

Semiannual Report for CW-1 Employers

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-129CWR

OMB No. 1615-0111 Expires 02/28/2026

Part 1. Information about the Employer			ployer's Contact Information
If you are an individual employer or sole proprietor filing this form, you must complete Item Numbers 1.a. - 2. If you are a company or an organization filing this petition, complete Item Number 3. All petitioners should fill out Item Numbers 5. - 14.			Daytime Telephone Number Mobile Telephone Number (if any)
Legal Name of Individual Employer or Sole Proprietor		8.	Email Address (if any)
1.a.	Family Name (Last Name)	Tax	xpayer Identification Numbers
1.b.	Given Name (First Name)	Prov	ride the following information as applicable:
1.c.	Middle Name	9.a.	Employer Identification Number (EIN)
2	Data of Pirth (mm/dd/mmr)		
2. <i>Fm</i>	Date of Birth (mm/dd/yyyy) ploying Company or Organization Name	9.b.	Are you a nonprofit organized as tax exempt or a governmental research organization? Yes No
3.	Name of Employer/Organization	9.c.	Do you currently employ a total of 25 or fewer full-time equivalent employees in the United States, including all affiliates or subsidiaries of this company/organization? Yes No
Em	ployer Address	10.	Individual Taxpayer Identification Number(ITIN)
4.a.	In Care Of Name (if any)	11.	U.S. Social Security Number (if any)
4.b.	Street Number and Name	12.	USCIS Online Account Number (if any)
4.c.	Apt. Ste. Flr.	12.	►
4.d.	City or Town	E-V	Verify Information
4.e.	State 4.f. ZIP Code	13.	Employer's Name as Listed in E-Verify
4.g.	If your place of business does not have a physical address,		
	provide a description of your location, (for example: "3 miles southwest of Anytown Post Office, near the water tower") and provide a map with your petition. If you need more space to provide your explanation, use the space provided in Part 10. Additional information .	14.	Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number
		Par	rt 2. Reporting Information
		Repo	orting Period
5.	Trade Name or "Doing Business As" Name (if applicable)	1.a.	Date From (mm/dd/yyyy)

1.b. Date To (mm/dd/yyyy)

Pai	rt 2. Reporting Information (continued)	7.a.	What was the wage offered, per week or year, on the approved Form I-129CW petition?					
2.	Receipt Number of Approved Form I-129CW Petition		Wages: \$ per					
3.	Employment and Training Administration (ETA) Case		NOTE: The wage frequency reported on this form must match the frequency reported on the approved petition.					
	Number For Temporary Labor Certification (TLC)	7.b.	What is the actual wage, per week or per year, currently paid to this worker?					
4.	Total Number of Workers Approved on the Petition		Wages: \$ per Properties Propertie					
5.	Total Number of Workers on the Approved Petition Who Are Currently Working For the Employer Named in Part 1.	8.a.	match the frequency reported on the approved petition. What are the hours, per week, offered on the approved Form I-129CW petition?					
Pai	rt 3. Worker Information	8.b.	What are the actual hours this worker worked per week?					
repo appr Add	ride the information requested in Item Numbers 1.a 4. as reted on the approved Form I-129CW petition. If the oved petition included more than one worker, use the itional Worker Attachment for Form I-129CWR to ide the information for each additional worker.	9. 10.	What is the current job title of the worker's position? What are the worker's current job duties? (Provide a detailed explanation.)					
Wo	rker's Information							
	Family Name							
1.b.	(Last Name) Given Name (First Name)	11.a.	Is the worker working at the location in Part 1. Item Number 3.?					
1.c. 2.	Middle Name Date of Birth (mm/dd/yyyy)	11.b.	If you answered "No" to Item Number 11.a. , provide the address where the worker will work. If the location has					
3.	U.S. Social Security Number (if any)	10	no address, describe the location where the worker will work and provide a map with your Form I-129CWR.					
4.	Alien Registration Number (A-Number) (if any) • A-		Street Number and Name Apt. Ste. Flr.					
5.	Is the approved worker currently in CW-1 status? Yes No	12.c.	City or Town					
6.a.	Is the approved worker currently working for the employer named in Part 1. ? Yes No	12.d.	State 12.e. ZIP Code					
6.b.	If you answered "No," to Item Number 6.a. , provide an explanation about why the worker is not currently working for the employer named in Part 1.	Onl	t 4. Attestation for Employers of the CNMI- ly Transitional Worker (CW-1) Nonimmigrant rkers(s)					
		•	irtue of my signature below, I hereby certify that the wing is true and correct:					
		1.	I am the employer identified in Part 1. of this form with the approved petition identified in Part 2. to employ a CW-1 nonimmigrant worker(s) in the Commonwealth of					

the Northern Mariana Islands (CNMI);

