Do	Not Write in This Block - For	· USCIS Use Only (Exc	cept G-28 Block Below)	
Classification	Action Block		Fee Receipt	
Priority Date				
Thomy Date				ney or Representative, if any
		Λ Π	G-28 is attached	N
		$' \triangle H$	Attorney's State License	No
Remarks:				
START HERE - Type or pr			_	
Part 1. Information A				
Family Name	Given Name		Middle Name	
Address - In Care of Name, if a	pplicable			
Street Number and Name				Apt. Number
City	State or Province	Country		Zip/Postal Code
Date of Birth (mm/dd/yyyy)	Country of Birth	Social Security	Number (if any)	A-Number (if any)
	es, provide the following infor			
Date of Arrival (mm/dd/yyyy)	I-94 Number	Pa	assport Number	/ \
Travel Document Number	Expiration Date for Passport	or Travel Document Co	ountry of Issuance for Pas	ssport or Travel Document
Current Nonimmigrant Status	Date Current Status Expires (mm/dd/yyyy) Da	aytime Telephone Number	(with Area Code)
Part 2. Application Ty	ype (Check one)			
	ed on an investment in a communicated has been adjusted down		geted employment area for	or which the required
b. Πhis petition is bas has been adjusted τ	sed on an investment in a commanupward.	ercial enterprise in an ar	rea for which the required	l amount of capital invested
c. This petition is bas adjustment area.	sed on an investment in a comm	ercial enterprise that is i	not in either a targeted are	ea or in an upward
Part 3. Information A	bout Your Investment			
Name of commercial enterpris	se in which funds are invested (I	Required Field - Do Not L	Leave Blank)	
Street Address	_			
Phone Number with Area Cod	le Business organized as	(corporation, partnership	p, etc.)	
RECEIVED:	RESUBMITTED:	RELOCATED	D: SENT	REC'D

Part 3. Information About Your Investment (Continued)
Kind of business (e.g. furniture manufacturer) Date established (mm/dd/yyyy) IRS Tax #
Date of your initial investment (mm/dd/yyyy) Amount of your initial investment \$
Your total capital investment in the enterprise to date \$ Percentage of the enterprise you own
If you are not the sole investor in the new commercial enterprise, list on separate paper the names of all other parties (natural and non-natural) who hold a percentage share of ownership of the new enterprise and indicate whether any of these parties is seeking classification as an alien entrepreneur. Include the name, percentage of ownership, and whether or not the person is seeking classification under section 203(b)(5). NOTE: A "natural" party would be an individual person, and a "non-natural" party would be an entity such as a corporation, consortium, investment group, partnership, etc.
If you indicated in Part 2 that the enterprise is in a targeted employment area or in an upward adjustment area, name the county and State: County State
Part 4. Additional Information About the Enterprise
Type of Enterprise (check one): New commercial enterprise resulting from the creation of a new business. New commercial enterprise resulting from the purchase of an existing business. New commercial enterprise resulting from a capital investment in an existing business.
Composition of the Petitioner's Investment: Total amount in U.S. bank account
Total value of all property transferred from abroad to the new enterprise
Total of all debt financing\$ Total stock purchases\$
Other (explain on separate paper)
Total \$
Income:
When you made the investment Gross \$ Net \$
Now
Net worth:
When you made investment Gross \$ Now \$

Part 5. Employment Creation Information
Number of full-time employees in the enterprise in U.S. (excluding you, your spouse, sons, and daughters)
When you made your initial investment? Now Difference
How many of these new jobs were created by your investment? How many additional new jobs will be created by your additional investment?
What is your position, office, or title with the new commercial enterprise?
Briefly describe your duties, activities, and responsibilities.
<u> </u>
What is your salary? \$ What is the cost of your benefits? \$
Part 6. Processing Information
Check One:
The person named in Part 1 is now in the United States, and an application to adjust status to permanent resident will be filed if this petition is approved.
If the petition is approved and the person named in Part 1 wishes to apply for an immigrant visa abroad, complete the following for that person:
Country of nationality:
Country of current residence or, if now in the United States, last permanent residence abroad:
If you provided a United States address in Part 1 , print the person's foreign address:
If the person's native alphabet is other than Roman letters, write the foreign address in the native alphabet:
Are you in deportation or removal proceedings? Yes (Explain on separate paper) No
Have you ever worked in the United States without permission? Yes (Explain on separate paper) No
Part 7. Signature Read the information on penalties in the instructions before completing this section.
I certify, under penalty of perjury under the laws of the United States of America, that this petition 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 I am seeking.
Signature Date
Mobile Phone Number () - E-Mail Address
NOTE: If you do not completely fill out this form or fail to the submit the required documents listed in the instructions, you may not be found eligible for the immigration benefit you are seeking and this petition may be denied.
Part 8. Signature of Person Preparing Form, If Other Than Above (Sign below)
I declare that I prepared this application at the request of the above person, and it is based on all information of which I have knowledge
Signature Print Your Name Date
Daytime phone #
with area code
Address