

## Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

▶ **For use by individuals who are not U.S. citizens or permanent residents.**  
 ▶ See separate instructions.

**An IRS individual taxpayer identification number (ITIN) is for federal tax purposes only.**

**Before you begin:**

- **Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).**
- **Getting an ITIN doesn't change your immigration status or your right to work in the United States and doesn't make you eligible for the earned income credit.**

Application Type (Check one box):

- Apply for a New ITIN  
 Renew an Existing ITIN

**Reason you're submitting Form W-7.** Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions** (see instructions).

- a** Nonresident alien required to get an ITIN to claim tax treaty benefit
  - b** Nonresident alien filing a U.S. federal tax return
  - c** U.S. resident alien (**based on days present in the United States**) filing a U.S. federal tax return
  - d** Dependent of U.S. citizen/resident alien } Enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ \_\_\_\_\_
  - e** Spouse of U.S. citizen/resident alien } \_\_\_\_\_
  - f** Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
  - g** Dependent/spouse of a nonresident alien holding a U.S. visa
  - h** Other (see instructions) ▶ \_\_\_\_\_
- Additional information for **a** and **f**: Enter treaty country ▶ \_\_\_\_\_ and treaty article number ▶ \_\_\_\_\_

<b>Name</b> (see instructions)	1a First name	Middle name	Last name
	1b First name	Middle name	Last name

Name at birth if different ▶ \_\_\_\_\_

**Applicant's mailing address**

2 Street address, apartment number, or rural route number. **If you have a P.O. box, see separate instructions.**

City or town, state or province, and country. Include ZIP code or postal code where appropriate.

**Foreign (non-U.S.) address**

3 Street address, apartment number, or rural route number. **Don't use a P.O. box number.**

City or town, state or province, and country. Include ZIP code or postal code where appropriate.

**Birth information**

4 Date of birth (month / day / year) Country of birth City and state or province (optional) 5  Male  Female

**Other information**

6a Country(ies) of citizenship 6b Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration date

6d Identification document(s) submitted (see instructions)  Passport  Driver's license/State I.D.  
 USCIS documentation  Other \_\_\_\_\_ Date of entry into the United States (MM/DD/YYYY): \_\_\_\_\_

Issued by: \_\_\_\_\_ No.: \_\_\_\_\_ Exp. date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?  
 **No/Don't know.** Skip line 6f.  
 **Yes.** Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).

6f Enter ITIN and/or IRSN ▶ ITIN -- IRSN -- and name under which it was issued ▶ \_\_\_\_\_  
 First name Middle name Last name

6g Name of college/university or company (see instructions) \_\_\_\_\_ Length of stay \_\_\_\_\_  
 City and state

**Sign Here**

Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7 Application for IRS Individual Taxpayer Identification Number.

Signature of applicant (if delegate, see instructions) \_\_\_\_\_ Date (month / day / year) \_\_\_\_\_ Phone number \_\_\_\_\_

Name of delegate, if applicable (type or print) \_\_\_\_\_ Delegate's relationship to applicant  Parent  Court-appointed guardian  Power of Attorney

**Acceptance Agent's Use ONLY**

Signature \_\_\_\_\_ Date (month / day / year) \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Fax \_\_\_\_\_

Name and title (type or print) \_\_\_\_\_ Name of company \_\_\_\_\_ EIN \_\_\_\_\_ PTIN \_\_\_\_\_  
 Office Code \_\_\_\_\_