myUSCIS Copy Deck	myUSCIS Copy Deck
I-134 Declaration of Finanical Support	I-134A Online Request for Considera
OMB Control Number: 1615-0014	OMB Control Number: 1615-0014
Edition Date: 04/25/2022	Edition Date: 04/25/2022
Expires: 10/31/2022	Expires: 10/31/2022
I-134_Expansion_Copydeck_(PRA-012)_v1.1.1	I-134_Expansion_Copydeck_(PRA-012)_v

Revision Key		
Description		
All original (old) text will be in black.		
Example	Original	Revised
All original text will be shown in black.	1. Oranges	1. Oranges
Any text that is removed from original column will be shown with a strikethrough and in red.	2. Bananas	2. Bananas
	3. Apple	3. Apple
	4. Pineapple	4. Pineapple

ation to be a Supporter and Declaration of Financial Suppo

1.1.1

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Copy Deck Version

I-134: File a Form

-134: File a Form				
ile A Form Copy	Alerts	Revisions	Link	Notes
		I-134A, Online Request to be a Supporter and Declaration of Financial Support		-
1 34, Request to be Financial Supporter The immigration benefits that involve a temporary stay in the	We are only accepting online filing of Form I-134 by individuals	We are only accepting online filing of Form I-134A by individuals agreeing	Paper Form L134	
hited States require U.S. Citizenship and Immigration Services	agreeing to financially support beneficiaries eligible for the following	to financially support beneficiaries eligible for the following programs:	<u>https://www.uscis.gov/i</u>	_
SCIS) to determine whether the applicant or beneficiary of the	programs:		134	-
quest has sufficient financial resources or financial support to pay	• Cuba	• Haiti		
expenses during the temporary stay. The individual who signs	• Haiti	Nicaragua		
d submits Form I-134 must establish that he or she has both	• Nicaragua • Ukraine	• Ukraine		
fficient financial resources and access to those funds to support e beneficiary listed on Form I-134 for the duration of the neficiary's stay in the United States.	• Venezuela	• Venezuela		
icheldi y 5 stay in the office states.		You must be located in the United States to file Form I-134A online.		
	You must be located in the United States to file Form I-134 online.	Indviduals seeking parole may not file Form I-134A on their own behalf.		
	Indviduals seeking parole may not file Form I-134 on their own behalf. Supporters must include the name of the beneficiary on Form I-134.	Supporters must include the name of the beneficiary on Form I-134A.		
	101111-134.	Supporters must file a separate Form I-134A for each beneficiary they are		
	Supporters must file a separate Form I-134 for each beneficiary they are planning to support, including minor children.	planning to support, including minor children.		
	they are planning to support, melading hinter children.	To be eligible for this process, children under the age of 18 must be		
	To be eligible for this process, children under the age of 18 must be	traveling to the United States in the care and custody of their parent or		
	traveling to the United States in the care and custody of their parent or legal guardian and be able to provide documentation to confirm the relationship	legal guardian and be able to provide documentation to confirm the relationship.		
	the relationship.	If you are agreeing to support a beneficiary seeking parole who is not		
	If you are agreeing to support a beneficiary seeking parole who is	applying under Venezuela or Uniting for Ukraine, or a beneficiary seeking		
	not applying under Venezuela or Uniting for Ukraine, or a beneficiary	any other immigration benefit, you must file a paper Form I-134 through		
	seeking any other immigration benefit, you must file a paper Form I-134	the appropriate Lockbox location.		

through the appropriate Lockbox location.

- the appropriate Lockbox location.

I-134:Overview Heading I-134, Declaration of	I-134A, Online Request to	Sub-Heading	Body Text Some immigration benefits that involve a temporary stay in the United States require U.S. Citizenship and Immigration Services (USCIS) to determine whether the	Re So
inancial Support	be a Supporter and Declaration of Financial Support		applicant or beneficiary of the request has sufficient financial resources or financial support to pay for expenses during the temporary stay. The individual who signs and submits Form I-134 must establish that he or she has both sufficient financial resources and access to those funds to support the beneficiary listed on Form I-134 for the duration of the beneficiary's stay in the United States.	арр
Before You Start Your Declaration		Eligibility	Certain individuals applying for parole based on urgent humanitarian reasons or significant public benefit filed on Form I-131, Application for Travel Document, must submit this form with Form I-131. Form I-134 is filed either by the applicant for parole on his or her own behalf, or by another individual on the parole applicant's behalf.	Cer sub
			Certain individuals applying for parole into the United States for urgent humanitarian reasons or significant public benefit who are not filing Form I-131 may also be required to submit this form. In such cases, Form I-134 is completed by an individual other than the beneficiary who is agreeing to financially support the beneficiary for the period of his or her temporary stay in the United States.	Cei rec for
			Note: Whether or not the beneficiary of this Form I-134 will have sufficient means of support while in the United States is an important factor in determining whether to exercise discretion to authorize parole. We require evidence that the beneficiary of this Form I-134 has financial support for the duration of his or her stay in the United States. Lack of evidence of financial support while in the United States is a strong negative factor that may lead to a denial of parole.	r No to Un
			Form I-134 may also be requested by Department of State in certain instances. Do not use Form I-134 if the beneficiary you are agreeing to financially support must have <u>Form I-864, Affidavit of Support Under Section 213A of the INA</u> , filed on his or her behalf instead.	For Do or l
		Fee	There is no filing fee to file Form I-134.	The
			Please refer to the instructions for the form(s) you are filing for additional information or you may call the USCIS Contact Center at 800-375-5283. For TTY (deaf or hard of hearing) 800-767-1833.	Plea har
		Documents you may need	You must be located in the United States in order to file Form I-134 on behalf of beneficiaries and their immediate family members. Beneficiaries and their immediate family members requesting parole may not file Form I-134 on their own behalf.	You me
			As the person who agrees to financially support the beneficiary, you must show you have sufficient income or financial resources to support the beneficiary. Evidence should consist of copies of any of the documents listed below that apply.	As t Evid
			Failure to provide evidence of sufficient income or financial resources may result in the denial of the foreign national's application for a visa or his or her removal from the United States.	Fail Uni
			Submit in duplicate evidence of income and resources, appropriate: Statement from an officer of the bank or other financial institutions with deposits, identifying the following details regarding the account: 	Sub 1. S
			 Date account opened Total amount deposited for the past year; and Present balance. 	• Da • To • Pr
			 2. Statement(s) form your employer on business stationery showing: Date and nature of employment; Salary paid; and 	2. S • D • S
			• Whether the position is temporary or permanent 3. Copy of last U.S. federal income tax return filed (tax transcript); or	• V 3. (
			4. List containing serial numbers and denominations of bonds and name of record owner(s).	4. L
		Biometric services appointment	USCIS may require that you appear for an interview or provide biometrics (fingerprints, photograph, and/or signature) at any time to verify your identity, obtain additional information, and conduct background and security checks, including a check of criminal history records maintained by the Federal Bureau of Investigation (FBI), before making a decision on your application or petition. After USCIS receives your declaration and ensures it is complete, we will inform you if you need to attend a biometric services appointment. If an appointment is necessary, the notice will provide you the location of you local or designated USCIS Application Support Center (ASC) and the date and time of your appointment or, if you are currently overseas, instruct you to contact a U.S. Embassy, U.S. Consulate, or USCIS office outside the United States to set up an appointment.	Ξ
			If you are required to provide biometrics, at your appointment you must sign an oath reaffirming that: 1. You provided or authorized all information in the declaration; 2. You reviewed and understood all of the information contained in, and submitted with your declaration; and; 3. All of this information was complete, true, and correct at the time of filing.	
After You Submit Your Declaration		Track your case online	After you submit your form, you can track its status through your USCIS account. Sign in to your account often to check your case status and read any important messages from USCIS.	
		Respond to requests for information	If we need more information from you, we will send you a Request for Evidence (RFE) or Request for Information (RFI). You can respond to our request and upload your documents through your USCIS account.	
		Receive your decision	The decision on the Form I-134 involves a determination of whether you have established a basis of support for the beneficiary seeking an immigration benefit. USCIS will notify you of the decision in writing.	
Completing Your Form		Filing online	Submitting your declaration online is the same as mailing in a completed paper form. They both gather the same information.	
Online		Complete the Getting Started section first Provide as many responses as you can We will automatically save your responses How to continue filling out your form DHS Privacy Notice	You should answer all questions in the Getting Started section first so we can best customize the rest of your online form experience. You should provide as many responses as you can. Incomplete fields or sections and missing information can slow down the process after you submit your form. We will automatically save your information when you select next to go to a new page or navigate to another section of the form. We will save your information for 30 days from today, or from the last time you worked on the form. After you start your form, you can sign in to your account to continue your form. AUTHORITIES: The information requested on this declaration, and the associated evidence, is collected under the Immigration and Nationality Act sections 212(d)(5), 214 and 248.	
			PURPOSE: The primary purpose for providing the requested information on this declaration of financial support is to determine whether the beneficiary of this declaration has adequate financial means to support themselves and that, if this individual is admitted or paroled into the United States, this individual has sufficient financial resources available to them for the duration of their temporary stay in the United States. DHS uses the information you provide to grant or deny the immigration benefit the beneficiary of Form I-134 is seeking.	PU dec fina imr
			DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information, including your Social Security number (if applicable), and any requested evidence, may delay a final decision or result in denial of the beneficiary's benefit request.	
			ROUTINE USES: DHS may share the information you provide on this declaration and any additional requested evidence with other Federal, state, local, and foreign government agencies and authorized organizations. DHS follows approved routine uses described in the associated published system of records notices [DHS/USCIS/ICE/CBP-001 Alien File, Index, and National File Tracking System, DHS/USCIS-007 Benefits Information System, and DHS/USCIS-018 Immigration Biometric and Background Check] and the published privacy impact assessments [DHS/USCIS/PIA-003 Integrated Digitization Document Management Program (IDDMP), DHS/USCIS/PIA-056 USCIS Electronic Immigration System, DHS/USCIS/PIA-071 myUSCIS Account Experience, and DHS/USCIS/PIA-051 Case and Activity Management for International Operations] which you can find at <u>www.dhs.gov/privacy</u> . DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.	
		Paperwork Reduction Act	An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid Office of Management and Budget (OMB) control number. The public reporting burden for this collection of information is estimated at 1.83 hours per response, including the time for reviewing instructions, gathering the required documentation and information, completing the declaration, preparing statements, attaching necessary documentation, and submitting the declaration. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to:	
			U.S. Citizenship and Immigration Services Office of Policy and Strategy, Regulatory Coordination Division 5900 Capital Gateway Drive, Mail Stop #2140 Camp Springs, MD 20588-0009	U.S Of 590 Ca
			Do not mail your completed Form I-134 to this address. OMB No. 1615-0014 Expires: 10/31/2022	Do ON Exp
		Security Reminder	If you do not work on your declaration for more than 30 days, we will delete your data in order to prevent storing personal information indefinitely.	

