Law Office of Willia	Law Office of William Jang, PLLC EB-2(Advanced Degree) Information Sheet							
		A. Principal B	Seneficiary (Wo	orker)				
			City and Country of Birth		3) Has Beneficiary been in U.S.			
T) Full Harrie			2) only and country of birth		of the Beneficiary seem in ever			
All Other Names Used (including maiden name)			5) A Number (if any)		6) Social Security Number (if any)			
., •	Toola (oraanigan	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	oj / mamber (ii anj)					
7) If not in US, Desired Consular (City)		8) Name and address in native language, if not nat		ive language is n	ot roman.			
	T		Ι					
9) Home Phone	10) Cell Phone	11) Office Phone	12) Fax	13) E-Mail				
14) Father's full nar	1) Fath and full pages		15) Father's Date City and Country		16) City and Cour	atry of Pasidance		
14) I atriel 3 Iuli Ilai	IIC .	15) Father's Date, City and Country of Birth		y or birtir	16) City and Country of Residence			
17) Mother's full na	me (maiden)	18) Mother's Date, City and Country of Birth		19) City and Country of Residence				
		,						
20) Current spouse's full name (maiden)		21) Place of Current Marriage		22) Date of Current Marriage				
22) Former engues's full name (maiden)		24) Former spouse's Date, City and Country of Birt		25) Date and Place of Marriage				
23) Former spouse's full flame (maiden)		24) Torrier spouse's Date, City and Country of Di		a Country of Birth	120) Bate and Flage of Marriage			
L 26) Beneficiary's residence last five years. List present add			ess first		From	То		
Street and Number		City	State/Country	Zip Code	month/year	month/year		
						Present		
27) Beneficiary's last address outside the					From	To		
Street and Number		City	State/Country	Zip Code	month/year	month/year		
28) Beneficiary's Emr	ployment last five years	<u> </u> (if none_so state) list	nresent employr	l nent first	From	То		
20) Bononolary o Emp	Full name and addre	prodent employs	Occupation	month/year	month/year			
					Present			
29) Show below last occupation abroad if not shown above				ı	From	То		
Full name and address of employer				Occupation	month/year	month/year		
				,	,	·		
30) C	f any)	31) Current Foreign Address (if any)			any)			
32) Activity to be performed by beneficiary in the US company.			33) Position Being Offered		34) Proposed Wages/Salary			

	ipal Applicant's Sp						
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)				
4) All Other Names Osed (including maid	5) A Number (II arry)		6) Social Security Number (II any)				
7) If not in US, Desired Consular (City) 8) Name and address in native language, if not native language is not roman.							
				-			
9) Father's full name	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			
12) Wolfier's full flame (malueri)	Oity and Country of Billin		14) Oily and Country of Residence				
15) Former spouse's full name (maiden)	6) Former spouse's Date, City and Country of Birth			17) Date and Place of Marriage			
		, ,	,	, ,			
18) Beneficiary's Employment last five years		present employr		From	To		
Full name and addre	ss of employer		Occupation	month/year	month/year Present		
					Present		
19) Show below last occupation abroad i				From	То		
Full name and addre	ss of employer		Occupation	month/year	month/year		
			•				
1) Full Name	hildren's Information Accompanying?	on - if none ple City of Birth	Country of Birth	SS # (if any)	Λ # (if opy)		
i) Full Name	Accompanying?	City of Birth	Country of Birth	SS # (if any)	A # (if any)		
Is any of your children currently	y employed or ever t	been employed	in the past? If s	o please list all e	employment.		
3) Has any	of your children eve	ar heen married	or have any chil	dren?			
Has any of your children ever been married or have any children?							
D)	Questions to Princ	ipal Beneficia	ry and Family				
1) Has anyone been removed or deporte				ease provide info	ormation):		
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	oriminal problems	2 (if you provide d	otoilo):		
5) Has anyone been arrested, charged, or ha	u arry dealings with po	nice of flad officer	ciiiiiiai probleiiis	! (II yes provide d	etalis).		
4) Has anyone been previously employed in the US? (If yes, please provide information):							
1, 1.35 a, 55 3551 providuoly oriprojed in the 551. (ii job, produce 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?							
7) That arryone providusty applied for employment authorization: It so, when and where: was it approved:							
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 yes, provide, name of military (army, navy), dates location and nature of service).						
Has anyone served in a military? (if ye	s, provide, name of	military (army,	navy), dates lo	cation and natur	e of service).		

E) Information about the US Petitioning Company (if any)							
1) Name of t	he Company	2) Company Address					
3) Manager/Officer's Name and Title (contact person) 4) Type of Business					
5) Company Phone	6) Company Fax		7) Company Contact Person's	E-mail Address			
	2) 2						
8) Year Established	9) Gross Income	10) Net Income	11 Website Address	12) EIN#	13) # of Workers		
	=/ 1 6	A COULT	10 (110 (11				
4) Name of (tion about Affiliated Company outside of US (if any)					
1) Name of t	he Company	2) Company Address					
2) Managar/Offic	aria Nama and Titla	contact person) 4) Type of Business					
3) Manager/Officer's Name and Title		(contact person)					
E) Company Dhono	6) Company Fay	7) Company Contact Parson's E-mail Address					
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		
o) real Established	9) Gloss illcome	10) Net income	11 Website Address	12) LIN#	13) # OI WOIKEIS		
		G) Needed Docum	nonte:		Check List		
G) Needed Documents: Beneficiary and Family:							
1 Conv of I-94 and	Passports for all indiv		ny and ranny.				
			(Birth Certificate Marriage Cer	tificates)			
	Copy of Government Document proving family relationship (Birth Certificate, Marriage Certificates) Resume (with details of prior experience including job duties, hours worked, periods of employment.)						
•	4. Certificate of Employment, Income Tax, W-2, Letters and others proving prior related experience						
	•	t, vv 2, Lottoro ana t	outere preving prior related expe	1101100			
5. University/College Degrees							
7. University/College		1.\					
8. Licenses and Per	mits (if job requires s	uch),					
9. Copies of all prior	applications and app	proval notices and de	enial notices, I-20, DS-2019, etc).			
10. Criminal Docume	ents (if any)						
11. Copy of Prior En	nployment Authorizat	ion Card(s) (if any).					
12. Six passport photographs of the principal beneficiary and family members.							
13. Medical Examination from a Physician designated by US CIS							
US Entity (if any):							
14. Certificate & Articles of Formation or of Incorporation (if Petitioner is a corporation or LLC)							
15. Share Certificate or Unit Certificate (if Petitioner is a corporation or LLC)							
16. Partnership Agreement (if Petitioner is a partnership)							
17. Assumed Name	17. Assumed Name Certificate (if any)						
18. Copies of Lease Agreement and Assignment of Lease							
19. Organizational Chart							
20. Pictures of the Business/Office/Factory							
21. Copies of Bank							
22. Copies of Emplo							
23. Copies of Receipts and Invoices							
24. Copies of Advertisements							
25. Latest Tax Returns							
26. Latest Financial Statements ie: Income Statement/Balance Sheet							
27. Business Plan o	7. Business Plan or Company Brochure (if any - three copies)						