

# Application for IRS Individual Taxpayer Identification Number

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

OMB No. 1545-0074

**An IRS individual taxpayer identification number (ITIN) is for U.S. 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).**

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 } If **d**, enter relationship to U.S. citizen/resident alien (see instructions) \_\_\_\_\_  
**e** ☐ Spouse of U.S. citizen/resident alien } If **d** or **e**, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) \_\_\_\_\_  
**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**  
(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 postal code where appropriate.

**Birth  
Information**

<b>4</b> Date of birth (month / day / year) / /	Country of birth	City and state or province (optional)	<b>5</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
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**Other  
Information**

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

Keep a copy for your records.

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	<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	