



Immigrant Petition for the Gold Card Program

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

USCIS
Form I-140G
OMB No. 1615-0167
Expires 05/31/2026

To be completed by an Attorney or Accredited Representative (if any).

☐ Select this box if Form G-28 or Form G-28I is attached.	Attorney State Bar Number (if applicable) 	Attorney or Accredited Representative USCIS Online Account Number (if any) <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				

NOTE: If you do not completely fill out this form or fail to submit required documents listed in the Instructions, your petition may be rejected or denied.

Do NOT submit this form in paper. Fill it out and upload it to your MyUSCIS account.

Part 1. Petition Type

The requested classification for this petition is (select **only one** box):

- ☐ 203(b)(1)(A) Alien of Extraordinary Ability;
- ☐ 203(b)(2)(B) Alien of Exceptional Ability who is seeking a National Interest Waiver (NIW).

NOTE: Please refer to the U.S. Department of State's Visa Bulletin to see the availability of immigrant visas for each classification.

- Total number of aliens who are requesting a Gold Card based on this petition:

Part 2. Information About the Petitioner

This petition is being filed by (select **only one** box):

- ☐ An individual filing on his or her own behalf (self-petitioner). The required gift to the United States is \$1 million **per person**, including any accompanying spouse or children listed on this petition.
- ☐ A corporation or similar entity filing on behalf of an individual. The required gift to the United States is \$2 million for the principal beneficiary, and \$1 million **per person** for any accompanying spouse or children listed on this petition.

The gift amount is separate from the required fee.

If you selected **Item Number 1.** for self-petitioner, only answer **Item Number 3.** of **Part 2.** If you selected **Item Number 2.** for a corporation or similar entity, only answer **Item Numbers 4. - 13.** of **Part 2.**

Individual Self-Petitioner

- Individual Self-Petitioner's Full Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)

Corporation or Similar Entity Information

- Corporation or Similar Entity Name

Part 2. Information About the Petitioner (continued)

5. Corporate or Similar Entity Mailing Address

In Care Of Name

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code [\(USCIS ZIP Code Lookup\)](#)

Province

Postal Code

Country

Other Information for Corporate or Similar Entity

6. Type of Business

7. Date Established (mm/dd/yyyy)

8. Current Number of Employees

9. Gross Annual Income \$

10. Net Annual Income \$

11. IRS Employer Identification Number (EIN) (if any)

▶

12. U.S. Social Security Number (if any)

▶

13. USCIS Online Account Number (if any)

▶

Part 3. Information About the Principal Beneficiary Who is Requesting a Gold Card

The petitioner must fill out this section for the principal beneficiary of this petition requesting a Gold Card.

If you are the Individual Self-Petitioner, skip **Item Number 1**.

1. Full Legal Name

Family Name (Last Name)

Given Name (First Name)

Middle Name (if any)

2. Other Names Used

Family Name (Last Name)

Given Name (First Name)

Middle Name (if any)

Part 3. Information About the Principal Beneficiary Who is Requesting a Gold Card (continued)

Other Information

3. Principal Beneficiary's Receipt Number	4. Date of Birth (mm/dd/yyyy)
5. Sex ☐ Male ☐ Female	
6. City/Town/Village of Birth	7. State or Province of Birth
8. Country of Birth	
9.a. Country/Countries of Citizenship or Nationality	
9.b. All Prior Countries of Citizenship or Nationality (if any)	
9.c. Relinquished Countries of Citizenship or Nationality (if any)	
10. Alien Registration Number (A-Number) (if any)	11. U.S. Social Security Number (if any)
▶ A-	▶
12. Mailing Address	
In Care Of Name	
Street Number and Name	Apt. Ste. Flr. Number
City or Town	State ZIP Code
Province	Postal Code Country

Last Arrival in the United States

If this person is in the United States, provide the following information.

