

## 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 instructions.

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

**FOR IRS USE ONLY**

**Before you begin:**

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

**Reason you are 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 tax return with Form W-7 unless you meet one of the exceptions** (see instructions).

- a** Nonresident alien required to get ITIN to claim tax treaty benefit
  - b** Nonresident alien filing a U.S. tax return
  - c** U.S. resident alien (based on days present in the United States) filing a U.S. 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. 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) Name at birth if different ▶	1a First name	Middle name	Last name
	1b First name	Middle name	Last name

**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**  
(if different from above)  
(see instructions)

3 Street address, apartment number, or rural route number. Do not 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 <input type="checkbox"/> Male <input type="checkbox"/> Female
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**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 \_\_\_\_\_  
 Issued by: \_\_\_\_\_ No.: \_\_\_\_\_ Exp. date: / / Date of entry into the United States (MM/DD/YYYY) / /

6e Have you previously received a U.S. temporary taxpayer identification number (TIN) or employer identification number (EIN)?  
 **No/Do not 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: TIN or EIN ▶ \_\_\_\_\_ and Name under which it was issued ▶ \_\_\_\_\_

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

**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 disclose to my acceptance agent returns or return information necessary to resolve matters regarding the assignment of my IRS individual taxpayer identification number (ITIN), including any previously assigned taxpayer identifying 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	<input type="checkbox"/> Parent <input type="checkbox"/> Court-appointed guardian
		<input type="checkbox"/> Power of Attorney

**Acceptance Agent's Use ONLY**

Signature	Date (month / day / year)	Phone
_____	_____ / _____ / _____	_____
Name and title (type or print)	Name of company	Fax
		EIN
		Office Code