Revisions United States require U.S. Citizenship and Immigration Services (USCIS) to determine whether the Some immigration benefits that involve a temporary stay in the United States require U.S. Citizenship and Immigration Services (USCIS) to determine whether the resources or financial support to pay for expenses during the temporary stay. The individual who signs applicant or beneficiary of the request has sufficient financial resources or financial support to pay for expenses during the temporary stay. The individual who signs n sufficient financial resources and access to those funds to support the beneficiary listed on Form I-134 and submits Form I-134A must establish that he or she has both sufficient financial resources and access to those funds to support the beneficiary listed on Form I-134A must establish that he or she has both sufficient financial resources and access to those funds to support the beneficiary listed on Form I-134A must establish that he or she has both sufficient financial resources and access to those funds to support the beneficiary listed on Form I-134A itled "Form I-134, Affidavit of Support." Form I-134, Declaration of Financial Support, was previously titled "Form I-134, Affidavit of Support." (delete)

behalf. or urgent humanitarian reasons or significant public benefit who are not filing Form I-131 may also be Certain individuals applying for parole into the United States for urgent humanitarian reasons or significant public benefit who are not filing Form I-131 may also be pleted by an individual other than the beneficiary who is agreeing to financially support the beneficiary required to submit this form. In such cases, Form I-134A is completed by an individual other than the beneficiary who is agreeing to financially support the beneficiary he United States is a strong negative factor that may lead to a denial of parole. certain instances. inancially support must have Form I-864, Affidavit of Support Under Section 213A of the INA, filed on his Do not use Form I-134A if the beneficiary you are agreeing to financially support must have Form I-864, Affidavit of Support Under Section 213A of the INA, filed on his

134A for the duration of the beneficiary's stay in the United States.

itarian reasons or significant public benefit filed on Form I-131, Application for Travel Document, must Certain individuals applying for parole based on urgent humanitarian reasons or significant public benefit filed on Form I-131, Application for Travel Document, must <u>https://www.uscis.gov/i-134</u> the applicant for parole on his or her own behalf, or by another individual on the parole applicant's submit this form with Form I-131. Form I-134A is filed either by the applicant for parole on his or her own behalf, or by another individual on the parole applicant's

for the period of his or her temporary stay in the United States. ave sufficient means of support while in the United States is an important factor in determining whether or not the beneficiary of this Form I-134A will have sufficient means of support while in the United States is an important factor in determining whether ce that the beneficiary of this Form I-134 has financial support for the duration of his or her stay in the to exercise discretion to authorize parole. We require evidence that the beneficiary of this Form I-134A has financial support for the duration of his or her stay in the United States. Lack of evidence of financial support while in the United States is a strong negative factor that may lead to a denial of parole. Form I-134A may also be requested by Department of State in certain instances.

There is no filing fee to file Form I-134A. r additional information or you may call the USCIS Contact Center at 800-375-5283. For TTY (deaf or Please refer to the instructions for the form(s) you are filing for additional information or you may call the USCIS Contact Center at 800-375-5283. For TTY (deaf or hard of hearing) 800-767-1833.

or her behalf instead.

formation on this declaration of financial support is to determine whether the beneficiary of this **PURPOSE:** The primary purpose for providing the requested information on this declaration of financial support is to determine whether the beneficiary of this es and that, if this individual is admitted or paroled into the United States, this individual has sufficient declaration has adequate financial means to support themselves and that, if this individual is admitted or paroled into the United States, this individual has sufficient temporary stay in the United States. DHS uses the information you provide to grant or deny the

r. The public reporting burden for this collection of information is estimated at 1.83 hours per response, valid Office of Management and Budget (OMB) control number. The public reporting burden for this collection of information is estimated at 1.83 hours per response, quired documentation and information, completing the declaration, preparing statements, attaching including the time for reviewing instructions, gathering the required documentation and information, completing the declaration, preparing statements, attaching d comments regarding this burden estimate or any other aspect of this collection of information, necessary documentation, and submitting the declaration. Send comments regarding this burden estimate or any other aspect of this collection of information,

including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services 5900 Capital Gateway Drive, Mail Stop #2140

Expires:

34 on behalf of beneficiaries and their immediate family members. Beneficiaries and their immediate family You must be located in the United States in order to file Form I-134A on behalf of beneficiaries and their immediate family members. Beneficiaries and their immediate family members requesting parole may not file Form I-134A on their own behalf. As the person who agrees to financially support the beneficiary, you must show you have sufficient income or financial resources to support the beneficiary.

Evidence should consist of copies of any of the documents listed below that apply. urces may result in the denial of the foreign national's application for a visa or his or her removal from the Failure to provide evidence of sufficient income or financial resources may result in the denial of the foreign national's application for a visa or his or her removal from the United States.

> Submit in duplicate evidence of income and resources, appropriate: 1. Statement from an officer of the bank or other financial institutions with deposits, identifying the following details regarding the account: Date account opened Total amount deposited for the past year; and

Statement(s) form your employer on business stationery showing: Date and nature of employment;

 Salary paid; and Whether the position is temporary or permanent

Copy of last U.S. federal income tax return filed (tax transcript); or

Present balance.

4. List containing serial numbers and denominations of bonds and name of record owner(s).

immigration benefit the beneficiary of Form I-134A is seeking.

on, and a person is not required to respond to a collection of information, unless it displays a currently An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently Office of Policy and Strategy, Regulatory Coordination Division

> Camp Springs, MD 20588-0009 Do not mail your completed Form I-134 to this address.

OMB No.

Link

We are only accepting online filing of Form I-134 by individuals agreeing to financially support beneficiaries eligible for the following programs: • Cuba Haiti

 Nicaragua Ukraine Venezuela

Lockbox location.

Alerts

You must be located in the United States to file Form I-134 online. Indviduals seeking parole may not file Form I-134 on their own behalf. Supporters must include the name of the beneficiary on Form I-134. Supporters must file a separate Form I-134 for each beneficiary they are Supporters must

planning to support, including minor children.

To be eligible for this process, children under the age of 18 must be traveling to To be eligible for t the United States in the care and custody of their parent or legal guardian and be the United States able to provide documentation to confirm the relationship. If you are agreeing to support a beneficiary seeking parole who is not applying If you are agreeing under Venezuela or Uniting for Ukraine, or a beneficiary seeking any other immigration benefit, you must file a <u>paper Form I-134</u> through the appropriate

financial resources available to them for the duration of their temporary stay in the United States. DHS uses the information you provide to grant or deny the

https://www.dhs.gov/topics/privacy

Revisions	Link CTA	Paper Form Notes Form I-134 instructions, Instructions,	
		page 1	
We are only accepting online filing of Form I-134A by individuals agreeing to financially support beneficiaries eligible for the following programs: Cuba 	<u>P</u> aper Form I- 134 <u>:</u> <u>https://www.usc</u>	Form I-134 instructions, page 1	
• Haiti • Nicaragua	is.gov/i-134		
• Ukraine • Venezuela			
You must be leasted in the United States to file Form 1124A online. Induiduals			
You must be located in the United States to file Form I-134A online. Indviduals seeking parole may not file Form I-134A on their own behalf. Supporters must include the name of the beneficiary on Form I-134A.			
Supporters must file a separate Form I-134A for each beneficiary they are			
planning to support, including minor children.			
To be eligible for this process, children under the age of 18 must be traveling to e the United States in the care and custody of their parent or legal guardian and be able to provide documentation to confirm the relationship.			
If you are agreeing to support a beneficiary seeking parole who is not applying			
under Venezuela or Uniting for Ukraine, or a beneficiary seeking any other immigration benefit, you must file a <u>paper Form I-134</u> through the appropriate			
Lockbox location.			
		Form I-134 instructions, page 2	
		Need to clarify what to say	
		in this section.	
		Form I-134 instructions	
		Form I-134 instructions pg 7- 8	
		Form I-134 instructions pg 7-	
		8	
		Form I-134 instructions pg 7-	
		8	
	https://www.dhs .gov/topics/priva	Form I-134 instructions pg 7- 8	
	<u>cy</u>		
		Form I-134 instructions pg 7- 8	
	<u>Start</u>		