13. Place and Date of Last Arrival into the United States		
City or Town	State	Date of Last Arrival (mm/dd/yyyy)
14.a. Form I-94 Arrival/Departure Record Number ▶		
14.b. Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status		
14.c. Immigration Status on Form I-94 (for example, class of admission, or paroled, if paroled)		
15. Passport/Travel Document/National ID Number Used at Last Arrival		

Part 3. Information About the Principal Beneficiary Who is Requesting a Gold Card (continued)

16. Country that Issued this Passport/Travel Document/National ID

17. Expiration Date of this Passport/Travel Document/National ID (mm/dd/yyyy)

Employment History

If applicable, provide the last 20 years of your employment history. Also provide any government or military positions held at any time (for example, even if older than 20 years). List present employment first. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information**.

18. Has this person ever been employed?

☐ Yes ☐ No

19. Employer 1

Employer Name

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

Province

Postal Code

Country

Job Title

From (mm/dd/yyyy)

To (mm/dd/yyyy)

20. Employer 2

Employer Name

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

Province

Postal Code

Country

Job Title

From (mm/dd/yyyy)

To (mm/dd/yyyy)

Part 3. Information About the Principal Beneficiary Who is Requesting a Gold Card (continued)

21. Employer 3

Employer Name

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Job Title

From (mm/dd/yyyy)

To (mm/dd/yyyy)

Education History

If applicable, provide your education history from post high school or secondary education to present. Include schools, area of concentration, and dates attended (whether a degree was obtained or not); also include instructions or training academies, including military academies or government sponsored training. List most recent education first. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information**.

22. Education 1

Name of Institution

Type of Institution (University, Academy, Military Branch, etc.)

From (mm/dd/yyyy)

To (mm/dd/yyyy)

Degree or Certification obtained or worked toward, if no degree obtained

Field or subject studied or majored

List of honors or awards

Part 3. Information About the Principal Beneficiary Who is Requesting a Gold Card (continued)

23. Education 2

Name of Institution

Type of Institution (University, Academy, Military Branch, etc.)

From (mm/dd/yyyy)

To (mm/dd/yyyy)

Degree or Certification obtained or worked toward, if no degree obtained

Field or subject studied or majored

List of honors or awards

24. Education 3

Name of Institution

Type of Institution (University, Academy, Military Branch, etc.)

From (mm/dd/yyyy)

To (mm/dd/yyyy)

Degree or Certification obtained or worked toward, if no degree obtained

Field or subject studied or majored

List of honors or awards

Information About Marital History

25. What is this person's current marital status?

☐ Single (Never Married) ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Marriage Annulled

If this person is single and has never married, go to **Part 4**.

26. How many times has this person been married?

27. Date of Current Marriage (if currently married) (mm/dd/yyyy)

Part 3. Information About the Principal Beneficiary Who is Requesting a Gold Card (continued)

28. Current Spouse (if current spouse is not requesting a Gold Card)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
Date of Birth (mm/dd/yyyy)	Country of Birth	

29. Former Spouse 1

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
Date of Birth (mm/dd/yyyy)	Country of Birth	Date Marriage Ended (mm/dd/yyyy)

30. Former Spouse 2

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
Date of Birth (mm/dd/yyyy)	Country of Birth	Date Marriage Ended (mm/dd/yyyy)

Part 4. Source of Funds - Individual Self-Petitioner

Only complete this Part if you are a self-petitioner. If the petitioner is a corporation or other entity, skip to **Part 7**.

The funds described in this section must be sufficient to cover the significant financial gift being made on behalf of the principal beneficiary and any spouse and/or children requesting participation in the Gold Card program. The funds must also cover the required filing fees for the principal and any spouse/children.

Net Worth

1. Your current net worth at the time of transfer, less any unsellable assets (such as, for example, due to equity in assets for which you are not the sole owner). \$
2. Please identify the sources of your funds. (Select all that apply.)
 - A. ☐ Income
 - B. ☐ Sale of Property
 - C. ☐ Ownership in a Business
 - D. ☐ Gift (including capital obtained through inheritance)
 - E. ☐ Other (Explain):

You must provide an explanation in **Part 11. Additional Information** and submit supporting documentary evidence.

