

<p>behalf of an individual. The required gift to the United States is \$2 million for the principal beneficiary, and \$1 million per person for any accompanying spouse or children listed on this petition.</p> <p>The gift amount is separate from the required fee.</p> <p>If you selected Item Number 1. for self-petitioner, only answer Item Number 3. of Part 2. If you selected Item Number 2. for a corporation or similar entity, only answer Item Numbers 4. – 13. of Part 2.</p> <p>[New]</p> <p>Individual Self-Petitioner</p> <p>3. Individual Self-Petitioner’s Full Legal Name Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)</p> <p>Corporation or Similar Entity Information 4. Corporation or Similar Entity Name</p> <p>[Page 2]</p> <p>Other Information for Corporate or Similar Entity</p> <p>6. Type of Business</p> <p>7. Date Established (mm/dd/yyyy)</p>	<p>petitioner) filing on behalf of an individual (principal beneficiary). The required gift to the U.S. Department of Commerce is \$2 million for the principal beneficiary, and \$1 million per person for any accompanying spouse or children listed on this petition.</p> <p>[delete]</p> <p>3. Total number of aliens who are requesting a Gold Card based on this petition: [fillable field]</p> <p>NOTE: The fee for Form I-140G is \$15,000 per person and must be paid to the Department of Commerce separately from the gift amount.</p> <p>4. [] Select this box if you are requesting a Commemorative plaque.</p> <p>Information About the Self-Petitioner or the Corporate Petitioner’s Authorized Official</p> <p>5. Full Legal Name Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) 6. U.S. Social Security Number (if any) 7. USCIS Online Account Number (if any) 8. Corporate Petitioner’s Authorized Official’s Alien Registration Number (A-Number) (if any)</p> <p>Corporate Petitioner Information [delete]</p> <p>If you are a self-petitioner, skip to Part 2. Path of Funds.</p> <p>[delete]</p> <p>9. Registered Name [Fillable Field] 10. d/b/a Name (if any) [Fillable Field] 11. Date Established (mm/dd/yyyy)</p> <p>[Page 2]</p>	<p>[delete]</p> <p>3. Total number of aliens who are requesting a Gold Card based on this petition: [fillable field]</p> <p>NOTE: The fee for Form I-140G is \$15,000 per person and must be paid to the Department of Commerce separately from the gift amount.</p> <p>4. [] Select this box if you are requesting a Commemorative plaque.</p> <p>Information About the Self-Petitioner or the Corporate Petitioner’s Authorized Official</p> <p>5. Full Legal Name Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) 6. U.S. Social Security Number (if any) 7. USCIS Online Account Number (if any) 8. Corporate Petitioner’s Authorized Official’s Alien Registration Number (A-Number) (if any)</p> <p>Corporate Petitioner Information [delete]</p> <p>If you are a self-petitioner, skip to Part 2. Path of Funds.</p> <p>[delete]</p> <p>9. Registered Name [Fillable Field] 10. d/b/a Name (if any) [Fillable Field] 11. Date Established (mm/dd/yyyy)</p> <p>[Page 2]</p>
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	<p>[New]</p> <p>8. Current Number of Employees 9. Gross Annual Income 10. Net Annual Income 11. IRS Employer Identification Number (EIN) (if any) 12. U.S. Social Security Number (if any) 13. USCIS Online Account Number (if any)</p> <p>5. Corporate or Similar Entity Mailing Address In Care Of Name Street Number and Name Apt./Ste./Flr. [Fillable field] City or Town State ZIP Code Province Postal Code Country</p> <p>[New]</p>	<p>12. State or Country where Established or Registered 13. Organizational Structure (Fillable Options: Corporation, Partnerships, Limited Liability Company, Agency of a U.S. State, Territory or Local Government, Other)</p> <p>NOTE: If “Other” is selected, provide an explanation in Part 12. Additional Information.</p> <p>[delete] 14. Gross Annual Income 15. Net Annual Income 16. IRS Employer Identification Number (EIN) (if any) [delete] 17. USCIS Online Account Number</p> <p>18. Mailing Address In Care Of Name Street Number and Name Apt./Ste./Flr. [Fillable field] City or Town State ZIP Code Province Postal Code Country</p> <p>19. Name of Parent Company or Holding Company (if any)</p> <p>20. Does any foreign government have any ownership interest in or substantial control of the petitioner, as defined in the Instructions? Yes No</p> <p>If you answered “Yes” to Item Number 20., identify the foreign government and ownership interest and/or control rights below.</p> <p>Foreign Government 1 Name of Foreign Government Description of the Ownership Interest or Substantial Control [fillable field] Physical Address of Foreign Government Street Number and Name City or Town Province Postal Code Country</p> <p>[Page 3]</p> <p>Foreign Government 2 Name of Foreign Government Description of the Ownership Interest or Substantial Control [fillable field]</p>
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<p>New</p>		<p>[Page 3]</p> <p>Part 2. Path of Funds</p> <p>The gift amount must be transmitted to the Department of Commerce in accordance with the wire instructions that you will be provided upon the completion of visa processing. The Department of Commerce will reject the gift if the wire instructions are not executed correctly.</p> <p>Gift Amount. To verify all of the funds to be used for the gift, provide the following details for each account from which the funds will be transferred. If you need extra space to complete this section, use the space provided in Part 12. Additional Information.</p> <p>1.a. Account 1 Legal Name of Account Owner Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)</p> <p>[Page 4]</p> <p>Account Owner Nationality Account Owner's Passport ID Account Number Country of Issuance Total Gift Amount in Account</p>

		<p>Name of Financial Institution</p> <p>Physical Location of Financial Institution Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p>1.b. Account 2 Legal Name of Account Owner Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)</p> <p>Account Owner Nationality Account Owner's Passport ID Account Number Country of Issuance Total Gift Amount in Account Name of Financial Institution</p> <p>Physical Location of Financial Institution Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p>[Page 5]</p> <p>1.c. Account 3 Legal Name of Account Owner Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)</p> <p>Account Owner Nationality Account Owner's Passport ID Account Number Country of Issuance Total Gift Amount in Account Name of Financial Institution</p> <p>Physical Location of Financial Institution Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country</p>
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<p>Page 7, Part 4. Source of Funds – Individual Self-Petitioner</p>	<p>[Page 7]</p> <p>Part 4. Source of Funds – Individual Self-Petitioner</p> <p>Only complete this Part if you are a self-petitioner. If the petitioner is a corporation or other entity, skip to Part 7.</p> <p>The funds described in this section must be sufficient to cover the significant financial gift being made on behalf of the principal beneficiary and any spouse and/or children requesting participation in the Gold Card program. The funds must also cover the required filing fees for the principal and any spouse/children.</p> <p>Net Worth</p> <p>1. Your current net worth at the time of transfer, less any unsellable assets (such as, for example, due to equity in assets for which you are not the sole owner). \$</p> <p>2. Please identify the sources of your funds. (Select all that apply.) A. Income B. Sale of Property</p>	<p>[Page 6]</p> <p>Part 3. Source of Funds</p> <p>[delete]</p> <p>The funds listed in this section must be sufficient to pay the required gift amount (including the additional \$1 million per person for each accompanying spouse and child listed on this petition) and the already transmitted fee of \$15,000 per person.</p> <p>[delete]</p>