1-134. GETTING STARTED

	NG STARTED									
ary Nav	Secondary Nav	Tertiary Nav	Paper Form Question	Question	Sub-Question	Revisions	Field Type	Instructional Text	Help Text	Notes
ng Started	Basis for filing		1.1	On whose behalf are you filing this form?	Another individual who is the beneficial	γ	Radio			For online filing, this is the only option available
			1.2	I am filing this form under one of the following:	Cuba / Haiti / Nicaragua / Ukraine / Venezuela		Dropdown			
							Dropdown			REQUIRED QUESTION
							Dropdown			
							Dropdown			
	Preparer and			Is someone assisting you	Yes/No		Radio			
	interpreter			with completing this						
	information			declaration?			Dadia	A proporor is onlyong who		
				(IF YES) Is a preparer assisting you with completing this	g Yes/No		Radio	A preparer is anyone who completes or helps you		
				declaration?				complete all or part of your		
								declaration using information		
								and answers that you provide.		
				(IF YES) Is an interpreter	Yes/No		Radio	An interpreter is anyone who		
				assisting you with completin			Naulo	translates or helps you translate		
				this declaration?	D			all or part of your declaration		
								using information and answers		
								that you provide.		
	(IF YES TO		7.1	What is your preparer's full	Given name (first name)		Text			
	PREPARER QUESTION) Preparer			name?						
	information				Family name (last name)		Taut			
			7.2	What is your preparer's	Family name (last name)		Text Text			
			,	business or organization name?			Text			
					My preparer is not part of a business or organization.		Checkbox			
			7.3	What is your preparer's mailing address?	Country		Dropdown			
					Address line 1		Text		Street number and name	
					Address line 2		Text		Apartment, suite, unit, or floor	
					City or town		Text			
					State/Province		Dropdown/			
							Text			
					ZIP code/Postal code		Text		Provide a 5 or 9-digit ZIP code.	
									CODE	

(IF YES TO PREPARER	7.1	What is your preparer's full name?	Given name (first name)
QUESTION)		name:	
Preparer			
information			
			Family name (last name)
	7.2	What is your preparer's business or organization name?	
			My preparer is not part of a business or
			organization.
	7.3	What is your preparer's mailing address?	Country
		-	Address line 1
			Address line 2
			City or town
			State/Province
			ZIP code/Postal code
	7.4	What is your preparer's contact information?	Daytime telephone number
	7.5		Mobile telephone number My preparer does not have a mobile telephone number.
	7.6		Email address

Text Checkbox

Text

Text

Example: user@domain.com

Provide a 10-digit phone

code.

number.

I-134: GETTING STARTED

iry Nav	Secondary Nav	Tertiary Nav	Paper Form Question	Question	Sub-Question	Revisions	Field Type	Instructional Text	Help Text	Notes
					My preparer does not have an email		Checkbox			
					address.					
	(IF YES TO INTERPRETER) Interpreter		6.1	What is your interpreter's fu name?	ll Given name (first name)		Text			
	information									
					Family name (last name)		Text			
			6.2	What is your interpreter's business or organization name?			Text			
					My interpreter is not part of a business		Checkbox			
					or organization.					
			6.3	What is your interpreter's mailing address?	Country		Dropdown			
				-	Address line 1		Text		Street number and name	e
					Address line 2		Text		Apartment, suite, unit, c	r
									floor	
					City or town		Text			
					State/Province		Dropdown/Te			
							xt			
					ZIP code		Text		Provide a 5 or 9-digit ZIP	
									code.	
			6.4	What is your interpreter's	Daytime telephone number		Text		Provide a 10-digit phone	1
				contact information?					number.	
			6.5		Mobile telephone number		Text			
					My interpreter does not have a mobile		Checkbox			
					telephone number					
			6.6		Email address		Text		Example:	
									user@domain.com	
					My interpreter does not have an email		Checkbox			
					address.					
				What language is your			Text			
				interpreter using to interpre	t					
				this declaration for you?						

Secondary Nav	Tertiary Nav	Paper Form Question	Question	Sub-Question	Field Type	Alert	Instructional Text	Help Text	Notes
Name of the		3.1.	What is your current legal name?	Given name (first name)	Text		Your current legal name is the name on your birth certificate, unless it changed after birth by a legal action such as marriage or court order. Do not provide any	3	
				Middle name	Text		mexitantes here.		
		3.2	Have you used any other names since birth?	Yes/No	Radio		aliases, maiden name, and		
			[If yes to 3.2] [LIST]	Given name (first name)	Text				Include the "Add anoth name" option
		3.3	Provide the name of the organization, group, or entity that is providing support to the beneficiary with you (if any).	Middle name Family name (last name) Organization, Group, Entity Name	Text Text Text				
to financially		5.3	How may we contact you?	Daytime telephone number	Text			Provide a 10-digit phone number.	
		5.4		Mobile telephone number (if any)	Text			Provide a 10-digit phone	
				This is the same as my daytime	Checkbox			number.	
		E E			Toyt			Evample: user@domain.com	
			What is your current mailing address?					Example. user @uomain.com	
		3.4	, .	Country	Dropdown	You must be located in the United States in order to file at this time.			
		3.4 3.4		Address line 1 Address line 2	Text Text			Street number and name Apartment, suite, unit, or floo	
		3.4		City or town	Text				
		3.4 3.4		State ZIP code	Dropdown Text			Provide a 5 or 9-digit ZIP code	
		3.5 3.6	Is your mailing address the same as the physical address? [If NO] What is your physical address?	Yes/No In care of name (if any) Country	Radio Text Dropdown	You must be located in the United States in order to file at this time.			
				Address line 1 Address line 2	Text Text			Street number and name Apartment, suite, unit, or floo	
				City or town	Text				
	individual agreeing to financially support the beneficiary	Individual agreeing to financially support the beneficiary	individual agreeing to financially support the beneficiary 3.2 3.2 3.3 3.3 Contact information for the individual agreeing to financially support the beneficiary 5.4 5.5 3.4 3.4 3.4 3.4 3.4 3.4 3.4 3.4 3.4 3.4	individual agreeing to financially support the beneficiary 3.2 Have you used any other names since birth? If yes to 3.2] [L51] 3.3 Provide the name of the organization, group, or entity that is providing support to the beneficiary with you (if any). 5.3 How may we contact you? 5.4 Since Sin	Indendation greeness to the manuality support the based on a sine is find. Middle name from a sine is find. 2.2 Have you used any other names since is find? Middle name from a sine is find. 2.3 Provide the name of the organization moup or entity that is greeness and is greeness to the provide the name of the organization moup or entity that is is the sine is find. Middle name from and find name) 2.3 Provide the name of the organization moup or entity that is is the sine is find. Middle name from and find name) 2.3 Provide the name of the organization moup or entity that is is the sine is find. Middle name from and find name) 2.4 Sine name (find name) Sine name (find name) 3.4 Now may we contact you? Middle name from the isophone number 3.5 Now may we contact you? Destine telephone number 1.6 Sine name (find name) This is the same at my evaluate temphone number 1.6 Sine name (find name) Now may we contact you? Middle name temphone number 1.6 Sine name at my evaluate temphone number This is the same at my evaluate temphone number This is the same at my evaluate temphone number 1.6 Sine name (find name) Sine name (find name) Sine name (find name) 1.6 Sine name (find name) <td< td=""><td>individual greening support for beneficiary 1,2 Incer you used any other numes lines bird? 1,2 Incer you used the second bird outpatication, provide out of dary? 1,2 Incer you used the second bird outpatication, provide you of dary? 1,2 Incer you used the second bird outpatication, provide you of dary? 1,2 Incer you used the second bird outpatication, provide you of dary? 1,2 Incer you was any other second bird you was been and the second bird outpatication, provide the second bird outpatication of dary? 1,2 Incer you was any other second bird you was any other second bird outpatication of dary? 1,2 Incer you was any other second bird you</td><td>indicate indicate indicate indicate indication in</td><td>Linder to show the market by the second and any other same second into the market by the second and the second</td><td>independence biological biol</td></td<>	individual greening support for beneficiary 1,2 Incer you used any other numes lines bird? 1,2 Incer you used the second bird outpatication, provide out of dary? 1,2 Incer you used the second bird outpatication, provide you of dary? 1,2 Incer you used the second bird outpatication, provide you of dary? 1,2 Incer you used the second bird outpatication, provide you of dary? 1,2 Incer you was any other second bird you was been and the second bird outpatication, provide the second bird outpatication of dary? 1,2 Incer you was any other second bird you was any other second bird outpatication of dary? 1,2 Incer you was any other second bird you	indicate indicate indicate indicate indication in	Linder to show the market by the second and any other same second into the market by the second and the second	independence biological biol

I-134: About the Individual Agreeing to Financially Support the Beneficiary

About the IATFSB

I-134: About the Individual Agreeing to Financially Support the Beneficiary

Primary Nav	Secondary Nav	Tertiary Nav	Paper Form Question	Question
	When and where the individual agreeing to financially support the beneficiary was born		3.7	What is your date of birth?
			3.9	What is your city or town of birth?
			3.9	What is your state or province of birth?
			3.9	What is your country of birth?
			3.8	What is your sex?