Part 4. Source of Funds - Individual Self-Petitioner (continued)

3. Identify the types of evidence submitted to demonstrate the lawfulness of the funds. (Select all that apply) Provide the page or exhibit number for each piece of evidence.

If funds are accumulated by income

- A. ☐ Complete bank records demonstrating the accumulation and path of funds, at a minimum covering the past five (5) years

NOTE: If using crypto funds, those must be traceable through blockchain with wallet identification with a known wallet exchange through regulated financial institutions. Provide your wallet identification. USCIS may request additional evidence.

- B. ☐ Income certificates issued by your employer and those for your spouse (if applicable)
- C. ☐ Personal income tax returns for you and your spouse (if applicable) for the period when the funds were accumulated, which must cover a minimum of the past seven (7) years
- D. ☐ Sale of Securities (if applicable)

If funds were obtained from the sale or mortgage of property

- A. ☐ Appraisal or property value of a property sold to obtain the funds
- B. ☐ Evidence of ownership of a property sold to obtain the funds
- C. ☐ Mortgage, purchase, or sale contract of a property sold to obtain the funds
- D. ☐ Sales tax or transfer tax payment receipts for a property sold to obtain the funds
- E. ☐ Evidence of how funds were initially acquired and used to purchase any property sold to obtain the funds

If funds are derived from your ownership in a business

- A. ☐ Company bank statements
- B. ☐ Financial audit reports
- C. ☐ Foreign business registration records
- D. ☐ Relevant corporate tax returns for the past seven (7) years
- E. ☐ Evidence of how you accumulated funds used to purchase any business ownership

Other income, if applicable

- A. ☐ Inheritance
- B. ☐ Legal proceedings
- C. ☐ Insurance proceeds

If any part of the funds are derived from a gift, please provide the following information for each individual who gifted the funds:

- A. Biographical information contained in **Part 3**.
- B. Source of funds information contained in **Part 4**.
- C. Attestation in **Part 5**.
- D. An explanation on the relationship between the giftor and the beneficiary

- E. Was the money provided in exchange for a note, bond, convertible debt, obligation, or any other debt ☐ Yes ☐ No
arrangement between the beneficiary and yourself? If yes, please explain the arrangement.

If yes, identify that entity/individual

Part 4. Source of Funds - Individual Self-Petitioner (continued)

4. Provide a listing of all your and your spouse's (if applicable) financial accounts, including cryptocurrency accounts.

Account Owner(s) Name(s) & Nationality	Name of Bank & Country	Account #

Payment/Path of Funds

Please identify the path of funds:

5. Path of funds

- A. ☐ Credit Card. A payment receipt from the Pay.gov/Treasury system, which includes credit card holder name, issuer, credit card number.
- B. ☐ Bank Transfer. Trace the complete path of the funds from your account to the Department of Commerce through financial institutions regulated by government entities. The following information and supporting evidence is needed for each bank that the money is transferred through.

Date of Transfer in (mm/dd/yyyy)	Sender Name	Routing Number	Name of Bank & Country	Account #	Amount(s)	SWIFT/BIC Code (Bank Identifier code) or IBAN (International Bank Account Number)

6. Did you use a migration agent, promoter, marketer, concierge or similar entity in arranging your petition and/or funds transfer? ☐ Yes ☐ No

If yes, identify that entity/individual

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Part 5. Attestation - Individual Self-Petitioner

For **Item Numbers 1. - 14.**, you should answer “Yes” to any question that applies, even if the records were sealed or otherwise cleared, or if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. You should also answer “Yes” to the following questions whether it occurred here in the United States or anywhere else in the world. If you answer “Yes” to **Item Numbers 1. - 14.**, use the space provided in **Part 11. Additional Information** to provide an explanation and include all relevant documentation that includes why you were arrested, cited, detained, or charged; and the outcome or disposition (for example no charges filed, charges dismissed, jail, probation, community service).

