

Supplement J, Confirmation of Bona Fide Job Offer or Request for Job Portability Under INA Section 204(j)

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-485

OMB No. 1615-0023 Expires 10/31/2025

	Fee Receipt		Action Block
Fo USO Us On	CIS se		
204(j) basis portal	E: Use Form I-485, Supplement J, Confirmation of Bona F. (Supplement J), to either confirm that the job offered to yo of your Form I-485, Application to Register Permanent Resbility under the Immigration and Nationality Act (INA) section of the Immigration in Black ink.	u in Forn dence or	n I-140, Immigrant Petition for Alien Worker, that is the Adjust Status, remains available to you or to request job
	t 1. Reason for Filing Supplement J	Oti	her Information
	supplement is being filed to (Select only one box): Confirm that the job offered to you in the Form I-140, that is the basis of your Form I-485, remains a bona fide job offer that you intend to accept once	3.4.	Alien Registration Number (A-Number) (if any) A- USCIS Online Account Number (if any)
1.b.	your Form I-485 is approved. Request job portability under INA section 204(j) to a new, full-time, permanent job offer that you intend to accept once your Form I-485 is approved. 1. Information About You (Applicant)	5. 6.	Date of Birth (mm/dd/yyyy) Country of Birth sic Information About Your Form I-485 and the
	r Current Legal Name (do not provide a name)	<i>Un</i> 7.	derlying Form I-140 Form I-485 Receipt Number (if already filed with U.S.
	Family Name (Last Name)		Citizenship and Immigration Services (USCIS))
	Given Name (First Name) Middle Name	8.	Form I-485 Filing Date (mm/dd/yyyy) (if already filed with USCIS)
U.S.	Mailing Address (USPS ZIP Code Lookup)	9.	Form I-140 Receipt Number
2.a.	In Care Of Name (if any)	10.	Has your Form I-140 been approved? Yes No Unknown
	Street Number and Name Apt. Ste. Flr. City or Town State 2.f. ZIP Code		

Part 3. Applicant's Statement, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Supplement J Instructions before completing this part. You must file Supplement J while in the United States.

Appl	lican	t's	Sta	ıte	m	ent

Sele	ect all	applicable boxes.
1.		I can read and understand English, and I have read and understand every question and instruction on this supplement and my answer to every question.
2.		At my request, the preparer named in Part 4. ,
		prepared this supplement for me based only upon information I provided or authorized.
Ap	plica	nt's Contact Information
3.	App	olicant's Daytime Telephone Number
4.	App	olicant's Mobile Telephone Number (if any)
5.	App	olicant's Email Address (if any)

Applicant's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this supplement, in supporting documents, and in my USCIS records to other entities and persons when necessary for the administration and enforcement of U.S. immigration laws.

I certify, under penalty of perjury, that I provided or authorized all of the information in my supplement, especially in **Part 1.** and **Part 2.**, I understand all of the information contained in, and submitted with my supplement, and that all of this information is complete, true, and correct.

I further declare, under penalty of perjury, that I have reviewed the job offer described in **Part 6.** of this supplement, and I intend to accept the position offered in **Part 6.** of this supplement upon approval of my Form I-485.

Applicant's Signature				
6.a.	Applicant's Signature (sign in ink)			
\Rightarrow				
6.b.	Date of Signature (mm/dd/yyyy)			
Sig	nt 4. Contact Information, Declaration, and nature of the Person Preparing This oplement, if Other Than the Applicant			
Prov	ide the following information about the preparer.			
Pre	parer's Full Name			
1.a.	Preparer's Family Name (Last Name)			
1.b.	Preparer's Given Name (First Name)			
2.	Preparer's Business or Organization Name (if any)			
Pre	parer's Mailing Address			
3.a.	Street Number and Name			
3.b.	Apt. Ste. Flr.			
3.c.	City or Town			
3.d.	State 3.e. ZIP Code			
3.f.	Province			
3.g.	Postal Code			
3.h.	Country			
Preparer's Contact Information				
4.	Preparer's Daytime Telephone Number			
5.	Preparer's Mobile Telephone Number (if any)			
6.	Preparer's Email Address (if any)			

