresponding to the additional information.

1. A-Number ► A-

2.	Page Number	Part Number	Item Number
	<input type="text" value="4"/>	<input type="text" value="4"/>	<input type="text" value="9"/>

Mr. ZHEN, Kai is the beneficiary of an approved O-1A petition Sponsored by Amazon.Com Services LLC.

valid 03/30/2023 to 03/26/2026. See attached I-797 (EAC-23-159-51039)

3.	Page Number	Part Number	Item Number
	<input type="text"/>	<input type="text"/>	<input type="text"/>

4.	Page Number	Part Number	Item Number
	<input type="text"/>	<input type="text"/>	<input type="text"/>





H Classification Supplement to Form I-129

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

USCIS
Form I-129
OMB No. 1615-0009
Expires 11/30/2025

1. Name of the Petitioner

Amazon.com Services LLC

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

2.a. Name of the Beneficiary

Kai ZHEN

OR

2.b. Provide the total number of beneficiaries

3. List each beneficiary's prior periods of stay in H or L classification in the United States for the last six years (beneficiaries requesting H-2A or H-2B classification need only list the last three 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
None		

4. Classification sought (select **only one** box):

- ☒ a. H-1B Specialty Occupation
- ☐ b. H-1B1 Chile and Singapore
- ☐ c. H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense (DOD)
- ☐ d. H-1B3 Fashion model of distinguished merit and ability
- ☐ e. H-2A Agricultural worker
- ☐ f. H-2B Non-agricultural worker
- ☐ g. H-3 Trainee
- ☐ h. H-3 Special education exchange visitor program

5. If you selected a. or d. in Item Number 4., and are filing an H-1B cap petition (including a petition under the U.S. advanced degree exemption), provide the beneficiary Confirmation Number from the H-1B Registration Selection Notice for the beneficiary named in this petition (if applicable).

2024-dc9f-89a2-d858

6. Are you filing this petition on behalf of a beneficiary subject to the Guam-CNMI cap exemption under Public Law 110-229?

☐ Yes ☒ No



7. Are you requesting a change of employer and was the beneficiary previously subject to the Guam-CNMI cap exemption under Public Law 110-229?

☐ Yes ☒ No

8.a. Does any beneficiary in this petition have ownership interest in the petitioning organization?

☐ Yes. If yes, please explain in Item Number 8.b. ☒ No

8.b. Explanation

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

1. Describe the proposed duties.

Please see attached letter of support.

2. Describe the beneficiary's present occupation and summary of prior work experience.

Please see attached letter of support.

Statement for H-1B Specialty Occupations and H-1B1 Chile and Singapore

By filing this petition, I agree to, and will abide by, the terms of the labor condition application (LCA) for the duration of the beneficiary's authorized period of stay for H-1B employment. I certify that I will maintain a valid employer-employee relationship with the beneficiary at all times. If the beneficiary is assigned to a position in a new location, I will obtain and post an LCA for that site prior to reassignment.

I further understand that I cannot charge the beneficiary the ACWIA fee, and that any other required reimbursement will be considered an offset against wages and benefits paid relative to the LCA.

Signature of Petitioner

Name of Petitioner

Daniel Van Den Handel/Bryan Spradley/Shaina Singh/Kim Calabro

Date (mm/dd/yyyy)

05/25/2023

Statement for H-1B Specialty Occupations and U.S. Department of Defense (DOD) Projects

As an authorized official of the employer, I certify that the employer will be liable for the reasonable costs of return transportation of the alien abroad if the beneficiary is dismissed from employment by the employer before the end of the period of authorized stay.

Signature of Authorized Official of Employer

Name of Authorized Official of Employer

Daniel Van Den Handel/Bryan Spradley/Shaina Singh/Kim Calabro

Date (mm/dd/yyyy)

05/25/2023

Statement for H-1B U.S. Department of Defense Projects Only

I certify that the beneficiary will be working on a cooperative research and development project or a co-production project under a reciprocal government-to-government agreement administered by the U.S. Department of Defense.

Signature of DOD Project Manager

Name of DOD Project Manager

Date (mm/dd/yyyy)





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 11/30/2025

1. Name of the Petitioner

Amazon.com Services LLC

2. Name of the Beneficiary

Kai ZHEN

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
- ☐ b. HIGH SCHOOL GRADUATE DIPLOMA or the equivalent (for 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

Computer Science

4. Rate of Pay Per Year

\$166,600

5. DOT Code

0 3 0

6. NAICS Code

4 5 4 1 1

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

Indiana University Degree

- b. Date Degree Awarded

05-07-2021

- c. Type of United States Degree

Doctor of Philosophy

- d. Address of the United States institution of higher education

Street Number and Name

414 W Northlane Dr

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

Bloomington

State

IN

ZIP Code

47404



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



Labor Condition Application for Nonimmigrant Workers
Form ETA-9035 & 9035E
U.S. Department of Labor



Please read and review the filing instructions carefully before completing the Form ETA- 9035 or 9035E. A copy of the instructions can be found at <https://www.dol.gov/agencies/eta/foreign-labor/>. In accordance with Federal Regulations at 20 CFR 655.730(b), incomplete or obviously inaccurate Labor Condition Applications (LCAs) will not be certified by the Department of Labor (DOL). For all submissions, both electronic (Form ETA- 9035E) or paper (Form ETA- Form 9035 where the employer has notified DOL that it will submit this form non-electronically due to a disability or received permission from DOL to file non-electronically due to lack of Internet access), ALL required fields/items containing an asterisk (*) must be completed as well as any fields/items where a response is conditional as indicated by the section (§) symbol.

A. Employment-Based Nonimmigrant Visa Information

1. Indicate the type of visa classification supported by this application (Write classification symbol): * **H-1B**

B. Temporary Need Information

1. Job Title * Applied Scientist II	
2. SOC (ONET/OES) code * 15-1221.00	3. SOC (ONET/OES) occupation title * Computer and Information Research Scientists
4. Is this a full-time position? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Period of Intended Employment
	5. Begin Date * 8/22/2023 (mm/dd/yyyy)
	6. End Date * 8/20/2026 (mm/dd/yyyy)

7. Worker positions needed/basis for the visa classification supported by this application

1 Total Worker Positions Being Requested for Certification *

Basis for the visa classification supported by this application
(indicate total workers in each applicable category)

1	a. New employment *	0	d. New concurrent employment *
0	b. Continuation of previously approved employment without change with the same employer*	0	e. Change in employer *
0	c. Change in previously approved employment *	0	f. Amended petition *

C. Employer Information

1. Legal business name * Amazon.com Services LLC		
2. Trade name/Doing Business As (DBA), if applicable		
3. Address 1 * 2250 7th Avenue		
4. Address 2		
5. City * Seattle	6. State * Washington	7. Postal code * 98121
8. Country * United States Of America		9. Province
10. Telephone number * +1 (206) 266-1000		11. Extension
12. Federal Employer Identification Number (FEIN from IRS) * 82-0544687		13. NAICS code (must be at least 4-digits) * 45411

Labor Condition Application for Nonimmigrant Workers
Form ETA-9035 & 9035E
U.S. Department of Labor



D. Employer Point of Contact Information

Important Note: The information contained in this Section must be that of an employee of the employer who is authorized to act on behalf of the employer in labor certification matters. The information in this Section must be different from the agent or attorney information listed in Section E, unless the attorney is an employee of the employer.

1. Contact's last (family) name *	2. First (given) name *	3. Middle name(s)
Michaels/Gerling/Stankus/Singh	Rebecca/Andreas/Jeremiah/Shaina	
4. Contact's job title *		
HR Immigration		
5. Address 1 *		
2250 7th Avenue		
6. Address 2		
7. City *	8. State *	9. Postal code *
Seattle	Washington	98121
10. Country *		11. Province
United States Of America		
12. Telephone number *	13. Extension	14. E-Mail address
+1 (206) 266-1000		amazonimmigration@amazon.com

E. Attorney or Agent Information (If applicable)

Important Note: The employer authorizes the attorney or agent identified in this section to act on its behalf in connection with the filing of this application.

