TABLE OF CHANGES – FORM
Supplement J to Form I-485, Confirmation of Valid Job Offer or Request for Job Portability Under INA Section 204(j)
OMB Number: 1615-0023
07/02/2024

Reason for Revision: Comprehensive Revision
Project Phase: OMBreview

Legend for Proposed Text:
- Black font = Current text
- Red font = Changes

Expires 02/28/2026
Edition Date 04/01/2024

Current Page Number and Section	Current Text	Proposed Text
Page 1	**[Page 1]** **NOTE:** Use Form I-485, Supplement J, Confirmation of Bona Fide Job Offer or Request for Job Portability Under INA Section 204(j) (Supplement J), to either confirm that the job offered to you in Form I-140, Immigrant Petition for Alien Worker, that is the basis of your Form I-485, Application to Register Permanent Residence or Adjust Status, remains available to you or to request job portability under the Immigration and Nationality Act (INA) section 204(j). **START HERE - Type or print in black ink.**	**[Page 1]** **NOTE:** Use Form I-485, Supplement J, Confirmation of Valid Job Offer or Request for Job Portability Under INA Section 204(j) (Supplement J), to either confirm that the job offered to you in Form I-140, Immigrant Petition for Alien Worker, that is the basis of your Form I-485, Application to Register Permanent Residence or Adjust Status, remains available to you or to request job portability under the Immigration and Nationality Act (INA) section 204(j). **START HERE - Type or print in black ink.** **NOTE TO ALL APPLICANTS:** If you do not completely fill out this supplement or fail to submit required documents listed in the Instructions, U.S. Citizenship and Immigration Services (USCIS) may reject or deny your application. **IMPORTANT:** The applicant completes **Parts 1.**, **2.**, and **3.**
Page 1, **Part 1. Reason for Filing Supplement J**	**[Page 1]** **Part 1. Reason for Filing Supplement J** This supplement is being filed to (Select **only one** box): **1.a.** Confirm that the job offered to you in the Form I-140, that is the basis of your Form I-485, remains a bona fide job offer that you	**[Page 1]** **Part 1. Reason for Filing Supplement J** **1.** This supplement is being filed to (Select **only one** box): **[]** Confirm that the job offered to you in the Form I-140, that is the basis of your Form I-485, remains a valid job offer that you intend to

	intend to accept once your Form I-485 is approved. **1.b.** Request job portability under INA section 204(j) to a new, full-time, permanent job offer that you intend to accept once your Form I-485 is approved.	accept once your Form I-485 is approved. **[]** Request job portability under INA section 204(j) to a new, full-time, permanent job offer that you intend to accept once your Form I-485 is approved.
Page 1, **Part 2. Information About You (Applicant)**	**[Page 1]** **Part 2. Information About You (Applicant)** ***Your Current Legal Name*** *(do not provide a nickname)* **1.a.** Family Name (Last Name) **1.b.** Given Name (First Name) **1.c.** Middle Name ***U.S. Mailing Address*** **2.a.** In Care Of Name (if any) **2.b.** Street Number and Name **2.c.** Apt./Ste./Flr. [Fillable field] **2.d.** City or Town **2.e.** State **2.f.** ZIP Code ***Other Information*** **3.** Alien Registration Number (A-Number) (if any) **4.** USCIS Online Account Number (if any) **5.** Date of Birth (mm/dd/yyyy) **6.** Country of Birth ***Basic Information About Your Form I-485 and the Underlying Form I-140*** **7.** Form I-485 Receipt Number (if already filed with U.S. Citizenship and Immigration Services (USCIS)) **8.** Form I-485 Filing Date (mm/dd/yyyy) (if already filed with USCIS) **9.** Form I-140 Receipt Number **10.** Has your Form I-140 been approved? Yes No Unknown	**[Page 1]** **Part 2. Information About You (Applicant)** **1.** Your Current Legal Name (do not provide a nickname) Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) **2.** U.S. Mailing Address In Care Of Name (if any) Street Number and Name Apt./Ste./Flr./Number City or Town State ZIP Code ***Other Information*** **3.** Alien Registration Number (A-Number) (if any) **4.** USCIS Online Account Number (if any) **[Page 2]** **5.** Date of Birth (mm/dd/yyyy) **6.** Country of Birth ***Basic Information About Your Form I-485 and the Underlying Form I-140*** **7.** Form I-485 Receipt Number (if already filed with USCIS) **8.** Form I-485 Filing Date (if already filed with USCIS) (mm/dd/yyyy) **9.** Form I-140 Receipt Number **10.** Has your Form I-140 been approved? Yes No Unknown
Page 2, **Part 3. Applicant's Statement, Contact Information,**	**[Page 2]** **Part 3. Applicant's Statement, Contact Information, Certification, and Signature** **NOTE:** Read the **Penalties** section of the	**[Page 2]** **Part 3. Applicant's Contact Information, Certification, and Signature** [deleted]