Part 4. Contact Information, Declaration, and	Employer's U.S. Mailing Address		
Signature of the Person Preparing This Supplement, if Other Than the Applicant	2.a. Street Number and Name		
(continued)	2.b.		
Preparer's Statement	2.c. City or Town		
7.a. I am not an attorney or accredited representative but have prepared this supplement on behalf of the applicant and with the applicant's consent.	2.d. State 2.e. ZIP Code		
7.b. I am an attorney or accredited representative and my	Information About the Business Entity Employer		
representation of the applicant in this case extends does not extend beyond the preparation of this supplement.	If you, the employer, are a business entity, provide the information requested in Item Numbers 3 10.		
NOTE: If you are an attorney or accredited	3. Business or Organization Name		
representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited	4. Employer Identification Number		
Representative, with this supplement.	5. Type of Business		
Preparer's Certification			
By my signature, I certify, under penalty of perjury, that I prepared this supplement at the request of the applicant. The	6. Date Established (mm/dd/yyyy)		
applicant then reviewed this completed supplement and informed me that he or she understands all of the information	7. Current Number of U.S. Employees		
contained in, and submitted with, his or her supplement, including the Applicant's Certification , and that all of this	8. Gross Annual Income \$		
information is complete, true, and correct.	9. Net Annual Income \$		
Preparer's Signature	10. NAICS Code ►		
8.a. Preparer's Signature (sign in ink)			
	Information About the Individual Employer (if		
8.b. Date of Signature (mm/dd/yyyy)	applicable)		
IMPORTANT: The employer confirming an	Your Current Legal Name (do not provide a nickname)		
existing bona fide job offer or offering you a new,	11.a. Family Name		
permanent job must complete Parts 5. , 6. , and 7.	(Last Name) 11.b. Given Name (First Name)		
Part 5. Information About the Employer	11.c. Middle Name		
1. Type of employer (Select only one box):	12. Date of Birth (mm/dd/yyyy)		
Business/Organization	13. U.S. Social Security Number (if any)		
Self/Individual			
	14. Annual Income \$		
	15. Occupation		

Par	t 6. Information About the Job Offer	9.	Is the applicant named in Part 2. of this supplement currently employed by you?			
You, Part	the employer, must provide the information requested in 6.	10.	If you answered "Yes" to Item Number 9. , when did the			
1.	Job Title		applicant begin employment with you (mm/dd/yyyy)?			
 3. 	Standard Occupational Classification (SOC) Code -	Cei	rt 7. Statement, Contact Information, rtification, and Signature of the Individual uployer or Authorized Signatory of the			
	to complete this section, use the space provided in Part 9. Additional Information .)		Business Entity Employer			
			TE: Read the Penalties section of the Supplement J uctions before completing this part.			
			ividual Employer's or Authorized Signatory's tement			
		Sele	et all applicable boxes.			
		1.	I can read and understand English, and I have read and understand every question and instruction on this supplement and my answer to every question.			
		2.	At my request, the preparer named in Part 8. ,			
4.	Is this a full-time position?		prepared this supplement for me based only upon information I provided or authorized.			
5.	If you answered "No" to Item Number 4. , provide the number of hours per week the applicant will work in this position.		ividual Employer's or Authorized Signatory's ntact Information			
6.	Is this a permanent position? Yes No	3.a.	Individual Employer's or Authorized Signatory's Family Name (Last Name)			
7.	Wages Offered (Specify hour, week, month, or year)					
	\$ per	3.b.	Individual Employer's or Authorized Signatory's Given Name (First Name)			
Em	ployer's U.S. Physical Address					
diffe	ide the physical address where the applicant will work if rent from the employer's mailing address in Part 5. , Item	4.	Individual Employer's or Authorized Signatory's Title			
	abers 2.a 2.e. or the address provided in Form I-140 on the applicant's Form I-485 is based. Street Number	5.	Individual Employer's or Authorized Signatory's Daytime Telephone Number			
	and Name					
8.b. 8.c.	Apt. Ste. Flr. City or Town	6.	Individual Employer's or Authorized Signatory's Mobile Telephone Number (if any)			
	State 8.e. ZIP Code	7.	Individual Employer's or Authorized Signatory's Email			
			Address (if any)			

Part 7. Statement, Contact Information, Certification, and Signature of the Individual Employer or Authorized Signatory of the Business Entity Employer (continued)

Individual Employer's or Authorized Signatory's Certification

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

I authorize the release of any information from any records of the employer that USCIS may need to determine eligibility for the requested immigration benefit. I recognize the authority of USCIS to conduct audits of this supplement using publicly available open source information. I also recognize that USCIS may verify any supporting evidence submitted in support of this supplement through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this supplement 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 supplement, and that all of the information contained in **Part 5**. and **Part 6**. of this supplement, including all responses provided by me to specific questions and in the supporting documents provided by me, is complete, true, and correct.

I further declare, under penalty of perjury, and attest to the following:

- 1) I am a viable employer and I am extending a bona fide job offer to the applicant named in **Part 2.** of this supplement;
- The job opportunity is for full-time, permanent employment; and
- 3) I intend to employ the applicant in the job offer described in **Part 6.** of this supplement upon the approval of the applicant's Form I-485.

