

## 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) Name at birth if different ▶	<b>1a</b> First name	Middle name	Last name
	<b>1b</b> 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. **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) \_\_\_\_\_  
 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 share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.

<b>Signature of applicant</b> (if delegate, see instructions)	Date (month / day / year)	Phone number
	_____ / /	_____ / /
<b>Name of delegate, if applicable</b> (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	Fax
_____ / /	_____ / /	_____ / /	_____
Name and title (type or print)	Name of company	EIN	PTIN
		_____ / /	_____
		Office Code	