			bort the Beneficiary		- ···-				
	Tertiary Nav	Paper Form Question	Question What is your data of hirth?	Sub-Question	Field Type	Alert	Instructional Text	Help Text	Notes
When and where the individual agreeing to financially support the beneficiary was born		3.7	What is your date of birth?	(mm/dd/yyyy)	Date				
		3.9	What is your city or town of birth?		Text				
		3.9 3.9	What is your state or province of birth? What is your country of birth?		Text Dropdown				
		3.8	What is your sex?	Male	Radio		Please select the sex that is shown on your passport or othe government-issued identity document. For any value other than "Male" ("M") or "Female" ("F") that appears on your identity document, please choose "X" (Unspecified or another gender identity). USCIS requires this information to conduct accurate background checks and security screening.		REQUIRED QUESTION
				Female	Radio				
Immigration information for the individual agreeing to financially support the beneficiary		3.14	What is your current immigration status?	X U.S. Citizen	Radio Radio				
		3.14 3.14 3.14 3.14 [If Other] 3.14 [If Nonimmigrant] 3.14	What is your Form I-94 Arrival-Departure Record Number?	U.S. National Lawful Permanent Resident Nonimmigrant Other Please provide an explanation.	Radio Radio Radio Radio Textbox Text			Provide an 11-character I-94 number.	
		3.10	What is your A-number?	Α-	Text			Provide a 7, 8, or 9-digit number. If your A-Number is fewer than 9 digits, the syster will automatically add zero(s) after the "A" and before the first digit so there is a total of 9 digits, for example: A- 001234567.	n
		3.12	I do not have or know my A-Number.		Checkbox			Provide a 9-digit Social	
			What is your U.S. Social Security number? I do not have a U.S. Social Security number.		Text Checkbox			Security Number.	

About the IATFSB

rimary Nav	Secondary Nav	Tertiary Nav	Paper Form Question	Question	Sub-Question	Field Type	Alert	Instructional Text	Help Text	Notes
			3.11	What is your USCIS Online Account Number?		Text		You will only have an OAN if you previously filed a form that has a receipt number that begins with IOE. If you filed the form online, you can find your OAN in your account profile. If you mailed us the form, you can find your OAN at the top of the Account Access Notice we sent you. If you do not have receipt number that begins with IOE, you do not have an OAN. (The OAN is not the same as an A Number.)	Provide a 12-digit Online Account Number.	
			3.13	I do not have or know my USCIS Online Account Number. What is your relationship to the beneficiary?		Checkbox Text				Required questio
	Employment information for the individual agreeing to financially support the beneficiary		3.15	What is your employment status?	Employed (full-time, part-time, seasonal self-employed)	, Radio				
	beneficially				Unemployed or not employed	Radio				
					Retired	Radio				
					Other	Radio				
			[If Other] 3.15	Please provide an explanation.		Textbox				
				6 What is your type of employment?	I am currently employed as a/an	Radio				
			[If EMPLOYED to 3.15] 3.16		I am currently self-employed as a/an	Radio				
			[IF EMPLOYER IS NOT SELF] 3.16A			Text				
			[IF EMPLOYER IS NOT SELF 3.16A			Text				
			[IF EMPLOYER IS SELF] 3.16B	Self-employed as		Text				
			3.17	What is your current employer's address?	Country	Dropdown				
					Address line 1	Text			Street number and name	
					Address line 2	Text			Apartment, suite, unit, or flo	or
					City or town	Text				
					State/Province (FOR FOREIGN ADDRESS)	Dropdown/Text				
					ZIP code/Postal code (FOR FOREIGN	Text				

About the IATFSB

I-134: Finand	cial Informati	ion About tł	ne Person Agreeing	to Financially Support the Be	n
Primary Nav	Secondary Nav	Tertiary Nav	Paper Form Question	Question	

Number

Financial Information	Income
About the Individual	information for the
Agreeing to Financially	individual agreeing
Support the Beneficiary	to financially
	support the
	beneficiary

Add entry What is the individual's full-name? 3.18 [LARGE TABLE] 3.18 What is the individual's date of birth? What is the individual's relationship to the individua 3.18 to financially support the beneficiary? How much income will this individual contribute to t 3.18 beneficiary annually? Save entry Cancel 3.18 What is the total number of dependents? 3.18 What is the total income? Additional income Does any of the income listed come from an illegal a 3.19 source (such as proceeds from illegal gambling or illegal gambling ${\sf or}$ ille information for the individual agreeing sales)? to financially support the beneficiary [If YES to 3.19] 3.20 What amount of income comes from an illegal activi Does any of the income listed above come from mea 3.21 tested public benefits as defined in 8 CFR 213a.1? [IF YES TO 3.20] 3.22 What amount of income is from means-tested publi benefits? Specific . contributions to the beneficiary 3.27 You are responsible for receiving, maintaining, and supporting the beneficiary for the duration of their temporary stay in the United States. Describe the re you plan to use or provide to ensure the beneficiary adequate financial support to cover their basic living 3.28 You are responsible for ensuring the beneficiary has appropriate housing for the duration of their parole United States. Describe how you will ensure that the beneficiary's housing needs are met, including wher beneficiary will reside during their temporary stay in United States, if known. 3.29 You are responsible for assisting the beneficiary's a available services and benefits such as learning Engli securing employment opportunities once authorized work, enrolling children in school, and helping to en benefits for which they are eligible. Describe what s plan to take as part of these responsibilities.

\eneficiary

eneficiar	y						
	Sub-Question	Field Type	Alerts	Instructional Text	Instrucctional Text Revisions	Help Text	Notes
				Provide all of the information requested in the table below about yourself, all of your dependents, and any other individuals you financially support. Do not include any individuals listed in the "Beneficiary's Financial Information" section.			
				Information about assets that are not based on employment should be added in the "Assets of the individual agreeing to financially support the beneficiary" section below.		Provide the information about the people for whom you have previously submitted a Form I-134, other than the beneficiary listed on this Form I-134.	
	Given name (first name)	CTA Text					
	Middle name	Text					
	Family name (last name)	Text					
vidual agreeing	(mm/dd/yyyy)	Date Text					"If you are the individual agreeing to financially support the beneficiary, type in "Self"" instructions TBD based on feedback from Adi.
		Checkbox					
	information \$	Text		If the income contribution is none, type in "0".			
		СТА					
		СТА					
		Text				Provide the total number of dependents. Number must be between 0 and 100.	
	\$	Text					
egal activity or	Yes/No	Radio					
or illegal drug							
activity?	\$	Text					
n means- .1?	Yes/No	Radio					
public	\$	Text					
and their he resources iciary has living needs.		Text box					
ry has safe and arole in the at the where the tay in the		Text box					REQUIRED QUESTION REQUIRED QUESTION
y's access to English, orized to to enroll for hat steps you		Text box					REQUIRED QUESTION

Primary Nav	Secondary Nav	Tertiary Nav	Paper Form Question Number	Question
	Assets of the individual agreeing to financially support the beneficiary			
			3.23 [LARGE TABLE]	Add entry What is the asset holder's full name?
				What is the type of asset?
				What is the cash value in U.S. dollars? Save entry Cancel
			3.23	What is the total amount (U.S. dollars)?
			3.24	Have you previously submitted a Form I-134 on be person other than the beneficiary listed on this For
			[If YES to 3.24, conditional "Financial responsibility for other beneficiaries" section displays]	
	Financial responsibility for other beneficiaries		[If YES to 3.24, conditional "Financial responsibility for other beneficiaries" section displays]	
			[If no entries are entered and 3.24 is true]	
			3.25, 3.26 [LARGE TABLE]	What is the person's name?
				What is the person's A-number?
				I do not have or know the person's A-Number
				Date submitted

neficiarv

neficiar	У			
	Sub-Question	Field Type	Alerts	Instructional Text
				Provide information about support the beneficiary for or her stay. List only asset cash within 12 months and the beneficiary while the States. Provide the value regardless of whether th or outside of the United from any individuals in the Information" section.
		CT A		You may also include you below. Attach evidence i "Proof of Assets" and "Bo dependents, have these
	Given name (first name) Middle name Family name (last name)	СТА		
	Checking - Bank Account Savings - Bank Account Annuities Stocks, Bonds, Certificates of Deposit Retirement or Educational Account Real Estate Holdings Personal Property (net value)	Dropdown		
	\$	Text CTA CTA		
	\$	Text		
behalf of a Form I-134?	Yes/No	Radio		
				Provide the information have previously submitte beneficiary listed on this

	СТА			
		You must include at least one person for whom you have previously submitted a Form I-134, other than the beneficiary listed on this Form I-134.	You must include at least one person for whom you have previously submitted a Form I-134A, other than the beneficiary listed on this Form I-134A.	
Given name (first name)	Text			
Middle name	Text			
Family name (last name) A-	Text Text			
	Checkbox			
(mm/dd/yyyy)	Date			

Instrucctional Text Revisions

Help Text

Notes

about any assets you will use to ary for the anticipated period of his assets that can be converted into ns and that will be used to support the beneficiary is in the United alue of all assets listed in U.S. dollars, er they are held in the United States ted States. Do not include assets in the "Beneficiary's Financial

your household members' assets ice in the "Evidence" section under l "Bonds" showing that you, or your ese assets.

ion about the people for whom you Provide the information about the people for whom you nitted a Form I-134, other than the have previously submitted a Form I-134A, other than the beneficiary listed on this Form I-134. beneficiary listed on this Form I-134A.