	<p>C. Ownership in a Business D. Gift (including capital obtained through inheritance) E. Other (Explain):</p> <p>You must provide an explanation in Part 11. Additional Information and submit supporting documentary evidence.</p> <p>[New]</p> <p>[Page 8]</p> <p>3. Identify the types of evidence submitted to demonstrate the lawfulness of the funds. (Select all that apply.) Provide the page or exhibit number for each piece of evidence.</p> <p>If funds are accumulated by income A. Complete bank records demonstrating the accumulation and path of funds, at a minimum</p>	<p>1. Are you a corporate petitioner that is intending to rely on the original gift submitted for a previous petition in which the Gold Card Immigrant and accompanying spouse and children have abandoned their lawful permanent resident status? Yes No</p> <p>If you answered “Yes” to Item Number 1., provide the below information for each alien that the U.S. Citizenship and Immigration Services (USCIS) approved for the Gold Card Program and proceed to Part 4. If you need extra space to complete this section, use Part 12. Additional Information.</p> <p>2.a. USCIS Receipt Number of Previous Form I-140G Petition 2.b. A-Number of the Previous Principal Beneficiary 2.c. Date the Previous Principal Beneficiary Abandoned U.S. Lawful Permanent Resident Status He or She Obtained Through the Gold Card Program (mm/dd/yyyy) 2.d. A-Number of the Accompanying Spouse (if applicable) 2.e. A-Number of the Accompanying Child (if applicable) 2.f. A-Number of the Accompanying Child (if applicable) 2.g. A-Number of the Accompanying Child (if applicable)</p> <p>3. Net Worth of Self-Petitioner, or for Petitioning Corporations, Owner’s Equity (Also Known as Shareholders’ Equity) As Shown on its Most Recent Financial Statement [\$ fillable field]</p> <p>Identify each source of funding. (Select all that apply)</p> <p>[delete]</p>
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	<p>covering the past five (5) years NOTE: If using crypto funds, those must be traceable through blockchain with wallet identification with a known wallet exchange through regulated financial institutions. Provide your wallet identification. USCIS may request additional evidence.</p> <p>B. Income certificates issued by your employer and those for your spouse (if applicable) C. Personal income tax returns for you and your spouse (if applicable) for the period when the funds were accumulated, which must cover a minimum of the past seven (7) years D. Sale of Securities (if applicable)</p> <p>If funds were obtained from the sale or mortgage of property A. Appraisal or property value of a property sold to obtain the funds B. Evidence of ownership of a property sold to obtain the funds C. Mortgage, purchase, or sale contract of a property sold to obtain the funds D. Sales tax or transfer tax payment receipts for a property sold to obtain the funds E. Evidence of how funds were initially acquired and used to purchase any property sold to obtain the funds</p> <p>If funds are derived from your ownership in a business A. Company bank statements B. Financial audit reports C. Foreign business registration records D. Relevant corporate tax returns for the past seven (7) years E. Evidence of how you accumulated funds used to purchase any business ownership</p> <p>Other income, if applicable A. Inheritance B. Legal proceedings C. Insurance proceeds</p> <p>[New]</p>	<p>4.a. <input type="checkbox"/> Income 4.b. <input type="checkbox"/> Sale of Property 4.c. <input type="checkbox"/> Proceeds from Ownership in a Business 4.d. <input type="checkbox"/> Gift (including inheritance) 4.e. <input type="checkbox"/> Loan 4.f. <input type="checkbox"/> Legal Proceedings 4.g. <input type="checkbox"/> Insurance Proceeds 4.h. <input type="checkbox"/> Cryptocurrency 4.i. <input type="checkbox"/> Other (Explain) [fillable field]</p> <p>NOTE: Evidence must be submitted to verify that each chosen funding source was legally acquired and that each international wire transfer to the Department of Commerce will be conducted in accordance with U.S. law. Provide a list of the evidence submitted along with the page or exhibit numbers for each piece of</p>
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evidence in **Part 12. Additional Information.** See Form I-140G Instructions for examples of acceptable evidence.

5. Do the source of funds contain a gift or loan?
Yes
No (go to **Item Number 7.**)

[delete]

If any part of the funds are derived from a gift, please provide the following information for each individual who gifted the funds:

A. Biographical information contained in **Part 3.**

B. Source of funds information contained in **Part 4.**

C. Attestation in **Part 5.**

D. An explanation on the relationship between the gifter and the beneficiary

E. Was the money provided in exchange for a note, bond, convertible debt, obligation, or any other debt arrangement between the beneficiary and yourself?

Yes

No

If yes, please explain the arrangement. [Fillable Field]

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4. Provide a listing of all your and your spouse's (if applicable) financial accounts, including cryptocurrency accounts.

[Table, 3 columns, 3 rows]

Account Owner(s) Name(s) & Nationality
Name of Bank & Country
Account #

Payment/Path of Funds

Please identify the path of funds:

5. Path of funds

Credit Card

A. A payment receipt from the Pay.gov/Treasury system, which includes the credit card holder name, issuer, and credit card number.

Bank Transfer.

B. Trace the complete path of the funds from your account to the Department of Commerce through financial institutions regulated by government entities. The following information and supporting evidence is needed

	<p>for each bank that the money is transferred through.</p> <p>[Table, 7 columns, 3 rows] Date of Transfer in (mm/dd/yyyy) Sender Name Routing Number Name of Bank & Country Account # Amount(s) SWIFT/BIC Code (Bank Identifier code) or IBAN (International Bank Account Number)</p> <p>6. Did you use a migration agent, promoter, marketer, concierge, or similar entity in arranging your petition and/or funds transfer? Yes No</p> <p>If yes, identify that entity/individual. [Fillable Field]</p> <p>[New]</p>	<p>If you answered “Yes,” provide the following information in Item Numbers 6.a. - 6.g. about the donor and/or lender.</p> <p>[Page 7]</p> <p>Information about Gift Donor or Individual Lender</p> <p>6.a. Biographical information about gift donor or individual lender contained in Part 4., Item Numbers 1. - 2. and 4. - 63.</p> <p>6.b. Identify each source of the funds gifted or loaned by the gift donor or individual lender (Select all that apply) <input type="checkbox"/> Income <input type="checkbox"/> Sale of Property <input type="checkbox"/> Proceeds from Ownership in a Business <input type="checkbox"/> Gift (including inheritance) <input type="checkbox"/> Loan <input type="checkbox"/> Legal Proceedings <input type="checkbox"/> Insurance Proceeds <input type="checkbox"/> Cryptocurrency <input type="checkbox"/> Other (Explain)</p> <p>6.c. Explanation of the Self-Petitioner or Corporate Petitioner’s Relationship to the Donor or Individual Lender</p> <p>If you need extra space, use Part 12. Additional Information.</p> <p>6.d. Was a gift donation letter or loan agreement with an individual submitted with this petition? Yes No</p> <p>Information about Lending Institution</p>
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<p>Page 2, Part 3. Information About the Principal Beneficiary Who is Requesting a Gold Card</p>	<p>[Page 2]</p> <p>Part 3. Information About the Principal Beneficiary Who is Requesting a Gold Card</p> <p>The petitioner must fill out this section for the principal beneficiary of this petition requesting a Gold Card.</p> <p>If you are the Individual Self-Petitioner, skip Item Number 1.</p> <p>1. Full Legal Name Family Name (Last Name) Given Name (First Name) Middle Name (if any)</p> <p>2. Other Names Used Family Name (Last Name) Given Name (First Name) Middle Name (if any)</p> <p>[Page 3]</p> <p>Other Information</p> <p>3. Principal Beneficiary’s Receipt Number 4. Date of Birth (mm/dd/yyyy)</p> <p>5. Sex Male Female</p>	<p>[Page 8]</p> <p>Part 4. Information About the Principal Beneficiary Who is Requesting a Gold Card</p> <p>Provide the following information about the principal beneficiary.</p> <p>[delete]</p> <p>1. Full Legal Name Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)</p> <p>2. Other Names Used Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)</p> <p>Other Information</p> <p>3. Principal Beneficiary’s Receipt Number 4. Date of Birth (mm/dd/yyyy)</p> <p>5. Sex Male Female</p>

