



U.S. Citizenship and
Immigration
Services



DRAFT

USCIS Form 2A
**for an Individual as Employer
to Create or Update an e-account**

Before You Fill Out This Form Please Read the Instructions.

e-account # (if updating existing account)

If you are creating a new account, we will assign an account number as you go through the account set-up process.

Section 1 - Core Information About Employer.

Name

Last Name (Family Name)

First Name (Given Name)

Middle Name

Add A#

A # (if applicable) (leave out all dashes)

U.S. Social Security # (leave out all dashes)

U.S. EIN (leave out all dashes)

Date EIN Issued (mm/dd/yyyy) / /

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

Are you a citizen of the United States? Yes No

If not a U.S. citizen:

Country of Citizenship

Your national I.D. number, if any, issued by that country

Section 2. Employer's Contact Information.

E-mail address at which USCIS can contact you

Make sure you keep your account carefully updated to reflect any change in e-mail addresses.

Preferred Contact Phone # (check one)

Home Phone

Cell Phone

Home Phone Number
(Country Code if not in U.S.)

country code

area code

number

ext

Cell Phone Number
(Country Code if not in U.S.)

country code

area code

number

Mailing Addresses.

To add a more recent address, click here

If you are now in the U.S., give your U.S. mailing address

Number and Street

Apt. #

City

State

Zip Code

If you are now outside the U.S., give your foreign mailing address

In Care Of

Number and Street

Apt. #

City

State or Province

Country

Zip Code or Postal Code

Current Actual Physical Address.

To add a more recent address, click here

- Check here if your current physical address is the same as your current U.S. mailing address shown above.
- Check here if the your current physical address is the same as your current foreign mailing address shown above.

If your current mailing address is different from your current physical address, give your current physical address.

Number and Street	<input type="text"/>	Apt. #	<input type="text"/>
City	<input type="text"/>		
State or Province	<input type="text"/>		
Country	<input type="text"/>		
Zip Code or Postal Code	<input type="text"/>		

Lived at current residence since (mm/dd/yyyy) / /

Section 3. Financial Information.

Last tax year reported	<input type="text"/>
Number of dependents	<input type="text"/>
Gross income	<input type="text"/>
Net income	<input type="text"/>

At the end of that last tax year

Number of full-time employees	<input type="text"/>
Number of part-time employees	<input type="text"/>

Number of foreign workers for which you have filed with USCIS in the last 5 years

<input type="checkbox"/> 1 to 10	<input type="checkbox"/> 21 to 50	<input type="checkbox"/> 101 to 500
<input type="checkbox"/> 11 to 20	<input type="checkbox"/> 51 to 100	<input type="checkbox"/> 500+

Section 4. Employer Signature and Attestation and Authorization of Representation.

Designation of Representation

Until such time as this authorization is withdrawn or terminated, the applicant(s) authorize USCIS and other agencies of the United States Government administering U.S. citizenship and immigration laws to disclose any information pertaining to the applicant in any record or system of records relating to immigration matters to the representative named below, and to his or her law firm or BIA-recognized organization, pursuant to the Privacy Act of 1974.

Representative

Last Name (Family Name)

First Name (Given Name)

Middle Name

USCIS r-Account #

Your Signature and Attestation *Do not sign until your application is complete and you are ready to file.*

I certify, swear or affirm, under penalty of perjury under the laws of the United States of America, that all the information and evidence submitted to establish and maintain this account is true and correct. I authorize the release of any information from my records, that USCIS or another U.S. federal agency should need at any time to determine eligibility for any benefit, product or service sought.

I hereby designate the representative as identified above to represent and receive all communications with respect to this account. Furthermore, the I take full responsibility for the accuracy of any representations made by my agent or attorney on my behalf. I recognize that if I wish to continue this authorization to an application, I must authorize that representation again on the application.

I further understand that submitting this account information does not in itself grant me status, or any benefit, and that a separate application will be required to apply for any status, benefit, product or service.

Your Signature

/s/

Note-The signature and date must be completed at time of submission. If the form is being submitted electronically, you must indicate as follows to complete attestation - /s/ Please type in your Full Legal Name (eg. /s/John S. Smith)

Date of Signature (mm/dd/yyyy)

/ /