[If YES to 3.18]

Provide a 7, 8, or 9-digit number. If your A-Number is fewer than 9 digits, the system will automatically add zero(s) after the "A" and before the first digit so there is a total of 9 digits, for example: A-001234567.

I-134: About the Beneficiary

out the Beneficiary								
Secondary Nav Tertiary Nav	Paper Form Question	Question	Sub-Question	Field Type	Alerts	Revisions		Help Text
ficiary Beneficiary name	2.1	What is the beneficiary's current legal name?	Given name (first name)	Text			The beneficiary's current legal name is the name on their birth certificate, unless it changed after birth by a legal action such as marriage or court order. Do not provide	
							any nicknames here.	
	2.1		Middle name Family name (last name)	Text				
	2.1 2.2	Has the beneficiary used any other names since birth?	Yes/No	Text Radio			Other names used may include aliases, maiden name, and nicknames.	
							incivitaines.	
		[If yes to 2.2] [LIST]	Given name (first name)	Text			Provide the other names the beneficiary has used.	
			Middle name	Text				
			Family name (last name)	Text				
Beneficiary contact information	2.13	How may we contact the beneficiary?	Daytime telephone number	Text (10 digits)				Provide a 10 to 20-digit number.
	2.14		Mobile telephone number (if any) This is the same as the beneficiary's daytime telephone number.	Text (10 digits) Checkbox				
	2.15		Email address	Text				Note: Please ensure that you provivalid email address for the benefic We will use this email address to n
								the beneficiary about the status o Form I-134. Failure to provide a va email address for the beneficiary o prevent them from completing the parole process, if this Form I-134 i confirmed. Do not use your email address as the beneficiary's email address.
	2.10	What is the beneficiary's current mailing address?	In care of name (if any)	Text				
	2.10		Country	Dropdown				
	2.10 2.10		Address line 1 Address line 2	Text Text				Street number and name Apartment, suite, unit, or floor
	2.10		City or town	Text				<u> </u>
	2.10 2.10		State/Province (FOR FOREIGN ADDRESS ZIP code/Postal code (FOR FOREIGN	 Dropdown/Text Text 				
	2.11	Is the beneficiary's mailing address the same as the physical	ADDRESS) Yes/No	Radio				
	2.12	address? [If no] What is the beneficiary's physical address?	In care of name (if any)	Text				
	2.42		Country	Dropdown Toyt				Street number and name
	2.12 2.12		Address line 1 Address line 2	Text Text				Apartment, suite, unit, or floor
	2.12		City or town	Text				
	2.12 2.12		State/Province (FOR FOREIGN ADDRESS ZIP code/Postal code (FOR FOREIGN ADDRESS)	5) Dropdown/Text Text				Provide a 5 or 9-digit ZIP code.
When and where	2.3	What is the beneficiary's date of	(mm/dd/vvvv)	Date				
beneficiary was born		birth?						
	2.6	What is the beneficiary's city or town of birth?		Text				
	2.6	What is the beneficiary's state or province of birth?		Text				
	2.6	What is the beneficiary's country of birth?		Dropdown				
Other information about the beneficiary	2.4	What is the beneficiary's sex?	Male	Radio			Please select the sex that is shown on your passport or other government-issued identity document. For any value other than "Male" ("M")	
							or "Female" ("F") that appears on your identity document, please choose "X" (Unspecified	

the Beneficiary								
Secondary Nav Tertiary Nav Beneficiary name	Paper Form Question 2.1	Question What is the beneficiary's current	Sub-Question	Field Type Text	Alerts	Revisions	Instructional TextHelp TextThe beneficiary's current legal	
	2.1	legal name?	Middle name	Text			name is the name on their birth certificate, unless it changed after birth by a legal action such as marriage or court order. Do not provide any nicknames here.	
	2.1		Family name (last name)	Text				
	2.2	Has the beneficiary used any other names since birth?	Yes/No	Radio			Other names used may include aliases, maiden name, and nicknames.	
		[If yes to 2.2] [LIST]	Given name (first name)	Text			Provide the other names the beneficiary has used.	
			Middle name Family name (last name)	Text Text				
Beneficiary contact	2.13	How may we contact the	Daytime telephone number	Text (10 digits)			Provide a 10 to 20-	digit num
information	2.14	beneficiary?	Mobile telephone number (if any) This is the same as the beneficiary's	Text (10 digits) Checkbox				
	2.15		daytime telephone number. Email address	Text			Note: Please ensur valid email address We will use this en	for the be
	2.10	What is the beneficiary's current	In care of name (if any)	Text			the beneficiary abo Form I-134. Failure email address for t prevent them from parole process, if th confirmed. Do not address as the ben address.	but the sta to provid he benefic completin nis Form I- use your e
		mailing address?						
	2.10		Country	Dropdown				
	2.10 2.10		Address line 1 Address line 2	Text			Street number and	
	2.10		City or town	Text Text			Apartment, suite, u	The of the
	2.10 2.10		State/Province (FOR FOREIGN ADDRESS ZIP code/Postal code (FOR FOREIGN ADDRESS)	i) Dropdown/Text Text				
	2.11	Is the beneficiary's mailing address the same as the physical address?	Yes/No	Radio				
	2.12	[If no] What is the beneficiary's physical address?	In care of name (if any)	Text				
	2.12		Country Address line 1	Dropdown Text			Street number and	name
	2.12		Address line 2	Text			Apartment, suite, u	
	2.12 2.12 2.12		City or town State/Province (FOR FOREIGN ADDRESS ZIP code/Postal code (FOR FOREIGN ADDRESS)	Text) Dropdown/Text Text			Provide a 5 or 9-di	;it ZIP cod
When and where beneficiary was born	2.3	What is the beneficiary's date of birth?	(mm/dd/yyyy)	Date				
	2.6	What is the beneficiary's city or		Text				
	2.6	town of birth? What is the beneficiary's state or		Text				
	2.6	province of birth? What is the beneficiary's country of birth?		Dropdown				
Other information	2.4	What is the beneficiary's sex?	Male	Radio			Please select the sex that is	
about the beneficiary							shown on your passport or other government-issued identity document. For any value other than "Male" ("M") or "Female" ("F") that appears on your identity document,	

the Beneficiary								
Secondary Nav Tertiary Nav	Paper Form Question	Question	Sub-Question	Field Type	Alerts	Revisions	Instructional Text	Help Text
Beneficiary name	2.1	What is the beneficiary's current legal name?		Text			The beneficiary's current legal name is the name on their birth certificate, unless it changed after birth by a legal action such as marriage or court order. Do not provide any nicknames here.	
	2.1 2.1		Middle name Family name (last name)	Text Text				
	2.2	Has the beneficiary used any other names since birth?	Yes/No	Radio			Other names used may include aliases, maiden name, and nicknames.	
		[If yes to 2.2] [LIST]	Given name (first name)	Text			Provide the other names the beneficiary has used.	
			Middle name	Text				
			Family name (last name)	Text				
Beneficiary contact information	2.13	How may we contact the beneficiary?	Daytime telephone number	Text (10 digits)				Provide a 10 to 20-digit numb
	2.14		Mobile telephone number (if any) This is the same as the beneficiary's daytime telephone number.	Text (10 digits) Checkbox				
	2.15		Email address	Text				Note: Please ensure that you valid email address for the be We will use this email address the beneficiary about the stat
								Form I-134. Failure to provide email address for the benefic prevent them from completin parole process, if this Form I- confirmed. Do not use your e address as the beneficiary's e address.
	2.10	What is the beneficiary's current mailing address?	In care of name (if any)	Text				
	2.10		Country	Dropdown				
	2.10		Address line 1	Text				Street number and name
	2.10 2.10		Address line 2 City or town	Text Text				Apartment, suite, unit, or floo
	2.10 2.10		State/Province (FOR FOREIGN ADDRESS ZIP code/Postal code (FOR FOREIGN ADDRESS)) Dropdown/Text Text				
	2.11	Is the beneficiary's mailing address the same as the physical address?	Yes/No	Radio				
	2.12	[If no] What is the beneficiary's physical address?	In care of name (if any)	Text				
	2.12		Country Address line 1	Dropdown Text				Street number and name
	2.12		Address line 2	Text				Apartment, suite, unit, or floo
	2.12 2.12		City or town	Text				
	2.12		State/Province (FOR FOREIGN ADDRESS ZIP code/Postal code (FOR FOREIGN ADDRESS)	Text				Provide a 5 or 9-digit ZIP cod
When and where beneficiary was born	2.3	What is the beneficiary's date of birth?	(mm/dd/yyyy)	Date				
	2.6	What is the beneficiary's city or town of birth?		Text				
	2.6	What is the beneficiary's state or		Text				
	2.6	province of birth? What is the beneficiary's country of birth?		Dropdown				
Other information	2.4	What is the beneficiary's sex?	Male	Radio			Please select the sex that is	
about the beneficiary							shown on your passport or other government-issued identity document. For any value other than "Male" ("M") or "Female" ("F") that appears on your identity document,	

Revisions

Notes

Include the "Add another name" option

umber.

leting the rm I-134 is ur email y's email

you provide a **Note:** Please ensure that you provide a e beneficiary. valid email address for the beneficiary. dress to notify We will use this email address to notify e status of this the beneficiary about the status of this ovide a valid Form I-134A. Failure to provide a valid neficiary will email address for the beneficiary will prevent them from completing the parole process, if this Form I-134A is confirmed. **Do not** use your email address as the beneficiary's email address.