1. Is the employer represented by an attorney or agent in the filing of this application? *		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes," complete the remainder of Section E below.			
2. Attorney or Agent's last (family) name §	3. First (given) name §	4. Middle name(s)	
5. Address 1 §			
6. Address 2			
7. City §	8. State §	9. Postal code §	
10. Country §	11. Province		
12. Telephone number §	13. Extension	14. E-Mail address	
15. Law firm/Business name §		16. Law firm/Business FEIN §	
17. State Bar number (only if attorney) §		18. State of highest court where attorney is in good standing (only if attorney) §	
19. Name of the highest State court where attorney is in good standing (only if attorney) §			

Labor Condition Application for Nonimmigrant Workers
Form ETA-9035 & 9035E
U.S. Department of Labor



F. Employment and Wage Information

Important Note: The employer must define the intended place(s) of employment with as much geographic specificity as possible. Each intended place(s) of employment listed below must be the worksite or physical location where the work will actually be performed and cannot be a P.O. Box. The employer must identify all intended places of employment, including those of short duration, on the LCA. 20 CFR 655.730(c)(5). If the employer is submitting this form non-electronically and the work is expected to be performed in more than one location, an attachment must be submitted in order to complete this section. An employer has the option to use either a single Form ETA-9035/9035E or multiple forms to disclose all intended places of employment. If the employer has more than ten (10) intended places of employment at the time of filing this application, the employer must file as many additional LCAs as are necessary to list all intended places of employment. See the form instructions for further information about identifying all intended places of employment.

a. Place of Employment Information 1

1. Enter the estimated number of workers that will perform work at this place of employment under the LCA.*		1
2. Indicate whether the worker(s) subject to this LCA will be placed with a secondary entity at this place of employment.*		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. If "Yes" to question 2, provide the legal business name of the secondary entity. §		
4. Address 1 *		
414 West Northlane Drive		
5. Address 2		
6. City *		7. County *
Bloomington		Monroe
8. State/District/Territory *		9. Postal code *
Indiana		47404
10. Wage Rate Paid to Nonimmigrant Workers *		10a. Per: (Choose only one)*
From* \$ 161300 . 00 To: \$.		<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
11. Prevailing Wage Rate *		11a. Per: (Choose only one)*
\$ 88275 . 00		<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
Questions 12-14. Identify the source used for the prevailing wage (PW) (check and fully complete only one): *		
12.	<input type="checkbox"/> A Prevailing Wage Determination (PWD) issued by the Department of Labor	a. PWD tracking number §
13.	<input checked="" type="checkbox"/> A PW obtained independently from the Occupational Employment Statistics (OES) Program	
	a. Wage Level (check one): §	b. Source Year §
	<input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A	7/1/2022 - 6/30/2023
14.	<input type="checkbox"/> A PW obtained using another legitimate source (other than OES) or an independent authoritative source	
	a. Source Type (check one): §	b. Source Year §
	<input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Other/ PW Survey	
	c. If responded "Other/ PW Survey" in question 14.a, enter the name of the survey producer or publisher §	
	d. If responded "Other/ PW Survey" in question 14.a, enter the title or name of the PW survey §	

Labor Condition Application for Nonimmigrant Workers
Form ETA-9035 & 9035E
U.S. Department of Labor



G. Employer Labor Condition Statements

! Important Note: In order for your application to be processed, you MUST read Section G of the Form ETA-9035CP - General Instructions for the 9035 & 9035E under the heading "Employer Labor Condition Statements" and agree to all four (4) labor condition statements summarized below:

- (1) **Wages:** The employer shall pay nonimmigrant workers at least the prevailing wage or the employer's actual wage, whichever is higher, and pay for non-productive time. The employer shall offer nonimmigrant workers benefits and eligibility for benefits provided as compensation for services on the same basis as the employer offers to U.S. workers. The employer shall not make deductions to recoup a business expense(s) of the employer including attorney fees and other costs connected to the performance of H-1B, H-1B1, or E-3 program functions which are required to be performed by the employer. This includes expenses related to the preparation and filing of this LCA and related visa petition information. 20 CFR 655.731;
- (2) **Working Conditions:** The employer shall provide working conditions for nonimmigrants which will not adversely affect the working conditions of workers similarly employed. The employer's obligation regarding working conditions shall extend for the duration of the validity period of the certified LCA or the period during which the worker(s) working pursuant to this LCA is employed by the employer, whichever is longer. 20 CFR 655.732;
- (3) **Strike, Lockout, or Work Stoppage:** At the time of filing this LCA, the employer is not involved in a strike, lockout, or work stoppage in the course of a labor dispute in the occupational classification in the area(s) of intended employment. The employer will notify the Department of Labor within 3 days of the occurrence of a strike or lockout in the occupation, and in that event the LCA will not be used to support a petition filing with the U.S. Citizenship and Immigration Services (USCIS) until the DOL Employment and Training Administration (ETA) determines that the strike or lockout has ended. 20 CFR 655.733; and
- (4) **Notice:** Notice of the LCA filing was provided no more than 30 days before the filing of this LCA or will be provided on the day this LCA is filed to the bargaining representative in the occupation and area of intended employment, or if there is no bargaining representative, to workers in the occupation at the place(s) of employment either by electronic or physical posting. This notice was or will be posted for a total period of 10 days, except that if employees are provided individual direct notice by e-mail, notification need only be given once. A copy of the notice documentation will be maintained in the employer's public access file. A copy of this LCA will be provided to each nonimmigrant worker employed pursuant to the LCA. The employer shall, no later than the date the worker(s) report to work at the place(s) of employment, provide a signed copy of the certified LCA to the worker(s) working pursuant to this LCA. 20 CFR 655.734.

1. **I have read and agree to** Labor Condition Statements 1, 2, 3, and 4 above and as fully explained in Section G of the Form ETA-9035CP - General Instructions for the 9035 & 9035E and the Department's regulations at 20 CFR 655 Subpart H. *

☒ Yes ☐ No

H. Additional Employer Labor Condition Statements -H-1B Employers ONLY

! Important Note: In order for your H-1B application to be processed, you MUST read Section H - Subsection 1 of the Form ETA 9035CP - General Instructions for the 9035 & 9035E under the heading "Additional Employer Labor Condition Statements" and answer the questions below.

a. Subsection 1

1. At the time of filing this LCA, is the employer H-1B dependent? §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. At the time of filing this LCA, is the employer a willful violator? §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. If "Yes" is marked in questions H.1 and/or H.2, you must answer "Yes" or "No" regarding whether the employer will use this application <u>ONLY</u> to support H-1B petitions or extensions of status for exempt H-1B nonimmigrant workers? §	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If "Yes" is marked in question H.3, identify the statutory basis for the exemption of the H-1B nonimmigrant workers associated with this LCA. §	<input type="checkbox"/> \$60,000 or higher annual wage <input type="checkbox"/> Master's Degree or higher in related specialty <input type="checkbox"/> Both
H-1B Dependent or Willful Violator Employers -Master's Degree or Higher Exemptions ONLY	
5. Indicate whether a completed Appendix A is attached to this LCA covering any H-1B nonimmigrant worker for whom the statutory exemption will be based <u>ONLY</u> on attainment of a Master's Degree or higher in related specialty. §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Labor Condition Application for Nonimmigrant Workers
Form ETA-9035 & 9035E
U.S. Department of Labor



If you marked "Yes" to questions H.a.1 (H-1B dependent) and/or H.a.2 (H-1B willful violator) and "No" to question H.a.3 (exempt H-1B nonimmigrant workers), you **MUST** read Section H – Subsection 2 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E under the heading "Additional Employer Labor Condition Statements" and indicate your agreement to all three (3) additional statements summarized below.