	<p>6. City/Town/Village of Birth 7. State or Province of Birth 8. Country of Birth</p> <p>9.a. Country of Citizenship or Nationality 9.b. All Prior Countries of Citizenship or Nationality (if any) 9.c. Relinquished Countries of Citizenship or Nationality (if any)</p> <p>10. Alien Registration Number (A-Number) (if any) 11. U.S. Social Security Number (if any)</p> <p>.</p> <p>12. Mailing Address In Care Of Name Street Number and Name Apt./Ste./Flr. [Fillable field] City or Town State ZIP Code Province Postal Code Country</p> <p>[New]</p> <p><i>Last Arrival in the United States</i></p>	<p>Place of Birth 6.a. City/Town/Village of Birth 6.b. State or Province of Birth 6.c. Country of Birth</p> <p>7.a. Country of Citizenship or Nationality 7.b. All Prior Countries of Citizenship or Nationality (if any) 7.c. Relinquished Countries of Citizenship or Nationality (if any)</p> <p>8. Alien Registration Number (A-Number) (if any) 9. U.S. Social Security Number (if any)</p> <p>10.a. Current Passport Number/Travel Document/National ID Number 10.b. Country of Issuance 10.c. Expiration Date (mm/dd/yyyy)</p> <p>[Page 9]</p> <p>11. U.S. Mailing Address In Care Of Name (if any) Street Number and Name Apt./Ste./Flr. [Fillable field] City or Town State ZIP Code [Delete]</p> <p>12. Is your current mailing address the same as your physical address? Yes No</p> <p>If you answered “No” to Item Number 12., provide information on your physical address in Item Number 13.</p> <p>13. Physical Address (if different from the address above) In Care Of Name (if any) Street Number and Name Apt./Ste./Flr. [Fillable field] City or Town State ZIP Code Province Postal Code Country</p> <p><i>Last Arrival in the United States</i></p> <p>14. Has the principal beneficiary ever been granted admission as a nonimmigrant, immigrant, or paroled into the United States? Yes</p>
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	<p>If this person is in the United States, provide the following information.</p> <p>13. Place and Date of Arrival into the United States City or Town State Date of Last Arrival (mm/dd/yyyy)</p> <p>14.a. Form I-94 Arrival-Departure Record Number: 14.b. Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy) or Type or Print “D/S” for Duration of Status 14.c. Immigration Status on Form I-94 (for example, class of admission, or paroled, if paroled)</p> <p>15. Passport Number/Travel Document/National ID Number Used at Last Arrival</p> <p>[Page 4]</p> <p>16. Country of Issuance for Passport or Travel Document 17. Expiration Date for Passport or Travel Document (mm/dd/yyyy)</p> <p>Employment History</p> <p>18. Has this person ever been employed? Yes No</p> <p>If applicable, provide the last 20 years of this person’s employment history. Also provide any government or military positions held at any time (i.e., even if older than 20 years). List present employment first. If you need extra space to complete this section, use the space provided in Part 11. Additional Information.</p> <p>19. Employer 1 Employer Name Street Number and Name</p>	<p>No</p> <p>If you answered “Yes” to Item Number 14., provide the following information:</p> <p>15. Place and Date of Arrival into the United States City or Town State Date of Last Arrival (mm/dd/yyyy)</p> <p>16.a. Form I-94 Arrival/Departure Record Number: 16.b. Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy) or Type or Print “D/S” for Duration of Status 16.c. Immigration Status on Form I-94 (for example, class of admission, or paroled, if paroled)</p> <p>17.a. Passport Number/Travel Document/National ID Number Used at Last Arrival</p> <p>17.b. Country of Issuance 17.c. Expiration Date (mm/dd/yyyy)</p> <p>[Page 10]</p> <p>18. Requested U.S. Consulate or Department of State facility for visa processing City Country</p> <p>Employment History</p> <p>19. Has the principal beneficiary ever been employed? Yes No</p> <p>If you answered “Yes” to Item Number 19., provide the last 20 years of the principal beneficiary’s employment history. Also provide any government or military positions held at any time (even if older than 20 years). List present employment first. If you need extra space to complete this section, use the space provided in Part 12. Additional Information.</p> <p>20. Employer Name 1 Employer Name Street Number and Name Apt./Ste./Flr. Number City or Town</p>
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	<p>Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p>Job Title From (mm/dd/yyyy) To (mm/dd/yyyy)</p> <p>20. Employer 2 Employer Name Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p>Job Title From (mm/dd/yyyy) To (mm/dd/yyyy)</p> <p>[Page 5]</p> <p>21. Employer 3 Employer Name Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p>Job Title From (mm/dd/yyyy) To (mm/dd/yyyy)</p> <p>Education History</p> <p>If applicable, provide education history from post high school or secondary education to present. Include schools, area of concentration, and dates attended (whether a degree was obtained or not); also include instructions or training academies, including military academies or government sponsored training.</p>	<p>State ZIP Code Province Postal Code Country</p> <p>Job Title From (mm/dd/yyyy) To (mm/dd/yyyy)</p> <p>21. Employer Name 2 Employer Name Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p>Job Title From (mm/dd/yyyy) To (mm/dd/yyyy)</p> <p>[Page 11]</p> <p>22. Employer Name 3 Employer Name Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p>Job Title From (mm/dd/yyyy) To (mm/dd/yyyy)</p> <p>Education History</p> <p>23. Has the principal beneficiary ever attended or received any education after completing high school (secondary school)? Yes No</p> <p>If you answered “Yes” to Item Number 23., provide the principal beneficiary’s education history after high school (secondary school) to present. Include schools, area of concentration, and dates attended (whether a degree was obtained or not); also include instructional or training academies, including military academies or government sponsored training. List most recent education first. If you need</p>
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	<p>List most recent education first. If you need extra space to complete this section, use the space provided in Part 11. Additional Information.</p> <p>22. Education 1 Name of Institution Type of Institution (University, Academy, Military Branch, etc.)</p> <p>From (mm/dd/yyyy) To (mm/dd/yyyy)</p> <p>Degree or Certification obtained or worked toward, if no degree obtained Field or subject studied or majored List of honors or awards</p> <p>[Page 6]</p> <p>23. Education 2 Name of Institution Type of Institution (University, Academy, Military Branch, etc.)</p> <p>From (mm/dd/yyyy) To (mm/dd/yyyy)</p> <p>Degree or Certification obtained or worked toward, if no degree obtained Field or subject studied or majored List of honors or awards</p> <p>24. Education 3 Name of Institution Type of Institution (University, Academy, Military Branch, etc.)</p> <p>From (mm/dd/yyyy) To (mm/dd/yyyy)</p> <p>Degree or Certification obtained or worked toward, if no degree obtained Field or subject studied or majored List of honors or awards</p> <p>Information About Marital History</p> <p>25. What is this person’s current marital status? Single (Never Married) Married Divorced Widowed Separated</p>	<p>extra space to complete this section, use the space provided in Part 12. Additional Information.</p> <p>24. Education 1 Name of Institution Type of Institution (University, Academy, Military Branch, etc.)</p> <p>From (mm/dd/yyyy) To (mm/dd/yyyy)</p> <p>Degree or Certification Obtained or Worked Toward, If No Degree Obtained Field or Subject Studied or Majored List of Honors or Awards</p> <p>[Page 12]</p> <p>25. Education 2 Name of Institution Type of Institution (University, Academy, Military Branch, etc.)</p> <p>From (mm/dd/yyyy) To (mm/dd/yyyy)</p> <p>Degree or Certification Obtained or Worked Toward, If No Degree Obtained Field or Subject Studied or Majored List of Honors or Awards</p> <p>26. Education 3 Name of Institution Type of Institution (University, Academy, Military Branch, etc.)</p> <p>From (mm/dd/yyyy) To (mm/dd/yyyy)</p> <p>Degree or Certification Obtained or Worked Toward, If No Degree Obtained Field or Subject Studied or Majored List of Honors or Awards</p> <p>[Page 13]</p> <p>Marital History</p> <p>27. What is the principal beneficiary’s current marital status? Single (Never Married) Married Divorced Widowed Separated</p>
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	<p>Marriage Annulled</p> <p>If this person is single and has never married, go to Part 4.</p> <p>26. How many times has this person been married?</p> <p>27. Date of Current Marriage (if currently married) (mm/dd/yyyy)</p> <p>[Page 7]</p> <p>28. Current Spouse (if current spouse is not requesting a Gold Card) Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)</p> <p>Date of Birth (mm/dd/yyyy) Country of Birth</p> <p>29. Former Spouse 1 Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) Date of Birth (mm/dd/yyyy)</p> <p>Country of Birth Date Marriage Ended (mm/dd/yyyy)</p> <p>30. Former Spouse 2 Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)</p> <p>Date of Birth (mm/dd/yyyy) Country of Birth Date Marriage Ended (mm/dd/yyyy)</p> <p>[New]</p>	<p>Marriage Annulled</p> <p>If the principal beneficiary is single and has never married, skip to Item Number 33.</p> <p>28. How many times has this person been married?</p> <p>29. Date of Current Marriage (if currently married) (mm/dd/yyyy)</p> <p>30. Current Spouse (if current spouse is not requesting a Gold Card) Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)</p> <p>Date of Birth (mm/dd/yyyy) Country of Birth</p> <p>31. Former Spouse 1 Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) Date of Birth (mm/dd/yyyy)</p> <p>Country of Birth Date Marriage Ended (mm/dd/yyyy)</p> <p>32. Former Spouse 2 Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)</p> <p>Date of Birth (mm/dd/yyyy) Country of Birth Date Marriage Ended (mm/dd/yyyy)</p> <p>Information About Children Who Are Not Requesting a Gold Card</p> <p>33. Does the principal beneficiary have any children who are not requesting a Gold Card? Yes No</p> <p>If you answered “Yes” to Item Number 33., provide the following information for each child that is not requesting a Gold Card.</p> <p>Child 1</p> <p>34. Full Legal Name Family Name (Last Name) Given Name (First Name)</p>
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		<p>Middle Name (if any)</p> <p>35. Other Names Used Family Name (Last Name) Given Name (First Name) Middle Name (if any)</p> <p>36. Date of Birth (mm/dd/yyyy)</p> <p>37. Sex Male Female</p> <p>[Page 14]</p> <p>38. Country of Birth 39. Country of Citizenship or Nationality 40. A-Number (if any) 41. U.S. Social Security Number (if any) 42. Passport Number/Travel Document/National ID Number Used at Last Arrival 43. Country of Issuance for Passport or Travel Document</p> <p>Child 2</p> <p>44. Full Legal Name Family Name (Last Name) Given Name (First Name) Middle Name (if any)</p> <p>45. Other Names Used Family Name (Last Name) Given Name (First Name) Middle Name (if any)</p> <p>46. Date of Birth (mm/dd/yyyy) 47. Sex Male Female</p> <p>48. Country of Birth 49. Country of Citizenship or Nationality 50. A-Number (if any) 51. U.S. Social Security Number (if any) 52. Passport Number/Travel Document/National ID Number Used at Last Arrival 53. Country of Issuance for Passport or Travel Document</p> <p>Child 3</p> <p>54. Full Legal Name Family Name (Last Name) Given Name (First Name) Middle Name (if any)</p> <p>55. Other Names Used Family Name (Last Name) Given Name (First Name)</p>
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		<p>Middle Name (if any)</p> <p>56. Date of Birth (mm/dd/yyyy)</p> <p>57. Sex Male Female</p> <p>58. Country of Birth</p> <p>59. Country of Citizenship or Nationality</p> <p>60. A-Number (if any)</p> <p>61. U.S. Social Security Number (if any)</p> <p>[Page 15]</p> <p>62. Passport Number/Travel Document/National ID Number Used at Last Arrival</p> <p>63. Country of Issuance for Passport or Travel Document</p> <p>If you have additional children who are not requesting a Gold Card and need extra space to complete this section, use the space provided in Part 12. Additional Information.</p>
New		<p>[Page 15]</p> <p>Part 5. Information About the Principal Beneficiary's Spouse Who is Requesting a Gold Card</p> <p>This section must be filled out for the spouse of the principal beneficiary who is also requesting a Gold Card.</p> <p>1. Full Legal Name Family Name (Last Name) Given Name (First Name) Middle Name (if any)</p> <p>2. Other Names Used Family Name (Last Name) Given Name (First Name) Middle Name (if any)</p> <p>Other Information</p> <p>3. Date of Birth (mm/dd/yyyy)</p> <p>4. Sex</p> <p>Place of Birth</p> <p>5.a. City/Town/Village of Birth</p> <p>5.b. State or Province of Birth</p> <p>5.c. Country of Birth</p> <p>6.a. Country of Citizenship or Nationality</p> <p>6.b. All Prior Countries of Citizenship or Nationality (if any)</p> <p>6.c. Relinquished Countries of Citizenship or Nationality (if any)</p> <p>7. A-Number (if any)</p> <p>8. U.S. Social Security Number (if any)</p> <p>9.a. Current Passport Number/Travel</p>