REQUIRED FIELD

REQUIRED FIELD

please choose "X" (Unspecified or another gender identity).

accurate background checks

and security screening.

USCIS requires this information to conduct Required field

required field

About the Beneficiary

I-134: About the Beneficiary

-134: About the Beneficiary rimary Nav Secondary Nav Tertiary Nav	Paper Form Question	Question	Sub-Question	Field Type	Alerts	Revisions	Instructional Text	Help Text
			Female X	Radio Radio				
	2.9	What is the beneficiary's marital	Single, Never Married	Radio				
	2.9	status?	Married	Radio				
	2.9		Divorced	Radio				
	2.9 2.9		Widowed Legally Separated	Radio Radio				
	2.9		Marriage Annulled	Radio				
	2.9 2.9	[If OTHER]	Other Provide an explanation	Radio Text box				
	2.5	What is the beneficiary's country	-	Dropdown	We are only accepting online filing of	We are only accepting online filing of		
		of citizenship or nationality?				Form I-134A from individuals agreeing	9	
					to financially support Cuban, Haitian, Nicaraguan, Ukrainian, and	to financially support Cuban, Haitian, Nicaraguan, Ukrainian, and		
					Venezuelan -citizens and their	Venezuelan -citizens and their		
					immediate family	immediate family		
					Immediate family members are:	Immediate family members are:		
					Their spouse or common-law	• Their spouse or common-law		
					partner; andUnmarried children under the age of	partner; and • Unmarried children under the age of		
					21.	21.		
					Note: Individuals only eligible as immediate family members and	Note: Individuals only eligible as immediate family members and		
						n children under age 18 must travel with	ı	
						their beneficiary spouse, common law		
					eligible for parole.	e partner, parent, or legal guardian to be eligible for parole.	2	
						0		
	2.8	What country issued the		Dropdown	We are only accepting online filing of	We are only accepting online filing of		
	2.0	beneficiary's most recently issued	1	Diopuowii		Form I-134A from individuals agreeing		
		passport?				to financially support Cuban, Haitian,		
					Nicaraguan, Ukrainian, and Venezuelan citizens and their	Nicaraguan, Ukrainian, and Venezuelan citizens and their		
					immediate family	immediate family		
					Immediate family members are:	Immediate family members are:		
					Their spouse or common-law	Their spouse or common-law		
					partner; and	partner; and		
					• Onmarned children under the age of 21.	• Unmarried children under the age of 21.		
					Note: Individuals only eligible as	Note: Individuals only eligible as		
					immediate family members and children under age 18 must travel with	immediate family members and children under age 18 must travel with	ı	
					their beneficiary spouse, common law	their beneficiary spouse, common law	,	
					partner, parent, or legal guardian to be eligible for parole.	e partner, parent, or legal guardian to be eligible for parole.	9	
	2.8	What is the number of the beneficiary's most recently issued	3	Text				Provide a 7 to 12-character number.
		passport?						
(if Cuban)						Immediate family members are:		Provide a 7-character pass beginning with 1 letter foll
								digits.
(If Haitian)								Provide a 9-character pass
								beginning with 2-3 letters 7 digits.
(if Nicaraquan)						• Their spouse or common-law partner;		Provide a 9-character pass
						and		beginning with 1 letter foll digits.
(if Ukrainian)						• Unmarried children under the age of		Provide an 8-character pas
						21.		number, beginning with 2 followed by 6 digits.
(if Venezuelan)								Provide a 9-digit passport
(if Russian) (if Vonozuolan is	20	What is the evaluation data of the		Data	Noto: Individuale only eligible as			Provide a 9-digit passport
(if Venezuelan is most recent pass		What is the expiration date of the beneficiary's most recently issued		Date	Note: Individuals only eligible as immediate family members and			Note: The beneficiary mus unexpired passport. CBP w
show tooltip)		passport?			children under age 18 must travel with			approve travel if the benef
					their beneficiary spouse, common law			passport is expired.
					partner, parent, or legal guardian to be eligible for parole.			

What country issued the
beneficiary's most recently issu
. •

Revisions

Notes

Link: https://ww w.uscis.gov /ukraine

Link: https://ww w.uscis.gov /ukraine

acter passport

passport number, r followed by 6

passport number, ters followed by 6-

passport number, r followed by 8

r passport ith 2 letters

port number. port number. must have a valid, BP will not eneficiary's

Tooltip only shows if Venezuelan is selected for country that issued the beneficiary' s most recent passport.

About the Beneficiary

Primary Nav	Secondary Nav	Tertiary Nav	Paper Form Question	Question	Sub-Question
			2.5	What is the beneficiary's A- Number?	A-
			2.16	I do not have or know the beneficiary's A-Number. What is the beneficiary's anticipated period of stay in the United States?	From (mm/dd/yyyy
					To (mm/dd/yyyy)
					No End Date

Field Type	Alerts	Revisions	Instructional Text	Help Text
Text				Provide a 7, 8, or 9-digit num A-Number is fewer than 9 dig system will automatically add after the "A" and before the so there is a total of 9 digits, example: A-001234567.
Checkbox				
Date				
 Date Checkbox				

Revisions number. If your 9 digits, the y add zero(s) the first digit gits, for

Notes

Primary Nav	Secondary Nav	Paper Form Question	Question	Sub-Question	Field Type	Instructional Text
eneficiary's Financial nformation	Beneficiary income information					Provide information beneficiary financi Agreeing to Financi
			Add entry		СТА	
						Provide all of the i any other individu financially support here but may be a
		2.17 [LARGE TABLE]	What is the individual's full name?	Given name (first name) Middle name	Text Text	
				Family name (last name)	Text	
			What is individual's date of birth? What is the individual's relationship to the beneficiary? How much income will this individual contribute to the beneficiary annually?	(mm/dd/yyyy) \$	Date Dropdown Text	If the income cont
			Save entry Cancel		СТА СТА	
		2.17	What is the beneficiary's total number of dependents?		Text	
		2.17	How much income will the beneficiary's dependents contribute to the beneficiary annually?	\$	Text	
	Beneficiary additional income information	2.18	Does any of the beneficiary's total income (including income from dependents and other individuals who contribute to the beneficiary's income, excluding any individuals named in the "Financial Information About the Person Agreeing to Financially Support the Beneficiary" section) come from an illegal activity or source (such as proceeds from illegal gambling or illegal drug sales)?		Radio	
		[If YES to 2.18] 2.19	What amount of the beneficiary's total income comes from an illegal activity or source?		Text	
		2.20	Does any of the beneficiary's total income come from means-tested public benefits as defined in 8 CFR 213a.1?	Yes/No	Radio	
		[If YES to 2.20] 2.21	What amount of the beneficiary's total income comes from means-tested public benefits?	\$	Text	

uestion	Field Type	Instructional Text	Help Text	Notes
		Provide information about the income of the beneficiary, all of the beneficiary's dependents, and any other individuals the beneficiary financially supports. Do not include any individuals named in the "Financial Information About the Individual Agreeing to Financially Support the Beneficiary" section.		
	СТА			Opens up large table once clicked
		Provide all of the information requested in the table below about the beneficiary, all of the beneficiary's dependents, and any other individuals the beneficiary financially supports (do not include information about the individual agreeing to financially support the beneficiary) Information about assets that are not based on employment should not be included here but may be added under "Beneficiary Assets" below.		
name (first name) e name	Text Text			
name (last name)	Text			
ld/yyyy)	Date Dropdown			
	Text	If the income contribution is none, type in "0".		
	СТА СТА			
	Text		Provide the total number of dependents. Number must be between 0 and 100.	
	Text			
)	Radio			
	Text			
)	Radio			
	Text			
		Provide the current cash value of any assets available to the beneficiary for the expected period of his or her stay. List only		
		assets that can be converted to cash within 12 months and that will be used to support the beneficiary while the beneficiary is in the United States. Provide the value of all assets listed in U.S. dollars, regardless of whether the assets are held in the United States or outside of the United States. Do not include (excluding assets from any individuals named in the "Financial Information About the Individual Agreeing to Financially Support the Beneficiary" section) .		
		You may include the net value of the beneficiary's home as an asset. The net value of the home is the appraised value of the home, minus the sum of all loans secured by a mortgage, trust deed, or other lien on the home. If you list the net value of the beneficiary's home, then you must include documentation demonstrating that the beneficiary owns the home, a recent appraisal by a licensed appraiser, and evidence of the amount of all loans secured by a mortgage, trust deed, or other lien on the home.		
		You may not include the net value of the beneficiary's automobile unless the beneficiary has more than one automobile, and at least one automobile is not included as an asset. Submit evidence of the value of the assets listed. Evidence must include the name of the asset holder, a description of the asset, proof of ownership, and the basis for the owner's claim of its net cash value.		
		Attach evidence in the "Evidence" section under "Proof of beneficiary's assets" and "Bonds" showing that the beneficiary has these assets.		
	СТА			

