

TABLE OF CHANGES – FORM
Form I-129, Petition for a Nonimmigrant Worker
OMB Number: 1615-0009
10/06/2020

Reason for Revision: Strengthening H-1B IFR
Project Phase: DHS/OGC Review

Legend for Proposed Text:

- Black font = Current text
- **Red font** = Changes

Expires 10/31/2021

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Current Page Number and Section	Current Text	Proposed Text
<p>Page 1, Part 1. Petitioner Information</p>	<p>[Page 1] START HERE - Type or print in black ink.</p> <p>Part 1. Petitioner Information</p> <p>If you are an individual filing this petition, complete Item Number 1. If you are a company or an organization filing this petition, complete Item Number 2.</p> <p>1. Legal Name of Individual Petitioner</p> <p>Family Name (Last Name) Given Name (First Name) Middle Name</p> <p>2. Company or Organization Name</p> <p>3. Mailing Address of Individual, Company or Organization In Care Of Name Street Number and Name Apt. Ste. Flr. Number City or Town</p>	<p>[Page 1] START HERE - Type or print in black ink. Answer all questions fully and accurately. If an item is not applicable (for example, if you have never been married and the question asks, “Provide the name of your current spouse”), type or print “N/A.” If your answer to a question which requires a numeric response is zero or none (for example, “How many children do you have” or “How many times have you departed the United States”), type or print “None” unless otherwise directed.</p> <p>Part 1. Petitioner Information</p> <p>If you are an individual or sole proprietor filing this petition, complete Item Number 1. If you are a company or an organization filing this petition, complete Item Number 2.</p> <p>1. Legal Name of Petitioning Individual or Sole Proprietor</p> <p>Family Name (Last Name) Given Name (First Name) Middle Name</p> <p>2. Petitioning Company or Organization Name</p> <p>3. Mailing Address of Individual, Company or Organization In Care Of Name Street Number and Name Apt. Ste. Flr. Number City or Town</p>

	<p>State ZIP Code (USPS ZIP Code Lookup) Province Postal Code Country</p> <p>4. Contact Information Daytime Telephone Number Mobile Telephone Number Email Address (if any)</p> <p>5. Other Information Federal Employer Identification Number (FEIN) Individual IRS Tax Number U.S. Social Security Number (if any)</p>	<p>State ZIP Code (USPS ZIP Code Lookup) Province Postal Code Country</p> <p>4. Petitioner's Contact Information Daytime Telephone Number Mobile Telephone Number Email Address</p> <p>5. Other Information Federal Employer Identification Number (FEIN) Individual IRS Tax Number U.S. Social Security Number</p>
<p>Pages 4-5, Part 5. Basic Information About the Proposed Employment and Employer</p>	<p>[Page 4]</p> <p>Part 5. Basic Information About the Proposed Employment and Employer</p> <p>Attach the Form I-129 supplement relevant to the classification of the worker(s) you are requesting.</p> <p>1. Job Title 2. LCA or ETA Case Number</p> <p>[Page 5]</p> <p>3. Address where the beneficiary(ies) will work if different from address in Part 1. Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code</p> <p>4. Did you include an itinerary with the petition? Yes No</p> <p>5. Will the beneficiary(ies) work for you off-site at another company or organization's location? Yes No ...</p>	<p>[Page 4]</p> <p>Part 5. Basic Information About the Proposed Employment and Employer</p> <p>Attach the Form I-129 supplement relevant to the classification of the worker(s) you are requesting.</p> <p>1. Job Title 2. LCA or ETA Case Number</p> <p>[Page 5]</p> <p>3. Address where the beneficiary(ies) will work if different from address in Part 1. Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code</p> <p>4. Did you include an itinerary with the petition? Yes No</p> <p>5. Will the beneficiary(ies) work for you at a third-party worksite? Yes No [no changes]</p>
<p>Pages 15-20, H Classification Supplement to Form I-129</p>	<p>[Page 15]</p> <p>H Classification Supplement to Form I-129</p> <p>...</p>	<p>[Page 15]</p> <p>H Classification Supplement to Form I-129</p> <p>[no changes]</p>