		<p>Document/National ID Number 9.b. Country of Issuance 9.c. Expiration Date (mm/dd/yyyy)</p> <p>[Page 16]</p> <p>10. Mailing Address In Care Of Name Street Number and Name Apt./Ste./Flr. [Fillable field] City or Town State ZIP Code Province Postal Code Country</p> <p><i>Last Arrival in the United States</i> 11. Is this person in the United States? Yes No</p> <p>If you answered “Yes” to Item Number 11., provide the following information:</p> <p>12. Place and Date of Last Arrival into the United States City or Town State Date of Last Arrival (mm/dd/yyyy) 13.a. Form I-94 Arrival-Departure Record Number: 13.b. Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy) 13.c. Immigration Status on Form I-94 (for example, class of admission, or paroled, if paroled) 14. Passport Number/Travel Document/National ID Number Used at Last Arrival 15. Country of Issuance for Passport or Travel Document 16. Expiration Date for Passport or Travel Document (mm/dd/yyyy)</p> <p><i>Employment History</i></p> <p>17. Has this person ever been employed? Yes No</p> <p>If you answered “Yes” to Item Number 17., provide the last 20 years of this person’s employment history. Also provide any government or military positions held at any time (even if older than 20 years). List present employment first. If you need extra space to complete this section, use the space provided in Part 12. Additional Information.</p>
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18. Employer Name 1
Street Number and Name
Apt./Ste./Flr. Number
City or Town
State
ZIP Code
Province
Postal Code
Country
Job Title
From (mm/dd/yyyy)
To (mm/dd/yyyy)

19. Employer Name 2
Street Number and Name
Apt./Ste./Flr. Number
City or Town
State
ZIP Code
Province
Postal Code
Country
Job Title
From (mm/dd/yyyy)
To (mm/dd/yyyy)

20. Employer Name 3
Street Number and Name
Apt./Ste./Flr. Number
City or Town
State
ZIP Code
Province
Postal Code
Country
Job Title
From (mm/dd/yyyy)
To (mm/dd/yyyy)

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Education History

21. Has this person ever attended or received any education after completing high school (secondary school)?
Yes
No

If you answered “Yes” to **Item Number 21.**, provide this person’s education history after high school (secondary school) to present. Include schools, area of concentration, and dates attended (whether

a degree was obtained or not); also include instructional or training academies, including military academies or government sponsored training. List most recent education first. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information.**

22. Education 1

Name of Institution
Type of Institution (University, Academy, Military Branch, etc.)
From (mm/dd/yyyy)
To (mm/dd/yyyy)
Degree or Certification obtained or worked toward, if no degree obtained
Field or subject studied or majored
List of honors or awards

23. Education 2

Name of Institution
Type of Institution (University, Academy, Military Branch, etc.)
From (mm/dd/yyyy)
To (mm/dd/yyyy)
Degree or Certification obtained or worked toward, if no degree obtained
Field or subject studied or majored
List of honors or awards

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24. Education 3

Name of Institution
Type of Institution (University, Academy, Military Branch, etc.)
From (mm/dd/yyyy)
To (mm/dd/yyyy)
Degree or Certification obtained or worked toward, if no degree obtained
Field or subject studied or majored
List of honors or awards

Marital History

25. How many times has this person been married?

26. Former Spouse 1

Family Name (Last Name)
Given Name (First Name)
Middle Name (if applicable)
Date of Birth (mm/dd/yyyy)
Country of Birth
Date Marriage Ended (mm/dd/yyyy)

		<p>27. Former Spouse 2 Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) Date of Birth (mm/dd/yyyy) Country of Birth Date Marriage Ended (mm/dd/yyyy)</p>
<p>New Page 19, Part 6. Information About the Principal Beneficiary's Children Who are Requesting a Gold Card.</p>		<p>[Page 19]</p> <p>Part 6. Information About the Principal Beneficiary's Children Who are Requesting a Gold Card</p> <p>This section must be filled out for each child of the principal beneficiary who is also requesting a Gold Card.</p> <p>1. Full Legal Name Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)</p> <p>2. Other Names Used Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)</p> <p>[Page 20]</p> <p>Other Information</p> <p>3. Date of Birth (mm/dd/yyyy) 4. Sex Male Female</p> <p>Place of Birth 5.a. City/Town/Village of Birth 5.b. State or Province of Birth 5.c. Country of Birth</p> <p>6.a. Country of Citizenship or Nationality 6.b. All Prior Countries of Citizenship or Nationality (if any) 6.c. Relinquished Countries of Citizenship or Nationality (if any)</p> <p>7. A-Number (if any) 8. U.S. Social Security Number (if any)</p> <p>9.a. Current Passport Number/Travel Document/National ID Number 9.b. Country of Issuance 9.c. Expiration Date (mm/dd/yyyy)</p> <p>10. Mailing Address In Care Of Name Street Number and Name Apt./Ste./Flr. [Fillable field]</p>

City or Town
State
ZIP Code
Province
Postal Code
Country

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Last Arrival in the United States

11. Is this person in the United States?

Yes
No

If you answered “Yes” to Item Number **11.**, provide the following information:

12. Place and Date of Last Arrival into the United States

City or Town
State

Date of Last Arrival (mm/dd/yyyy)

13.a. Form I-94 Arrival/Departure Record Number

13.b. Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy)

13.c. Immigration Status on Form I-94 (for example, class of admission, or paroled, if paroled)

14. Passport Number/Travel Document/National ID Number Used at Last Arrival

15. Country of Issuance for Passport or Travel Document

16. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

Employment History

17. Has this person ever been employed?

Yes
No

If you answered “Yes” to **Item Number 17.**, provide the last 20 years of this person’s employment history. Also provide any government or military positions held at any time (even if older than 20 years). List present employment first. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information.**

18. Employer Name 1
Street Number and Name
Apt./Ste./Flr. Number
City or Town

		<p>State ZIP Code Province Postal Code Country</p> <p>Job Title From (mm/dd/yyyy) To (mm/dd/yyyy)</p> <p>[Page 22]</p> <p>19. Employer Name 2 Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p>Job Title From (mm/dd/yyyy) To (mm/dd/yyyy)</p> <p>20. Employer Name 3 Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p>Job Title From (mm/dd/yyyy) To (mm/dd/yyyy)</p> <p>Education History 21. Has this person ever attended or received any education after completing high school (secondary school)? Yes No</p> <p>If you answered “Yes” to Item Number 21., provide this person’s education history after high school (secondary school) to present. Include schools, area of concentration, and dates attended (whether a degree was obtained or not); also include instructional or training academies, including military academies or government sponsored training. List most recent education first. If you need extra space to complete this section, use the space provided in Part 12. Additional Information.</p>
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22. Education 1

Name of Institution
Type of Institution (University, Academy,
Military Branch, etc.)

