

MARCOS  
NEGRON & AKAIKE  
Attorneys & Counselors at Law

"H-1B" Visa Employer/Petitioner Questionnaire

"H-1B" Nonimmigrant Visa Information -- [English](#)

"H-1B" Nonimmigrant Visa Information -- [Japanese](#)

EMPLOYER (U.S. PETITIONER) INFORMATION

1. Contact person:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
(tel): \_\_\_\_\_  
(fax): \_\_\_\_\_  
(email): \_\_\_\_\_

2. Individual who will be SIGNING  
legal documents/forms (if different):

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
(tel): \_\_\_\_\_

3. Name of the organization/business  
that will employ the H-1B specialist:

Organization  
name (legal): \_\_\_\_\_  
[ ] Main/Parent company [ ] Subsidiary  
[ ] Branch office [ ] Affiliate [ ] Agent/Rep.  
DBA/other name: \_\_\_\_\_  
Address: \_\_\_\_\_  
(street/suite)  
\_\_\_\_\_  
(city/state)  
\_\_\_\_\_  
(zip code) USA  
Homepage: \_\_\_\_\_

3. Business Activity/Financial  
Information:

Date of establishment of business: \_\_\_\_\_  
State of incorporation/registration: \_\_\_\_\_  
IRS Federal Taxpayer ID No. (FEIN): \_\_\_\_\_  
[ ] Profit  
[ ] Non-Profit ( \* will require documentation to establish non-profit status).

Number of employees:

(last year): \_\_\_\_\_ (current year): \_\_\_\_\_ (full-time)  
\_\_\_\_\_ (part-time)  
\_\_\_\_\_ (other)

Income/revenue:

GROSS: \_\_\_\_\_ NET: \_\_\_\_\_

For  fiscal -or-  calendar year ending: \_\_\_\_\_

**If fewer than 3 (three) full-time employees and/or considered "new/start-up" business (less than 1-2 years of operation), the following additional information.**  
(\* May also require additional documents, such as copy of lease, business tax returns, payroll chart, etc.):

Assets: \_\_\_\_\_

Net worth: \_\_\_\_\_

Business nature of your organization (services, products, etc.):

(line 1) \_\_\_\_\_

(line 2) \_\_\_\_\_

(line 3) \_\_\_\_\_

Also:  brochure/pamphlet attached -or-  documentation available on home page

**4. Employment Information:**

Name of intended employee: \_\_\_\_\_

Employment location:  place of business/main office  multiple venues  
 different location (specify): \_\_\_\_\_

Division/Dept.: \_\_\_\_\_

Position/Title: \_\_\_\_\_  
 new position  replaces an employee  
 same position as another employee

Supervisor's Job title: \_\_\_\_\_

Responsibility information:  employee will not supervise others.  
 employee will supervise others:  
- number of those supervised: \_\_\_\_\_  
- titles of those supervised: \_\_\_\_\_

**Describe the duties & activities of the position:**

(line 1) \_\_\_\_\_

(line 2) \_\_\_\_\_

Any unique/special responsibility? \_\_\_\_\_

**Minimum Requirements for position:**

[ ] degree: \_\_\_\_\_ major: \_\_\_\_\_

[ ] AND [ ] OR

[ ] experience/yrs.: \_\_\_\_\_

[ ] AND [ ] OR

[ ] license/certificates: \_\_\_\_\_

[ ] AND [ ] OR

[ ] other/skills: \_\_\_\_\_

**Salary:** Set Salary of: \$ \_\_\_\_\_ [ ] full-time [ ] part-time  
[ ] yearly\* [ ] monthly [ ] hourly

\* If raise in salary within 1 (one) year of employment is expected, how much will be the annual salary?: \$ \_\_\_\_\_

- **OR** -

**Other arrangement (explain):** \_\_\_\_\_

**Benefits:** \_\_\_\_\_

\$ \_\_\_\_\_ (equivalent monetary amount)

**Intended employment period:**

\_\_\_\_\_ - \_\_\_\_\_  
(start date: mo./date/yr.) (end date: mo./date/yr.)

**5. Additional Information:**

Current number of H-1B employees: \_\_\_\_\_ [ ] none  
How many have the same job title? \_\_\_\_\_

Within the past six (6) months, has any employee held the same position/title who has left the business?

