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

Only	Received Applicant Interviewed		Action Block	To Be Completed by an Attorney/Representative, if any.
				Fill in box if G-28 is attached to represent the applicant.
	Resubmitted	23302 (30 ), 60		Attorney State
	Relocated			License Number:
	Received		Remarks	
	Sent			

Received	Re	тагкѕ	11		
Sent					
START HERE - Type or print in black ink.					
Part 1. Information About You					
A-Number (if any)	Form I-526 Rec	ceipt Number			
Family Name	Given Name		Middle Name		
Address:					
In Care Of					
Street Number and Name				Apt. No	
City		State or Province			
Country		Zip/Postal Code	Daytime Phone No		
Date of Birth (mm/dd/yyyy)	Country of Birth		U.S. Social Security No (if any)		
☐ Yes ☐ No  Part 2. Basis for Petition (		rate sheet(s) of paper, inc	cluding disposition, if any.	)	
<ul> <li>b. Reserved.</li> <li>c. Reserved.</li> <li>d. I am a conditional per Entrepreneur to Remo</li> </ul>	manent resident spouse or ve Conditions (Form I-829 manent resident spouse or	child of an entrepreneur	r, and I am unable to be inc al resident spouse or paren	cluded in a Petition by t.	
Part 3. Information Abou	t Your Husband or V	Vife			
Family Name	Given Name		Middle Name		
Gender Male Date o	f Birth (mm/dd/yyyy)	Da	te of Marriage (mm/dd/yy	yy)	
Other names used (including main	den name or aliases)				
A-Number (if any)	Current Immigration Status		r current immigration status' e petitioner's current status'		

Part 4. Children (List al	ll your children. Att	tach anothe	er sheet(s	) of paper, if r	necessary.)		
Family Name		Given Name			Middle Name		
A-Number (if any)	Current Immigration Status	tion		Date of Birth (mm/dd/yyyy)		Living with you'	Yes No
Family Name		Given Name			Middle Name		
A-Number (if any)	Current Immigrate Status	tion		Date of Birth (mm/dd/yyyy)		Living with you'	Yes No
Family Name		Given Name			Middle Name		
A-Number (if any)	Current Immigrate Status	tion		Date of Birth (mm/dd/yyyy)		Living with you'	Yes No
Family Name		Given Name			Middle Name		
A-Number (if any)	Current Immigrate Status	tion		Date of Birth (mm/dd/yyyy)		Living with you'	Yes No
Family Name		Given Name			Middle Name		
A-Number (if any)	Current Immigra Status	tion		Date of Birth (mm/dd/yyyy)		Living with you'	Yes No
Family Name		Given Name			Middle Name		
A-Number (if any)	Current Immigrate Status	tion		Date of Birth (mm/dd/yyyy)		Living with you'	Yes No
Part 5. Information Abo	out Your Comme	rcial Enter	prise				
Type of Enterprise (Check of New commercial enterpy New commercial e	orise resulting from the orise resulting from the orise resulting from a c	reorganizatio	on of an ex	sting business.			
Kind of Business (Be as specif	tic as possible):						
Date Business Established (m	m/dd/yyyy)		Amou	nt of Initial Inve	estment		
Date of Initial Investment (ma	m/dd/yyyy)		% of E	nterprise You (	Own		
Number of full-time employe	es in enterprise in Un	nited States (	excluding :	ou, your spous	e, sons, and da	aughters):	
At the time of your initial in	vestment:		Presently	7:	Diffe	erence:	
How many of these new jobs	were created by your	investment?	?				

Part 5. Information	About Your Commercia	al Enterprise (continued)	
<b>Subsequent Investment in</b>	the Enterprise:		
<b>Date of Investment</b>	<b>Amount of Investment</b>	Type of Investment	
Provide the gross and net in generated up to date during		the commercial enterprise since your initial investment. In	clude all income
<u>Year</u>	<b>Gross Income</b>	Net Income	
investment?	prise sold any corporate assets	Yes (Explain on separate sheet) No  No  No  No	ate of your initial
Part 6. Signature (Re	ad the information on pe	nalties in the instructions before completing this	section.)
is all true and correct. I further the purpose of evading Unit	her certify that the investment ted States immigration laws. I	nited States of America, that this petition and the evidence was made in accordance with the laws of the United States also authorize the release of any information from my recelligibility for the benefit being sought.	s and was not for
Signature of Applicant		Print Name	Date
-	pletely fill out this form or fa ne requested benefit and this	ail to submit any required documents listed in the instru s petition may be denied.	ections, you may
Part 7. Signature of I	Person Preparing Form	, If Other Than Above	
I declare that I prepared this	s petition at the request of the	above person and it is based on all information of which I h	nave knowledge.
Signature		Print Name	Date
Firm Name and Address (In	nclude Telephone Number wit	th Area Code and E-Mail Address.)	