From (mm/dd/yyyy)
To (mm/dd/yyyy)

[Page 23]

Degree or Certification Obtained or Worked
Toward, If No Degree Obtained
Field or Subject Studied or Majored
List of Honors or Awards

23. Education 2

Name of Institution
Type of Institution (University, Academy,
Military Branch, etc.)

From (mm/dd/yyyy)
To (mm/dd/yyyy)

Degree or Certification Obtained or Worked
Toward, If No Degree Obtained
Field or Subject Studied or Majored
List of Honors or Awards

24. Education 3

Name of Institution
Type of Institution (University, Academy,
Military Branch, etc.)

From (mm/dd/yyyy)
To (mm/dd/yyyy)

[Page 24]

Degree or Certification Obtained or Worked
Toward, If No Degree Obtained
Field or Subject Studied or Majored
List of Honors or Awards

Marital History

25. What is this person's current marital status?

Single (Never Married)

Married

Divorced

Widowed

Separated

Marriage Annulled

If this person is single and has never married,
go to **Part 7.** for self-petitioner or **Part 8.** for
corporate petitioner.

		<p>26. How many times has this person been married?</p> <p>27. Date of Current Marriage (if currently married) (mm/dd/yyyy)</p> <p>28. Current Spouse Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)</p> <p>Date of Birth (mm/dd/yyyy) Country of Birth</p> <p>29. Former Spouse 1 Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)</p> <p>Date of Birth (mm/dd/yyyy) Country of Birth Date Marriage Ended (mm/dd/yyyy)</p> <p>30. Former Spouse 2 Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)</p> <p>Date of Birth (mm/dd/yyyy) Country of Birth Date Marriage Ended (mm/dd/yyyy)</p>
<p>Page 9, Part 5. Attestation - Individual Self-Petitioner</p>	<p>[Page 9]</p> <p>Part 5. Attestation - Individual Self-Petitioner</p> <p>For Item Numbers 1 -14, you should answer “Yes” to any question that applies, even if the records were sealed or otherwise cleared, or if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. You should also answer “Yes” to the following questions whether it occurred in the United States or anywhere else in the world. If you answer “Yes” to Item Numbers 1-14, use the space provided in Part 11. Additional Information to provide an explanation and include all relevant documentation that includes why you were arrested, cited, detained, or charged; and the outcome or disposition (for example no charges filed, charges dismissed, jail, probation, community service).</p> <p>1. Have the assets, associated directly or indirectly with any of your Gold Card funds, been subject to a foreign or domestic freeze order or injunction from a court or regulatory agency in the past 10 years for an offense</p>	<p>[Page 25]</p> <p>Part 7. Attestation of Self-Petitioner</p> <p>For Item Numbers 1. - 14., you should answer “Yes” to any question that applies, even if the records were sealed or otherwise cleared, or if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. You should also answer “Yes” to the following questions whether it occurred in the United States or anywhere else in the world. If you answer “Yes” to any of the questions in Item Numbers 1. - 14., use the space provided in Part 12. Additional Information to provide an explanation and include all relevant documentation that includes why you were arrested, cited, detained, or charged; and the outcome or disposition (for example, no charges filed, charges dismissed, jail, probation, community service).</p> <p>1. Have the assets, associated directly or indirectly with any of your Gold Card funds, been subject to a foreign or domestic freeze order or injunction from a court or regulatory agency in the past 10 years for an offense</p>

	<p>involving financial fraud or deceit? Yes No</p> <p>2. Have you, any of the entities you have legal ownership in, or the sources (direct or indirect) of your Gold Card funds ever committed, been charged with, arrested for, or convicted of a criminal or civil offense? Yes No</p> <p>3. Are you, any of the entities you have legal ownership in, or the sources of your Gold Card funds engaged in, ever been engaged in, or sought to engage in any illicit trafficking in any controlled substance or in any listed chemical (as defined in section 102 of the Controlled Substances Act)? Yes No</p> <p>[Page 10]</p> <p>4. Have you, any of the entities you have legal ownership in, entities you are employed by, or the sources of your Gold Card funds engaged in, ever been engaged in, or sought to engage in any activity relating to espionage, sabotage, or theft of intellectual property? Yes No</p> <p>5. Are you, any of the entities you have legal ownership in, or the sources of your Gold Card funds engaged in, ever been engaged in, or sought to engage in any activity related to money laundering (as described in section 1956 or 1957 of Title 18, United States Code)? Yes No</p> <p>6. Are you, any of the entities you have legal ownership in, or the sources of your Gold Card funds engaged in, ever been engaged in, or sought to engage in any terrorist activity (as defined in INA section 212(a)(3)(B))? If a company, has your company or any of its principals ever financed or otherwise supported any terrorist activity (as defined in INA section 212(a)(3)(B))? Yes No</p> <p>7. Are you, any of the entities you have legal ownership in, or the sources of your Gold Card funds engaged in, ever been engaged in, or sought to engage in any activity constituting or facilitating human trafficking or a human rights</p>	<p>involving financial fraud or deceit? Yes No</p> <p>2. Have you, any of the entities you have legal ownership in, or the sources (direct or indirect) of your Gold Card funds ever committed, been charged with, arrested for, or convicted of a criminal or civil offense? Yes No</p> <p>3. Are you, any of the entities you have legal ownership in, or the sources of your Gold Card funds engaged in, ever been engaged in, or sought to engage in any illicit trafficking in any controlled substance or in any listed chemical (as defined in section 102 of the Controlled Substances Act)? Yes No</p> <p>4. Have you, any of the entities you have legal ownership in, entities you are employed by, or the sources of your Gold Card funds engaged in, ever been engaged in, or sought to engage in any activity relating to espionage, sabotage, or theft of intellectual property? Yes No</p> <p>5. Are you, any of the entities you have legal ownership in, or the sources of your Gold Card funds engaged in, ever been engaged in, or sought to engage in any activity related to money laundering (as described in section 1956 or 1957 of Title 18, United States Code)? Yes No</p> <p>6. Are you, any of the entities you have legal ownership in, or the sources of your Gold Card funds engaged in, ever been engaged in, or sought to engage in any terrorist activity (as defined in the Immigration and Nationality Act (INA) section 212(a)(3)(B))? Yes No</p> <p>7. Are you, any of the entities you have legal ownership in, or the sources of your Gold Card funds engaged in, ever been engaged in, or sought to engage in any activity constituting or facilitating human trafficking or a human rights</p>
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	<p>offense? Yes No</p> <p>8. Are you engaged in, or have you ever been engaged in, or do you seek to engage in any activity described in INA section 212(a)(3)(E) (such as participating in Nazi persecutions or genocide)? Has any entity you have legal ownership in, or the sources of your Gold Card funds, financed or otherwise supported any person or organization that has participated in, or is participating in genocide? Yes No</p> <p>9. Have you ever been a member of, or in any way affiliated with, the Communist Party or any totalitarian party (in the United States or abroad) as described in INA section 212(a)(3)(D)? Yes No</p> <p>10. Are you, any of the entities you have legal ownership in, or the sources of your Gold Card funds engaged in, ever been engaged in, or sought to engage in a violation of any statute, regulation, or executive order regarding foreign financial transactions or foreign asset control? Yes No</p> <p>11. Have you, any of the entities you have legal ownership in, or the sources of your Gold Card funds been included, during the preceding 10 years, on any U.S., foreign country, or international sanctions or watchlist? (Examples include, but are not limited to: OFAC's Specialty Designated Nationals List, the UNSC Consolidated List, the European Union Consolidated Financial Sanctions List, or the UK HM Treasury Sanctions List). Yes No</p> <p>12. Are you now, or have you ever been, an agent, official, or other similar entity or representative of a foreign government entity? Yes No</p> <p>13. Have your funds derived from an agency, official, or other similar entity (or representative of) a foreign government entity? Yes No</p> <p>14. Are any entities you have legal ownership in, or the sources of your Gold Card funds subject to, the direct or indirect involvement of</p>	<p>offense? Yes No</p> <p>8. Are you engaged in, or have you ever been engaged in, or do you seek to engage in any activity described in INA section 212(a)(3)(E) (such as participating in Nazi persecutions or genocide)? Has any entity you have legal ownership in, or the sources of your Gold Card funds, financed or otherwise supported any person or organization that has participated or is participating in genocide? Yes No</p> <p>9. Have you ever been a member of, or in any way affiliated with, the Communist Party or any totalitarian party (in the United States or abroad) as described in INA section 212(a)(3)(D)? Yes No</p> <p>10. Are you, any of the entities you have legal ownership in, or the sources of your Gold Card funds engaged in, ever been engaged in, or sought to engage in a violation of any statute, regulation, or executive order regarding foreign financial transactions or foreign asset control? Yes No</p> <p>11. Have you, any of the entities you have legal ownership in, or the sources of your Gold Card funds been included, during the preceding 10 years, on any U.S., foreign country, or international sanctions or watchlist? (Examples include, but are not limited to: OFAC's Specialty Designated Nationals List, the UNSC Consolidated List, the European Union Consolidated Financial Sanctions List, or the UK HM Treasury Sanctions List). Yes No</p> <p>12. Are you now, or have you ever been, an agent, official, or other similar entity or representative of a foreign government entity? Yes No</p> <p>13. Have your funds derived from an agency, official, or other similar entity (or representative of) a foreign government entity? Yes No</p> <p>14. Are any entities you have legal ownership in, or the sources of your Gold Card funds subject to, the direct or indirect involvement of</p>
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	<p>an agency, official, or other similar entity (or representative of) a foreign government entity? Yes No</p>	<p>an agency, official, or other similar entity (or representative of) a foreign government entity? Yes No</p>
<p>Page 10, Part 6. Statement, Declaration, Certification, and Signature of the Principal Beneficiary</p>	<p>[Page 10]</p> <p>Part 6. Statement, Declaration, Certification, and Signature of the Principal Beneficiary</p> <p><i>Principal Beneficiary's Statement</i> Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.</p> <p>1.a. <input type="checkbox"/> I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.</p> <p>1.b. <input type="checkbox"/> The interpreter named in Part 9. has read to me every question and instruction on this petition and my answer to every question in [Fillable Field], a language in which I am fluent. I understood all of this information as interpreted.</p> <p>2. <input type="checkbox"/> At my request, the preparer named in Part 10., [Fillable Filed], prepared this petition for me based only upon information I provided or authorized.</p> <p>[Page 11]</p> <p><i>Principal Beneficiary's Declaration and Certification</i> Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to USCIS at a later date.</p> <p>I authorize the release of any information from my records to USCIS or other entities and persons where necessary to determine eligibility for the immigration benefit sought or where authorized by law. I recognize the authority of USCIS to conduct audits of this petition using publicly available open-source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.</p> <p>I certify, under penalty of perjury, that I have reviewed this petition, I understand all of the</p>	<p>[delete]</p>