	<p>Section 1. Complete This Section If Filing for H-1B Classification</p> <p>1. Describe the proposed duties.</p> <p>2. Describe the beneficiary's present occupation and summary of prior work experience.</p> <p>...</p>	<p>Section 1. Complete This Section If Filing for H-1B Classification</p> <p>1. Describe the proposed duties for the beneficiary's proffered position.</p> <p>2. Describe the beneficiary's present occupation and provide a summary of prior work experience.</p> <p>3. What level of education is required for the position?</p> <p>4. What fields of study are required for this position?</p> <p>5. How many years of experience, if any, are required in order to qualify for the position?</p> <p>6. What special skills, if any, are required in order to qualify for the position?</p> <p>7. Is your petition requesting: (select all that apply): <input type="checkbox"/> Recapture time <input type="checkbox"/> 3-year Per-Country Limitations Exemption <input type="checkbox"/> 1-year Lengthy Adjudication Delay Exemption <input type="checkbox"/> A time limit exemption because the beneficiary did not reside continually in the United States and the beneficiary's employment was intermittent, seasonal, or for an aggregate of six months or less per year.</p> <p>[no changes]</p>
<p>Pages 21-23, H-1B and H-1B1 Data Collection and Filing Fee Exemption Supplement</p>	<p>[Page 21]</p> <p>H-1B and H-1B1 Data Collection and Filing Fee Exemption Supplement</p> <p>...</p> <p>Section 1. General Information</p> <p>...</p> <p>5. DOT Code</p> <p>...</p> <p>Section 2. Fee Exemption and/or Determination</p> <p>...</p> <p>NOTE: A petitioner seeking initial approval of H-1B nonimmigrant status for a beneficiary, or seeking approval to employ an H-1B nonimmigrant currently working for another employer, must submit an additional \$500</p>	<p>[Page 21]</p> <p>H-1B and H-1B1 Data Collection and Filing Fee Exemption Supplement</p> <p>...</p> <p>Section 1. General Information</p> <p>...</p> <p>5. SOC Code</p> <p>...</p> <p>Section 2. Fee Exemption and/or Determination</p> <p>...</p> <p>NOTE: A petitioner seeking initial approval of H-1B nonimmigrant status for a beneficiary, or seeking approval to employ an H-1B nonimmigrant currently working for another employer, must submit an additional \$500</p>

	<p>Fraud Prevention and Detection fee. For petitions filed on or after December 18, 2015, an additional fee of \$4,000 must be submitted if you responded yes to Item Numbers 1.d. and 1.d.1. of Section 1. of this supplement. This \$4,000 fee was mandated by the provisions of Public Law 114-113.</p> <p>...</p> <p>Section 4. Off-Site Assignment of H-1B Beneficiaries</p> <p>1. The beneficiary of this petition will be assigned to work at an off-site location for all or part of the period for which H-1B classification sought. Yes No</p> <p>If no, do not complete Item Numbers 2. and 3.</p> <p>2. Placement of the beneficiary off-site during the period of employment will comply with the statutory and regulatory requirements of the H-1B nonimmigrant classification. Yes No</p> <p>3. The beneficiary will be paid the higher of the prevailing or actual wage at any and all off-site locations. Yes No</p>	<p>Fraud Prevention and Detection fee. For H-1B petitions filed on or after December 18, 2015, an additional fee of \$4,000 must be submitted if you responded yes to Item Numbers 1.d. and 1.d.1. of Section 1. of this supplement. This \$4,000 fee was mandated by the provisions of Public Law 114-113.</p> <p>...</p> <p>Section 4. H-1B Beneficiaries Working at Third-Party Worksites</p> <p>1. The beneficiary of this petition will be assigned to work at one or more third-party worksites for all or part of the period for which H-1B classification is sought. Yes No</p> <p>If no, do not complete Item Numbers 2. and 3.</p> <p>2. Placement of the beneficiary at a third-party worksite during the period of employment will comply with the statutory and regulatory requirements of the H-1B nonimmigrant classification. Yes No</p> <p>3. The beneficiary will be paid the higher of the prevailing or actual wage at any and all third-party worksites. Yes No</p>
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