Notes

I-134: Beneficiary's Financial Information

Primary Nav	Secondary Nav	Paper Form Question	Question	Sub-Question	Field Type	Instructional Text	Help Text	Notes
		2.22 [LARGE TABLE]	What is the asset holder's full name?	Given name (first name)	Text			
				Middle name	Text			
				Family name (last name)	Text			
			What is the type of asset?	Checking - Bank Account	Dropdown			
				Savings - Bank Account				
				Annuities				
				Stocks, Bonds, Certificates of Deposit				
				Retirement or Educational Account				
				Real Estate Holdings				
				Personal Property (net value)				
			What is the cash value of the asset in	\$	Text			
			U.S dollars?					
			Save entry		СТА			
			Cancel		СТА			
			What is the total amount (U.S.	\$				
			dollars)?	•	Text			

Secondary Nav Tertiary Nav	Paper Form Question	Instructional Text	Field Type	-	Document types Logic dropdown	Help Text	Notes
Bank officer statement	Form I-134 instructions (p _§ 5)	 Provide a statement from an officer of the bank or other financial institutions with deposits, identifying the following details: Date account opened 	Upload	Clear and readable	Bank officer statement		
		 Total amount deposited for the past year; and Present balance. 		 If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document 	Other documents		
		As the person who agrees to financially support the beneficiary, you must show you have sufficient income or financial resources to support the beneficiary. Failure to provide evidence of sufficient income or financial resources may result in the denial of the foreign national's application for a visa or his or her removal from the United States.		 Upload no more than five documents at a time Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses 			
				• Maximum size: 6MB per file			
Employer statement	Form I-134 instructions (p 5)	g Provide statement(s) from your employer on business stationery showing:	Upload	 Accepted file formats: JPG, JPEG, PDF, TIF or TIFF 	Employer statement		
		 Date and nature of employment Salary paid; and 		 No encrypted or password-protected files If your documents are in a foreign language, upload a 	Other documents		
		Whether the position is temporary or permanent.		full English translation and the translator's certification with each original document			
		As the person who agrees to financially support the beneficiary, you must show you have sufficient income or financial resources to support the beneficiary. Failure to provide evidence of sufficient income or financial resources may result in the denial of the foreign national's application for a visa or his or her removal from the United States.		 Upload no more than five documents at a time Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses 			
Income tax return	Form I-134 instructions (p	g Provide a copy of the last U.S. federal income tax return filed (tax transcript).	Upload	Maximum size: 6MB per fileClear and readable	Income tax return		
	6)	As the person who agrees to financially support the beneficiary, you must show you have sufficient income or financial resources		 Accepted file formats: JPG, JPEG, PDF, TIF or TIFF No encrypted or password-protected files 	Other documents		
		to support the beneficiary. Failure to provide evidence of sufficient income or financial resources may result in the denial of the foreign national's application for a visa or his or her removal from the United States.		 If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document 			
				 Upload no more than five documents at a time Accepted file name characters: English letters, 			
				numbers, spaces, periods, hyphens, underscores, and parentheses			
				• Maximum size: 6MB per file			
Bonds	Form I-134 instructions (pg 6)	g Provide a list containing serial numbers and denominations of bonds and name of record owner(s).	Upload	 Clear and readable Accepted file formats: JPG, JPEG, PDF, TIF or TIFF 	Bonds		
		As the person who agrees to financially support the beneficiary, you must show you have sufficient income or financial resources to support the beneficiary. Failure to provide evidence of sufficient income or financial resources may result in the denial of the		 No encrypted or password-protected files If your documents are in a foreign language, upload a 	Other documents		
		foreign national's application for a visa or his or her removal from the United States.		 full English translation and the translator's certification with each original document Upload no more than five documents at a time Accepted file name characters: English letters, 			
				numbers, spaces, periods, hyphens, underscores, and parentheses • Maximum size: 6MB per file			
Proof of	Form 1-134 instructions (no	g Provide evidence of your status.	Upload	Clear and readable	Immigration status		
immigration status	5 Item #10: Immigration Status)	A U.S. citizen or U.S. national may submit a copy of a birth certificate, certificate of naturalization, certificate of citizenship,	Ορίσαυ	 Accepted file formats: JPG, JPEG, PDF, TIF or TIFF 	Other documents		
	Statusy	consular report of birth abroad to U.S. parents, or a copy of the biographic data page on your U.S. passport.		 If your documents are in a foreign language, upload a full English translation and the translator's certification 	other documents		
		Proof of lawful permanent resident status includes a photocopy of both sides of the Permanent Resident Card or Alien Registration Receipt Card (Form I-551), or a photocopy of an unexpired temporary Form I-551 stamp in either a foreign passport		 With each original document Upload no more than five documents at a time 			
		or DHS From I-94 Arrival Departure Record.		 Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and 			
		Proof of lawful nonimmigrant status may include a copy of an unexpired visa in a foreign passport.		 parentheses Maximum size: 6MB per file 			
Proof of assets of individual agreeing	Form I-134 instructions (p 5 Item #19: Assets	g Provide information about any assets you will use to support the beneficiary for the anticipated period of his or her stay. List only assets that can be converted into cash within 12 months and that will be used to support the beneficiary while the beneficiary is	Upload	 Clear and readable Accepted file formats: JPG, JPEG, PDF, TIF or TIFF 	Assets		
to financially support the	5 1(611) #13. A336(3	in the United States. Provide the value of all assets listed in U.S. dollars, regardless of whether they are held in the United States or outside of the United States. Do not include assets from any individuals in the "Beneficiary's Financial Information" section.		 No encrypted or password-protected files If your documents are in a foreign language, upload a 	Other documents		
beneficiary		You may include the net value of a home as an asset. The net value of the home is the appraised value of the home, minus the sum of all loans secured by a mortgage, trust deed, or other lien on the home. If you include the net value of your home, then you		 full English translation and the translator's certification with each original document Upload no more than five documents at a time 			
		must include documentation demonstrating that you own the home, a recent appraisal by a licensed appraiser, and evidence of the amount of all loans secured by a mortgage, trust deed, or other lien on the home.	4	 Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and 			
		You may not include the net value of an automobile unless you show that you have more than one automobile, and at least one automobile is not included as an asset.		parenthesesMaximum size: 6MB per file			
		Submit evidence of the value of your or your household members' assets. Evidence must include the name of the asset holder, a description of the asset, proof of ownership, and the basis for the owner's claim of its net cash value.					
		As the person who agrees to financially support the beneficiary, you must show you have sufficient income or financial resources to support the beneficiary. Failure to provide evidence of sufficient income or financial resources may result in the denial of the foreign national's application for a visa or his or her removal from the United States.					

I-134: Evidence

Primary Nav	Secondary Nav	Tertiary Nav	Paper Form Question	Instructional Text	Field Type	File Requirements	Document types dropdown	Logic
	Proof of		Form I-134 instructions (p	g Provide information about any assets available to the beneficiary for the anticipated period of his or her stay. List only assets that	Upload	Clear and readable	Beneficiary asset	
	beneficiary's asset	s	4 Item #22: Beneficiary's	can be converted into cash within 12 months and that will be used to support he beneficiary while the beneficiary is in the United		 Accepted file formats: JPG, JPEG, PDF, TIF or TIFF 		
			Assets	States. Provide the value of all assets listed in the U.S. dollars, regardless of whether the assets are held in the United States or		 No encrypted or password-protected files 	Other documents	
				outside the United States. Do not include assets from any individuals in the "Financial Information About the Person Agreeing to		 If your documents are in a foreign language, upload a 		
				Financially Support the Beneficiary" section.		full English translation and the translator's certification		
						with each original document		
				You may include the net value of the beneficiary's home as an asset. The net value of the home is the appraised value of the		 Upload no more than five documents at a time 		
				home, minus the sum of all loans secured by a mortgage, trust deed, or other lien on the home. If you list the net value of the		 Accepted file name characters: English letters, 		
				beneficiary's home, then you must include documentation demonstration that the beneficiary owns the home, a recent appraisal		numbers, spaces, periods, hyphens, underscores, and		
				by a licensed appraiser, and evidence of the amount of all loans secured by a mortgage, trust deed, or other lien on the home.		parentheses		
						 Maximum size: 6MB per file 		
				You may not include the net value of the beneficiary's automobile unless the beneficiary has more than one automobile, and at				
				least one automobile is not include as an asset. Submit evidence of the value of the assets listed. Evidence must include the name	9			
				of the asset holder, a description of the asset, proof of ownership, and the basis of the owner's claim of its net cash a value.				
				You may submit evidence of the value of the beneficiary's household members' assets. Evidence must include the name of the				
				asset holder, a description of the asset, proof of ownership, and the basis for the owner's claim of its net cash value.				
				As the person who agrees to financially support the beneficiary, you must show you have sufficient income or financial resources				
				to support the beneficiary. Failure to provide evidence of sufficient income or financial resources may result in the denial of the				
				foreign national's application for a visa or his or her removal from the United States.				