	<p>information contained in, and submitted with, my petition, and all of this information is complete, true, and correct.</p> <p>Principal Beneficiary's Signature 3. Principal Beneficiary's Signature Date of Signature (mm/dd/yyyy)</p>	
<p>Page 11, Part 7. Source of Funds – Corporation or Similar Entity Petitioner</p>	<p>[Page 11]</p> <p>Part 7. Source of Funds – Corporation or Similar Entity Petitioner</p> <p>The funds described in this section must be sufficient to cover the significant financial gift being made on behalf of the principal beneficiary and any spouse and/or children requesting participation in the Gold Card program. The funds must also cover the required filing fees for the principal and any spouse/children.</p> <p>1. Company Name (Legal & Doing Business As (DBA))</p> <p>2. Are you seeking to rely on the Gold Card funds used for a prior approved corporate Gold Card recipient? Yes No If yes, provide the receipt number of the prior Form I-140G, and the Alien Number of each alien beneficiary of that petition and proceed to Part 8.</p> <p>3. Location where company is incorporated State Country</p> <p>4. Company Ownership. Identify each of the owners, board of directors or equivalent, and beneficial owners of the company. For each, provide the following information, as applicable: [Table, 5 columns, 3 rows] Name EIN SSN Date of Birth (mm/dd/yyyy) U.S. Immigration Status</p> <p>NOTE: Submit a comprehensive organization chart for your company or organization.</p> <p>5. Company's Net Worth at the time of the transfer of funds</p> <p>[Page 12] 6. Provide one or more of the following (Select</p>	<p>[Page 26]</p> <p>Part 8. Attestation of Corporate Petitioner's Authorized Official</p> <p>[delete]</p>

all that apply):
 3 years of Company Federal Tax Returns including all forms and schedules
 3 years of Company Annual Reports
 3 years of Audited Financial Statements
7. Is the company organized in the United States?
 Yes
 No

8. Provide your EIN (if a U.S. Company) or Tax Identification Number (TIN)

9. Is the company a parent, branch, subsidiary, or affiliate of a foreign entity?
 Yes
 No
 If yes, identify the foreign entity.

10. Is the company state-owned?
 Yes
 No
 If so, which State? [dropdown of states]

Payment/Path of Funds

Please identify the path of funds:

11.A. Credit Card
 A payment receipt from the Pay.gov/Treasury system, which includes the credit card holder name, issuer, and credit card number.

11. B. Bank Transfer.
 Trace the complete path of the funds from your account to the Department of Commerce through financial institutions regulated by government entities. The following information and supporting evidence is needed for each bank that the money is transferred through.

[Table, 7 columns, 3 rows]
Date of Transfer in (mm/dd/yyyy)
Sender Name
Routing Number
Name of Bank & Country
Account #
Amount(s)
SWIFT/BIC Code (Bank Identifier code) or IBAN (International Bank Account Number)

12. Did you use a migration agent, promoter, marketer, concierge, or similar entity in arranging your petition or funds transfer?
 Yes
 No
 If yes, identify that entity/individual. [Fillable Field]

13. What is your relationship to the beneficiary?
 [Fillable Field]

14. Was the money provided in exchange for a note, bond, convertible debt, obligation, or any

	<p>principals financed or otherwise supported or does it seek to finance or otherwise support any activity relating to espionage, sabotage, or theft of intellectual property? Yes No</p> <p>19. Is your company or your company’s principals engaged in, ever been engaged in, or sought to engage in any activity related to money laundering (as described in section 1956 or 1957 of Title 18, United States Code)? Yes No</p> <p>20. Has your company or your company’s principals engaged in, ever been engaged in, or sought to engage in any terrorist activity (as defined in INA section 212(a)(3)(B))? Has your company or any of its principals ever financed or otherwise supported any terrorist activity (as defined in INA section 212(a)(3)(B))? Yes No</p> <p>21. Has your company or your company’s principals engaged in, ever been engaged in, or sought to engage in any activity constituting or facilitating human trafficking or a human rights offense? Yes No</p> <p>22. Has your company or your company’s principals engaged in, ever been engaged in, or sought to engage in any activity described in INA section 212(a)(3)(E) (such as participating in Nazi persecutions or genocide)? Has your company or any of its principals financed or otherwise supported any person or organization that has participated in, or is participating in genocide? Yes No</p> <p>23. Has your company or your company’s principals engaged in, ever been engaged in, or sought to engage in a violation of any statute, regulation, or executive order regarding foreign financial transactions or foreign asset control? Yes No</p> <p>24. Is your company or any of its principals now, or during the preceding 10 years has your company or any of its principals been, included on any U.S., foreign country, or international sanctions or watchlist? (Examples include, but are not limited to: OFAC’s Specialty Designated Nationals List, the UNSC Consolidated List, the European Union Consolidated Financial</p>	<p>does it seek to finance or otherwise support any activity relating to espionage, sabotage, or theft of intellectual property? Yes No</p> <p>5. Is your company or your company’s principals engaged in, ever been engaged in, or sought to engage in any activity related to money laundering (as described in section 1956 or 1957 of Title 18, United States Code)? Yes No</p> <p>6. Has your company or your company’s principals engaged in, ever been engaged in, or sought to engage in any terrorist activity (as defined in INA section 212(a)(3)(B))? Has your company or any of its principals ever financed or otherwise supported any terrorist activity (as defined in INA section 212(a)(3)(B))? Yes No</p> <p>7. Has your company or your company’s principals engaged in, ever been engaged in, or sought to engage in any activity constituting or facilitating human trafficking or a human rights offense? Yes No</p> <p>8. Has your company or your company’s principals engaged in, ever been engaged in, or sought to engage in any activity described in INA section 212(a)(3)(E) (such as participating in Nazi persecutions or genocide)? Has your company or any of its principals financed or otherwise supported any person or organization that has participated or is participating in genocide? Yes No</p> <p>9. Has your company or your company’s principals engaged in, ever been engaged in, or sought to engage in a violation of any statute, regulation, or executive order regarding foreign financial transactions or foreign asset control? Yes No</p> <p>10. Is your company or any of its principals now, or was your company or any of its principals during the preceding 10 years included on any U.S., foreign country, or international sanctions or watchlist? (Examples include, but are not limited to: OFAC’s Specialty Designated Nationals List, the UNSC Consolidated List, the European Union Consolidated Financial Sanctions List, or the</p>
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	<p>Sanctions List, or the UK HM Treasury Sanctions List).</p> <p>Yes No</p> <p>25. Has your company or your company’s principals ever called for sectarian violence? Yes No</p> <p>26. Is your company or company’s principals now, or have they ever been, an agency, official, or other similar entity (or representative of) a foreign government entity? Yes No</p> <p>27. Have your company’s funds been derived from an agency, official, or other similar entity (or representative of) a foreign government entity? Yes No</p> <p>28. Is your company’s ownership subject to the direct or indirect involvement of an agency, official, or other similar entity or representative of a foreign government entity? Yes No</p>	<p>UK HM Treasury Sanctions List).</p> <p>Yes No</p> <p>11. Has your company or your company principals ever called for sectarian violence? Yes No</p> <p>12. Is your company or company principals now, or have they ever been, an agency, official, or other similar entity (or representative of) a foreign government entity? Yes No</p> <p>13. Have your company’s funds derived from an agency, official, or other similar entity (or representative of) a foreign government entity? Yes No</p> <p>14. Is your company’s ownership subject to the direct or indirect involvement of an agency, official, or other similar entity or representative of a foreign government entity? Yes No</p>
<p>Page 14, Part 8. Statement, Contact Information, Declaration, Certification, and Signature of the Authorized Signatory of the Corporation or Similar Entity</p>	<p>[Page 14]</p> <p>Part 8. Statement, Contact Information, Declaration, Certification, and Signature of the Authorized Signatory of the Corporation or Similar Entity</p> <p><i>Statement of the Authorized Signatory</i></p> <p>Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.</p> <p>1.a. <input type="checkbox"/> I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.</p> <p>1.b. <input type="checkbox"/> The interpreter named in Part 9. has read to me every question and instruction on this petition and my answer to every question in [Fillable Field], a language in which I am fluent. I understood all of this information as interpreted.</p> <p>2. <input type="checkbox"/> At my request, the preparer named in Part 10., [Fillable Filed], prepared this petition for me based only upon information I provided or authorized.</p>	<p>[Page 27]</p> <p>Part 9. Contact Information, Certification, and Signature of the Self-Petitioner or the Corporate Petitioner’s Authorized Official</p> <p>[delete]</p>

