

Form **W-7**(Rev. September 2016)
Department of the Treasury
Internal Revenue Service**Application for IRS Individual
Taxpayer Identification Number****u For use by individuals who are not U.S. citizens or permanent residents.****u See separate instructions.**

OMB No. 1545-0074

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) **u**
- 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) **u**

Additional information for **a** and **f**: Enter treaty country **u**
and treaty article number **u**

Name (see instructions)	1a First name Santiago	Middle name	Last name Jimenez Pedraza	
	1b First name N/A	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. %KO, 169 E Flagler St Ste 800			
	City or town, state or province, and country. Include ZIP code or postal code where appropriate. Miami FL 33131-1296			
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. CLL 145 #48-16			
	City or town, state or province, and country. Include ZIP code or postal code where appropriate. 111156 Bogota Colombia			
Birth information	4 Date of birth (month / day / year) 01/24/1995	Country of birth Columbia	City and state or province (optional) Bogota	5 <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
	6a Country(ies) of citizenship Republica De Colombia			
Other information	6b Foreign tax I.D. number (if any) N/A			
	6c Type of U.S. visa (if any), number, and expiration date R B1/B2 2013 2046650011 07/22/2023			
	6d Identification document(s) submitted (see instructions) <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Driver's license/State I.D. <input type="checkbox"/> USCIS documentation <input type="checkbox"/> Other Issued by: Colombia No.: AQ151084 Exp. date: 10/13/2024 Date of entry into the United States (MM/DD/YYYY): 04/22/2018			
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSIN)? <input checked="" type="checkbox"/> No/Don't know. Skip line 6f. <input type="checkbox"/> Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).			
	6f Enter ITIN and/or IRSIN u ITIN _____ IRSIN _____ and name under which it was issued u N/A First name Middle name Last name			
6g Name of college/university or company (see instructions) City and state Length of stay				

Sign Here**Firma Aqui** →

Keep a copy for your records.

Acceptance Agent's Use ONLY

Signature of applicant (if delegate, see instructions)	Date (month / day / year) 10/07/2019	Phone number
	Name of delegate, if applicable (type or print)	Delegate's relationship to applicant
Signature	Date (month / day / year)	Phone
Name and title (type or print)	Name of company	Fax
	EIN	PTIN
		Office Code

For Paperwork Reduction Act Notice, see separate instructions.

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Tax and Credits (continued)	40	Add lines 37 through 39	40	
	41	Taxable income. Subtract line 40 from line 36. If zero or less, enter -0-	41	0
	42	Tax (see instr.). Check if any is from Form(s): a <input type="checkbox"/> 8814 b <input type="checkbox"/> 4972 c <input type="checkbox"/>	42	0
	43	Alternative minimum tax (see instructions). Attach Form 6251	43	
	44	Excess advance premium tax credit repayment. Attach Form 8962	44	
	45	Add lines 42, 43, and 44	45	
	46	Foreign tax credit. Attach Form 1116 if required	46	
	47	Credit for child and dependent care expenses. Attach Form 2441	47	
	48	Retirement savings contributions credit. Attach Form 8880	48	
	49	Child tax credit and credit for other dependents (see instructions)	49	
	50	Residential energy credit. Attach Form 5695	50	
	51	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	51	
	52	Add lines 46 through 51. These are your total credits	52	
53	Subtract line 52 from line 45. If zero or less, enter -0-	53		
Other Taxes	54	Tax on income not effectively connected with a U.S. trade or business from page 4, Schedule NEC, line 15	54	
	55	Self-employment tax. Attach Schedule SE (Form 1040)	55	
	56	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	56	
	57	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	57	
	58	Transportation tax (see instructions)	58	
	59a	Household employment taxes from Schedule H (Form 1040)	59a	
	59b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	59b	
	60	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Instructions; enter code(s)	60	
	61	Total tax. Add lines 53 through 60	61	
	Payments	62	Federal income tax withheld from:	
a		Form(s) W-2 and 1099	62a	
b		Form(s) 8805	62b	
c		Form(s) 8288-A	62c	
d		Form(s) 1042-S	62d	
63		2018 estimated tax payments and amount applied from 2017 return	63	
64		Additional child tax credit. Attach Schedule 8812	64	
65		Net premium tax credit. Attach Form 8962	65	
66		Amount paid with request for extension to file (see instructions)	66	
67		Excess social security and tier 1 RRTA tax withheld (see instructions)	67	
68		Credit for federal tax paid on fuels. Attach Form 4136	68	
69		Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	69	
70		Credit for amount paid with Form 1040-C	70	
71	Add lines 62a through 70. These are your total payments	71		
Refund Direct deposit? See instructions.	72	If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid	72	
	73a	Amount of line 72 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> u <input type="checkbox"/>	73a	
	b	Routing number <input type="text"/> u c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <input type="text"/>		
e	If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here.			
74	Amount of line 72 you want applied to your 2019 estimated tax	74		
Amount You Owe	75	Amount you owe. Subtract line 71 from line 61. For details on how to pay, see instructions	75	0
	76	Estimated tax penalty (see instructions)	76	
Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No			
	Designee's name Rolando Sanchez, CPA		Phone no. 305-577-4333	Personal identification no. (PIN) 09955
Sign Here Keep a copy of this return for your records.	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature	Date	Your occupation in the United States Software Developer	If the IRS sent you an Identity Protection PIN, enter it here (see instr.) <input type="text"/>
Paid Preparer Use Only	Print/Type preparer's name Rolando Sanchez, CPA		Preparer's signature Rolando Sanchez, CPA	Date 10/07/19
	Firm's name Kwal & Oliva, PA, CPAs		Check self-employed <input type="checkbox"/> if <input type="checkbox"/>	PTIN P00118434
	Firm's address 169 E Flagler Street Ste 800 Miami FL 33131-1296		Firm's EIN 59-2110949	
			Phone no. 305-577-4333	