

LAW OFFICES OF HEMANT R. HABBU, INC.
A PROFESSIONAL CORPORATION

95 South Market Street, Suite 530
San Jose, California 95113
Telephone: (408) 993-9577
Facsimile: (408) 881-0456

FORM I-140 CHECKLIST

I. INFORMATION ABOUT CORPORATION/PETITIONER:

1. Company Name and Address:

Telephone: (____) _____

Facsimile: (____) _____

2. IRS Tax or Employment Identification No: _____ - _____
3. Date of Establishment: _____
4. Number of Employees: _____
5. Gross Annual Income: _____
6. Net Annual income: _____
7. Nature of Business Activity: _____

8. Name & Title of Officer Signing Documents: _____

9. E-mail address of signatory: _____
10. If is an individual sponsor (Social Security number): _____ - _____

II. INFORMATION ABOUT POSITION OFFERED TO EMPLOYEE/BENEFICIARY

1. Job Title: _____
2. Describe Job Duties (be specific and job description should be consistent with any labor certification, H-1B/L-1/E-1/E-2 petition filed for Employee): _____

3. Please indicate the minimum qualifications for the job in terms of education and experience: _____
4. Please indicate the minimum percentage of time spent in each of the job duties: _____

5. Salary Offered Annually: \$ _____
6. Address Where Beneficiary will Work: _____

III. INFORMATION ABOUT EMPLOYEE/BENEFICIARY

1. Full Name (as in passport):
Family Name _____ First _____ Middle _____
2. Current Home Address: _____

3. Telephone: (_____) _____
4. E-mail Address: _____
5. Address Outside the United States: _____

6. Date of Birth: _____
7. Place of Birth (City/Town, State/Province, Country): _____

8. Social Security No. (if any): _____ - _____ - _____
9. Place where Beneficiary will apply for immigrant visa: U.S. _____ Outside US (city/country): _____

10. Has any immigrant visa petition ever been applied by or on behalf of Beneficiary: YES: _____ NO: _____
11. If Beneficiary is in U.S.: Date of last arrival (MM/DD/YY): _____ Form I-94#: _____
Current status: _____ Expires (MM/DD/YY): _____

IV. INFORMATION ABOUT EMPLOYEE'S EDUCATION

Names & Address of Schools/colleges	Field of study	Dates Attended from & to (mo/Yr)	Degrees or Certificates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

V. INFORMATION ABOUT EMPLOYEE'S DEPENDENTS

1. Spouse: First name: _____ Middle name: _____ Last name: _____
(as in passport)
Gender: _____ Social Security No: _____
Living with you? _____ Address: _____
2. Child: First name: _____ Middle name: _____ Last name: _____
(as in passport)
Gender: _____ Social Security No: _____
Living with You? _____ Address: _____

(*) **For other children, please use a separate sheet of paper and use the same format to provide the above information - please note that this is the time to include the names of immediate family members.**

**VI. DOCUMENTS TO BE ATTACHED WITH THIS CHECKLIST (PLEASE CHECK EACH ITEM)
- please note that some items may not apply to your situation.**

If current status of Beneficiary is on H-1B, L-1B, O or P, J-1 (with waiver), R-1, O-1, or other status:

1. Original Labor Certification approval document unless this office filed the initial Labor Certification Application;
2. Copy of employee's latest resume;
3. Copy of all academic diplomas/degrees/certificates along with transcripts (if these documents are in different language than English, please attach the appropriate translation);
4. Certificates relating to all vocational or special training courses obtained by Beneficiary (till present);
5. Copy of employee's educational equivalence certificate if already obtained (should be exactly what we are looking for);
6. Reference letters relating to Beneficiary's past work experience (with dates of employment (mm/yy), detailed job duties, and title or designation) on that employer's letterhead;
7. Petitioner's federal income tax returns for the last three years (if applicable) along with all schedules showing company's ability to pay Beneficiary's salary;
8. Last three or four bank statements to establish Petitioner's financial solvency;
9. Latest W-2 for Beneficiary showing an employment relationship or explain why he/she is not working with Petitioner along with a letter stating that Beneficiary will be employed by Petitioner (required);

If current status of Beneficiary is on L-1A, E-1/E-2:

1. Petitioner's organizational chart showing managerial hierarchy and staffing levels;
2. Petitioner's Articles of Incorporation and other documents showing current authorization to transact business in the US;
3. List of employees/consultants under Beneficiary's supervision in the US indicating title, duties, educational background, and salaries, current immigration status (if in US);
4. Petitioner's federal income tax returns for last three years (BCIS often requires that returns be certified by the IRS – with stamp on it), along with all applicable schedules and statements;
5. Petitioner's bank statements for last six months;
6. Petitioner's annual report;
7. List of shareholders or partners/owners of the US company (Petitioner);
8. State and federal quarterly payroll tax reports indicating the names, social security numbers, wages etc. for each employee for four prior quarters;
9. Contracts (including any third party company contracts) showing present or future agreements evidencing that Petitioner is doing business in the U.S;
10. Current lease agreement relating to Petitioner;
11. Beneficiary's W-2 showing employment relationship with Petitioner;
12. Resume relating to Beneficiary;
13. Copy of all academic diplomas/degrees/ certificates along with transcripts (if these documents are not in English, please attach a full translation);
14. Certificates relating to all vocational or special training courses obtained by Beneficiary (if applicable);
15. Signed reference letters for Beneficiary's past work experience including dates of employment (mm/yy), detailed job duties, and title/designation, on relevant employer's letterhead;
16. Educational equivalence report of Beneficiary's educational background and/or work experience (if applicable).

(*) Please note that BCIS may require additional information.

() If you cannot provide English translations of any official documents, we could arrange for the translation through an outside agency but the costs will have to be paid by Petitioner and/or Beneficiary.**

(*) If we did not process the original L-1A or E-1/E-2, please provide a copy of the entire documentation previously submitted to the BCIS for the aforementioned visa classification (if you do not have it, please ask for a L-1, E-1/E-2 checklist to provide the basic information that BCIS will request).**

PLEASE NOTE THAT FULL PAYMENT MUST BE RECEIVED BEFORE ANY WORK CAN BEGIN.

FEE INFORMATION CAN BE PROVIDED UPON REQUEST.

PLEASE RETURN COMPLETED CHECKLIST TO THE FOLLOWING ADDRESS:

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95 South Market Street, Suite 530
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