b. Subsection 2

- A. **Displacement:** An H-1B dependent or willful violator employer is prohibited from displacing a U.S. worker in its own workforce within the period beginning 90 days before and ending 90 days after the date of filing of the visa petition. 20 CFR 655.738(c);
- B. **Secondary Displacement:** An H-1B dependent or willful violator employer is prohibited from placing an H-1B nonimmigrant worker(s) with another/secondary employer where there are indicia of an employment relationship between the nonimmigrant worker(s) and that other/secondary employer (thus possibly affecting the jobs of U.S. workers employed by that other employer), unless and until the employer subject to this LCA makes the inquiries and/or receives the information set forth in 20 CFR 655.738(d)(5) concerning that other/secondary employer's displacement of similarly employed U.S. workers in its workforce within the period beginning 90 days before and ending 90 days after the date of such placement. 20 CFR 655.738(d). Even if the required inquiry of the secondary employer is made, the H-1B dependent or willful violator employer will be subject to a finding of a violation of the secondary displacement prohibition if the secondary employer, in fact, displaces any U.S. worker(s) during the applicable time period; and
- C. **Recruitment and Hiring:** Prior to filing this LCA or any petition or request for extension of status for nonimmigrant worker(s) supported by this LCA, the H-1B dependent or willful violator employer must take good faith steps to recruit U.S. workers for the job(s) using procedures that meet industry-wide standards and offer compensation that is at least as great as the required wage to be paid to the nonimmigrant worker(s) pursuant to 20 CFR 655.731(a). The employer must offer the job(s) to any U.S. worker who applies and is equally or better qualified for the job than the nonimmigrant worker. 20 CFR 655.739.

6. **I have read and agree** to Additional Employer Labor Condition Statements A, B, and C above and as fully explained in Section H – Subsections 1 and 2 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E and the Department's regulations at 20 CFR 655 Subpart H. §

☐ Yes ☐ No

I. Public Disclosure Information

! Important Note: You must select one or both of the options listed in this Section.

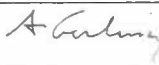
1. Public disclosure information in the United States will be kept at: *

- ☒ Employer's principal place of business
☐ Place of employment

J. Notice of Obligations

- A. Upon receipt of the certified LCA, the employer must take the following actions:
- o Print and sign a hard copy of the LCA if filing electronically (20 CFR 655.730(c)(3));
 - o Maintain the original signed and certified LCA in the employer's files (20 CFR 655.705(c)(2); 20 CFR 655.730(c)(3); and 20 CFR 655.760); and
 - o Make a copy of the LCA, as well as necessary supporting documentation required by the Department of Labor regulations, available for public examination in a public access file at the employer's principal place of business in the U.S. or at the place of employment within one working day after the date on which the LCA is filed with the Department of Labor (20 CFR 655.705(c)(2) and 20 CFR 655.760).
- B. The employer must develop sufficient documentation to meet its burden of proof with respect to the validity of the statements made in its LCA and the accuracy of information provided, in the event that such statement or information is challenged (20 CFR 655.705(c)(5) and 20 CFR 655.700(d)(4)(iv)).
- C. The employer must make this LCA, supporting documentation, and other records available to officials of the Department of Labor upon request during any investigation under the Immigration and Nationality Act (20 CFR 655.760 and 20 CFR Subpart I).

I declare under penalty of perjury that I have read and reviewed this application and that to the best of my knowledge, the information contained therein is true and accurate. I understand that to knowingly furnish materially false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a federal offense punishable by fines, imprisonment, or both (18 U.S.C. 2, 1001, 1546, 1621).

1. Last (family) name of hiring or designated official *	2. First (given) name of hiring or designated official *	3. Middle initial §
Michaels/Gerling/Stankus/Singh	Rebecca/Andreas/Jeremiah/Shaina	
4. Hiring or designated official title *		
HR Immigration		
5. Signature * 		6. Date signed *
		03/02/2023

Labor Condition Application for Nonimmigrant Workers
Form ETA-9035 & 9035E
U.S. Department of Labor



K. LCA Preparer

Important Note: Complete this section if the preparer of this LCA is a person other than the one identified in either Section D (employer point of contact) or E (attorney or agent) of this application.

1. Last (family) name § V R	2. First (given) name § Trishika	3. Middle initial
4. Firm/Business name § Amazon.com Services LLC		
5. E-Mail address § amazonimmigration@amazon.com		

L. U.S. Government Agency Use (ONLY)

By virtue of the signature below, the Department of Labor hereby acknowledges the following:

This certification is valid from 8/22/2023 to 8/20/2026



Department of Labor, Office of Foreign Labor Certification

3/2/2023

Certification Date (date signed)

I-200-23054-796792

Case number

Certified

Case Status

The Department of Labor is not the guarantor of the accuracy, truthfulness, or adequacy of a certified LCA.

M. Signature Notification and Complaints

The signatures and dates signed on this form will not be filled out when electronically submitting to the Department of Labor for processing, but **MUST** be complete when submitting non-electronically. If the application is submitted electronically, any resulting certification **MUST** be signed *immediately upon receipt* from DOL before it can be submitted to USCIS for final processing.

Complaints alleging misrepresentation of material facts in the LCA and/or failure to comply with the terms of the LCA may be filed using the WH-4 Form with any office of the Wage and Hour Division, U.S. Department of Labor. A listing of the Wage and Hour Division offices can be obtained at www.dol.gov/whd. Complaints alleging failure to offer employment to an equally or better qualified U.S. worker, or an employer's misrepresentation regarding such offer(s) of employment, may be filed with the U.S. Department of Justice, Civil Rights Division, Immigrant and Employee Rights Section, 950 Pennsylvania Avenue, NW, # IER, NYA 9000, Washington, DC, 20530, and additional information can be obtained at www.justice.gov. Please note that complaints should be filed with the Civil Rights Division, Immigrant and Employee Rights Section at the Department of Justice only if the violation is by an employer who is H-1B dependent or a willful violator as defined in 20 CFR 655.710(b) and 655.734(a)(1)(ii).

For public burden statement information, please see Form ETA-9035CP General Instructions.



March 31, 2023

Attn: U.S. Masters Cap

U.S. Citizenship and Immigration Services

RE: H-1B Petition for Nonimmigrant Worker

Petitioner: Amazon.com Services LLC ("Amazon"), a wholly-owned subsidiary of Amazon.com, Inc.
Beneficiary: ZHEN, Kai
Offered Position: Applied Scientist II

Dear Sir or Madam:

Amazon submits this letter in support of its H-1B nonimmigrant petition on behalf of the above Beneficiary.

I. Background

The above listed petitioner is a subsidiary of Amazon.Com, Inc., and is fully integrated into the Amazon.com, Inc. family of companies. Amazon.com, a Fortune 100 company based in Seattle, Washington, opened its virtual doors on the World Wide Web in July 1995, and today offers Earth's Biggest Selection. Amazon.com seeks to be the world's most customer-centric company, where customers can find and discover anything they might want to buy online. Amazon.com and sellers list millions of unique new and used items in categories such as digital media, electronics, computers, kitchen products and housewares, books, music, DVDs, videos, camera and photo items, toys, baby and baby registry, software, computer and video games, cell phone and service, tools and hardware, travel services, magazine subscriptions and outdoor living items. Amazon.com also designs, manufactures, markets, and sells a wireless e-reading device called Amazon Kindle, and is a leading cloud computing provider. Through Amazon Marketplace, any business or individual can sell virtually anything to Amazon.com's millions of customers, and with Amazon.com Payments, sellers can accept credit card transactions, avoiding the hassles of offline payments. Through December 31, 2022, the company employed approximately 1,541,000 employees worldwide, with gross revenue of more than \$513 Billion (Gross profit).

Amazon.com invests substantially in the U.S. economy and drives job creation. Through its investment of more than \$350 billion over the past decade, Amazon.com has created over 800,000 full- and part-time jobs in the U.S. In addition, by investing in areas like construction, logistics, and professional services, the company has indirectly created more than 780,000 jobs. Amazon.com has also helped create and support another 1.1 million jobs through the small and medium-sized businesses that sell items on our website. Amazon.com delivers items to customers through our vast logistics network, which is supported by a broad range of jobs including package stowers, warehouse managers, mechanics, and software development engineers, among many others.