Individual Employer's or Authorized Signatory's Signature

8.a.	Signature of Individual Employer or Authorized Signatory				
0.4.	(sign in ink)				
8.b.	Date of Signature (mm/dd/yyyy)				

Part 8. Contact Information, Declaration, and Signature of the Person Preparing This Supplement, if Other Than the Individual Employer or Authorized Signatory of the Business Entity Employer

Provide the following information about the preparer.

-1	parer's Full Name
1.a.	Preparer's Family Name (Last Name)
1.b.	Preparer's Given Name (First Name)
2.	Preparer's Business or Organization Name (if any)
Prej	parer's Mailing Address
3.a.	Street Number and Name
3.b.	Apt. Ste. Flr.
3.c.	City or Town
3.d.	State 3.e. ZIP Code
3.f.	Province
3.g.	Postal Code
3.h.	Country
Pre	parer's Contact Information
4.	Preparer's Daytime Telephone Number
5.	Preparer's Mobile Telephone Number (if any)
6.	Preparer's Email Address (if any)

Supplement, if Other Than the Individual **Employer or Authorized Signatory of the Business Entity Employer** (continued) Preparer's Statement I am not an attorney or accredited representative but 7.a. have prepared this supplement on behalf of the individual employer or authorized signatory and with the individual employer's or authorized signatory's consent. I am an attorney or accredited representative and my 7.b. representation of the individual employer or authorized signatory in this case extends does not extend beyond the preparation of this supplement. **NOTE:** If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this supplement. Preparer's Certification By my signature, I certify, under penalty of perjury, that I prepared this supplement at the request of the individual employer or authorized signatory. The individual employer or authorized signatory then reviewed this completed supplement and informed me that he or she understands all of the information contained in, and submitted with, his or her supplement, including the Individual Employer's or Authorized Signatory's Certification, and that all of this information is complete, true, and correct. Preparer's Signature Preparer's Signature (sign in ink) **8.b.** Date of Signature (mm/dd/yyyy)

Part 8. Contact Information, Declaration, and

Signature of the Person Preparing This

Part 9. Additional Information If you need extra space to provide any additional information within this supplement, 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 supplement 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, and Item Number to which your answer refers, and sign and date each sheet. 1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name 2. A-Number (if any) ▶ A- 3.a. Page Number 3.b. Part Number 3.c. Item Number 6.d. 6.a. Page Number 6.b. Part Number 6.d. 7.a. Page Number 7.b. Part Number 7.d.	
within this supplement, 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 supplement 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.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name 2. A-Number (if any) > A- 3.a. Page Number 3.b. Part Number 3.c. Item Number 6.d. 6.a. Page Number 6.b. Part Number 6.d. 7.a. Page Number 7.b. Part Number 7.d.	5.c. Item Number
(Last Name) 1.b. Given Name (First Name) 1.c. Middle Name 2. A-Number (if any) ▶ A- 3.a. Page Number 3.b. Part Number 3.c. Item Number 6.d. 3.d. 7.a. Page Number 7.b. Part Number 7.d.	
1.c. Middle Name 2. A-Number (if any) ► A- 3.a. Page Number 3.b. Part Number 3.c. Item Number 6.d. 3.d. 7.a. Page Number 7.b. Part Number 7.d.	
2. A-Number (if any) A- 3.a. Page Number 3.b. Part Number 3.c. Item Number 6.d. Page Number 6.b. Part Number 6.d. 7.a. Page Number 7.b. Part Number 7.d.	
3.a. Page Number 3.b. Part Number 6.d. 3.d. 6.a. Page Number 6.b. Part Number 6.d. 7.a. Page Number 7.b. Part Number 7.d.	
3.d. 7.a. Page Number 7.b. Part Number 7.d.	6.c. Item Number
7.a. Page Number 7.b. Part Number 4.a. Page Number 4.b. Part Number 7.d.	
4.a. Page Number 4.b. Part Number 4.c. Item Number 7.d.	
4.a. Page Number 4.b. Part Number 4.c. Item Number 7.d.	
4.a. Page Number 4.b. Part Number 4.c. Item Number 7.d.	
4.a. Page Number 4.b. Part Number 4.c. Item Number 7.d.	
4.a. Page Number 4.b. Part Number 4.c. Item Number 7.d.	
4.a. Page Number 4.b. Part Number 4.c. Item Number 7.d.	
4.a. Page Number 4.b. Part Number 4.c. Item Number 7.d.	
7.d.	7.c. Item Number