Certification, and Signature	Supplement J Instructions before completing this part. You must file Supplement J while in the United States. ***Applicant's Statement*** Select **all applicable** boxes. **1.** I can read and understand English, and I have read and understand every question and instruction on this supplement and my answer to every question. **2.** At my request, the preparer named in **Part 4.**, [Fillable field], prepared this supplement for me based only upon information I provided or authorized. ***Applicant's Contact Information*** **3.** Applicant's Daytime Telephone Number **4.** Applicant's Mobile Telephone Number (if any) **5.** Applicant's Email Address (if any) ***Applicant's Certification*** Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek. I further authorize release of information contained in this supplement, in supporting documents, and in my USCIS records to other entities and persons when necessary for the administration and enforcement of U.S. immigration laws. I certify, under penalty of perjury, that I provided or authorized all of the information in my supplement, especially in **Part 1.** and **Part 2.**, I understand all of the information contained in, and submitted with my supplement, and that all of this information is complete, true, and correct.	***Applicant's Contact Information*** Provide your daytime telephone number, mobile telephone number (if any), and email address (if any). **1.** Applicant's Daytime Telephone Number **2.** Applicant's Mobile Telephone Number (if any) **3.** Applicant's Email Address (if any) ***Applicant's Certification and Signature*** [deleted] I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my supplement, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 4.**, understood, all of the responses and information contained in, and submitted with, my supplement, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and

	I further declare, under penalty of perjury, that I have reviewed the job offer described in **Part 6.** of this supplement, and I intend to accept the position offered in **Part 6.** of this supplement upon approval of my Form I-485. ***Applicant's Signature*** **6.a.** Applicant's Signature (sign in ink) **6.b.** Date of Signature (mm/dd/yyyy)	persons where necessary for the administration and enforcement of U.S. immigration law. [deleted] **4.** Applicant's Signature Date of Signature (mm/dd/yyyy)
	[new]	**[Page 2]** **Part 4. Interpreter's Contact Information, Certification, and Signature** ***Interpreter's Full Name*** **1.** Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name) **2.** Interpreter's Business or Organization Name **[Page 3]** ***Interpreter's Contact Information*** **3.** Interpreter's Daytime Telephone Number **4.** Interpreter's Mobile Telephone Number (if any) **5.** Interpreter's Email Address (if any) ***Interpreter's Certification and Signature*** I certify, under penalty of perjury, that I am fluent in English and [Fillable language field], and I have interpreted every question on the supplement and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that they understood every instruction, question, and answer on the supplement. **6.** Interpreter's Signature Date of Signature (mm/dd/yyyy)
Page 2-3, **Part 4. Contact Information, Declaration, and Signature of the Person Preparing This Supplement, if Other Than the Applicant**	**[Page 2]** **Part 4. Contact Information, Declaration, and Signature of the Person Preparing This Supplement, if Other Than the Applicant** Provide the following information about the preparer. ***Preparer's Full Name*** **1.a.** Preparer's Family Name (Last Name) **1.b.** Preparer's Given Name (First Name) **2.** Preparer's Business or Organization Name (if	**[Page 3]** **Part 5. Contact Information, Certification, and Signature of the Person Preparing Parts 1. - 4. of this Supplement, if Other Than the Applicant** [deleted] ***Preparer's Full Name*** **1.** Preparer's Family Name (Last Name) Preparer's Given Name (First Name) **2.** Preparer's Business or Organization Name