II. The Beneficiary is Eligible for H-1B Status

A. Amazon Offers a Professional Specialty Occupation

In the offered position, the Beneficiary will participate in the design, development, evaluation, deployment and updating of data-driven models and analytical solutions for machine learning (ML) and/or natural language (NL)

United States Citizenship and Immigration Services
March 31, 2023

applications. Duties will include: develop and/or apply statistical modeling techniques (e.g. Bayesian models and deep neural networks), optimization methods, and other ML techniques to different applications in business and engineering; routinely build and deploy ML models on available data; research and implement novel ML and statistical approaches to add value to the business; and mentor junior engineers and scientists.

This position requires at least a Bachelor's Degree or foreign equivalent in Computer Science, Computational Engineering, Machine Learning, Statistics, or related field.

B. The Beneficiary is Qualified for the Offered Position

The Beneficiary is qualified to assume this professional position by virtue of the Beneficiary's formal education. The Beneficiary holds a minimum of a bachelor's degree or the equivalent in a related field. Please see attached copies of educational certificates.

III. Amazon's H-1B Petition Should be Approved

Amazon's H-1B petition on behalf of the Beneficiary should be approved. The position that Amazon offers is a professional specialty occupation requiring at least a Bachelor's degree in a specific field of study as its minimum requirement. The Beneficiary has the requisite credentials to fill this position. During the period of employment, Amazon will abide by the terms and conditions of the Labor Condition Application certified by the U.S. Department of Labor for this petition.

Thank you for your kind and favorable adjudication of this petition.

Very truly yours,

A handwritten signature in blue ink, appearing to read 'Daniel Van Den Handel', with a long horizontal stroke extending to the right.

Daniel Van Den Handel
HR Immigration

23V2-ML7S-KAN7

Indiana University

Graduate School

To all who may read these letters, Greeting:
hereby it is certified that upon the recommendation of the Faculty,
the Trustees of Indiana University have conferred upon

Kai Zhen

the degree of

Doctor of Philosophy

in recognition of the fulfillment of the requirements for this degree.

In Witness Whereof, this diploma is given at
Bloomington, Indiana, May 7, 2021.

James C. Winkler

Dean

Attest: *Deborah A. Lemon*
Secretary of The Trustees



Michael A. McRobbie

President

Lauren K. Robel

Provost



INDIANA UNIVERSITY

Bloomington

Official Transcript

Page 1

Statement of Authenticity

This transcript was requested, following all applicable state and federal laws, and is the official transcript of the student identified below. The transcript has been transmitted electronically to the recipient identified below and is only intended for that recipient. If you are not the intended recipient, please notify the Transcript Office at Indiana University, (812) 855-4500. It is not permissible to replicate this transcript or forward it to any person or organization other than the identified recipient.

If this transcript has been issued by Indiana University and no change(s) have been made, the recipient will view a "Certification Valid" message confirming the digital signature from the university that authorizes the release of this transcript. If "Certification Valid" was not displayed, the following transcript has either been altered or not issued by Indiana University. The electronic signature at the bottom of this page provides the credentials for the issuing authority.

The official transcript explanation is included in this document.

Indiana University Transcripts
Bloomington, IN 47405
PHONE: (812) 855-4500
transcripts@iu.edu
<http://transcripts.iu.edu>

How to Authenticate This Official Transcript from Indiana University

This official transcript has been transmitted electronically to the recipient, and is intended solely for use by that recipient. If you are not the intended recipient, please notify the Transcript Office at Indiana University, (812) 855-4500. It is not permissible to replicate this transcript or forward it to any person or organization other than the identified recipient. Release of this record or disclosure of its contents to any third party without written consent of the record owner is prohibited.

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The blue ribbon symbol is your assurance that the digital certificate is valid, the transcript is authentic, and the contents of the transcript have not been altered.



If the transcript does not display a valid certification and signature message, reject this transcript immediately. An invalid digital certificate display means either the digital certificate is not authentic, or the transcript has been altered. The digital certificate can also be revoked by the Office of the Registrar if there is cause, and digital certificates can expire. A transcript with an invalid digital certificate display should be rejected.



Lastly, one other possible message, Author Unknown, can have two possible meanings: first, the certificate is a self-signed certificate or has been issued by an unknown or untrusted certificate authority. Second, the revocation check could not be completed. If you receive this message, make sure you are properly connected to the internet. If you have an internet connection and you still cannot validate the digital certificate online, reject this transcript.

The official transcript explanation is the last page of this document.

The current version of Adobe® Reader is free of charge and available for immediate download at <http://www.adobe.com>.

If you require further information regarding the authenticity of this transcript, you may e-mail or call the Transcript Office at transcripts@iu.edu or (812) 855-4500.

INDIANA UNIVERSITY

OFFICE OF THE REGISTRAR

Official Graduate and Professional Transcript

Page 1 of 2

Name : Zhen, Kai
 Student ID : 0003549450
 Address : 414 W Northlane Dr
 Bloomington, IN 47404-2203
 United States

SSN : XXX-XX-3858
 Birthdate : 07-23-XXXX
 Print Date : 11-14-2022
 Request Nbr : 031728131

----- Degrees Awarded -----

Indiana University Degree
 Indiana University Bloomington
 University Graduate School
 Doctor of Philosophy
 Major: Computer Science
 Major: Cognitive Science
 05-07-2021

----- Beginning of Graduate Record -----

Fall 2015 Bloomington

Program : Computer Science -GrSch			
Course	Title	Hrs	Grd
CSCI-B 551	ELEM ARTIFICIAL INTELLIGENCE	3.00	A
CSCI-Y 790	GRADUATE INDEPENDENT STUDY	3.00	A
STAT-S 675	STATISTICAL LEARNING	3.00	A+
Transfer Credit from Tsinghua U			
Applied Toward Computer Science -GrSch Program Bloomington			
Course	Title	Hrs	Grd
CSCI-B 503	ALGORITHMS DESIGN AND ANALYSIS	3.00	T
CSCI-B 555	MACHINE LEARNING	3.00	T
CSCI-B 581	ADVANCED COMPUTER GRAPHICS	3.00	T
CSCI-UN 500	CSCI UNDISTRIBUTED-500 LEVEL	3.00	T
CSCI-UN 500	CSCI UNDISTRIBUTED-500 LEVEL	3.00	T
CSCI-UN 500	CSCI UNDISTRIBUTED-500 LEVEL	3.00	T
CSCI-UN 500	CSCI UNDISTRIBUTED-500 LEVEL	2.00	T
CSCI-UN 500	CSCI UNDISTRIBUTED-500 LEVEL	3.00	T
Transfer Hrs Passed:		23.00	

Semester:	GPA Hours:	9.00	GPA Points:	36.000
	Hours Earned:	32.00	GPA:	4.000
Cumulative:	GPA Hours:	9.00	GPA Points:	36.000
	Hours Earned:	32.00	GPA:	4.000

Spring 2016 Bloomington

Program : Computer Science -GrSch			
Program : Cognitive Science -GrSch			
Course	Title	Hrs	Grd
COGS-Q 540	PHIL FNDNS COGNITIVE/INFO SCI	3.00	A
CSCI-B 659	TOPICS ARTIFICIAL INTELLIGENCE	3.00	B+
Course Topic(s): STOCHASTIC OPTMZN FOR ML			
CSCI-Y 790	GRADUATE INDEPENDENT STUDY	3.00	A

Semester:	GPA Hours:	9.00	GPA Points:	33.900
	Hours Earned:	9.00	GPA:	3.767
Cumulative:	GPA Hours:	18.00	GPA Points:	69.900
	Hours Earned:	41.00	GPA:	3.883

--- Record continued in next column ---

Fall 2016 Bloomington

Program : Computer Science -GrSch			
Program : Cognitive Science -GrSch			
Course	Title	Hrs	Grd
COGS-Q 550	MODELS IN COGNITIVE SCIENCE	3.00	A
COGS-Q 733	COLLOQUIUM SERIES	0.00	S
CSCI-B 534	DISTRIBUTED SYSTEMS	3.00	A
PSY-P 747	SEM IN COGNITIVE PSYCHOLOGY	3.00	A

