

Manhattan Office:

274 Madison Ave., Suite 1104
New York, NY 10016
Telephone: (212) 679-9700
Facsimile: (212) 679-9703

Queens Office:

136-18 39th Ave., Suite 1104
Flushing, NY 11354
Telephone: (718) 888-0862
Facsimile: (718) 285-9889

H-1B Required Documents and Information

Required H-1B Application Documents need to be provided by various parties, as indicated below:

Employer-related documents:

- Company brochure(s), if any;
- Company website address/URL, if any;
- Job Offer Letter, if available;
- Job Posting, if any;
- Company letterhead (several copies).

Employee-related documents:

- Resume;
- Passport with all stamped pages;
- I-94 (Arrival/Departure Card);
- Master Degree Diploma and transcript, if any;
- Bachelor's Degree Diploma and transcript, if available;
- All I-20 Forms;
- Employment Authorization Card and Social Security Card, if any;
- Detailed job description;
- Work sample(s), if any.

Dependent-related documents:

- Passport(s);
- I-94 (Arrival/Departure Card);
- All proof of U.S. legal status;
- Marriage license;
- Birth certificate of children.

Manhattan Office:

274 Madison Ave., Suite 1104
New York, NY 10016
Telephone: (212) 679-9700
Facsimile: (212) 679-9703

Queens Office:

136-18 39th Ave., Suite 1104
Flushing, NY 11354
Telephone: (718) 888-0862
Facsimile: (718) 285-9889

Additional information is required to complete the H-1B application.
Please provide the following information:

Employer Information

Company Name (Registered on file): _____

DBA (Doing Business As): _____

Business Address: _____

Tel: _____

IRS Tax #: _____

Type of Business: _____

Year Established: _____

Current Number of Employees: _____

Gross Annual Income: _____ Net Annual Income: _____

Name and Title of Officer Who Will Sign the H-1B Petition:

First Name: _____

Middle Name: _____

Last Name: _____

Title: _____



Employee Information

First Name: _____ Last Name: _____

Middle Name: _____

Date of Birth (mm/dd/yy): _____

JUN WANG & ASSOCIATES P.C.

Law & Consultation

Manhattan Office:

274 Madison Ave., Suite 1104
New York, NY 10016
Telephone: (212) 679-9700
Facsimile: (212) 679-9703

Queens Office:

136-18 39th Ave., Suite 1104
Flushing, NY 11354
Telephone: (718) 888-0862
Facsimile: (718) 285-9889

Country of Birth: _____

Social Security Number: _____

If in the U.S, please provide the following information:

Date of Arrival (mm/dd/yy): _____ I-94#: _____

Current Non-immigrant Status: _____

Expires on (mm/dd/yy): _____

Previous Foreign Address: _____

Employment Information

Job Title: _____

Detailed, non-technical job description:

Address where the employee will work (if different than Employer Address listed above):

Is this full-time employment? _____ Hours per work _____

Off-site: Yes/No _____ Wages per week or per year: _____

Other compensation (Please explain): _____

Dates of intended employment: From: _____ To: _____