[ ] no [ ] yes: please provide the following information:

[ ] terminated [ ] resigned

[ ] other reason: \_\_\_\_\_

date left: \_\_\_\_\_

**6. Information to Determine H-1B visa compliance, usage, and filing fees (for U.S. INS' purposes):**

H-1B DEPENDENT EMPLOYER QUESTIONS

I have 25 or fewer full-time equivalent employees who are employed in the U.S. AND employ MORE than 7 H-1B nonimmigrants.  Yes  No

I have at least 26 but not more than 50 full-time equivalent employees who are employed in the U.S. AND employ MORE than 12 H-1B nonimmigrants.  Yes  No

I have at least 51 full-time equivalent employees who are employed in the U.S. AND employ H-1B nonimmigrants in a number that is EQUAL to at least 15% of the number of such full-time equivalent employees.  Yes  No

In the past, I have been found to be a willful violator by the Dept. of Labor (an employer whom the Secretary of Labor has found, after notice and opportunity for a hearing, to have willfully failed to meet a condition of the LCA).  Yes  No

FILING FEE EXEMPTION QUESTIONS:

The business is an institution of higher education.  Yes  No

The business is a nonprofit organization or entity related to or affiliated with an institution of higher education, as such institutions of higher education.  Yes  No

The business is a nonprofit research organization or a governmental research organization.  Yes  No

The business is a primary or secondary education institution.  Yes  No

The business is a non-profit entity that engages in an established curriculum-related training of students registered at such an institution.  Yes  No

NUMERICAL LIMITATION EXEMPTION QUESTIONS

The business is an institution of higher education.  Yes  No

The business is a nonprofit organization or entity related to or affiliated with an institution of higher education, as such institutions of higher education.  Yes  No

The business is a nonprofit research organization or a governmental research organization.  Yes  No

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Documents normally required: business brochure/pamphlet/literature.  
If necessary: business lease, payroll documents, financial documents, business plan, etc.

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**Marcos, Negron & Akaike, LLP is a recipient of the American Bar Association's Pro Bono Publico Service Award.**

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**HOME: .MNLLP.COM**

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**8. Full U.S. residential address:**

(street/apt.): \_\_\_\_\_  
(city/state): \_\_\_\_\_  
(zip code): \_\_\_\_\_ U.S.A.  
preferred contact [x]  
[ ] (tel/home): \_\_\_\_\_  
[ ] fax/home): \_\_\_\_\_  
[ ] (tel/work): \_\_\_\_\_  
[ ] (fax/work): \_\_\_\_\_  
[ ] (cel.): \_\_\_\_\_  
[ ] (email): \_\_\_\_\_

**9. Home country address:**

(street/apt.): \_\_\_\_\_  
(city/pref.): \_\_\_\_\_  
(country code): \_\_\_\_\_  
(country): \_\_\_\_\_  
preferred contact [x]  
[ ] (tel/home): \_\_\_\_\_  
[ ] fax/home): \_\_\_\_\_  
[ ] (other): \_\_\_\_\_  
[ ] (other): \_\_\_\_\_

**10. Nearest U.S. Consulate/Embassy to your home country address:**

\_\_\_\_\_

**11. Passport Information:**

(date of issuance): \_\_\_\_\_  
(month) (date) (year)  
(expiration): \_\_\_\_\_  
(month) (date) (year)  
(issuing country): \_\_\_\_\_

**12. Home country national ID #:**

[ ] no [ ] yes, number: \_\_\_\_\_

**13. If you are currently in the United States, current visa/immigration status:**

Type of Visa: \_\_\_\_\_  
(e.g., F-1, B, H-1B, H-3, J, M, L-1A, L-1B, O-1, E-1, etc.)

Visa expires: \_\_\_\_\_  
(month) (date) (year)

I-94 Arrival/Departure card expiration date: \_\_\_\_\_  
(small card inside your passport) (month) (date) (year)

If not a "work" visa, do you have an EAD  
(employment authorization document):  
 no  
 yes, expiration:

\_\_\_\_\_  
(month) (date) (year)

**EMPLOYMENT INFORMATION**

**14. Current employment:** Company/  
Organization: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Division/Dept: \_\_\_\_\_

Degree required: \_\_\_\_\_

Major required: \_\_\_\_\_

License/certificates/  
memberships  
required: \_\_\_\_\_

Salary: \_\_\_\_\_ [ ] full-time [ ] part  
[ ] yearly [ ] monthly [ ] hourly

Benefits: \_\_\_\_\_

USD\$ \_\_\_\_\_  
(yearly equivalent monetary amount for benefits)