1. Have the assets, associated directly or indirectly with any of your Gold Card funds, been subject to a foreign or domestic freeze order or injunction from a court or regulatory agency in the past 10 years for an offense involving financial fraud or deceit? ☐ Yes ☐ No
2. Have you, any of the entities you have legal ownership in, or the sources (direct or indirect) of your Gold Card funds ever committed, been charged with, arrested for, or convicted of a criminal or civil offense? ☐ Yes ☐ No
3. Are you, any of the entities you have legal ownership in, or the sources of your Gold Card funds engaged in, ever been engaged in, or sought to engage in any illicit trafficking in any controlled substance or in any listed chemical (as defined in section 102 of the Controlled Substances Act)? ☐ Yes ☐ No

Part 5. Attestation - Individual Self-Petitioner (continued)

4. Have you, any of the entities you have legal ownership in, entities you are employed by, or the sources of your Gold Card funds engaged in, ever been engaged in, or sought to engage in any activity relating to espionage, sabotage, or theft of intellectual property? ☐ Yes ☐ No
5. Are you, any of the entities you have legal ownership in, or the sources of your Gold Card funds engaged in, ever been engaged in, or sought to engage in any activity related to money laundering (as described in section 1956 or 1957 of Title 18, United States Code)? ☐ Yes ☐ No
6. Are you, any of the entities you have legal ownership in, or the sources of your Gold Card funds engaged in, ever been engaged in, or sought to engage in any terrorist activity (as defined in INA section 212(a)(3)(B))? If a company, has your company, or any of its principals ever financed or otherwise supported any terrorist activity (as defined in INA section 212(a)(3)(B))? ☐ Yes ☐ No
7. Are you, any of the entities you have legal ownership in, or the sources of your Gold Card funds engaged in, ever been engaged in, or sought to engage in any activity constituting or facilitating human trafficking or a human rights offense? ☐ Yes ☐ No
8. Are you engaged in, or have you ever been engaged in, or do you seek to engage in any activity described in INA section 212(a)(3)(E) (such as participating in Nazi persecutions or genocide)? Has any entity you have legal ownership in, or the sources of your Gold Card funds, financed or otherwise supported any person or organization that has participated in, or is participating in genocide? ☐ Yes ☐ No
9. Have you ever been a member of, or in any way affiliated with, the Communist Party or any totalitarian party (in the United States or abroad) as described in INA section 212(a)(3)(D)? ☐ Yes ☐ No
10. Are you, any of the entities you have legal ownership in, or the sources of your Gold Card funds engaged in, ever been engaged in, or sought to engage in a violation of any statute, regulation, or executive order regarding foreign financial transactions or foreign asset control? ☐ Yes ☐ No
11. Have you, any of the entities you have legal ownership in, or the sources of your Gold Card funds been included, during the preceding 10 years, on any U.S., foreign country, or international sanctions or watchlist? (Examples include, but are not limited to: OFAC's Specialty Designated Nationals List, the UNSC Consolidated List, the European Union Consolidated Financial Sanctions List, or the UK HM Treasury Sanctions List). ☐ Yes ☐ No
12. Are you now, or have you ever been, an agent, official, or other similar entity or representative of a foreign government entity? ☐ Yes ☐ No
13. Have your funds derived from an agency, official, or other similar entity (or representative of) a foreign government entity? ☐ Yes ☐ No
14. Are any entities you have legal ownership in, or the sources of your Gold Card funds subject to, the direct or indirect involvement of an agency, official, or other similar entity (or representative of) a foreign government entity? ☐ Yes ☐ No

Part 6. Statement, Declaration, Certification, and Signature of the Principal Beneficiary

Principal Beneficiary's Statement

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 9.** has read to me every question and instruction on this petition and my answer to every question in ,
a language in which I am fluent. I understood all of this information as interpreted.
2. ☐ At my request, the preparer named in **Part 10.**, ,
prepared this petition for me based only upon information I provided or authorized.

