Law Office of Willian	w Office of William Jang, PLLC EB-1(Extraordinary Ability) Information Sheet					
		A. Principal B	Seneficiary (Wo	orker)		
1) Full Name			2) City and Country of Birth		3) Has Beneficiary been in U.S.	
T) Fair Name				•	,	j
1) All Other Names	Llsed (including maid	len name)	E) A Number (if any)		6) Social Security Number (if any)	
4) All Other Names Used (including maiden name)			5) A Number (if any)		o) Social Security Number (if arry)	
7) If not in US, Desi	red Consular (City)	8) Name and address in native language		guage, if not nat	I ive language is n	ot roman.
9) Home Phone	10) Cell Phone	11) Office Phone	12) Fax	13) E-Mail		
					1	
14) Father's full nan	ne	15) Father's Date, 0	City and Country	y of Birth	16) City and Cour	ntry of Residence
17) Mother's full na	me (maiden)	18) Mother's Date, City and Country of Birth		y of Birth	19) City and Country of Residence	
20) Current engues	's full name (maiden)	21) Place of Curren	t Marriago		22) Data of Current Marriage	
20) Current spouse	's full name (maiden)	21) Place of Curren	it Marriage	larriage 22) Date of Current Marriag		ent warnage
23) Former spouse's full name (maiden) 24) Forme		24) Former spouse	use's Date, City and Country of Birt		25) Date and Place of Marriage	
26) Beneficiary's re-	sidence last five years	s. List present addre	ess first		From	То
Street an	nd Number	City	State/Country	Zip Code	month/year	month/year
						Present
	st address outside the				From	То
Street an	nd Number	City	State/Country	Zip Code	month/year	month/year
28) Beneficiary's Emp	loyment last five years	(if none, so state). List	present employn	nent first.	From	То
Full name and address of employer				Occupation	month/year	month/year
						Present
					_	
29) Show below last occupation abroad if not shown above					From	To
Full name and address of employer				Occupation	month/year	month/year
30) C	Current US Address (i	f any)	31) Current Foreign Address (if any)			
20) A - 41, 44 , 4 - 1	of a way and have been a first	in the LIC arrest	,			
32) Activity to be performed by beneficiary in the US company.			33) Position Being Offered		34) Proposed Wages/Salary	

B) Principal Applicant's Spouse (if none please write none)						
1) Full Name	2) City and Country of Birth		3) Has Beneficiary been in U.S.			
 All Other Names Used (including maid 	5) A Number (if any)		6) Social Security Number (if any)			
7) If not in US, Desired Consular (City)	8) Name and addre	ss in native lan	guage, if not nati	ive language is n	ot roman.	
9) Father's full name	10) Eather's Date (City and Countr	v of Rirth	11) City and Cour	atry of Posidoneo	
9) Father Situil Hairie	10) Father's Date, City and Country of Birth			11) City and Country of Residence		
12) Mother's full name (maiden)	13) Mother's Date, City and Country of Birth			14) City and Country of Residence		
	10) Mother 3 Date, City and Country of Birth			.,,		
15) Former spouse's full name (maiden)	16) Former spouse's Date, City and Country of Birth		17) Date and Place of Marriage			
	10) I sime spouses bate, only and country of Birth					
18) Beneficiary's Employment last five years	(if none, so state). List	present employr	ment first.	From	То	
Full name and addre	ess of employer		Occupation	month/year	month/year	
					Present	
10) Show below last occupation abroad i	f not shown above			From	То	
Show below last occupation abroad if not shown above Full name and address of employer			Occupation		_	
Full flattle and addre	ess of employer		Occupation	month/year	month/year	
6) 6	hildrenie infermetie		and weith name			
1) Full Name	hildren's Information Accompanying?	· -	Country of Birth	SS # (if any)	A # (if any)	
I) Full Name	Accompanying:	City of Birtin	Country of Birth	33 # (II ally)	A # (II ally)	
2) Is any of your children currently	y employed or ever b	been employed	in the past? If s	o please list all e	employment.	
, , , ,						
3) Has any of your children ever been married or have any children?						
D) Questions to Principal Beneficiary and Family						
1) Has anyone been removed or deported or had any other immigration problems? (if yes, please provide information):						
2) Has an immigration (green card) application been filed for any one? (if yes, please provide information):						
3) Has anyone been arrested, charged, or ha	d any dealings with no	lice or had other	criminal problems	2 (if yes provide d	otaile):	
o) has anyone been arrested, charged, or ha	d arry dealings with po	nice of flad officer	Cililinal problems	: (ii yes provide d	etalis).	
