

**TABLE OF CHANGES – FORM**  
**Form I-129CWR, Semiannual Report for CW-1 Employers**  
**OMB Number: 1615-0111**  
**Date 06/25/2020**

**Reason for Revision: Fee Rule**  
**Project Phase: Post G-1056**

Legend for Proposed Text:

- Black font = Current text
- **Red font** = Changes

Expires 12/31/2020  
Edition Date 06/18/2020

Current Page Number and Section	Current Text	Proposed Text
<b>Page 1,</b> <b>Part 1. Information</b> <b>about the Employer</b>	[Page 1]	[Page 1]
	...	...
	4.a. In Care Of Name (if any)	4.a. In Care Of <b>Name</b>
	4.b. Street Number and Name	4.b. Street Number and Name
	4.c. Apt./Ste./Flr. Number	4.c. Apt./Ste./Flr. Number
	4.d. City or Town	4.d. City or Town
	4.e. State	4.e. State
	4.f. ZIP Code	4.f. ZIP Code
	...	...
	5. Trade Name or “Doing Business As” Name (if applicable)	5. Trade Name or “Doing Business As” <b>Name</b>
...	...	
7. Mobile Telephone Number (if any)	7. Mobile Telephone <b>Number</b>	
8. Email Address (if any)	8. Email <b>Address</b>	
...	...	
11. U.S. Social Security Number (SSN) (if any)	11. U.S. Social Security Number ( <b>SSN</b> )	
12. USCIS Online Account Number (if any)	12. USCIS Online Account <b>Number</b>	
...	...	
<b>Page 2,</b> <b>Part 3. Worker</b> <b>Information</b>	[Page 2]	[Page 2]
	...	...
	3. U.S. Social Security Number (if any)	3. U.S. Social Security <b>Number</b>
4. Alien Registration Number (A-Number) (if any)	4. Alien Registration Number ( <b>A-Number</b> )	

	...	...
<b>Page 6, Part 8. Additional Information</b>	<p>[Page 6]</p> <p><b>Part 8. Additional Information</b></p> <p>If you need extra space to provide any additional information within this form, 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 form 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 <b>Page Number, Part Number</b>, and <b>Item Number</b> to which your answer refers; and sign and date each sheet.</p> <p>...</p> <p>2. A-Number (if any)</p> <p>...</p>	<p>[Page 6]</p> <p><b>Part 8. Additional Information</b></p> <p>If you need extra space to provide any additional information within this form, 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 form or attach a separate sheet of paper. Type or print your name and <b>A-Number</b> at the top of each sheet; indicate the <b>Page Number, Part Number</b>, and <b>Item Number</b> to which your answer refers; and sign and date each sheet.</p> <p>...</p> <p>2. <b>A-Number</b></p> <p>...</p>
<b>Page 7, Additional Worker Attachment for Form I-129CWR</b>	<p>[Page 7]</p> <p>...</p> <p>5. U.S. Social Security Number (if any)</p> <p>6. Alien Registration Number (A-Number) (if any)</p> <p>...</p>	<p>[Page 7]</p> <p>...</p> <p>5. U.S. Social Security <b>Number</b></p> <p>6. Alien Registration Number (<b>A-Number</b>)</p> <p>...</p>