Part 4. Attestation for Employers of the CNMI-Only Transitional Worker (CW-1) Nonimmigrant Workers(s) (continued)

- 2. I attest that I continue to employ the CW-1 worker(s) under the terms and conditions set forth in the approved Form I-129CW petition and as declared on this form;
- **3.** I attest that I continue to pay the CW-1 worker(s) under the terms and conditions set forth in the approved Form I-129CW petition and as declared on this form;
- 4. I understand that failure to comply with the semiannual reporting requirement may be a basis for revocation of the approved petition or for denial of subsequently filed petitions;
- 5. I understand that at the time of filing, I am not required to submit evidence or supporting documentation. However, DHS or the Department of Labor (DOL) may request documents that I am required to retain at any point during the document retention period to ensure compliance with the terms and conditions of the petition;
- **6.** I understand that USCIS may revoke or deny my petition under 8 CFR 214.2(w)(27) if I fail to submit requested evidence at any point during the document retention period;
- 7. I attest that I will retain evidence and records which support each statement in this certification for the required document retention period; and
- 8. I attest that I have complied with and am continuing to comply with all assurances, obligations, and conditions of employment set forth in the approved Form I-129CW petition.

I certify, under penalty of perjury, under the laws of the United States of America, that the contents of this attestation and the evidence submitted or retained are true and correct to the best of my knowledge. If filing on behalf of an employer, I certify that I am empowered to do so by the employer. I authorize the release of any information from my records, or from the employer's records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit sought.

Part 5. Statement, Contact Information, Certification, and Signature of the Employer or Authorized Signatory

Employer's or Authorized Signatory's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a. I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.

1.b.	The interpreter named in Part 6. has read to me every question and instruction on this petition and my answer to every question in					
2.	a language in which I am fluent. I understood all of this information as interpreted. At my request, the preparer named in Part 7., prepared this petition for me based only upon information I provided or authorized.					
-	ployer's or Authorized Signatory's Contact ormation					
3.a.	Authorized Signatory's Family Name (Last Name)					
3.b.	Authorized Signatory's Given Name (First Name)					
4.	Authorized Signatory's Title					
5.	Authorized Signatory's Daytime Telephone Number					
6.	Authorized Signatory's Mobile Telephone Number (if any)					
7.	Authorized Signatory's Email Address (if any)					

Employer's or Authorized Signatory's Certification

I authorize the release of any information contained in this form, in supporting documents, in my USCIS records, and in the petitioning organization's records, to DHS or DOL or other entities and persons where necessary to verify the continued employment and payment of the CW-1 worker(s) under the terms and conditions of the approved petition or where authorized by law. I recognize the authority of DHS or DOL to conduct audits of this form using publicly available open source information. I also recognize that any supporting evidence submitted in support of this form may be verified by DHS or DOL through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this form 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 form, I understand all of the information contained in, and submitted with, my form, and all of this information is complete, true, and correct.

	et 5. Statement, Contact Information, etification, and Signature of the Employer or		terpreter's Contact Information				
	thorized Signatory (continued)	4.	Interpreter's Daytime Telephone Number				
Em	ployer's or Authorized Signatory's Signature	5.	Interpreter's Mobile Telephone Number (if any)				
8.a.	Petitioner's Signature						
→		6.	Interpreter's Email Address (if any)				
8.b.	Date of Signature (mm/dd/yyyy)						
		Int	terpreter's Certification				
	et 6. Interpreter's Contact Information,	I ce	rtify, under penalty of perjury, that:				
Cer	tification, and Signature	I an	ı fluent in English and				
Inte	ide the following information about the interpreter. erpreter's Full Name	1.a. sign	ch is the same language specified in Part 5. , Item Number , and I have read to this employer or the authorized natory in the identified language every question and ruction on this form and his or her answer to every question.				
1.a.	Interpreter's Family Name (Last Name)	she	employer or authorized signatory informed me that he or understands every instruction, question, and answer on the tion, including the Employer's or Authorized Signatory's				
1.b.	Interpreter's Given Name (First Name)	Certification, and has verified the accuracy of every answer.					
2.	Interpreter's Business or Organization Name (if any)	Int	terpreter's Signature				
		7.a.	Interpreter's Signature				
_							
Inte	erpreter's Mailing Address	7.b.	Date of Signature (mm/dd/yyyy)				
3.a.	Street Number and Name						
3.b.	Apt. Ste. Flr.	Sig	rt 7. Contact Information, Declaration, and gnature of the Person Preparing This				
3.c.	City or Town		ertification, if Other Than the Petitioner or				
3.d.	State 3.e. ZIP Code		vide the following information about the preparer.				
3.f.	Province		eparer's Full Name				
3.g.	Postal Code		Preparer's Family Name (Last Name)				
3.h.	Country		Tropulation and Training				
		1.b.	Preparer's Given Name (First Name)				
3.i.	If you are located in the CNMI and your place of business						
	does not have a physical address, provide a description of your location (for example: "3 miles southwest of	2.	Preparer's Business or Organization Name (if any)				
	Anytown Post Office, near the water tower") and provide a map with your petition.						
	a map with your petition.						

