

Form N-470
Form Table of Change
OMB Control Number 1615-0056
EDITS SINCE 60 DAY PUBLIC COMMENT

LOCATION	CURRENT VERSION	PROPOSED VERSION
Page 1		Your A Number <i>[move above the receipt box]</i>
Page 1	START HERE – please type or print in black ink.	Print or type all your answers fully and accurately in black ink. Write “N/A” if an item is not applicable. Write “None” if the answer is none. Failure to answer all of the questions may delay your Form N-470 .
Page 1	Returned Date Date Resubmitted Date Date Reloc Sent Date Date Relo Rec’d Date Date Receipt Remarks Action Block To be Completed by Attorney or Representative, if any [text box] Fill in box if G-28 is attached to represent the applicant.	[same as N-600K format] Bar Code [text box] Date Stamp [text box] Remarks [text box] Action [text box]

	ATTY State License #	
Page 1, Part 1. Information about you.	Information about you. Family Name [text box] Given Name [text box] Middle Name [text box] A# (If any) [text box] U.S. Social Security # (If any) [text box] Home Address – Street Number and Name [text box] Apt. # [text box] City [text box] State/Province [text box] Zip/Postal Code [text box] Country [text box] Mailing Address - Street Number and Name [text box] Apt. # [text box]	Part 2. Information About You 1. Current Legal Name (do not provide a nickname.) Family Name (<i>last name</i>) [text box] Given Name (<i>first name</i>) [text box] Middle Name (<i>if applicable</i>) [text box] 2. Your name exactly as it appears on your Permanent Resident Card. Family Name (<i>last name</i>) [text box] Given Name (<i>first name</i>) [text box] Middle Name (<i>if applicable</i>) [text box] 3. U.S. Social Security Number (if any) [text box] 4. Date of Birth (mm/dd/yyyy) [text box] 5. Country of Birth [text box] 6. Country of Nationality [text box]

	<p>City [text box]</p> <p>State/Province [text box]</p> <p>Zip/Postal Code [text box]</p> <p>Country [text box]</p> <p>Daytime Phone # (Area/Country Code) [text box]</p> <p>Date of Birth (mm/dd/yyyy) [text box]</p> <p>Country of Birth [text box]</p> <p>Country of Citizenship [text box]</p>	<p>7. Home Address</p> <p>Street Number and Name (do not write a P.O. Box in this space unless it is your ONLY address.)</p> <p>Apartment Number [text box]</p> <p>City [text box]</p> <p>County [text box]</p> <p>State [text box]</p> <p>ZIP Code [text box]</p> <p>Province (foreign address only) [text box]</p> <p>Country (foreign address only) [text box]</p> <p>Postal Code (foreign address only) [text box]</p> <p>8. Mailing Address</p> <p>C/O (in care of name) [text box]</p> <p>Street Number and Name [text box]</p> <p>Apartment Number [text box]</p>
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		<p>City [text box]</p> <p>State [text box]</p> <p>ZIP Code [text box]</p> <p>Province (<i>foreign address only</i>) [text box]</p> <p>Country (<i>foreign address only</i>) [text box]</p> <p>Postal Code (<i>foreign address only</i>) [text box]</p> <p>9. Daytime Phone Number [text box]</p> <p>Work Phone Number (<i>if any</i>) [text box]</p> <p>Evening Phone Number [text box]</p> <p>Mobile Phone Number (<i>if any</i>) [text box]</p> <p>10. E-Mail Address (<i>if any</i>) [text box]</p> <p>11. Date you became a Permanent Resident (<i>mm/dd/yyyy</i>) [text box]</p> <p>12. Have you resided in and been physically</p>
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		<p>present in the United States for an uninterrupted period of at least 1 year since your admission permanent resident? <i>(if you answer "No" you must provide an explanation on a separate sheet(s) of paper)</i></p> <p>Yes [text box]</p> <p>No [text box]</p> <p>13. Time Outside the United States <i>(include trips to Canada, Mexico, and the Caribbean)</i></p> <p>List below all the trips of 24 hours or more that you have taken outside the United States since you became a permanent resident. Begin with your most recent trip. If you need more space, use an additional sheet(s) of paper.</p> <p>[table]</p> <p>Date You Left the United States <i>(mm/dd/yyyy)</i> [column]</p> <p>Date You Returned to the United States <i>(mm/dd/yyyy)</i> [column]</p> <p>Did Trip Last 6 Months or More?</p>
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		<p>[column]</p> <p>[text box] Yes</p> <p>[text box] No</p> <p>Countries You Traveled To [column]</p> <p>Total Days Outside the United States [column]</p> <p>14. Explain your employment position requiring your absence from the United States and the intended length of employment. [large text box]</p> <p>15. Have you ever filed an income tax return as a nonresident or otherwise claimed or received benefits as a nonresident alien under U.S. Federal, State, or local income tax laws since you became a permanent resident?</p> <p>[text box] Yes</p> <p>[text box] No</p>
Page 1, Part 2. Reason	Part 2. Reason for	Part 1. Information About