Semester:	GPA Hours:	9.00	GPA Points:	36.000
	Hours Earned:	9.00	GPA:	4.000
Cumulative:	GPA Hours:	27.00	GPA Points:	105.900
	Hours Earned:	50.00	GPA:	3.922

Spring 2017 Bloomington

Program : Computer Science -GrSch			
Program : Cognitive Science -GrSch			
Course	Title	Hrs	Grd
COGS-Q 733	COLLOQUIUM SERIES	0.00	S
CSCI-B 565	DATA MINING	3.00	A
ENGR-E 599	TOPICS IN INTELL SYS ENGINEER	3.00	A+
Course Topic(s): MACHINE LRNG SIGNAL PROCESSING			

Semester:	GPA Hours:	6.00	GPA Points:	24.000
	Hours Earned:	6.00	GPA:	4.000
Cumulative:	GPA Hours:	33.00	GPA Points:	129.900
	Hours Earned:	56.00	GPA:	3.936

Fall 2017 Bloomington

Program : Computer Science -GrSch			
Program : Cognitive Science -GrSch			
Course	Title	Hrs	Grd
COGS-Q 733	COLLOQUIUM SERIES	0.00	S
CSCI-B 561	ADVANCED DATABASE CONCEPTS	3.00	A-
ENGR-E 687	IND STUDY INTEL SYS ENGINEER	3.00	A+

Semester:	GPA Hours:	6.00	GPA Points:	23.100
	Hours Earned:	6.00	GPA:	3.850
Cumulative:	GPA Hours:	39.00	GPA Points:	153.000
	Hours Earned:	62.00	GPA:	3.923


Spring 2018 Bloomington

Program : Computer Science -GrSch			
Program : Cognitive Science -GrSch			
Course	Title	Hrs	Grd
ENGR-E 533	DEEP LEARNING SYSTEMS	3.00	A
ENGR-E 687	IND STUDY INTEL SYS ENGINEER	3.00	A

Semester:	GPA Hours:	6.00	GPA Points:	24.000
	Hours Earned:	6.00	GPA:	4.000
Cumulative:	GPA Hours:	45.00	GPA Points:	177.000

--- Record continued on next page ---

Send To:
 Kai Zhen


 Michael J. Carroll
 Registrar

FOR RECIPIENT USE ONLY

INDIANA UNIVERSITY

OFFICE OF THE REGISTRAR

Official Graduate and Professional Transcript

Page 2 of 2

Name : Zhen, Kai
 Student ID : 0003549450
 Address : 414 W Northlane Dr
 Bloomington, IN 47404-2203
 United States

SSN : XXX-XX-3858
 Birthdate : 07-23-XXXX
 Print Date : 11-14-2022
 Request Nbr : 031728131

Hours Earned: 68.00 GPA: 3.933

Fall 2018 Bloomington

Program : Computer Science -GrSch
 Program : Cognitive Science -GrSch

Course	Title	Hrs	Grd
CSCI-Y 790	GRADUATE INDEPENDENT STUDY	6.00	A
CSCI-Y 798	PROFSNL PRACTICUM/INTERNSHP	3.00	A
ENGR-E 687	IND STUDY INTEL SYS ENGINEER	3.00	W

Semester: GPA Hours: 9.00 GPA Points: 36.000
 Hours Earned: 9.00 GPA: 4.000
 Cumulative: GPA Hours: 54.00 GPA Points: 213.000
 Hours Earned: 77.00 GPA: 3.944

Spring 2019 Bloomington

Program : Computer Science -GrSch
 Program : Cognitive Science -GrSch

Course	Title	Hrs	Grd
COGS-Q 551	THE BRAIN AND COGNITION	3.00	A
COGS-Q 733	COLLOQUIUM SERIES	1.00	S
CSCI-Y 790	GRADUATE INDEPENDENT STUDY	3.00	A

Semester: GPA Hours: 6.00 GPA Points: 24.000
 Hours Earned: 7.00 GPA: 4.000
 Cumulative: GPA Hours: 60.00 GPA Points: 237.000
 Hours Earned: 84.00 GPA: 3.950

Fall 2019 Bloomington

Program : Computer Science -GrSch
 Program : Cognitive Science -GrSch

Course	Title	Hrs	Grd
CSCI-Y 790	GRADUATE INDEPENDENT STUDY	3.00	A
CSCI-Y 798	PROFSNL PRACTICUM/INTERNSHP	3.00	A

Semester: GPA Hours: 6.00 GPA Points: 24.000
 Hours Earned: 6.00 GPA: 4.000
 Cumulative: GPA Hours: 66.00 GPA Points: 261.000
 Hours Earned: 90.00 GPA: 3.955

Spring 2020 Bloomington

Program : Computer Science -GrSch
 Program : Cognitive Science -GrSch

Course	Title	Hrs	Grd
CSCI-G 901	ADVANCED RESEARCH	6.00	A

The COVID-19 pandemic resulted in changes to instruction and academic policies that may include flexible application of S, P, and W grades.
 See online transcript legend for additional information.

--- Record continued in next column ---

Semester: GPA Hours: 6.00 GPA Points: 24.000
 Hours Earned: 6.00 GPA: 4.000
 Cumulative: GPA Hours: 72.00 GPA Points: 285.000
 Hours Earned: 96.00 GPA: 3.958

Summer 2020 Bloomington

Program : Computer Science -GrSch
 Program : Cognitive Science -GrSch

Course	Title	Hrs	Grd
CSCI-Y 798	PROFSNL PRACTICUM/INTERNSHP	1.00	A

Semester: GPA Hours: 1.00 GPA Points: 4.000
 Hours Earned: 1.00 GPA: 4.000
 Cumulative: GPA Hours: 73.00 GPA Points: 289.000
 Hours Earned: 97.00 GPA: 3.959

Fall 2020 Bloomington

Program : Computer Science -GrSch
 Program : Cognitive Science -GrSch

Course	Title	Hrs	Grd
CSCI-G 901	ADVANCED RESEARCH	6.00	A

Semester: GPA Hours: 6.00 GPA Points: 24.000
 Hours Earned: 6.00 GPA: 4.000
 Cumulative: GPA Hours: 79.00 GPA Points: 313.000
 Hours Earned: 103.00 GPA: 3.962

Spring 2021 Bloomington

Program : Computer Science -GrSch
 Program : Cognitive Science -GrSch

Course	Title	Hrs	Grd
CSCI-G 901	ADVANCED RESEARCH	6.00	A

Semester: GPA Hours: 6.00 GPA Points: 24.000
 Hours Earned: 6.00 GPA: 4.000
 Cumulative: GPA Hours: 85.00 GPA Points: 337.000
 Hours Earned: 109.00 GPA: 3.965

Student Graduate Program Summary

GPA Hours: 85.00 Transfer/Test Hours Passed: 23.00
 Hours Earned: 109.00 Points: 337.000 GPA: 3.965


Academic Objective as of Last Enrollment

Computer Science -GrSch
 Computer Science PhD

--- End Of Record ---

Issued at: Indiana University Bloomington
 Michael J. Carroll, Registrar

Send To:
 Kai Zhen


 Michael J. Carroll
 Registrar

FOR RECIPIENT USE ONLY

**INDIANA UNIVERSITY
OFFICE OF THE REGISTRAR
OFFICIAL TRANSCRIPT EXPLANATION**

Note: The following explanation reflects information found on the Indiana University **Official Transcript** produced from the Student Information System implemented Fall 2004. A transcript labeled **Official Record** is also an official transcript which has been produced from the prior student record system. While there is no difference in the way grade point averages are calculated in each format, the Official Record (old system) will not reflect as many of the grade point average summaries as are now available on the Official Transcript (current system).*

I. Grade and Credit Point System

The following grades are considered in computing semester or cumulative grade averages. Plus and minus grades are computed in cumulative averages effective First Semester 1977-78. Course hours with a grade of "F" are counted when computing grade point averages but do not count toward the earned hours required for degrees.