Part 6. Statement, Declaration, Certification, and Signature of the Principal Beneficiary (continued)

Principal Beneficiary's Declaration and Certification

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to USCIS at a later date.

I authorize the release of any information from my records to USCIS or other entities and persons where necessary to determine eligibility for the immigration benefit sought or where authorized by law. I recognize the authority of USCIS to conduct audits of this petition using publicly available open-source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

I certify, under penalty of perjury, that I have reviewed this petition, I understand all of the information contained in, and submitted with, my petition, and all of this information is complete, true, and correct.

Principal Beneficiary's Signature

3. Principal Beneficiary's Signature Date of Signature (mm/dd/yyyy)

➡

Part 7. Source of Funds - Corporation or Similar Entity Petitioner

The funds described in this section must be sufficient to cover the significant financial gift being made on behalf of the principal beneficiary and any spouse and/or children requesting participation in the Gold Card program. The funds must also cover the required filing fees for the principal and any spouse/children.

1. Company Name (Legal & Doing Business As (DBA))

2. Are you seeking to rely on the Gold Card funds used for a prior Form I-140G on behalf of another alien(s)? ☐ Yes ☐ No

If yes, provide the receipt number of the prior Form I-140G, and the Alien Number of each alien beneficiary of that petition and **proceed to Part 8.**

3. Location where company is incorporated

State Country

4. Company Ownership. Identify each of the owners, board of directors or equivalent, and beneficial owners of the company. For each, provide the following information, as applicable.

Name	EIN	SSN	Date of Birth (mm/dd/yyyy)	U.S. Immigration Status

NOTE: Submit a comprehensive organization chart for your company or organization.

5. Company's Net Worth at the time of the transfer funds \$

Part 7. Source of Funds - Corporation or Similar Entity Petitioner (continued)

6. Provide one or more of the following (Select all that apply):

- ☐ 3 years of Company Federal Tax Returns including all forms and schedules
- ☐ 3 years of Company Annual Reports
- ☐ 3 years of Audited Financial Statements

7. Is the company organized in the United States? ☐ Yes ☐ No

8. Provide your EIN (if a U.S. Company) or Tax Identification Number (TIN)

▶

9. Is the company a parent, branch, subsidiary, or affiliate of a foreign entity? ☐ Yes ☐ No

If yes, identify the foreign entity.

10. Is the company state-owned? ☐ Yes ☐ No If so, which State?

Payment/Path of Funds

Please identify the path funds:

11.a. Credit Card

- ☐ A payment receipt from the Pay.gov/Treasury system, which includes credit card holder name, issuer, and credit card number.

11.b. Bank Transfer

- ☐ Trace the complete path of the funds from your account to the Department of Commerce through financial institutions regulated by government entities. The following information and supporting evidence is needed for each bank that the money is transferred through.

Date of Transfer in (mm/dd/yyyy)	Sender Name	Routing Number	Name of Bank & Country	Account #	Amount(s)	SWIFT/BIC Code (Bank Identifier code) or IBAN (International Bank Account Number)

12. Did you use a migration agent, promoter, marketer, concierge, or similar entity in arranging your petition or funds transfer? ☐ Yes ☐ No

If yes, identify that entity/individual.

13. What is your relationship to the beneficiary?

14. Was the money provided in exchange for a note, bond, convertible debt, obligation, or any other debt arrangement between the beneficiary and yourself? ☐ Yes ☐ No

If yes, please explain the arrangement.