for Request.	Request.	Your Eligibility (<i>check only one</i>)
	<p>My absence from the United States is: (Check one box)</p> <p>A. [text box] On behalf of the U.S. Government.</p> <p>B. [text box] For the purpose of carrying on scientific research on behalf of an American institution of research.</p> <p>C. [text box] For the purpose of engaging in the development of foreign trade and commerce of the United States on behalf of an American firm or corporation or a subsidiary thereof.</p> <p>D. [text box] Necessary for the protection of property rights outside the United States of an American firm or corporation engaged in the development of foreign trade and commerce of the United States.</p> <p>E. [text box] On behalf of a public international organization of which the United States is a member.</p> <p>F. [text box] Solely because of my capacity as a clergyman or clergywoman, missionary, brother, nun or sister of a denomination or mission having a bona fide organization in the United</p>	<p>My absence from the United States is on behalf of:</p> <ol style="list-style-type: none"> 1. [text box] The U.S. Government. (<i>employed by, or are under contract with, the U.S. Government</i>) 2. [text box] An American institution of research to perform scientific research. 3. [text box] An American firm or corporation, or a subsidiary thereof, to engage in the development of foreign trade and commerce of the United States. 4. [text box] An American firm or corporation to protect the property rights outside the United States of that American firm or corporation engaged in the development of foreign trade and commerce of the United States. 5. [text box] A public international organization of which the United States is a member. (<i>Your employment must have started after your admission as a permanent resident</i>) 6. [text box] A denomination or mission having a bona fide organization in the United States in which I perform

	States.	ministerial or priestly functions or my sole capacity is of a clergyman or clergywoman, missionary, brother, nun or sister.
<p>Page 2, Part 3. Additional Information.</p>	<p>Part 3. Additional Information.</p> <p>1. Give the date that you obtained lawful permanent resident status.</p> <p>[text box] <i>Enter date (mm/dd/yyyy)</i></p> <p>2. Since lawful entry as a permanent resident, have you resided in and been physically present in the United States for an uninterrupted period of at least 1 year?</p> <p>[text box] Yes</p> <p>[text box] No</p> <p>3. List all you absences from the United States since your admission as a lawful permanent resident. Begin with your most recent trip.</p> <p><i>[table]</i> Date of Departure (mm/dd/yyyy) [column]</p>	<p>[merge Part 3 into Part 1]</p> <p>Part 3. Information About Family Members Who Reside With You</p> <p>1. Do you have permanent resident family members who reside with you inside the United States?</p> <p>[text box] Yes</p> <p>[text box] No</p> <p>2. Will those family members reside with you outside the United States?</p> <p>[text box] Yes</p> <p>[text box] No</p> <p>If you answered "Yes," provide the information below for each permanent resident family member who will be residing with you outside the United States. If you need more space, use an additional sheet(s) of paper.</p>