A+ (4.0 Pts.)	B+ (3.3 Pts.)	C+ (2.3 Pts.)	D+ (1.3 Pts.)	WF	Withdrawn-Failing (0 Pts.)
A (4.0 Pts.)	B (3.0 Pts.)	C (2.0 Pts.)	D (1.0 Pts.)		(Discontinued First Semester 1977-78)
A- (3.7 Pts.)	B- (2.7 Pts.)	C- (1.7 Pts.)	D- (0.7 Pts.)	F	Failing (0 Pts.)

The following grades are *not* considered in computing semester or cumulative grade point averages:

AU Audit – No credit (Discontinued 1965)	O Denotes an Incomplete in a course taught through Purdue University.
AX-DX (Including plus and minus grades) Graded course subsequently retaken under the Extended-X Policy (effective Fall 1994 through Fall 2021) (See Retaken/Replaced Explanation below)	P Passed (Pass/Fail Option) (The Pass/Fail Option permits graduate and undergraduate students to enroll in a course and receive a grade of P or F. Pass/Fail Option courses are normally limited to electives. The responsibility of approval, as well as special regulations affecting the Option, rests with the dean of the student's school or division under procedures the school or division establishes. Instructors are not notified of undergraduate students registering for this Option. A grade of P cannot subsequently be changed to a grade of A, B, C, or D)
CF Credited on Certificate (Discontinued 1965)	R Deferred (Effective First Semester 1977-78, used for course work that can be evaluated only after two or more semesters: such course work was previously graded with I.)
DF Deferred (Discontinued 1965; Treated as Incomplete)	S Satisfactory (entire class graded S or F)
E Conditional (Discontinued 1965; Treated as Incomplete)	T Denotes credits transferred from another institution.
EX Exemption (Discontinued 1965)	W Withdrawn-Passing (Prior to Second Semester 1974-75, used to indicate withdrawal while passing. Effective Second Semester 1974-75, used to reflect students who withdraw while passing after the official Drop and Add Period.)
FX Course failed and subsequently retaken during or after First Semester 1976-1977 through Fall 2021 under the FX or Extended-X Policy (See Retaken/Replaced Explanation below).	X Passed Without Grade (Discontinued 1965; Treated as Satisfactory)
I Incomplete (Effective First Semester 1977-78, automatically changed to F after one calendar year; see also grade of R.)	
NC No Credit (Established 1971); replaced AUDIT (AU)	
NR No Report Submitted by Instructor (Used for unreported grades for prior semesters or course work that has not been graded for the current semester)	
NY Used to signify enrollment in a special program for which credit when earned will be shown as an ADDITIONAL entry on the permanent academic record.	

Repeated Courses

Repeated courses may be counted in the student's primary program GPA (Student Program GPA), depending on the policies of the student's program. Repeated courses do not count toward the earned hours required for degrees unless the course is defined as repeatable for credit.*

Retaken/Replaced Explanation

Beginning Fall 2021, per the ACA-66 Grades and Grading Policy, the historical FX and Extended-X policies were succeeded by an X (Retaken/Replaced) policy. Under the revised policy, both enrollments in the course remain on the transcript, but only an "X" is recorded on the transcript for the original course.

Courses that were retaken under the conditions of the FX Policy (effective First Semester 1976-77 through Fall 2021) or the Extended-X (effective 1994 through Fall 2021 Retaken Course/GPA Exclusion) Policy are noted with an "X" following the letter grade. Under these policies, both enrollments in the course and their grades remain on the transcript. These letter plus "X" grades may or may not be excluded from academic program credit hours and grade point averages depending on the policy of the student's primary program. Historically, only some Indiana University programs have honored the Extended-X Policy.*

II. Record Format

The "Official Transcript" standard format lists course history, grades and GPA information in chronological order sorted by the student's academic level. The "Official Transcript with Enrollment" provides the same information as the standard transcript but also includes all courses in which a student is currently enrolled. "Official Transcript" or "Official Transcript with Enrollment" (without an academic level designation) indicates that the document contains all work completed at Indiana University. A student may also request a transcript of only those courses taken at the undergraduate, graduate, or professional (Law, Medicine, Dentistry, Optometry) level. In these cases, the title of the document will reflect the academic level represented. (Note: The graduate academic level may be subdivided into more than one "Graduate" grouping due to academic calendar differences.)

The **Student Program GPA** is calculated according to the rules determined by the student's primary academic program at the time of printing. This GPA is subject to change whenever the student changes programs. The cumulative Student Program GPA summary statistics are reflected at the end of each student career level and are based on the student's last active primary program at that level.

III. Transfer, Test, and Special Credit

Courses accepted in transfer from other institutions are listed under a Transfer Credit heading. Generally, a grade of "T" (transfer grade) is assigned and course numbers, titles, and credit hours assigned reflect Indiana University equivalents. Transfer hours with a grade of "T" are not reflected in the cumulative grade averages. However, the hours are included in the "Hrs Earned" field.

A course suitable for credit which does not parallel an Indiana University course at the campus of evaluation may be designated by a course subject followed by "-UN" (undistributed credit) and a number indicating an equivalent Indiana University course (class) level. For example, HIST-UN 200 represents a 200 (sophomore) level History course. Applicability of accepted transfer credit toward a particular degree is determined by the Indiana University school or division offering the degree program.

Credit awarded as a result of placement tests, credit by examination, or successful completion of a higher level course may be reflected as Special Credit with a transcript note or may appear as separately designated "Test or Special Credit." The total number of transfer and test hours on the record appears in a separate Transfer/Test Hours Passed category in the Student Program and Indiana Summary.

Note that there are exceptions to these general transfer credit policies related to transfer work from Purdue University campuses and Purdue Statewide Technology programs located on Indiana University campuses. For further details visit <https://transcripts.iu.edu>. Transcript Information.

IV. Accreditation

Indiana University is accredited by the Higher Learning Commission (<https://www.hlcommission.org>) (312-263-0456). Accreditation covers all courses and programs offered at all campuses of Indiana University. See the appropriate school bulletins for other accreditations.

V. Validation

A transcript issued by Indiana University reflects course work completed at any campus: Bloomington, Columbus (IUPUC), IU Fort Wayne, Gary (Northwest), Indianapolis (IUPUI), Kokomo, New Albany (Southeast), Richmond (East), South Bend. A transcript issued by Indiana University is official when it displays the Registrar's signature and the university's seal and is printed on Indiana University paper. The official university transcript is printed on SCRIP-SAFE paper and does not require a raised seal.

VI. Registrar Contact

Questions about the content of this record should be referred to the Office of the Registrar where it was printed.

IU Bloomington
Office of the Registrar
408 N. Union Street
Bloomington, IN 47405-3800
(812) 855-0121
registrar.indiana.edu
Federal School Code: 001809

IU Fort Wayne
Office of the Registrar
Neff Hall 110
2101 East Coliseum Boulevard
Fort Wayne, IN 46805-1445
(260) 481-4839
www.iufw.edu
Federal School Code: E40457

IU Kokomo
Office of the Registrar
2300 South Washington
P.O. Box 9003
Kokomo, IN 46904-9003
(765) 455-9391
www.iuk.edu/registrar/
Federal School Code: 001814

IU South Bend
Office of the Registrar
Administration Building 134G
1700 Mishawaka Avenue
P.O. Box 7111
South Bend, IN 46634-7111
(574) 520-4451
registrar.iusb.edu
Federal School Code: 001816

IU East
Office of the Registrar
2325 Chester Boulevard
Richmond, IN 47374-1289
(800) 959-3278
www.iue.edu/registrar/
Federal School Code: 001811

IUPUI Indianapolis
Office of the Registrar
Campus Center 250
420 University Boulevard
Indianapolis, IN 46202-5144
(317) 274-1519
registrar.iupui.edu
Federal School Code: 001813

IU Northwest
Office of the Registrar
Hawthorn Hall 109
3400 Broadway
Gary, IN 46408-1197
(219) 980-6815
www.iun.edu/registrar/
Federal School Code: 001815

IU Southeast
Office of the Registrar
University Center South 107
4201 Grant Line Road
New Albany, IN 47150-6405
(812) 941-2240
www.ius.edu/registrar/
Federal School Code: 001817

*For a more detailed transcript explanation visit: <https://transcripts.iu.edu>. Transcript Information.
R099/0818