Dates: \_\_\_\_\_ - current  
(start date: mo./yr. ONLY)

**15. Intended employment:** [ ] same as above [ ] different (only complete sections that are different):

Company/  
Organization: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Division/Dept: \_\_\_\_\_

Degree required: \_\_\_\_\_

Major required: \_\_\_\_\_

License/certificates  
memberships  
required: \_\_\_\_\_

Salary: \_\_\_\_\_ [ ] full-time [ ] part  
[ ] yearly [ ] monthly [ ] hourly

Benefits: \_\_\_\_\_

USD\$ \_\_\_\_\_  
(yearly equivalent monetary amount for benefits)

Dates: \_\_\_\_\_ - \_\_\_\_\_  
(start date: mo./date/yr.) (end date: mo./date/yr.)

**16. Description of intended employment (duties, responsibilities, activity, etc.):**

I have attached a description - or -  Position described below:

(line 1): \_\_\_\_\_

(line 2): \_\_\_\_\_

(line 3): \_\_\_\_\_

(line 4): \_\_\_\_\_

(line 5): \_\_\_\_\_

**EDUCATION/EXPERIENCE/ABILITY INFORMATION**

**NOTE: You can complete the following - or - provide a complete/detailed resume (preferred), including the following information.**

**17. Education:**

A) Academic institution  
(college, university) name: \_\_\_\_\_

Address (city and country ONLY): \_\_\_\_\_

Field/Major of study: \_\_\_\_\_

Degree or certificate type  
(AAS, BA, MA, Ph.D.): \_\_\_\_\_

Attendance dates: \_\_\_\_\_  
Date started (mo./yr. ONLY) Ended (mo./yr. ONLY)

B) Academic institution  
(college, university) name: \_\_\_\_\_

Address (city and country ONLY): \_\_\_\_\_

Field/Major of study: \_\_\_\_\_

Degree or certificate type  
(AAS, BA, MA, Ph.D.): \_\_\_\_\_

Attendance dates: \_\_\_\_\_

Date started (mo./yr. ONLY)                      Ended (mo./yr. ONLY)

C) Academic institution  
(college, university) name: \_\_\_\_\_

Address (city and country ONLY): \_\_\_\_\_

Field/Major of study: \_\_\_\_\_

Degree or certificate type  
(AAS, BA, MA, Ph.D.): \_\_\_\_\_

Attendance dates: \_\_\_\_\_

Date started (mo./yr. ONLY)                      Ended (mo./yr. ONLY)

**18. Prior Experience:**

A) Company/  
Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
(city, state/pref., and country ONLY)

Position/Title: \_\_\_\_\_

Division/Dept: \_\_\_\_\_

Dates: \_\_\_\_\_ - \_\_\_\_\_  
(start date: mo./yr. ONLY)                      (end date: mo./yr. ONLY)

B) Company/  
Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
(city, state/pref., and country ONLY)

Position/Title: \_\_\_\_\_

Division/Dept: \_\_\_\_\_

Dates: \_\_\_\_\_ - \_\_\_\_\_  
(start date: mo./yr. ONLY)                      (end date: mo./yr. ONLY)

**19. Special Ability & Skills (please describe special skills, ability, languages, etc.):**

(line 1): \_\_\_\_\_

(line 2): \_\_\_\_\_

(line 3): \_\_\_\_\_

**ADDITIONAL INFORMATION**

**20. Have your visa ever been canceled, refused or denied? (Please explain.)**

(line 1): \_\_\_\_\_

(line 2): \_\_\_\_\_

**21. Have you ever been refused or denied entry into the United States? (Please explain.)**

(line 1): \_\_\_\_\_

(line 2): \_\_\_\_\_

**INDIVIDUAL'S DOCUMENTS, COMMONLY REQUIRED:**

1. Passport(s).
  2. I-94 Arrival/Departure Card (in the United States).
  3. Social Security card and EAD (work authorization document), if any.
  4. Prior/current immigration documents.
  5. Diploma(s), transcript(s) and license(s)/certificate(s).
- Other:
6. Evaluations, if necessary.
  7. Prior employment verification letters, if necessary.
  8. Tax returns & payroll documents from prior/current employment, if necessary.
  9. Relationship documents (for spouses/children), if necessary.

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