



Bernstein Osberg-Braun & de Moraes  
immigration attorneys

**H-1B QUESTIONNAIRE: EMPLOYER**

**INFORMATION ABOUT THE EMPLOYER**

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Prospective Employee Name: \_\_\_\_\_

Address where employee will work (if different):  
\_\_\_\_\_  
\_\_\_\_\_

Tel #: \_\_\_\_\_ Year business established \_\_\_\_\_

IRS Employer I.D. Number: \_\_\_\_\_

Description of employer's business:

Nature of business: \_\_\_\_\_  
\_\_\_\_\_

Number of employees: \_\_\_\_\_

Gross annual income: \_\_\_\_\_

Net annual income: \_\_\_\_\_

Job Title: \_\_\_\_\_

Number of employees the beneficiary will supervise: \_\_\_\_\_

Title of Person supervising beneficiary: \_\_\_\_\_

Requested employment start date: \_\_\_\_\_

Wages per week/per year: \_\_\_\_\_

Is this a full time position? \_\_\_\_\_

If no, hours per week: \_\_\_\_\_

Name and title of person signing the Petition on behalf of the employer:  
\_\_\_\_\_

**DOCUMENTATION REQUIRED:**

- 1) Forward via email a description of the job duties of this position.
- 2) If your company does not have a website, please forward material about the employer and the products or services that it distributes to the public, including company financial product literature and other promotional material.

Date questionnaire completed: \_\_\_\_\_