	any)	
	Preparer's Mailing Address **3.a.** Street Number and Name **3.b.** Apt./Ste./Flr. [Fillable field] **3.c.** City or Town **3.d.** State **3.e.** ZIP Code **3.f.** Province **3.g.** Postal Code **3.h.** Country	[deleted]
	Preparer's Contact Information	***Preparer's Contact Information***
	4. Preparer's Daytime Telephone Number **5.** Preparer's Mobile Telephone Number (if any) **6.** Preparer's Email Address (if any)	**3.** Preparer's Daytime Telephone Number **4.** Preparer's Mobile Telephone Number (if any) **5.** Preparer's Email Address (if any)
	[Page 3]	
	Preparer's Statement **7.a.** I am not an attorney or accredited representative but have prepared this supplement on behalf of the applicant and with the applicant's consent. **7.b.** I am an attorney or accredited representative and my representation of the applicant in this case extends/does not extend beyond the preparation of this supplement. **NOTE:** If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this supplement.	[deleted]
	Preparer's Certification	***Preparer's Certification and Signature***
	By my signature, I certify, under penalty of perjury, that I prepared this supplement at the request of the applicant. The applicant then reviewed this completed supplement and informed me that he or she understands all of the information contained in, and submitted with, his or her supplement, including the **Applicant's Certification**, and that all of this information is complete, true, and correct.	I certify, under penalty of perjury, that I prepared **Parts 1. - 4.** of this supplement for the applicant at their request and with express consent and that all of the responses and information contained in and submitted with the supplement are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that they understand the responses and information in or submitted with the supplement.
	Preparer's Signature **8.a.** Preparer's Signature (sign in ink) **8.b.** Date of Signature (mm/dd/yyyy)	[deleted] **6.** Preparer's Signature Date of Signature (mm/dd/yyyy)
	IMPORTANT: The employer confirming an existing bona fide job offer or offering you a new, permanent job must complete **Parts 5.**, **6.**,	**IMPORTANT:** The employer confirming an existing valid job offer or offering the applicant a new, permanent job must complete **Parts 6.**,

	and **7.**	**7.**, and **8.**
Page 3, **Part 5. Information About the Employer**	**[Page 3]** **Part 5. Information About the Employer** **1.** Type of employer (Select **only one** box): Business/Organization Self/Individual ***Employer's U.S. Mailing Address*** **2.a.** Street Number and Name **2.b.** Apt./Ste./Flr. [Fillable field] **2.c.** City or Town **2.d.** State **2.e.** ZIP Code ***Information About the Business Entity Employer*** If you, the employer, are a business entity, provide the information requested in **Item Numbers 3. - 10.** **3.** Business or Organization Name **4.** Employer Identification Number **5.** Type of Business **6.** Date Established (mm/dd/yyyy) **7.** Current Number of U.S. Employees **8.** Gross Annual Income **9.** Net Annual Income **10.** NAICS Code ***Information About the Individual Employer*** *(if applicable)* ***Your Current Legal Name*** *(do not provide a nickname)* **11.a.** Family Name (Last Name) **11.b.** Given Name (First Name) **11.c.** Middle Name **12.** Date of Birth (mm/dd/yyyy) **13.** U.S. Social Security Number (if any) **14.** Annual Income **15.** Occupation	**[Page 4]** **Part 6. Information About the Employer** **1.** Type of employer (Select **only one** box): Business/Organization Self/Individual ***Employer's U.S. Mailing Address*** **2.** Street Number and Name Apt./Ste./Flr./Number City or Town State ZIP Code ***Employer's U.S. Physical Address*** Provide the physical address where the applicant will work if different from the employer's mailing address in **Item Number 3.** or the address provided in Form I-140 on which the applicant's Form I-485 is based. **3.** Street Number and Name Apt./Ste./Flr. Number [Fillable field] City or Town State ZIP Code ***Information About the Business Entity Employer*** If you, the employer, are a business entity, provide the information requested in **Item Numbers 4. - 12.** **4.** Business or Organization Name **5.** Employer Identification Number **6.** Type of Business Entity **7.** Type of Business Activity **8.** Date Established (mm/dd/yyyy) **9.** Current Number of U.S. Employees **10.** Gross Annual Income **11.** Net Annual Income **12.** NAICS Code ***Information About the Individual Employer*** *(if applicable)* **13.** Your Current Legal Name (do not provide a nickname) Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) **14.** Date of Birth (mm/dd/yyyy) **15.** U.S. Social Security Number (if any) **16.** Annual Income **17.** Occupation

