TABLE OF CHANGES – FORM Form I-130, Petition for Alien Relative OMB Number: 1615-0012 Date 06/02/2020

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

• Please note – all instances of "if any" and "if applicable" have been removed from Form I-130.

Legend for Proposed Text:

• Black font = Current text

• Red font = Changes

Expires 02/28/2021 Edition Date 2/13/2019

Current Page Number and Section	Current Text	Proposed Text
Page 1	[Page 1] To be completed by an attorney or accredited representative (if any). Select this box if Form G-28 is attached. Volag Number (if any) Attorney State Bar Number (if applicable) Attorney or Accredited Representative USCIS Online Account Number (if any)	[Page 1] To be completed by an attorney or accredited representative. Select this box if Form G-28 is attached. Volag Number Attorney State Bar Number Attorney or Accredited Representative USCIS Online Account Number
Pages 2-4,	[Page 1]	[Page 1]
Part 2. Information About You (Petitioner)	 Alien Registration Number (A-Number) (if any) USCIS Online Account Number (if any) U.S. Social Security Number (if any) 	 Alien Registration Number (A-Number) USCIS Online Account Number U.S. Social Security Number
	[Page 2] Other Names Used (if any) Names of All Your Spouses (if any) Provide information on your current spouse (if currently married) first and then list all your prior spouses (if any)	[Page 2] Other Names Used Names of All Your Spouses Provide information on your current spouse (if currently married) first and then list all your prior spouses.

[Page 5] Pages 5-8, [Page 5] Part 4. Information **About Beneficiary** 1. Alien Registration Number (A-Number) (if 1. Alien Registration Number (A-Number) **2.** USCIS Online Account Number (if any) 2. USCIS Online Account Number **3.** U.S. Social Security Number (if any) 3. U.S. Social Security Number Other Names Used (if any) Other Names Used **14.** Daytime Telephone Number (if any) 14. Daytime Telephone Number [Page 6] [Page 6] **15.** Mobile Telephone Number (if any) **15.** Mobile Telephone Number **16.** Email Address (if any) 16. Email Address Names of Beneficiary's Spouses (if any) Names of Beneficiary's Spouses Provide information on the beneficiary's spouse Provide information on the beneficiary's spouse (if currently married) first and then list all the (if currently married) first and then list all the beneficiary's prior spouses (if any). beneficiary's prior spouses. [Page 7] [Page 7] Provide the beneficiary's current employment Provide the beneficiary's current employment information, even if they are employed outside information (if applicable), even if they are employed outside of the United States. If the of the United States. If the beneficiary is currently unemployed, type or print beneficiary is currently unemployed, type or "Unemployed" in Item Number 51.a. print "Unemployed" in Item Number 51.a. **51.a.** Name of Current Employer (if applicable) **51.a.** Name of Current Employer Page 12, [Page 12] [Page 12] Part 9. Additional Information If you need extra space to provide any If you need extra space to provide any additional information within this petition, use additional information within this petition, use the space below. If you need more space than the space below. If you need more space than what is provided, you may make copies of this what is provided, you may make copies of this page to complete and file with this petition or page to complete and file with this petition or attach a separate sheet of paper. Type or print attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of your name and A-Number at the top of each each sheet; indicate the Page Number, Part sheet; indicate the Page Number, Part Number, and Item Number to which your Number, and Item Number to which your answer refers; and sign and date each sheet. answer refers; and sign and date each sheet. 2. A-Number **2.** A-Number (if any)