15. Have your company assets been subject to a foreign or domestic freeze order or injunction from a court or regulatory agency in the past 10 years for an offense involving financial fraud or deceit? ☐ Yes ☐ No

Part 7. Source of Funds - Corporation or Similar Entity Petitioner (continued)

16. Has your company or your company's principals ever committed, been charged with, arrested for, or convicted of a criminal or civil offense? ☐ Yes ☐ No
17. Is your company or your company's principals engaged in, ever been engaged in, or sought to engage in any illicit trafficking in any controlled substance or in any listed chemical (as defined in section 102 of the Controlled Substances Act)? ☐ Yes ☐ No
18. Is your company or your company's principals engaged in, ever been engaged in, or sought to engage in any activity relating to espionage, sabotage, or theft of intellectual property? Has your company or any of its principals financed or otherwise supported or does it seek to finance or otherwise support any activity relating to espionage, sabotage, or theft of intellectual property? ☐ Yes ☐ No
19. Is your company or your company's principals engaged in, ever been engaged in, or sought to engage in any activity related to money laundering (as described in section 1956 or 1957 of Title 18, United States Code)? ☐ Yes ☐ No
20. Has your company or your company's principals engaged in, ever been engaged in, or sought to engage in any terrorist activity (as defined in INA section 212(a)(3)(B))? Has your company or any of its principals ever financed or otherwise supported any terrorist activity (as defined in INA section 212(a)(3)(B))? ☐ Yes ☐ No
21. Has your company or your company's principals engaged in, ever been engaged in, or sought to engage in any activity constituting or facilitating human trafficking or a human rights offense? ☐ Yes ☐ No
22. Has your company or your company's principals engaged in, ever been engaged in, or sought to engage in any activity described in INA section 212(a)(3)(E) (such as participating in Nazi persecutions or genocide)? Has your company or any of its principals financed or otherwise supported any person or organization that has participated in, or is participating in genocide? ☐ Yes ☐ No
23. Has your company or your company's principals engaged in, ever been engaged in, or sought to engage in a violation of any statute, regulation, or executive order regarding foreign financial transactions or foreign asset control? ☐ Yes ☐ No
24. Is your company or any of its principals now, or during the preceding 10 years has your company or any of its principals been included on any U.S., foreign country, or international sanctions or watchlist? (Examples include, but are not limited to: OFAC's Specialty Designated Nationals List, the UNSC Consolidated List, the European Union Consolidated Financial Sanctions List, or the UK HM Treasury Sanctions List). ☐ Yes ☐ No
25. Has your company or your company's principals ever called for sectarian violence? ☐ Yes ☐ No
26. Is your company or company's principals now, or have they ever been, an agency, official, or other similar entity (or representative of) a foreign government entity? ☐ Yes ☐ No
27. Have your company's funds been derived from an agency, official, or other similar entity (or representative of) a foreign government entity? ☐ Yes ☐ No
28. Is your company's ownership subject to the direct or indirect involvement of an agency, official, or other similar entity or representative of a foreign government entity? ☐ Yes ☐ No

Part 8. Statement, Contact Information, Declaration, Certification, and Signature of the Authorized Signatory of the Corporation or Similar Entity

Statement of the Authorized Signatory

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 9.** has read to me every question and instruction on this petition and my answer to every question in , a language in which I am fluent. I understood all of this information as interpreted.
2. ☐ At my request, the preparer named in **Part 10.**, , prepared this petition for me based only upon information I provided or authorized.

Authorized Signatory's Contact Information

3. Authorized Signatory's Full Legal Name

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

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)

Authorized Signatory's Declaration and Certification

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to USCIS at a later date.

I authorize the release of any information from the petitioner's records, to USCIS or other entities and persons where necessary to determine eligibility for the immigration benefit sought or where authorized by law. I recognize the authority of USCIS to conduct audits of this petition using publicly available open-source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

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

Authorized Signatory's Signature

8. Petitioner's or Authorized Signatory's Signature

Date of Signature (mm/dd/yyyy)

Part 9. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name (if any)

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number
4. Interpreter's Mobile Telephone Number (if any)
5. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that I am fluent in English and , and I have interpreted every question on the petition and Instructions and interpreted the petitioner's or authorized signatory's answers to the questions in that language, and the petitioner or authorized signatory informed me that he or she understood every instruction, question, and answer on the petition.