	<p>Authorized Signatory’s Contact Information</p> <p>3. Authorized Signatory’s Full Legal Name Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)</p> <p>4. Authorized Signatory's Title</p> <p>5. Authorized Signatory's Daytime Telephone Number</p> <p>6. Authorized Signatory's Mobile Telephone Number (if any)</p> <p>7. Authorized Signatory's Email Address (if any)</p> <p>Authorized Signatory’s Declaration and Certification</p> <p>Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to USCIS at a later date.</p> <p>I authorize the release of any information from the petitioner’s records, to USCIS or other entities and persons where necessary to determine eligibility for the immigration benefit sought or where authorized by law. I recognize the authority of USCIS to conduct audits of this petition using publicly available open-source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.</p> <p>If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization.</p> <p>I certify, under penalty of perjury, that I have reviewed this petition, I understand all of the information contained in, and submitted with, my petition, and all of this information is complete, true, and correct.</p>	<p>Self-Petitioner’s or Authorized Official’s Contact Information</p> <p>1. Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)</p> <p>2. Title</p> <p>3. Daytime Telephone Number</p> <p>4. Mobile Telephone Number (if any)</p> <p>5. Email Address (if any)</p> <p>Self-Petitioner’s Certification</p> <p>I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my petition, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in Part 10., understood, all of the responses and information contained in, and submitted with, my petition, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.</p> <p>Authorized Official’s Certification</p> <p>If filing this petition on behalf of an organization, I certify, under penalty of perjury, that I am authorized to do so by the organization:</p> <p>[delete]</p> <p>1) I reviewed and provided or authorized all of the responses and information in my petition;</p> <p>2) I understood all of the responses and information contained in, and submitted with, my petition; and</p> <p>3) All of the responses and information were complete, true, and correct at the time of filing.</p>
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	<p><i>Authorized Signatory's Signature</i></p> <p>8. Petitioner's or Authorized Signatory's Signature Date of Signature (mm/dd/yyyy)</p>	<p>Furthermore, I authorize the release of any information from any and all of my records as authorized signatory and the petitioner's records that USCIS may need to determine the petitioner's eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.</p> <p><i>Self-Petitioner's or Authorized Official's Signature</i></p> <p>6. Self-Petitioner's or Authorized Official's Signature Date of Signature (mm/dd/yyyy)</p>
<p>Page 15, Part 9. Interpreter's Contact Information, Certification, and Signature</p>	<p>[Page 15]</p> <p>Part 9. Interpreter's Contact Information, Certification, and Signature</p> <p>Provide the following information about the interpreter.</p> <p><i>Interpreter's Full Name</i></p> <p>1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)</p> <p>2. Interpreter's Business or Organization Name (if any)</p> <p><i>Interpreter's Contact Information</i></p> <p>3. Interpreter's Daytime Telephone Number 4. Interpreter's Mobile Telephone Number (if any) 5. Interpreter's Email Address (if any)</p> <p><i>Interpreter's Certification</i></p> <p>I certify, under penalty of perjury, that I am fluent in English and [Fillable language field], and I have interpreted every question on the petition and Instructions and interpreted the petitioner's or authorized signatory's answers to the questions in that language, and the petitioner or authorized signatory informed me that he or she understood every instruction, question, and answer on the petition.</p> <p><i>Interpreter's Signature</i></p> <p>6. Interpreter's Signature Date of Signature (mm/dd/yyyy)</p>	<p>[Page 27]</p> <p>Part 10. Interpreter's Contact Information, Certification, and Signature</p> <p>Provide the following information about the interpreter.</p> <p><i>Interpreter's Full Name</i></p> <p>1. Family Name (Last Name) Given Name (First Name)</p> <p>2. Business or Organization Name (if any)</p> <p>[Page 28]</p> <p><i>Interpreter's Contact Information</i></p> <p>3. Daytime Telephone Number 4. Mobile Telephone Number (if any)</p> <p>5. Email Address (if any)</p> <p><i>Interpreter's Certification</i></p> <p>I certify, under penalty of perjury, that I am fluent in English and [Fillable language field], and I have interpreted every question on the petition and Instructions and interpreted the petitioner's or authorized signatory's answers to the questions in that language, and the petitioner or authorized signatory informed me that he or she understood every instruction, question, and answer on the petition.</p> <p><i>Interpreter's Signature</i></p> <p>6. Interpreter's Signature Date of Signature (mm/dd/yyyy)</p>
<p>Page 15, Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Petition,</p>	<p>[Page 15]</p> <p>Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner</p> <p>Provide the following information about the</p>	<p>[Page 28]</p> <p>Part 11. Contact Information, Certification, and Signature of the Person Preparing this Petition, if Other Than the Self-Petitioner or Authorized Official</p> <p>Provide the following information about the</p>

<p>if Other Than the Petitioner</p>	<p>preparer.</p> <p>Preparer's Full Name 1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name) 2. Preparer's Business or Organization Name (if any)</p> <p>Preparer's Contact Information 3. Preparer's Daytime Telephone Number 4. Preparer's Mobile Telephone Number (if any) 5. Preparer's Email Address (if any)</p> <p>[Page 16]</p> <p>Preparer's Certification I certify, under penalty of perjury, that I prepared this petition for the petitioner or authorized signatory at his or her request and with express consent and that all of the responses and information contained in and submitted with the petition are complete, true, and correct and reflects only information provided by the petitioner or authorized signatory. The petitioner or authorized signatory reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the petition.</p> <p>Preparer's Signature 6. Preparer's Signature Date of Signature (mm/dd/yyyy)</p>	<p>preparer.</p> <p>Preparer's Full Name 1. Family Name (Last Name) Given Name (First Name) 2. Business or Organization Name</p> <p>Preparer's Contact Information 3. Daytime Telephone Number 4. Mobile Telephone Number (if any) 5. Email Address (if any)</p> <p>Preparer's Certification I certify, under penalty of perjury, that I prepared this petition for the petitioner or authorized signatory at his or her request and with express consent and that all of the responses and information contained in and submitted with the petition are complete, true, and correct and reflects only information provided by the petitioner or authorized signatory. The petitioner or authorized signatory reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the petition.</p> <p>Preparer's Signature 6. Preparer's Signature Date of Signature (mm/dd/yyyy)</p>
<p>Page 17, Part 11. Additional Information</p>	<p>[Page 17]</p> <p>Part 11. Additional Information</p> <p>If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this petition or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.</p> <p>1. Page Number Part Number Item Number [Fillable field]</p> <p>2. Page Number Part Number Item Number [Fillable field]</p>	<p>[Page 29]</p> <p>Part 12. Additional Information</p> <p>If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this petition or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.</p> <p>1. Page Number Part Number Item Number [Fillable field]</p> <p>2. Page Number Part Number Item Number [Fillable field]</p>

