TABLE OF CHANGES – FORM

Form I-907, Request for Premium Processing Service OMB Number: 1615-0048 07/29/2020

Reason for Revision: Fee Rule Project Phase: Post G-1056

Please note – all instances of "if any" and "if applicable" have been remove from Form I-907.

Legend for Proposed Text:

• Black font = Current text

• Red font = Changes

Expires 07/31/2022 Edition Date 07/23/2020

Current Page Number and Section	Current Text	Proposed Text
Page 1,	[Page 1]	[Page 1]
	To be completed by an attorney or accredited representative (if any). Select this box if Form G-28 or Form G-28I is attached. Attorney State Bar Number (if applicable) Attorney or Accredited Representative USCIS Online Account Number (if any)	To be completed by an attorney or accredited representative. Select this box if Form G-28 or Form G-28I is attached. Attorney State Bar Number Attorney or Accredited Representative USCIS Online Account Number
Pages 1-2,	[Page 1]	[Page 1]
Part 1. Information About the Person Filing		
This Request	1. Alien Registration Number (A-Number) (if any)	Alien Registration Number (A-Number)
	2. USCIS Online Account Number (if any)	2. USCIS Online Account Number
Pages 2-3,	[Page 2]	[Page 2]
Part 2. Information About the Request		
	7. Company or Organization IRS Employer Identification Number (EIN) (if any)	7. Company or Organization IRS Employer Identification Number (EIN)
Page 7,	[Page 7]	[Page 7]
Part 6. Additional Information	If you need extra space to provide any	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.		

•••

2. A-Number (if any)

your name and A-Number 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.

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

2. A-Number