4) Has anyone been previously employe	d in the US? (If ves.	please provide	e information):			
4) Has anyone been previously employed in the US? (If yes, please provide information):						
5) Please list all previously issued visas:						
6) Please list all previously refused visas:						
7) Has anyone previously applied for employment authorization? If so, when and where? Was it approved?						
ON List all approximations which at the top was been below and to in the construction to the construction.						
8) List all organizations, clubs, that anyone has belonged to in the past or belongs to currently.						
9) Has anyone served in a military? (if ye	s provide name of	military (army	navv) dates lo	cation and natur	e of service)	
o, mas anyone served in a military: (ii ye	o, provido, name or	many (anny,	avy, dates 10	cation and natur	3 31 301 vide).	

E) Information about the US Petitioning Company (if any)							
1) Name of t	he Company	2) Company Address					
,							
3) Manager/Offic	er's Name and Title	(contact person)	4) Type	of Business			
, ,		, ,	, ,,				
5) Company Phone	6) Company Fax		7) Company Contact Person's	E-mail Address			
, ,	, ,		, , ,				
8) Year Established	9) Gross Income	10) Net Income	11 Website Address	12) EIN#	13) # of Workers		
,	-,	-,					
	F) Informa	ation about Affiliate	ed Company outside of US (if	anv)			
1) Name of t			2) Company Addre				
1) 1441110 01 0	1) Name of the Company 2) Company Address						
3) Manager/Officer's Name and Title (contact person) 4) Type of Business							
o) Manager/Onic	oci o i tamo ana milo	(dontade person)	+) Τίβρο	Of Business			
5) Company Phone	/ Phone 6) Company Fax 7) Company Contact Person's E-mail Address			E-mail Address			
o) company i none	o) Company Lax		1) Company Contact 1 Claons	_ man Address			
8) Year Established	9) Gross Income	10) Net Income	11 Website Address	12) EIN#	13) # of Workers		
oj real Established	<i>9)</i> 01033 IIIC0IIIE	10) Net income	11 Website Address	12) LIN#	13) # OI WOIKEIS		
		C) Needed Decum	ento:		Chook List		
		G) Needed Docum			Check List		
	5		ary and Family:				
	Passports for all indiv		(5) (1.0. (15)				
			(Birth Certificate, Marriage Cer				
			es, hours worked, periods of em				
			others proving prior related expe	rience			
·	e Degrees and Trans	•					
If filed without job	offer, documents she	owing that the princi	pal beneficiary will work in his/h	er field. Such			
work in the field.							
8. Evidence of extraordinary ability (such as):							
a. evidence of national or international awards, prizes, etc.							
b. membership in related organization that requires outstanding achievements of its members							
c. published materials in professional or major trade publications							
d. major media publication about the principal beneficiary and his/her work							
e. evidence of par	e. evidence of participation as a judge of other's work in the same or relevant field.						
f. evidence of origi	inal contributions of	major significance in	the field				
g. evidence of authorship of scholarly articles in the field							
h. evidence of disp	h. evidence of display of work at exhibitions or showcases						
i. evidence of perfe	orming in lead or criti	cal role for entities v	vith distinguished reputations				
j. evidence of rece	eipt of high salary in re	elation to others in tl	ne field				
k. evidence of commercial success							
I. comparison of the principal beneficiary and others (who not extraordinary) in the field							
m. evidence of being a key member of a successful entity							
	n. testimonials (letters) from experts/organizations in the field						
o. other evidence	of extraordinary abilit	ty					
9. Licenses and Per	-	•					
	10. Copies of all prior applications and approval notices and denial notices, I-20, DS-2019, etc.						
11. Criminal Documents (if any)							
12. Copy of Prior Employment Authorization Card(s) (if any).							
13. Six passport photographs of the principal beneficiary and family members.							
14. Medical Examination from a Physician designated by US CIS							
US Entity (if any):							
15. Certificate & Articles of Formation or of Incorporation (if Petitioner is a corporation or LLC)							
16. Share Certificate or Unit Certificate (if Petitioner is a corporation or LLC)							
17. Partnership Agreement (if Petitioner is a partnership)							
18. Assumed Name Certificate (if any)							
16. Copies of Lease Agreement and Assignment of Lease							
17. Organizational Chart							
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18. Pictures of the Business/Office/Factory	
19. Copies of Bank Statements (last three months)	
20. Copies of Employer's Quarterly Reports	
21. Copies of Receipts and Invoices	
22. Copies of Advertisements	
23. Latest Tax Returns	
24. Latest Financial Statements ie: Income Statement/Balance Sheet	
25. Business Plan or Company Brochure (if any - three copies)	