

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.

Application type (check one box):

- ☒ Apply for a new ITIN
☐ Renew an existing ITIN

Before you begin:

• **Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).**

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) ► **Exception 1(a) - Partnership Interest**
- 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 ►

Name (see instructions) Name at birth if different . . . ►	1a First name AYSE	Middle name PELIN	Last name SAPMAZ
	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. 14 HUGHES STE B200
	City or town, state or province, and country. Include ZIP code or postal code where appropriate. IRVINE CA 92618

Foreign (non-U.S.) Address (see instructions)	3 Street address, apartment number, or rural route number. Don't use a P.O. box number. ABC MAHALLESİ DEF SOKAK
	City or town, state or province, and country. Include postal code where appropriate. IZMIR TURKEY 35000

Birth Information	4 Date of birth (month / day / year) 00/24/1988	Country of birth TURKEY	City and state or province (optional)	5 <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
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Other Information	6a Country(ies) of citizenship TURKEY	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) <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Driver's license/State I.D. <input type="checkbox"/> USCIS documentation <input type="checkbox"/> Other _____ Date of entry into the United States (MM/DD/YYYY): undefined		
	Issued by: TURKEY No.: U26320990 Exp. date: 2032-03-29		
	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 ► ITIN <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> IRSIN <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> 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) 02/14/2024	Phone number
	Name of delegate, if applicable (type or print) FATİH PEKAR	Delegate's relationship to applicant <input type="checkbox"/> Parent <input checked="" type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Power of attorney

Acceptance Agent's Use ONLY	Signature	Date (month / day / year) 02/21/2024	Phone +902162665841
	Name and title (type or print) FATİH PEKAR - SOLE MEMBER	Name of company COHEN INVESTMENT LLC	EIN 12-3456789 PTIN P09998888
	Office code 00001122		