Page 4, **Part 6. Information About the Job Offer**	**[Page 4]** **Part 6. Information About the Job Offer** You, the employer, must provide the information requested in **Part 6.** **1.** Job Title **2.** Standard Occupational Classification (SOC) Code **3.** Nontechnical Description of Job (If you need extra space to complete this section, use the space provided in **Part 9. Additional Information**.) [Fillable field] **4.** Is this a full-time position? Yes No **5.** If you answered "No" to **Item Number 4.**, provide the number of hours per week the applicant will work in this position. **6.** Is this a permanent position? Yes No **7.** Wages Offered (Specify hour, week, month, or year) [Fillable field (dollars)] per [Fillable field (unit of time)] ***Employer's U.S. Physical Address*** Provide the physical address where the applicant will work if different from the employer's mailing address in **Part 5.**, **Item Numbers 2.a. - 2.e.** or the address provided in Form I-140 on which the applicant's Form I-485 is based. **8.a.** Street Number and Name **8.b.** Apt./Ste./Flr. [Fillable field] **8.c.** City or Town **8.d.** State **8.e.** ZIP Code **9.** Is the applicant named in **Part 2.** of this supplement currently employed by you? Yes No **10.** If you answered "Yes" to **Item Number 9.**, when did the applicant begin employment with you (mm/dd/yyyy)?	**[Page 5]** **Part 7. Information About the Job Offer** You, the employer, must provide the information requested in **Part 7.** **1.** Job Title **2.** Standard Occupational Classification (SOC) Code **3.** Nontechnical Description of Job (If you need extra space to complete this section, use the space provided in **Part 10. Additional Information**.) [Fillable field] **4.** Is this a full-time position? Yes No **5.** If you answered "No," provide the number of hours per week the applicant will work in this position. **6.** Is this a permanent position? Yes No **7.** Wages Offered (Specify hour, week, month, or year) [Fillable field (dollars)] per [Fillable field (unit of time)] [delete] **8.** Is the applicant named in **Part 2.** of this supplement currently employed by you? Yes No **9.** If you answered "Yes," when did the applicant begin employment with you (mm/dd/yyyy)?
Page 4-5,	**[Page 4]**	**[Page 5]**

Part 7. Statement, Contact Information, Certification, and Signature of the Individual Employer or Authorized Signatory of the Business Entity Employer	**Part 7. Statement, Contact Information, Certification, and Signature of the Individual Employer or Authorized Signatory of the Business Entity Employer** **NOTE:** Read the **Penalties** section of the Supplement J Instructions before completing this part. ***Individual Employer's or Authorized Signatory's Statement*** Select **all applicable** boxes. **1.** I can read and understand English, and I have read and understand every question and instruction on this supplement and my answer to every question. **2.** At my request, the preparer named in **Part 8.**, [Fillable field], prepared this supplement for me based only upon information I provided or authorized. ***Individual Employer's or Authorized Signatory's Contact Information*** **3.a.** Individual Employer's or Authorized Signatory's Family Name (Last Name) **3.b.** Individual Employer's or Authorized Signatory's Given Name (First Name) **4.** Individual Employer's or Authorized Signatory's Title **[Page 5]** **5.** Individual Employer's or Authorized Signatory's Daytime Telephone Number **6.** Individual Employer's or Authorized Signatory's Mobile Telephone Number (if any) **7.** Individual Employer's or Authorized Signatory's Email Address (if any) **[Page 6]** ***Individual Employer's or Authorized Signatory's Certification*** Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that, as the employer, USCIS may require that I submit original documents to USCIS at a later date.	**Part 8. Contact Information, Certification, and Signature of the Individual Employer or Authorized Signatory of the Business Entity Employer** [deleted] ***Individual Employer's or Authorized Signatory's Contact Information*** **1.** Individual Employer's or Authorized Signatory's Family Name (Last Name) Individual Employer's or Authorized Signatory's Given Name (First Name) **2.** Individual Employer's or Authorized Signatory's Title **3.** Individual Employer's or Authorized Signatory's Daytime Telephone Number **4.** Individual Employer's or Authorized Signatory's Mobile Telephone Number (if any) **5.** Individual Employer's or Authorized Signatory's Email Address (if any) ***Individual Employer's or Authorized Signatory's Certification and Signature*** [deleted]

	I authorize the release of any information from any records of the employer that USCIS may need to determine eligibility for the requested immigration benefit. I recognize the authority of USCIS to conduct audits of this supplement using publicly available open source information. I also recognize that USCIS may verify any supporting evidence submitted in support of this supplement through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews. If filing this supplement on behalf of an organization, I certify that I am authorized to do so by the organization. I certify, under penalty of perjury, that I have reviewed this supplement, and that all of the information contained in **Part 5.** and **Part 6.** of this supplement, including all responses provided by me to specific questions and in the supporting documents provided by me, is complete, true, and correct. I further declare, under penalty of perjury, and attest to the following: **1)** I am a viable employer and I am extending a bona fide job offer to the applicant named in **Part 2.** of this supplement; **2)** The job opportunity is for full-time, permanent employment; and **3)** I intend to employ the applicant in the job offer described in **Part 6.** of this supplement upon the approval of the applicant's Form I-485. ***Individual Employer's or Authorized Signatory's Signature*** **8.a.** Signature of Individual Employer or	If filling this supplement on behalf of an organization, I certify that I am authorized to do so by the organization: [deleted] • I reviewed and provided or authorized all of the responses and information in my supplement; • I understood all of the responses and information contained in, and submitted with, my supplement; and • All of the responses and information were complete, true, and correct at the time of filing. Furthermore, I authorize the release of any information from any and all of my records as authorized signatory and the individual employer's records that USCIS may need to determine the individual employer's eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law. [deleted] **6.** Signature of Individual Employer or