THE UNITED STATES OF AMERICA

I-797A | NOTICE OF ACTION

DEPARTMENT OF HOMELAND SECURITY
U.S. CITIZENSHIP AND IMMIGRATION SERVICES



Receipt Number EAC2315951039		Case Type I129 - PETITION FOR A NONIMMIGRANT WORKER	
Received Date 03/20/2023	Priority Date	Petitioner AMAZON.COM SERVICES LLC	
Notice Date 03/30/2023	Page 1 of 2	Beneficiary ZHEN, KAI	

FRAGOMEN DEL REY BERNSSEN & LOEWY L c/o ANTHONY ARENA 100 HIGH ST 3RD FL BOSTON MA 02110	Notice Type: Approval Notice Class: O1A Valid from 03/30/2023 to 03/26/2026 ETA Case Number: N/A
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The above petition and accompanying request for a change of status have been approved. The status of the named beneficiary(ies) in this classification is valid as indicated on the I-94 attached below. The beneficiary(ies) can work for the petitioner pursuant to this approval notice, but only as detailed in the petition and during the petition validity period indicated above, unless otherwise authorized by law. Changes in employment or training may require you to file a new Form I-129, Petition for a Nonimmigrant Worker.

The dates in the I-94 attached below might not be for the same dates as the petition validity dates above because the I-94 below may contain a grace period of up to 10 days before and up to 10 days after the petition validity period for the following classifications: CW-1, E-1, E-2, E-3, H-1B, H-2B, H-3, L-1A, L-1B, O-1, O-2, P-1, P-1S, P-2, P-2S, P-3, P-3S, TN-1, and TN-2. An I-94 for H-2A nonimmigrants may contain a grace period of up to one week before and 30 days after the petition validity period. However, the beneficiary(ies) may not work during such grace periods, unless otherwise authorized by law. The decision to grant a grace period and the length of the granted grace period is discretionary, final, and cannot be contested on motion or appeal. Please contact the IRS with any questions about tax withholding.

The petitioner should keep the upper portion of this notice. The lower portion should be given to the beneficiary(ies). The beneficiary(ies) should keep the right part (the I-94 portion) with his or her other Forms I-94, Arrival-Departure Record. The I-94 portion should be given to the U.S. Customs and Border Protection when he or she leaves the United States. The left part is for his or her records. A person granted a change of status who leaves the U.S. and is not visa-exempt must normally obtain a visa in the new classification before returning. The left part can be used when applying for the new visa. If a visa is not required, he or she should present it, along with any other required documentation, when applying for reentry based on this approval notice at a port of entry or pre-flight inspection station. The petitioner may also file Form I-824, Application for Action on an Approved Application or Petition, to request that we notify a consulate, port of entry, or pre-flight inspection office of this approval.

The approval of this petition does not guarantee that the beneficiary(ies) will be found to be eligible for a visa, for admission to the United States (if traveling abroad and seeking re-admission), or for a subsequent extension of stay, change of status, or adjustment of status.

Please see the additional information on the back. You will be notified separately about any other cases you filed.

USCIS encourages you to sign up for a USCIS online account. To learn more about creating an account and the benefits, go to <https://www.uscis.gov/file-online>.

Vermont Service Center
U.S. CITIZENSHIP & IMMIGRATION SVC
38 River Road
Essex Junction VT 05479-0001

USCIS Contact Center: www.uscis.gov/contactcenter



PLEASE TEAR OFF FORM I-94 PRINTED BELOW AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records

Receipt# EAC2315951039

I-94# 245466504 A2

NAME ZHEN, KAI

CLASS O1A

VALID FROM 03/30/2023 **UNTIL** 04/05/2026

PETITIONER

AMAZON.COM SERVICES LLC
1770 CRYSTAL DRIVE
ARLINGTON VA 22202

245466504 A2

Receipt Number EAC2315951039

US Citizenship and Immigration Services

I94 Departure Record

Petitioner: AMAZON.COM SERVICES LLC

14. Family Name ZHEN	
15. First (Given) Name KAI	16. Date of Birth 07/23/1988
17. Country of Citizenship CHINA, PEOPLE'S REPUBLIC OF	

THE UNITED STATES OF AMERICA

I-797A | NOTICE OF ACTION

DEPARTMENT OF HOMELAND SECURITY
U.S. CITIZENSHIP AND IMMIGRATION SERVICES



Receipt Number EAC2315951039		Case Type I129 - PETITION FOR A NONIMMIGRANT WORKER
Received Date 03/20/2023	Priority Date	Petitioner AMAZON.COM SERVICES LLC
Notice Date 03/30/2023	Page 2 of 2	Beneficiary ZHEN, KAI

THIS NOTICE IS NOT A VISA AND MAY NOT BE USED IN PLACE OF A VISA.

The Small Business Regulatory Enforcement and Fairness Act established the Office of the National Ombudsman (ONO) at the Small Business Administration. The ONO assists small businesses with issues related to federal regulations. If you are a small business with a comment or complaint about regulatory enforcement, you may contact the ONO at www.sba.gov/ombudsman or phone 202-205-2417 or fax 202-481-5719.

NOTICE: Although this application or petition has been approved, USCIS and the U.S. Department of Homeland Security reserve the right to verify this information before and/or after making a decision on your case so we can ensure that you have complied with applicable laws, rules, regulations, and other legal authorities. We may review public information and records, contact others by mail, the internet or phone, conduct site inspections of businesses and residences, or use other methods of verification. We will use the information obtained to determine whether you are eligible for the benefit you seek. If we find any derogatory information, we will follow the law in determining whether to provide you (and the legal representative listed on your Form G-28, if you submitted one) an opportunity to address that information before we make a formal decision on your case or start proceedings.

Please see the additional information on the back. You will be notified separately about any other cases you filed.

USCIS encourages you to sign up for a USCIS online account. To learn more about creating an account and the benefits, go to <https://www.uscis.gov/file-online>.

Vermont Service Center
U.S. CITIZENSHIP & IMMIGRATION SVC
38 River Road
Essex Junction VT 05479-0001

USCIS Contact Center: www.uscis.gov/contactcenter



PLEASE TEAR OFF FORM I-94 PRINTED BELOW AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

INTENTIONALLY LEFT BLANK

Detach This Half for Personal Records

INTENTIONALLY LEFT BLANK
Receipt #
I-94#

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NAME
CLASS

INTENTIONALLY LEFT BLANK
VENDOR

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PRIORITY

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Receipt Number
US Citizenship and Immigration Services

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I94 Departure Record

INTENTIONALLY LEFT BLANK
Petitioner

INTENTIONALLY LEFT BLANK
14. Family Name

INTENTIONALLY LEFT BLANK
15. First (Given) Name 16. Date of Birth

INTENTIONALLY LEFT BLANK
17. Country of Citizenship

For: **KAI ZHEN**

U.S. Customs and Border Protection

Securing America's Borders

Most Recent I-94

Admission (I-94) Record Number : 245466504A2

Most Recent Date of Entry: 2019 September 21

Class of Admission : F1

Admit Until Date : D/S

Details provided on the I-94 Information form:

Last/Surname : ZHEN

First (Given) Name : KAI

Birth Date : 1988 July 23

Document Number : G56804672

Country of Citizenship : China

[Get Travel History](#)

► Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).

► If an employer, local, state or federal agency requests admission information, present your admission (I-94) number along with any additional required documents requested by that employer or agency.

► **Note:** For security reasons, we recommend that you close your browser after you have finished retrieving your I-94 number.

