In accordance with 5 CFR 1320 5(b), persons are not required to respond to the collection of this information unless this form displays a currently valid OMB control number.

OMB APPROVAL NO. 1405-0101
EXPIRES: 3-31-2001
*ESTIMATED BURDEN: 2 HOURS

NONIMMIGRANT TREATY TRADER/INVESTOR VISA APPLICATION SUPPLEMENT TO FORM OF-156

(USE ADDITIONAL SHEETS OF PAPER, AS NECESSARY, TO COMPLETE RESPONSES)

PART I - BUSINESS PROFILE

1. NAME OF U.S. ENTERPRISE, BUSINESS, OR COMPANY

2. TYPE OF BUSINESS ENTERPRISE:

☐ Corporation ☐ Branch/Liaison Office ☐ Partnership
☐ Privately owned ☐ Joint Venture ☐ Subsidiary ☐ Other _____

3. ADDRESS OF HEADQUARTERS, SUBSIDIARIES AND BRANCH OFFICES OF U.S. ENTERPRISE *(Specify type of office)*

4. DATE AND PLACE BUSINESS WAS ESTABLISHED OR INCORPORATED IN UNITED STATES *(Attach appropriate documentation; e.g., corporate paper, partnership agreement, etc.)*

5. WHAT IS THE NATURE OF THE BUSINESS?

☐ General Trade ☐ Exports from U.S. ☐ Retail Sales ☐ Other *(describe)*
☐ Imports to U.S. ☐ Manufacturing ☐ Services/Technology

6. DESCRIBE FULLY THE SERVICES, PRODUCTION, OR OTHER ACTIVITY IN NO. 5 ABOVE.

7. NAME AND ADDRESS OF FOREIGN PARENT BUSINESS *(If any)*

8. NATIONALITY OF FOREIGN ENTITY *(Corporation, Partnership, etc.)* OR FOREIGN INDIVIDUAL OWNER OF U.S. BUSINESS *(Attach documentation).*

NAME	NATIONALITY	IF INDIVIDUAL INVESTOR IMMIGRATION STATUS/ COUNTRY OF RESIDENCE	PERCENT OF OWNERSHIP
			Total - 100%

9. FINANCIAL STATEMENT FOR YEAR _____. ☐ CALENDAR YEAR ☐ FISCAL YEAR (Attach most recent financial statement or auditor's report)

Total Assets of U.S. Business $ _____ ☐ Current Cash ☐ Historical Cost

Total Liabilities: _____

Owner's Equity:* _____

Total Annual Operating Income: _____ $ _____

Before Taxes After Taxes

* Owner's equity of a corporation refers to paid-in capital plus retained earnings; partners capital accounts in a partnership; and owner's capital account in a sole proprietorship.

10. To measure the amount of international trade with the United States, please complete the following. (For trade in merchandise, exports and imports, refer to shipment and sale of goods across international boundaries. For trade in services and technology, exports and imports, refer to the sale of services by treaty-country nationals to nationals of the United States and other countries)

Gross International Trade of the U.S. Enterprise in _____ (year): ☐ Calendar Year ☐ Fiscal Year Ending _____

	DOLLAR VALUE	NO. OF TRANSACTIONS (Optional)	PERCENT OF TOTAL TRADE
Imports from treaty country to U.S. business	$		
Exports from U.S. business to treaty country			
Imports from third countries to U.S. business			
Exports from United States to third countries			
Domestic U.S. production/manufacturing			
Total:			100%

11. TYPE OF INVESTMENT *(Check one)*

☐ Creation of a new business
Total Start-up Costs: $ _____

☐ Purchase of an existing business
Purchase Price: $ _____

☐ Continuation of an existing business
Fair Market Value of Business: $ _____

12. TOTAL INVESTMENT FROM ABROAD MADE IN THE UNITED STATES *(Attach documentation)*

FOR YEAR _____ ☐ Calendar ☐ Fiscal

	INITIAL INVESTMENT	TOTAL CUMULATIVE INVESTMENT
Cash:	$	$
Inventory:		
Equipment:		
Premises:		
Other *(describe):*		
TOTAL:		

13. SOURCE OF INVESTMENT CAPITAL *(personal funds, corporate funds, loans, stocks, debentures, bonds, etc.);* EVIDENCE OF POSSESSION AND CONTROL OF FUNDS IN THE UNITED STATES *(Attach full documentation; see instructions.)*

PART II - STAFF

14. TYPE OF PERSONNEL IN THE UNITED STATES *(attach staffing chart)*

Specify: ☐ Calendar Year ☐ Fiscal Year

	MANAGERIAL EXECUTIVE		SPECIALIZED ESSENTIAL		ALL OTHER EMPLOYEES	
	This Year	Next Year	This Year	Next Year	This Year	Next Year
Nationals of Treaty Country on E, H, and L Visas:						
U.S. Citizens and Legal Permanent Residents:						
Other (Third- Country Nationals):						
TOTAL:						

15. List all personnel of the U.S. business holding executive, managerial and/or specialist positions by subsidiary/branch office. If aliens, indicate nonimmigrant visa status or permanent resident (LPR) status.

NAME AND POSITION/TITLE/DIVISION	NATIONALITY	U.S. VISA		
		TYPE	DATE	PLACE OF ISSUANCE

PART III APPLICANT

16. NAME OF APPLICANT
(Family Name) *(First Name)* *(Middle Name)*

17. TYPE OF APPLICANT

☐ Principal owner/investor/trader ☐ Supervisor ☐ Specialist
☐ Manager ☐ Executive ☐ Other _____

18. PRESENT POSITION AND DUTIES *(Describe in detail).*

19. NAME AND ADDRESS OF EMPLOYER

20. YEARS WITH PRESENT EMPLOYER

21. HIGHEST LEVEL OF EDUCATION
School: Major/Subject: Degree: Year:

22. OTHER RELEVANT EXPERIENCE AND EDUCATION *(Attach curriculum vitae - Optional)*

23. POSITION IN UNITED STATES
Title: _____
Description of duties (include names and titles of all immediate subordinates):

24. ANNUAL U.S. SALARY AND BENEFIT PACKAGE

$ _____ Salary
_____ Allowances/Benefits
_____ TOTAL

25. NAME OF PERSON IN UNITED STATES BEING REPLACED: _____

Type of Visa: _____
Date issued: _____
Place issued: _____

If NOT a replacement, is this:
a. An increase in staff? ☐ Yes ☐ No
b. Continuation of existing employment in the United States? ☐ Yes ☐ No

26. I do solemnly swear or affirm that all statements which appear in this application are true and complete to the best of my knowledge and belief.

Signature of Responsible Officer *Printed Name and Position or Office* *Date*

27. NAME AND ADDRESS OF PERSON WHO MAY BE CONTACTED ABOUT THIS APPLICATION

Telephone:
FAX: