**LCA QUESTIONNAIRE**

* **Name of the Beneficiary**
* **Job Title**
* **Job Duties:(3 to 4 points)**
* **Date of Intended Employment (Start & End Date):**
* **H1B Extension/Transfer/New Employment/Amendment:**
* **Name of the Company filing for LCA:**
* **Address of Company:**
* **Phone Number of Company:**
* **EIN Number of the Company:**
* **NAICS Code of the Company:**
* **Whether the company is H1B dependent:**
* **Whether employees are H1B exempt :**
* **Masters’ Degree :**
* Enter the full name of the accredited or recognized institution (e.g., college or university) that awarded the degree to the H1B nonimmigrant worker(s).
* Enter the field of study in which the degree was awarded to the H-1B nonimmigrant worker(s)
* Enter the date on which the degree was awarded to the H-1B nonimmigrant worker(s) using MM/DD/YYYY format
* The employer is required to provide document.
* **Full Name of the Signatory (the person responsible to sign the LCA):**
* **Designation of the person in the company (Who is Signing LCA):**
* **The signatory’s e-mail:**
* **End Client Name:**
* **End Client address/work site for Filing LCA:**
* **Minimum Wages Offered for the Purpose of LCA:**