

No.9、11、12、は弊社にて記入しますので、入力不要です。
No.10は、E1カンパニーは必須、E2カンパニーでも主な業務が貿易の場合は必須です。



U.S. Department of State
NONIMMIGRANT TREATY TRADER/INVESTOR APPLICATION
USE WITH FORM DS-160/I-129

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

OMB CONTROL NO. 1405-0101
EXPIRES: 12-31-2024
ESTIMATED BURDEN: 4
HOURS* (See Instruction Page)

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*)

Telephone Number:

FAX Number:

4. Date (*mm-dd-yyyy*) and Place Business Was Established or Incorporated in the **United States** (*Attach appropriate documentation; e.g., corporate papers, 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*)

Telephone Number:

FAX Number:

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/	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; partner's 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 U.S. 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) Evidence submitted at the time of new company registration

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, & L Visas:	_____	_____	_____	_____	_____	_____
U.S. Citizens and Legal Permanent Residents:	_____	_____	_____	_____	_____	_____
Other (Third-Country Nationals):	_____	_____	_____	_____	_____	_____
TOTAL:	_____	_____	_____	_____	_____	_____

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

-Eビザホルダーを優先に上級職から順に7名までの情報を記入。
-7名以上いる場合、8行目に "Available Upon Request" と記載。

NAME AND POSITION/TITLE/DIVISION	NATIONALITY	U.S. VISA		
		TYPE	DATE (mm-dd-yyyy)	PLACE OF ISSUANCE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____