Part 7. Contact Information, Declaration, and Signature of the Person Preparing This Certification, if Other Than the Petitioner or Authorized Signatory (continued)

Pre	Preparer's Mailing Address				
3.a.	Street Number and Name				
3.b.	Apt. Ste. Flr.				
3.c.	City or Town				
3.d.	State 3.e. ZIP Code				
3.f.	Province				
3.g.	Postal Code				
3.h.	Country				
3.1.	does not have a physical address, provide a description or your location (for example: "3 miles southwest of Anytown Post Office, near the water tower") and provide a map with your petition.				
Pre	parer's Contact Information				
4.	Preparer's Daytime Telephone Number				
5.	Preparer's Mobile Telephone Number (if any)				
6.	Preparer's Email Address (if any)				

Preparer's Statement

	 have prepared this form on behalf of the employer and with the employer's consent.
7.b.	I am an attorney or accredited representative, and my representation of the employer in this case extends does not extend beyond the preparation of this form.
	NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as

Attorney or Accredited Representative, with this

7.a. I am not an attorney or accredited representative but

Preparer's Certification

form.

By my signature, I certify, under penalty of perjury, that I prepared this form at the request of the employer or authorized signatory. The employer has reviewed this completed petition, including the **Employer's or Authorized Signatory's**Certification, and informed me that all of this information in the form and in the supporting documents is complete, true, and correct.

*Preparer's Signature*8.a. Preparer's Signature

OL	Date of Signature (mm/dd/yyyy)		
o.D.	Date of Signature (IIIII/dd/vvvv)		

Part 8. Additional Information	5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this petition or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the Page Number , Part Number , and Item Number to which your answer refers; and sign and date each sheet.	5.d.					
1.a. Family Name (Last Name) 1.b. Given Name						
(First Name)						
1.c. Middle Name						
2. A-Number (if any) ► A-						
3.a. Page Number 3.b. Part Number 3.c. Item Number	6.a.	Page Number	6.b.	Part Number	6.c.	Item Number
3.d.	6.d.					
4.a. Page Number 4.b. Part Number 4.c. Item Number	7.a.	Page Number	7.b.	Part Number	7.c.	Item Number
4.d	7.d.					



Additional Worker Attachment for Form I-129CWR

USCIS Form I-129CWR

Department of Homeland Security

U.S. Citizenship and Immigration Services

OMB No. 1615-0111 Expires 09/30/2024

9.a. What was the wage offered, per week or year, on the

per

approved Form I-129CW petition?

Wages: \$

Complete a separate attachment for each additional worker who was approved on Form I-129CW. Provide the information requested in Item Numbers 3.a. - 6. as reported on the approved Form I-129CW petition. (Do not complete a copy of this

Attachment for the worker you already named in Part 3.) In Item Numbers 1.a 2. , provide the same information as listed in Part 1. of Form I-129CWR.			NOTE: The wage frequency reported on this form must match the frequency reported on the approved petition.			
			What is the actual wage, per week or per currently paid to this worker?			
_	gal Name of Individual Employer or Sole oprietor	10 o	Wages: \$ per What are the hours, per week, offered on the approved			
1.a.	Family Name (Last Name)	10.a.	Form I-129CW petition?			
1.b.	Given Name (First Name)	10.b.	What are the actual hours this worker worked per week? ▶			
1.c.	Middle Name	11.	What is the current job title of the worker's position?			
Em	ploying Company or Organization Name					
2.	Name of Employer/Organization	12.	What are the worker's current job duties? (Provide a detailed explanation.)			
Wo	orker's Information					
3.a.	Family Name (Last Name)	13.a.	Is the worker working at the location in Part 1. Item			
3.b.	Given Name (First Name)		Number 3. of Form I-129CWR? Yes No			
3.c.	Middle Name Dete of Right (mm/dd/yyyy)	13.0.	If you answered "No" to Item Number 13.a. , provide the address where the worker will work. If the location has no address, describe the location where the worker will			
4.	Date of Birth (mm/dd/yyyy)		work and provide a map with your Form I-129CWR.			
5.	U.S. Social Security Number (if any) ▶ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		Street Number and Name			
6.	Alien Registration Number (A-Number) (if any) • A-	14.b. 14.c.	Apt. Ste. Flr. City or Town			
7.	Is the approved worker currently in CW-1 status? Yes No		State 14.e. ZIP Code			
8.a.	Is the approved worker currently working for the employer name Item Number 2. ? Yes No					
8.b.	If you answered "No," to Item Number 8.a. , provide an explanation about why the worker is not currently working for the employer named in Item Number 2.					