Help Text

Notes

I-134: Additional Information

Primary Nav	Secondary Nav	Tertiary Nav	Paper Form Question	Question	Sub-Question	Field Type	Instructional Text	Help Text	Notes
Additional Information	Additional		Part 8	You may provide additional	Additional information	No	If you need to provide any additional information for any of		
	information			information for your			your answers to the questions in this form, enter it into the		
				declaration.			space below. You should include the questions that you are		
							referencing.		
							If you do not need to provide any additional information,		
							you may leave this section blank.		
				Add a response		СТА			
				Section	[List of sections in the online filing flow	Dropdown			
					displays for selection]				
				Page	[Pages corresponding to the Section	Dropdown			
					selected will display]				
				Question	[Questions listed on the selected Page	Dropdown			
					will display]				
				Additional information		Text field			
				Save response		СТА			
				Cancel		СТА			

I-134: Review and Submit Primary NavSecondary NavReview and SubmitReview your declaration Tertiary Nav Paper Form Question Check your declaration before you submit Your fee Alerts and warnings Your declaration summary Review the I-134 form information (IF PREPARER) Preparer statement Preparer's statem 7.7 Preparer's certification (IF PREPARER) Preparer Preparer's signatu 7.8 signature (IF INTERPRETER) Interpreter's certi 6.7 Interpreter certification (IF INTERPRETER) Interpreter's signa Interpreter signature (IF NO PREPARER Statement of the 5.1.A

Statement of the individual agreeing to financially supåport the beneficiary	5.1.A	agreeing to financia statement
beneficiary	5.2	Individual agreeing beneficiary's statem
	5.1.B	Individual agreeing beneficiary's statem
(If "Statement of the Individual agroating to	5.6	Individual agreeing beneficiary's Certifi
Individual agreeing to financially support the		beneficiary 5 certific
beneficiary" is		
complete) Signature of		
the individual agreeing to		
financially support the		

Individual Agreein Beneficiary's Signa

(If "Statement of the Individual agreeing to financially support the beneficiary" and "Signature of Individual Agreeing to Financially Support the Beneficiary's Signature" are complete") Submit

(Successful submission) (No nav)

(Unsuccessful card declined) (No nav)

(Unsuccessful submission) (No nav)

Your form	filing fee	is \$0

Sub-Question

Quesetion Revision

Review the I-134A form information

oarer's statement	I am not an attorney or accredited representative but have prepared this declaration on behalf of the individual agreeing to financially support the bene with that individual's consent
	I am an attorney or accredited representative and my representation of the individual agreeing to financially support the beneficiary in this case does no beyond the preparation of this declaration. I am an attorney or accredited representative and my representation of the individual agreeing to financially support the beneficiary in this case extends preparation of this declaration.
parer's certification and signature	By my signature, I certify, under penalty of perjury, that I prepared this declaration at the request of the individual agreeing to financially support the be (which is the beneficiary if on behalf of him or herself). The individual agreeing to financially support the beneficiary-then reviewed this completed decla informed me that he or she understands all of the information contained in, and submitted with, his or her declaration, including the Certification of the Agreeing to Financially Support the Beneficiary, and that all of this information is complete, true, and correct. I completed this declaration based only or information that the individual agreeing to financially support the beneficiary provided to me or authorized me to obtain or use.
	As the declarant's preparer, you must sign on paper and provide your signature page to the declarant. Follow these steps:
	 Download the Preparer Signature page Print the Preparer Signature page Read and sign the Preparer Signature page Give the signed Preparer Signature page to the declarant
parer's signature upload	The declarant will need to scan and upload your completed signature page on the next screen.
	Leartify under penalty of periury that Lam fluent in English and the language provided in the Catting Started section of this deeleration, and Lhave re-
rpreter's certification and signature	I certify, under penalty of perjury, that: I am fluent in English and the language provided in the Getting Started section of this declaration, and I have rea individual agreeing to financially support the beneficiary in the identified language every question and instruction on this declaration and his or her ans question. The individual agreeing to financially support the beneficiary informed me that he or she understands every instruction, question, and answer declaration, including the Certification of the Individual Agreeing to Financially Support the Beneficiary , and has verified the accuracy of every answer.
	As the declarant's interpreter, you must sign on paper and provide your signature page to the declarant. Follow these steps:
	 <u>Download the Interpreter Signature page</u> Print the Interpreter Signature page Read and sign the Interpreter Signature page Give the signed Interpreter Signature page to the declarant
	The declarant will need to scan and upload your completed signature page on the next screen.
rpreter's signature upload	
NO PREPARER AND INTERPRETER Individual seing to financially support the beneficiary's ement	I, as the individual agreeing to financially support the beneficiary, certify the following: I can read and understand English, and have read and understand every question and instruction on this declaration and my answer to every question.
vidual agreeing to financially support the eficiary's statement regarding the preparer vidual agreeing to financially support the eficiary's statement regarding the interpreter	At my request, the preparer named in the Getting Started section of this declaration prepared this declaration for me based only upon the information I authorized. The interpreter named in the Getting Started section of this declaration read to me every question and instruction on this declaration and my answer to question in the language I specified in the Getting Started section, a language in which I am fluent, and I understood everything.
vidual agreeing to financially support the eficiary's Certification	Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS or the Department of St require that I submit original documents to USCIS or the Department of State at a later date. Furthermore, I authorize the release of any information fro all of my records that USCIS or the Department of State may need to determine my eligibility for the immigration benefit I seek.
	I further authorize release of information contained in this declaration, in supporting documents, and in my USCIS or the Department of State records to entities and persons where necessary for the administration and enforcement of U.S. immigration laws.
	I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:
	 I reviewed and provided or authorized all of the information in my declaration; I understood all of the information contained in, and submitted with, my declaration; and All of this information was complete, true, and correct at the time of filing
	I certify, under penalty of perjury, that I provided or authorized all of the information in my declaration, I understand all of the information in formation in formation is complete, true, and correct.
	That this declaration is made by me to assure the U.S. Government that the beneficiary named under the About Beneficiary section will be financially su while in the United States.
	That I am willing and able to receive, maintain, and support the person named under the About Beneficiary section to better ensure that such persons v sufficient financial resources or financial support to pay for necessary expenses for the period of his or her temporary stay in the United States.
	I acknowledge that I have read this section, and I am aware of my responsibilities as an individual agreeing to financially support the beneficiary
vidual Agreeing to Financially Support the eficiary's Signature	I have read and agree to the statement and certification of the individual agreeing to financially support the beneficiary.
	[Date of signature]
	Submit the I-134

You have successfully submitted your Online You have successfully submitted Declaration of Request to be a Supporter and Declaration of Financial Support (I-134) Financial Support(I-134A)

dividual agreeing to financially support the beneficiary and

ally support the beneficiary in this case does not extend

ially support the beneficiary in this case extends beyond the individual agreeing to financially support the beneficiary beneficiary-then reviewed this completed declaration and ner declaration, including the Certification of the Individual rrect. I completed this declaration based only on filing

tarted section of this declaration, and I have read to this nstruction on this declaration and his or her answer to every rstands every instruction, question, and answer on the

ration for me based only upon the information I provided or nstruction on this declaration and my answer to every understood everything.

understand that USCIS or the Department of State may e, I authorize the release of any information from any and

ny USCIS or the Department of State records to other

e About Beneficiary section will be financially supported

ary section to better ensure that such persons will have er temporary stay in the United States.

Submit the I-134A

Field Type	Instructional Text	Help Text	СТА	Notes
/	We will review your declaration to check for accuracy and completeness before you submit it.			
	We encourage you to provide as many responses as you can throughout the declaration, to the best of your knowledge. Missing information can slow down the review process after you submit your declaration.			
	You can return to this page to review your declaration as many times as you want before you submit it.			
	You have one or more alerts and warnings based on the information you provided in your declaration.			
	A red alert means you have incomplete responses or inconsistent data. You cannot submit your declaration with any alerts.			
	Green alert: We found no alerts or warnings in your declaration.			
	Here is a summary of all the information you provided in your declaration.		Next	
	Make sure you have provided responses for everything that applies to you before you submit your declaration. You can edit your responses by going to each declaration section using the site navigation.			
	We also prepared a draft case snapshot with your responses, which you can download below.			
Radio	Your preparer must read the statements below and select the statement that applies to him or her.			
	If your preparer is an attorney or accredited representative whose representation extends beyond preparation of this declaration, he or she may be obliged to submit a completed Notice of Entry of Appearance as Attorney or Accredited Representative (G- 28) with your declaration.			
Radio				
Radio				
	Your preparer must read and agree to the certification below.			
Upload	Scan and upload your preparer's completed signature page below.			
	Your interpreter must read and agree to the certification below.			

Upload	Scan and upload your interpreter's completed signature page below.	
Checkbox	You must read and agree to the statement below.	MVP
Checkbox	You must read and agree to the statement below.	MVP
Checkbox	You must read and agree to the statement below.	MVP

You must read and agree to the certification below. If you knowingly and willfully falsify or conceal a material fact or submit a false document with your declaration, we can deny your declaration and may deny any other immigration benefit. You may also face criminal prosecution and penalties provided by the law.

Checkbox		
	You must provide your digital signature below by typing your full legal name. If you do	Required field
	not completely fill out this declaration, or if you do not submit the required documents	
	listed in the Instructions, we may deny your declaration. We will record the date of your	

signature with your declaration.	
Once you submit this declaration, you will receive a confirmation with details on any next steps. We will record the date of your submission with the declaration. Your case status will be updated on your home page.	Submit the I- 134A

We will contact you if we have any questions or need additional information. You can	Go to my	
 track the status of your declaration through your USCIS online account.	cases	
Your payment failed because your credit or debit card was declined.		
	Sign and	Note that there is \$0 fee to submit this
You can try again now to sign and submit your declaration or save and exit.	submit	form, consider removing this copy.
 Your payment failed or was canceled before it could be processed on Pay.gov.		
You can try again now to sign and submit your declaration or save your declaration and	Sign and	Note that there is \$0 fee to submit this
exit. We will save your declaration for 30 days from when you started it.	submit	form, consider removing this copy.