



# Joint Employer Supplement for Form I-129H2A

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

USCIS  
Form I-129H2A  
OMB No. 1615-xxxx  
Expires xx/xx/20xx

If you are an individual joint employer, complete **Item Numbers 1. - 2.** Provide a company or an organization name in **Item Number 3.** All joint employers should fill out **Item Numbers 4. - 16.**

**1. Legal Name of Individual Joint Employer**

Family Name (Last Name)

Given Name (First Name)

Middle Name

**2. Individual Joint Employer's Date of Birth (mm/dd/yyyy)**

**3. Petitioning Company or Organization Name**

**4. Mailing Address of Individual, Company or Organization**

In Care Of Name

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province or Region

Postal Code

Country

**5. Contact Information**

Daytime Telephone Number

Mobile Telephone Number

Email Address

## Taxpayer Identification Numbers

Provide the following information, as applicable.

**6. Employer Identification Number (EIN)**

**7. Individual Taxpayer Identification Number (ITIN)**

**8. U.S. Social Security Number**

## Other Information

**9. Type of Business**

**10. Year Established**

**11. Current Number of Employees in the United States**

**12. Gross Annual Income**

**13. Net Annual Income**

### ***E-Verify Information***

14. Are you a participant in the E-Verify program?

☐ Yes ☐ No

If you answered "Yes" to **Item Number 14.**, provide the information requested in **Item Numbers 15. - 16.**

15. Employer's Name as Listed in E-Verify

16. Employer's E-Verify Company Identification Number or an E-Verify Client Company Identification Number

### ***Joint Employer's Certification***

I agree to the conditions of H-2A eligibility.

### ***Name and Title of Joint Employer***

17. Family Name (Last Name)

Given Name (First Name)

18. Title

19. Signature of Authorized Signatory

Date of Signature (mm/dd/yyyy)