Interpreter's Signature

6. Interpreter's Signature Date of Signature (mm/dd/yyyy)

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner

Provide the following information about the preparer.

Preparer's Full Name

1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)
2. Preparer's Business or Organization Name (if any)

Preparer's Contact Information

3. Preparer's Daytime Telephone Number
4. Preparer's Mobile Telephone Number (if any)
5. Preparer's Email Address (if any)

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner (continued)

Preparer's Certification

I certify, under penalty of perjury, that I prepared this petition for the petitioner or authorized signatory at his or her request and with express consent and that all of the responses and information contained in and submitted with the petition are complete, true, and correct and reflects only information provided by the petitioner or authorized signatory. The petitioner or authorized signatory reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the petition.

Preparer's Signature

6.	Preparer's Signature	Date of Signature (mm/dd/yyyy)

Part 11. Additional Information

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.

1. Page Number Part Number Item Number

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2. Page Number Part Number Item Number

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3. Page Number Part Number Item Number

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4. Page Number Part Number Item Number

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5. Page Number Part Number Item Number

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Supplement - Information About Each Beneficiary Who is Requesting a Gold Card

This section must be filled out to indicate any spouse and children of a principal beneficiary of the primary Form I-140G petition, who are also requesting a Gold Card.

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

Do NOT submit this form in paper. Fill it out and upload it to your MyUSCIS account.

Part 1. Information About the Beneficiary

This person is the (choose one)

- ☐ Spouse of the Principal Beneficiary
☐ Child of the Principal Beneficiary

1. Full Legal Name

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

2. Other Names Used

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

Other Information

3. Principal Beneficiary's Receipt Number

4. Beneficiary's Receipt Number

5. Date of Birth (mm/dd/yyyy)

6. Sex ☐ Male ☐ Female

7. City/Town/Village of Birth

8. State or Province of Birth

9. Country of Birth

10.a. Country/Countries of Citizenship or Nationality

10.b. Additional Countries of Citizenship or Nationality (if any)

10.c. Relinquished Countries of Citizenship or Nationality (if any)

11. Alien Registration Number (A-Number) (if any)

▶ A-

12. U.S. Social Security Number (if any)

▶

Part 1. Information About the Beneficiary (continued)

13. Mailing Address

In Care Of Name

Street Number and Name

Apt. Ste. Flr.

Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Last Arrival in the United States

If this person is in the United States, provide the following information.

14. Place and Date of Last Arrival into the United States

City or Town

State

Date of Last Arrival (mm/dd/yyyy)

15.a. Form I-94 Arrival/Departure Record Number



15.b. Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status

15.c. Immigration Status on Form I-94 (for example, class of admission, or paroled, if paroled)

16. Passport/Travel Document/National ID Number Used at Last Arrival

17. Country that Issued this Passport/Travel Document/National ID

18. Expiration Date of this Passport/Travel Document/National ID (mm/dd/yyyy)

Employment History

If applicable, provide the last 20 years of this person's employment history. Also provide any government or military positions held at any time (for example, even if older than 20 years). List present employment first. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information**.

19. Has this person ever been employed?

☐ Yes ☐ No

20. Employer 1

Employer Name

Street Number and Name

Apt. Ste. Flr.

Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Part 1. Information About the Beneficiary (continued)

Job Title

From (mm/dd/yyyy)

To (mm/dd/yyyy)

21. Employer 2

Employer Name

Street Number and Name

Apt. Ste. Flr.

Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Job Title

From (mm/dd/yyyy)

To (mm/dd/yyyy)

22. Employer 3

Employer Name

Street Number and Name

Apt. Ste. Flr.

Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Job Title

From (mm/dd/yyyy)

To (mm/dd/yyyy)

Part 1. Information About the Beneficiary (continued)

Education History

If applicable, provide this person's education history from post high school or secondary education to present. Include schools, area of concentration, and dates attended (whether a degree was obtained or not); also include instructions or training academies, including military academies or government sponsored training. List most recent education first. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information**.

23. Education 1

Name of Institution

Type of Institution (University, Academy, Military Branch, etc.)

From (mm/dd/yyyy)

To (mm/dd/yyyy)

Degree or Certification obtained or worked toward, if no degree obtained

Field or subject studied or majored

List of honors or awards

24. Education 2

Name of Institution

Type of Institution (University, Academy, Military Branch, etc.)

From (mm/dd/yyyy)

To (mm/dd/yyyy)

Degree or Certification obtained or worked toward, if no degree obtained

Field or subject studied or majored

List of honors or awards

Part 1. Information About the Beneficiary (continued)

25. Education 3

Name of Institution

Type of Institution (University, Academy, Military Branch, etc.)

From (mm/dd/yyyy)

To (mm/dd/yyyy)

Degree or Certification obtained or worked toward, if no degree obtained

Field or subject studied or majored

List of honors or awards

Information about Marital History

26. What is this person's current marital status?

☐ Single (Never Married) ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Marriage Annulled

If this person is single and have never married, go to **Part 4**.

27. How many times has this person been married?

28. Date of Current Marriage (if currently married) (mm/dd/yyyy)

29. Current Spouse

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

Date of Birth (mm/dd/yyyy)

Country of Birth

30. Former Spouse 1

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

Date of Birth (mm/dd/yyyy)

Country of Birth

Date Marriage Ended (mm/dd/yyyy)

31. Former Spouse 2

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

Date of Birth (mm/dd/yyyy)

Country of Birth

Date Marriage Ended (mm/dd/yyyy)

Part 2. Beneficiary's Statement, Declaration, Certification, and Signature

Beneficiary's Statement

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 3.** has read to me every question and instruction on this petition and my answer to every question in ,
a language in which I am fluent. I understood all of this information as interpreted.
2. ☐ At my request, the preparer named in **Part 4.**, ,
prepared this petition for me based only upon information I provided or authorized.

Beneficiary's Declaration and Certification

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to USCIS at a later date.

I authorize the release of any information from my records to USCIS or other entities and persons where necessary to determine eligibility for the immigration benefit sought or where authorized by law. I recognize the authority of USCIS to conduct audits of this petition using publicly available open-source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

I certify, under penalty of perjury, that I have reviewed this petition, I understand all of the information contained in, and submitted with, my petition, and all of this information is complete, true, and correct.

Beneficiary's Signature

3. Beneficiary's Signature Date of Signature (mm/dd/yyyy)

Part 3. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name (if any)

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number 4. Interpreter's Mobile Telephone Number (if any)
5. Interpreter's Email Address (if any)

Part 3. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Certification

I certify, under penalty of perjury, that I am fluent in English and , and I have interpreted every question on the petition and Instructions and interpreted the petitioner's answers to the questions in that language, and the petitioner informed me that he or she understood every instruction, question, and answer on the petition.

Interpreter's Signature

6. Interpreter's Signature Date of Signature (mm/dd/yyyy)

Part 4. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Derivative Beneficiary

Provide the following information about the preparer.

Preparer's Full Name

1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)
2. Preparer's Business or Organization Name (if any)

Preparer's Contact Information

3. Preparer's Daytime Telephone Number 4. Preparer's Mobile Telephone Number (if any)
5. Preparer's Email Address (if any)

Preparer's Certification

I certify, under penalty of perjury, that I prepared this petition for the petitioner at his or her request and with express consent and that all of the responses and information contained in and submitted with the petition are complete, true, and correct and reflects only information provided by the petitioner. The petitioner reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the petition.

Preparer's Signature

6. Preparer's Signature Date of Signature (mm/dd/yyyy)