OMB No. 1615-0026; Exp. 12/31/2018

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-526, Immigrant Petition by Alien Entrepreneur

Do Not Write in This Block - For USCIS Use Only (Except G-28 Block Below)

Classification	**Action Block**	Fee Receipt
Priority Date		**To be completed by Attorney or Representative, if any** ☐ G-28 is attached Attorney's State License No.

Remarks:

START HERE - Type or print in black ink.

Part 1. Information About You

Family Name	Given Name	Middle Name

Address - In Care of Name, if applicable

Street Number and Name	Apt. Number

City	State or Province	Country	Zip/Postal Code

Date of Birth *(mm/dd/yyyy)*	Country of Birth	Social Security Number (if any)	A-Number (if any)

If you are in the United States, provide the following information:

Date of Arrival *(mm/dd/yyyy)*	I-94 Number	Passport Number
Travel Document Number	Expiration Date for Passport or Travel Document	Country of Issuance for Passport or Travel Document
Current Nonimmigrant Status	Date Current Status Expires *(mm/dd/yyyy)*	Daytime Telephone Number (with Area Code)

Part 2. Application Type *(Check one)*

a. ☐ This petition is based on an investment in a commercial enterprise in a targeted employment area for which the required amount of capital invested has been adjusted downward.

b. ☐ This petition is based on an investment in a commercial enterprise in an area for which the required amount of capital invested has been adjusted upward.

c. ☐ This petition is based on an investment in a commercial enterprise that is not in either a targeted area or in an upward adjustment area.

Part 3. Information About Your Investment

Name of commercial enterprise in which funds are invested ***(Required Field - Do Not Leave Blank)***

Street Address

Phone Number with Area Code	Business organized as (corporation, partnership, etc.)

RECEIVED: _____ RESUBMITTED: _____ RELOCATED: SENT _____ REC'D _____

Part 3. Information About Your Investment *(Continued)*

Kind of business (e.g. furniture manufacturer) _____ Date established (mm/dd/yyyy) _____ IRS Tax # _____

Date of your initial investment (mm/dd/yyyy) _____ Amount of your initial investment $ _____

Your total capital investment in the enterprise to date $ _____ Percentage of the enterprise you own _____

If you are not the sole investor in the new commercial enterprise, list on separate paper the names of all other parties (natural and non-natural) who hold a percentage share of ownership of the new enterprise and indicate whether any of these parties is seeking classification as an alien entrepreneur. Include the name, percentage of ownership, and whether or not the person is seeking classification under section 203(b)(5). **NOTE:** A "natural" party would be an individual person, and a "non-natural" party would be an entity such as a corporation, consortium, investment group, partnership, etc.

If you indicated in **Part 2** that the enterprise is in a targeted employment area or in an upward adjustment area, name the county and State: County _____ State _____

Part 4. Additional Information About the Enterprise

Type of Enterprise (check one):

- ☐ New commercial enterprise resulting from the creation of a new business.
- ☐ New commercial enterprise resulting from the purchase of an existing business.
- ☐ New commercial enterprise resulting from a capital investment in an existing business.

Composition of the Petitioner's Investment:

Total amount in U.S. bank account	$
Total value of all assets purchased for use in the enterprise.....	$
Total value of all property transferred from abroad to the new enterprise.....	$
Total of all debt financing.....	$
Total stock purchases.....	$
Other (explain on separate paper).....	$
Total	$

Income:

When you made the investment.....	Gross	$	Net	$
Now.....	Gross	$	Net	$

Net worth:

When you made investment.....	Gross	$	Now	$

Part 5. Employment Creation Information

Number of full-time employees in the enterprise in U.S. (excluding you, your spouse, sons, and daughters)

When you made your initial investment? _____ Now _____ Difference _____

How many of these new jobs were created by your investment? _____ How many additional new jobs will be created by your additional investment? _____

What is your position, office, or title with the new commercial enterprise?

_____

Briefly describe your duties, activities, and responsibilities.

_____

What is your salary? $ _____ What is the cost of your benefits? $ _____

Part 6. Processing Information

Check One:

☐ The person named in **Part 1** is now in the United States, and an application to adjust status to permanent resident will be filed if this petition is approved.

☐ If the petition is approved and the person named in **Part 1** wishes to apply for an immigrant visa abroad, complete the following for that person:

Country of nationality: _____

Country of current residence or, if now in the United States, last permanent residence abroad:

_____

If you provided a United States address in **Part 1**, print the person's foreign address:

_____

If the person's native alphabet is other than Roman letters, write the foreign address in the native alphabet:

_____

Are you in deportation or removal proceedings? ☐ Yes (Explain on separate paper) ☐ No

Have you ever worked in the United States without permission? ☐ Yes (Explain on separate paper) ☐ No

Part 7. Signature *Read the information on penalties in the instructions before completing this section.*

I certify, under penalty of perjury under the laws of the United States of America, that this petition and the evidence submitted with it is all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

Signature _____ Date _____

Mobile Phone Number ( ) - E-Mail Address _____

NOTE: *If you do not completely fill out this form or fail to the submit the required documents listed in the instructions, you may not be found eligible for the immigration benefit you are seeking and this petition may be denied.*

Part 8. Signature of Person Preparing Form, If Other Than Above (Sign below)

I declare that I prepared this application at the request of the above person, and it is based on all information of which I have knowledge.

Signature _____ Print Your Name _____ Date _____

Firm Name _____ Daytime phone # with area code _____

Address _____