	Authorized Signatory (sign in ink) **8.b.** Date of Signature (mm/dd/yyyy)	Authorized Signatory Date of Signature (mm/dd/yyyy)
Page 5-6, **Part 8. Contact Information, Declaration, and Signature of the Person Preparing This Supplement, if Other Than the Individual Employer or Authorized Signatory of the Business Entity Employer**	**[Page 5]** **Part 8. Contact Information, Declaration, and Signature of the Person Preparing This Supplement, if Other Than the Individual Employer or Authorized Signatory of the Business Entity Employer** Provide the following information about the preparer. ***Preparer's Full Name*** **1.a.** Preparer's Family Name (Last Name) **1.b.** Preparer's Given Name (First Name) **2.** Preparer's Business or Organization Name (if any) ***Preparer's Mailing Address*** **3.a.** Street Number and Name **3.b.** Apt./Ste./Flr. [Fillable field] **3.c.** City or Town **3.d.** State **3.e.** ZIP Code **3.f.** Province **3.g.** Postal Code **3.h.** Country ***Preparer's Contact Information*** **4.** Preparer's Daytime Telephone Number **5.** Preparer's Mobile Telephone Number (if any) **6.** Preparer's Email Address (if any) **[Page 6]** ***Preparer's Statement*** **7.a.** I am not an attorney or accredited representative but have prepared this supplement on behalf of the individual employer or authorized signatory and with the individual employer's or authorized signatory's consent. **7.b.** I am an attorney or accredited representative and my representation of the individual employer or authorized signatory in this case extends/does not extend beyond the preparation of this supplement. **NOTE:** If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this supplement. ***Preparer's Certification*** By my signature, I certify, under penalty of perjury, that I prepared this supplement at the	[deleted]

	request of the individual employer or authorized signatory. The individual employer or authorized signatory then reviewed this completed supplement and informed me that he or she understands all of the information contained in, and submitted with, his or her supplement, including the **Individual Employer's or Authorized Signatory's Certification**, and that all of this information is complete, true, and correct. ***Preparer's Signature*** **8.a.** Preparer's Signature (sign in ink) **8.b.** Date of Signature (mm/dd/yyyy)	
		[Page 6] **Part 9. Interpreter's Contact Information, Certification, and Signature** ***Interpreter's Full Name*** **1.** Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name) **2.** Interpreter's Business or Organization Name ***Interpreter's Contact Information*** **3.** Interpreter's Daytime Telephone Number **4.** Interpreter's Mobile Telephone Number **5.** Interpreter's Email Address **[Page 7]** ***Interpreter's Certification and Signature*** I certify, under penalty of perjury, that I am fluent in English and [Fillable language field], and I have interpreted every question on the supplement and Instructions and interpreted the individual employer's or authorized signatory's answers to the questions in that language, and the indivudual employer or authorized signatory informed me that they understood every instruction, question, and answer on the supplement. - **6.** Interpreter's Signature Date of Signature (mm/dd/yyyy)
Page 7, **Part 9. Additional Information**	**[Page 7]** **Part 9. Additional Information** If you need extra space to provide any additional information within this supplement, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this supplement or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page**	**[Page 8]** **Part 10. Additional Information** If either the applicant, employer, or the preparer needs extra space to provide any additional information within this supplement, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this supplement or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of

	Number, **Part Number**, and **Item Number** to which your answer refers, and sign and date each sheet. **1.a.** Family Name (Last Name) **1.b.** Given Name (First Name) **1.c.** Middle Name **2.** A-Number (if any) **3.a.** Page Number **3.b.** Part Number **3.c.** Item Number **3.d.** [Fillable field] **4.a.** Page Number **4.b.** Part Number **4.c.** Item Number **4.d.** [Fillable field] **5.a.** Page Number **5.b.** Part Number **5.c.** Item Number **5.d.** [Fillable field] **6.a.** Page Number **6.b.** Part Number **6.c.** Item Number **6.d.** [Fillable field] **7.a.** Page Number **7.b.** Part Number **7.c.** Item Number **7.d.** [Fillable field]	each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers, and sign and date each sheet. **1.** Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) **2.** A-Number (if any) **3.** Page Number Part Number Item Number [Fillable field] **4.** Page Number Part Number Item Number [Fillable field] **5.** Page Number Part Number Item Number [Fillable field] **6.** Page Number Part Number Item Number [Fillable field] **7.** Page Number Part Number Item Number [Fillable field]