	<p>3. Page Number Part Number Item Number [Fillable field]</p> <p>4. Page Number Part Number Item Number [Fillable field]</p> <p>5. Page Number Part Number Item Number [Fillable field]</p>	<p>3. Page Number Part Number Item Number [Fillable field]</p> <p>4. Page Number Part Number Item Number [Fillable field]</p> <p>5. Page Number Part Number Item Number [Fillable field]</p>
<p>Page 18, Supplement - Information About Each Beneficiary Who is Requesting a Gold Card</p>	<p>[Page 18]</p> <p>Supplement - Information About Each Beneficiary Who is Requesting a Gold Card</p> <p>This section must be filled out to indicate any spouse and children of a principal beneficiary of the primary Form I-140G petition, who are also requesting a Gold Card.</p> <p>Part 1. Information About the Beneficiary</p> <p>This person is the (choose one) <input type="checkbox"/> Spouse of the Principal Beneficiary <input type="checkbox"/> Child of the Principal Beneficiary</p> <p>1. Full Legal Name Family Name (Last Name) Given Name (First Name) Middle Name (if any)</p> <p>2. Other Names Used Family Name (Last Name) Given Name (First Name) Middle Name (if any)</p> <p>Other Information</p> <p>3. Principal Beneficiary's Receipt Number: 4. Beneficiary's Receipt Number: 5. Date of Birth (mm/dd/yyyy) 6. Sex M/F 7. City/Town/Village of Birth 8. State or Province of Birth 9. Country of Birth 10.a. Country of Citizenship or Nationality 10.b. Additional Countries of Citizenship or Nationality (if any) 10.c. Relinquished Countries of Citizenship or Nationality (if any) 11. Alien Registration Number (A-Number) (if any) 12. U.S. Social Security Number (if any)</p>	<p>[delete]</p>

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13. Mailing Address

In Care Of Name
Street Number and Name
Apt./Ste./Flr. [Fillable field]
City or Town
State
ZIP Code
Province
Postal Code
Country

Last Arrival in the United States

If this person is in the United States, provide the following information.

14. Place and Date of Last Arrival into the United States

City or Town
State
Date of Last Arrival (mm/dd/yyyy)

15.a. Form I-94 Arrival-Departure Record Number:

15.b. Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy)

15.c. Immigration Status on Form I-94 (for example, class of admission, or paroled, if paroled)

16. Passport Number/Travel Document/National ID Number Used at Last Arrival

17. Country of Issuance for Passport or Travel Document

18. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

Employment History

If applicable, provide the last 20 years of this person's employment history. Also provide any government or military positions held at any time (i.e., even if older than 20 years). List present employment first. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information.**

19. Has this person ever been employed?

Yes
No

20. Employer 1

Employer Name
Street Number and Name
Apt./Ste./Flr. Number
City or Town
State
ZIP Code
Province

Postal Code
Country

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Job Title
From (mm/dd/yyyy)
To (mm/dd/yyyy)

21. Employer 2

Employer Name
Street Number and Name
Apt./Ste./Flr. Number
City or Town
State
ZIP Code
Province
Postal Code
Country
Job Title
From (mm/dd/yyyy)
To (mm/dd/yyyy)

22. Employer 3

Employer Name
Street Number and Name
Apt./Ste./Flr. Number
City or Town
State
ZIP Code
Province
Postal Code
Country
Job Title
From (mm/dd/yyyy)
To (mm/dd/yyyy)

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Education History

If applicable, provide this person's education history from post high school or secondary education to present. Include schools, area of concentration, and dates attended (whether a degree was obtained or not); also include instructions or training academies, including military academies or government sponsored training. List most recent education first. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information**.

23. Education 1

Name of Institution

Type of Institution (University, Academy,
Military Branch, etc.)
From (mm/dd/yyyy)
To (mm/dd/yyyy)
Degree or Certification obtained or worked
toward, if no degree obtained
Field or subject studied or majored
List of honors or awards

24. Education 2

Name of Institution
Type of Institution (University, Academy,
Military Branch, etc.)
From (mm/dd/yyyy)
To (mm/dd/yyyy)
Degree or Certification obtained or worked
toward, if no degree obtained
Field or subject studied or majored
List of honors or awards

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25. Education 3

Name of Institution
Type of Institution (University, Academy,
Military Branch, etc.)
From (mm/dd/yyyy)
To (mm/dd/yyyy)
Degree or Certification obtained or worked
toward, if no degree obtained
Field or subject studied or majored
List of honors or awards

Information About Marital History

26. What is this person's current marital status?

Single (Never Married)
Married
Divorced
Widowed
Separated
Marriage Annulled
If this person is single and have never married,
go to **Part 4.**

27. How many times has this person been
married?

28. Date of Current Marriage (if currently
married) (mm/dd/yyyy)

29. Current Spouse

Family Name (Last Name)
Given Name (First Name)
Middle Name (if applicable)
Date of Birth (mm/dd/yyyy)
Country of Birth

	<p>30. Former Spouse 1 Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) Date of Birth (mm/dd/yyyy) Country of Birth Date Marriage Ended (mm/dd/yyyy)</p> <p>31. Former Spouse 2 Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) Date of Birth (mm/dd/yyyy) Country of Birth Date Marriage Ended (mm/dd/yyyy)</p>	
<p>Page 23, Part 2. Beneficiary’s Statement, Declaration, Certification, and Signature</p>	<p>[Page 23]</p> <p>Part 2. Beneficiary’s Statement, Declaration, Certification, and Signature</p> <p><i>Beneficiary’s Statement</i> Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.</p> <p>1.a. <input type="checkbox"/> I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.</p> <p>1.b. <input type="checkbox"/> The interpreter named in Part 3. has read to me every question and instruction on this petition and my answer to every question in [Fillable Field], a language in which I am fluent. I understood all of this information as interpreted.</p> <p>2. <input type="checkbox"/> At my request, the preparer named in Part 4., [Fillable Filed], prepared this petition for me based only upon information I provided or authorized.</p> <p><i>Beneficiary’s Declaration and Certification</i> Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to USCIS at a later date.</p> <p>I authorize the release of any information from my records to USCIS or other entities and persons where necessary to determine eligibility for the immigration benefit sought or where authorized by law. I recognize the authority of USCIS to conduct audits of this petition using publicly available open-source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including</p>	<p>[delete]</p>

	<p>but not limited to, on-site compliance reviews.</p> <p>I certify, under penalty of perjury, that I have reviewed this petition, I understand all of the information contained in, and submitted with, my petition, and all of this information is complete, true, and correct.</p> <p>Beneficiary's Signature 3. Beneficiary's Signature Date of Signature (mm/dd/yyyy)</p>	
<p>Page 23, Part 3. Interpreter's Contact Information, Certification, and Signature</p>	<p>[Page 23]</p> <p>Part 3. Interpreter's Contact Information, Certification, and Signature</p> <p>Provide the following information about the interpreter.</p> <p>Interpreter's Full Name 1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name) 2. Interpreter's Business or Organization Name (if any)</p> <p>Interpreter's Contact Information 3. Interpreter's Daytime Telephone Number 4. Interpreter's Mobile Telephone Number (if any) 5. Interpreter's Email Address (if any)</p> <p>Interpreter's Certification I certify, under penalty of perjury, that I am fluent in English and [Fillable language field], and I have interpreted every question on the petition and Instructions and interpreted the petitioner's answers to the questions in that language, and the petitioner informed me that he or she understood every instruction, question, and answer on the petition.</p> <p>Interpreter's Signature 6. Interpreter's Signature Date of Signature (mm/dd/yyyy)</p>	<p>[delete]</p>
<p>Page 24, Part 4. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Derivative Beneficiary</p>	<p>[Page 24]</p> <p>Part 4. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Derivative Beneficiary</p> <p>Provide the following information about the preparer.</p> <p>Preparer's Full Name 1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name) 2. Preparer's Business or Organization Name (if any)</p>	<p>[delete]</p>

	<p><i>Preparer's Contact Information</i> 3. Preparer's Daytime Telephone Number 4. Preparer's Mobile Telephone Number (if any) 5. Preparer's Email Address (if any)</p> <p><i>Preparer's Certification</i> I certify, under penalty of perjury, that I prepared this petition for the petitioner at his or her request and with express consent and that all of the responses and information contained in and submitted with the petition are complete, true, and correct and reflects only information provided by the petitioner. The petitioner reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the petition.</p> <p><i>Preparer's Signature</i> 6. Preparer's Signature Date of Signature (mm/dd/yyyy)</p>	
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