	<p>Date of Return (<i>mm/dd/yyyy</i>) [column]</p> <p>Port of Entry Into the United States [column]</p> <p>Purpose of Trip [column]</p> <p>4. Explain the position of employment that requires your absence from the United States and the intended length of employment. [text box]</p> <p>5. Is the name you provided in Part 1 different from the name that appears on your Form I-551, Permanent Resident Card? [text box] Yes [text box] No If "Yes," note the information that is different. You must provide evidence showing the legal basis for the difference.</p> <p>6. Since becoming a lawful permanent resident, have you</p>	<p>[multiple portions for multiple family members]</p> <p>A. Family Name (<i>last name</i>) [text box]</p> <p>Given Name (<i>first name</i>) [text box]</p> <p>Middle Name (<i>if applicable</i>) [text box]</p> <p>Date of Birth (<i>mm/dd/yyyy</i>) [text box]</p> <p>Relationship to You [text box]</p> <p>A-Number [text box]</p> <p>B. Family Name (<i>last name</i>) [text box]</p> <p>Given Name (<i>first name</i>) [text box]</p> <p>Middle Name (<i>if applicable</i>) [text box]</p> <p>Date of Birth (<i>mm/dd/yyyy</i>) [text box]</p> <p>Relationship to You [text box]</p> <p>A-Number [text box]</p>
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	<p>ever filed an income tax return as a nonresident or otherwise claimed or received benefits as a nonresident alien under U.S. federal, state or local income tax laws?</p> <p>[text box] Yes</p> <p>[text box] No</p> <p>7. Are other family members who are lawful permanent residents intending to reside outside the United States with you?</p> <p>[text box] Yes</p> <p>[text box] No</p> <p>Give the following information about other family members who will reside outside the United States with you.</p> <p>[table]</p> <table border="1"> <tr> <td data-bbox="630 1640 922 1749">Name (Last/First/Middle) [column]</td> </tr> <tr> <td data-bbox="630 1787 857 1896">Date of Birth (mm/dd/yyyy) [column]</td> </tr> </table>	Name (Last/First/Middle) [column]	Date of Birth (mm/dd/yyyy) [column]	<p>C. Family Name (<i>last name</i>) [text box]</p> <p>Given Name (<i>first name</i>) [text box]</p> <p>Middle Name (<i>if applicable</i>) [text box]</p> <p>Date of Birth (<i>mm/dd/yyyy</i>) [text box]</p> <p>Relationship to You [text box]</p> <p>A-Number [text box]</p>
Name (Last/First/Middle) [column]				
Date of Birth (mm/dd/yyyy) [column]				

	<p>Relationship [column]</p> <p>A Number (if applicable) [column]</p>	
<p>Page 2, Part 4. Signature.</p>	<p>Part 4. Signature. <i>Read the information on penalties in the instructions before completing this part.</i></p> <p>I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit sought.</p> <p>***</p> <p>Signature of Applicant [text box]</p> <p>Daytime Phone Number (with area code) [text box]</p> <p>E-Mail Address (if any) [text box]</p> <p>Date (mm/dd/yyyy) [text box]</p>	<p>Part 4. Your Signature <i>(USCIS will reject your Form N-470 if it is not signed.)</i></p> <p>***</p> <p>I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit sought.</p> <p>Your Signature [text box]</p> <p>Date [text box]</p>

	<p>NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for the requested document and this application may be denied.</p>	
<p>Page 2, Part 5. Signature of person preparing form, if other than above.</p>	<p>Part 5. Signature of person preparing form, if other than above. (Sign below)</p> <p>I declare that I prepared this application at the request of the applicant and it is based on all information of which I have knowledge.</p> <p>Signature of Preparer [text box]</p> <p>Print or Type Your Name [text box]</p> <p>Firm Name and Address [text box]</p> <p>Date (mm/dd/yyyy) [text box]</p> <p>Daytime Phone Number (with area code) [text box]</p> <p>E-Mail Address (if any) [text box]</p>	<p>Part 5. Signature of Person Who Prepared This Form N-470 for You (if applicable)</p> <p>I declare under the penalty of perjury that I prepared this application at the request of the above person.</p> <p>Preparer's Printed Name [text box]</p> <p>Preparer's Signature [text box]</p> <p>Date (mm/dd/yyyy) [text box]</p> <p>Preparer's Firm or Organization Name (<i>if applicable</i>) [text box]</p> <p>Preparer's Daytime Phone Number [text box]</p> <p>Preparer's Address</p> <p>Street Number and Name (<i>do not provide a P.O. Box in this space</i>) *** City</p>

	<p>Fax Number (if any) [text box]</p>	<p>[text box]</p> <p>County [text box]</p> <p>State [text box]</p> <p>ZIP Code [text box]</p> <p>Province (<i>foreign address only</i>) [text box]</p> <p>Country (<i>foreign address only</i>) [text box]</p> <p>Postal Code (<i>foreign address only</i>) [text box]</p> <p>Preparer's E-Mail Address [text box]</p> <p>Preparer's Fax Number [text box]</p>
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