OMB No. 1651-0111

Expiration Date: 07/31/2022

[For inquiries or questions regarding your I-94, please click here](#)

[Accessibility](#) | [Privacy Policy](#)

Privacy -
Terms

POCHNZHEN<<KAI<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<
EJ52482204CHN8807238M3202148NFOHLPKN<<<<A934

CO FILE DEPT CLOCK VCHR. NO.
NFT 038506 714500 VIN 0000093454 1

AMAZON.COM SERVICES LLC
ATTN: AMAZON PAYROLL
202 WESTLAKE AVE N
SEATTLE, WA 98109

Filing Status: Single/Married filing separately
Exemptions/Allowances:
Federal: Standard Withholding Table, Non-resident alien

Earnings Statement



Period Beginning: 02/12/2023
Period Ending: 02/25/2023
Pay Date: 03/03/2023

KAI ZHEN
414 W NORTHLANE DR
BLOOMINGTON IN 47404

Earnings	rate	salary/hours	this period	year to date
Regular	77.5481	64.00	4,963.08	25,435.77
On Sign Bonus			3,461.54	17,307.70
Personal Time	77.5481	8.00	620.38	620.38
Vacation Pay	77.5481	8.00	620.38	1,861.15
Holiday Pay				1,861.14
Prev Year Pto				1,240.77
Gross Pay			\$9,665.38	48,326.91

Your federal taxable wages this period are
\$9,333.04

Other Benefits and Information

	this period	total to date
GroupTerm Life	11.34	56.70
Tot Work Hours	64.00	

Pp Pto Earned 3.69
Pp Vac Earned 4.62

Paid Pers Time 20.45
Vacation Bal 66.34

Important Notes

"YOUR COMPANY'S PHONE NUMBER IS 888-892-7180"

BASIS OF PAY: SALARY

IF YOU HAVE PAY RELATED QUESTIONS, VISIT
[HTTPS://ATOZ.AMAZON.WORK](https://ATOZ.AMAZON.WORK) AND CLICK RESOURCES.

Additional Tax Withholding Information

Taxable Marital Status:
IN: Single
Exemptions/Allowances:
IN: 1

Deductions	Statutory		
Federal Income Tax	-1,916.86	9,585.63	
Social Security Tax	-598.58	2,993.26	
Medicare Tax	-139.99	700.04	
IN State Income Tax	-292.78	1,464.08	
Monroe R Income Tax	-189.14	945.82	
Other			
Pre-Tax Dental	-1.38*	6.90	
Pre-Tax Medical	-20.77*	98.31	
401K-Trad	-310.19*	1,550.95	
Net Pay	\$6,195.69		
Checking Acct 1	-6,195.69		
Net Check	\$0.00		

* Excluded from federal taxable wages

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AMAZON.COM SERVICES LLC
ATTN: AMAZON PAYROLL
202 WESTLAKE AVE N
SEATTLE, WA 98109

Advice number: 0000093454
Pay date: 03/03/2023

Deposited to the account of	account number	transit ABA	amount
KAI ZHEN	xxxxx7585	xxxx xxxx	\$6,195.69

THIS IS NOT A CHECK

NON-NEGOTIABLE

CO. NFT	FILE 038506	DEPT. 714500	CLOCK VIN	VCHR. NO. 0000073461	1
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Earnings Statement



AMAZON.COM SERVICES LLC
ATTN: AMAZON PAYROLL
202 WESTLAKE AVE N
SEATTLE, WA 98109

Period Beginning: 01/29/2023
Period Ending: 02/11/2023
Pay Date: 02/17/2023

Filing Status: Single/Married filing separately
Exemptions/Allowances:
Federal: Standard Withholding Table, Non-resident alien

KAI ZHEN
414 W NORTHLANE DR
BLOOMINGTON IN 47404

Earnings	rate	salary/hours	this period	year to date
Regular	77.5481	80.00	6,203.85	20,472.69
On Sign Bonus			3,461.54	13,846.16
Holiday Pay				1,861.14
Prev Year Pto				1,240.77
Vacation Pay				1,240.77
Gross Pay			\$9,665.39	38,661.53

Other Benefits and Information	this period	total to date
Groupterm Life	11.34	45.36
Tot Work Hours	80.00	
Pp Pto Earned		3.69
Pp Vac Earned		4.62
Paid Pers Time		24.76
Vacation Bal		69.72

Deductions	Statutory		
	Federal Income Tax	-1,916.86	7,668.77
	Social Security Tax	-598.59	2,394.68
	Medicare Tax	-140.00	560.05
	IN State Income Tax	-292.78	1,171.30
	Monroe R Income Tax	-189.14	756.68
	Other		
	Pre-Tax Dental	-1.38*	5.52
	Pre-Tax Medical	-20.77*	77.54
	401K-Trad	-310.19*	1,240.76
	Net Pay	\$6,195.68	
	Checking Acct 1	-6,195.68	
	Net Check	\$0.00	

Important Notes

"YOUR COMPANY'S PHONE NUMBER IS 888-892-7180"

BASIS OF PAY: SALARY

IF YOU HAVE PAY RELATED QUESTIONS, VISIT
[HTTPS://ATOZ.AMAZON.WORK](https://atoz.amazon.work) AND CLICK RESOURCES.

Additional Tax Withholding Information

Taxable Marital Status:
IN: Single
Exemptions/Allowances:
IN: 1

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$9,333.05

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AMAZON.COM SERVICES LLC
ATTN: AMAZON PAYROLL
202 WESTLAKE AVE N
SEATTLE, WA 98109

Advice number: 00000073461
Pay date: 02/17/2023

Deposited to the account of	account number	transit ABA	amount
KAI ZHEN	xxxxx7585	xxxx xxxx	\$6,195.68

THIS IS NOT A CHECK

NON-NEGOTIABLE

CO. FILE DEPT. CLOCK VCHR. NO.
NFT 038506 714500 VIN 0000053471 1

AMAZON.COM SERVICES LLC
ATTN: AMAZON PAYROLL
202 WESTLAKE AVE N
SEATTLE, WA 98109

Filing Status: Single/Married filing separately
Exemptions/Allowances:
Federal: Standard Withholding Table, Non-resident
alien

Earnings Statement



Period Beginning: 01/15/2023
Period Ending: 01/28/2023
Pay Date: 02/03/2023

KAI ZHEN
414 W NORTHLANE DR
BLOOMINGTON IN 47404

Earnings	rate	salary/hours	this period	year to date
Regular	77.5481	72.00	5,583.46	14,268.84
Holiday Pay	77.5481	8.00	620.38	1,861.14
On Sign Bonus			3,461.54	10,384.62
Prev Year Pto				1,240.77
Vacation Pay				1,240.77
Gross Pay			\$9,665.38	28,996.14

Deductions	Statutory		
	Federal Income Tax	-1,916.86	5,751.91
	Social Security Tax	-598.58	1,796.09
	Medicare Tax	-139.99	420.05
	IN State Income Tax	-292.78	878.52
	Monroe R Income Tax	-189.14	567.54
	Other		
	Pre-Tax Dental	-1.38*	4.14
	Pre-Tax Medical	-20.77*	56.77
	401K-Trad	-310.19*	930.57
	Net Pay	\$6,195.69	
	Checking Acct 1	-6,195.69	
	Net Check	\$0.00	

Other Benefits and Information	this period	total to date
Group-term Life	11.34	34.02
Tot Work Hours	72.00	
Pp Pto Earned		3.69
Pp Vac Earned		4.62
Paid Pers Time		21.07
Vacation Bal		65.10

Important Notes

"YOUR COMPANY'S PHONE NUMBER IS 888-892-7180"

BASIS OF PAY: SALARY

@ THE SHIFT PAY RATE MAY NOT DISPLAY CONSISTENTLY
DUE TO CALCULATION METHOD AND ROUNDING.

IF YOU HAVE PAY RELATED QUESTIONS, VISIT
[HTTPS://ATOZ.AMAZON.WORK](https://ATOZ.AMAZON.WORK) AND CLICK RESOURCES.

Additional Tax Withholding Information

Taxable Marital Status:
IN: Single
Exemptions/Allowances:
IN: 1

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$9,333.04

© 2020 ADP, Inc.

AMAZON.COM SERVICES LLC
ATTN: AMAZON PAYROLL
202 WESTLAKE AVE N
SEATTLE, WA 98109

Advice number: 0000053471
Pay date: 02/03/2023

Deposited to the account of	account number	transit ABA	amount
KAI ZHEN	xxxxx7585	xxxx xxxx	\$6,195.69

THIS IS NOT A CHECK

NON-NEGOTIABLE