

# 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 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><br>(see instructions)<br>Name at birth if different . . . ► | <b>1a</b> First name | Middle name | Last name |
|   | <b>1b</b> First name | Middle name | Last name |

|                                    |   |
|------------------------------------|---|
| <b>Applicant's Mailing Address</b> | <b>2</b> Street address, apartment number, or rural route number. <b>If you have a P.O. box, see separate instructions.</b> |
|                                    | City or town, state or province, and country. Include ZIP code or postal code where appropriate.                            |

|   |   |
|---|---|
| <b>Foreign (non-U.S.) Address</b><br>(see instructions) | <b>3</b> Street address, apartment number, or rural route number. <b>Don't use a P.O. box number.</b> |
|   | City or town, state or province, and country. Include postal code where appropriate.                  |

|                          |   |                  |                                       |   |
|--------------------------|---|------------------|---------------------------------------|---|
| <b>Birth Information</b> | <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<br><input type="checkbox"/> Female |
|--------------------------|---|------------------|---------------------------------------|---|

|                          |   |  |   |
|--------------------------|---|--|---|
| <b>Other Information</b> | <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 |
|                          | <b>6d</b> Identification document(s) submitted (see instructions) <input type="checkbox"/> Passport <input type="checkbox"/> Driver's license/State I.D.<br><input type="checkbox"/> USCIS documentation <input type="checkbox"/> Other _____<br>Issued by: _____ No.: _____ Exp. date: / / Date of entry into the United States (MM/DD/YYYY): / /  |  |   |
|                          | <b>6e</b> Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?<br><input type="checkbox"/> <b>No/Don't know.</b> Skip line 6f.<br><input type="checkbox"/> <b>Yes.</b> Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).  |  |   |
|                          | <b>6f</b> Enter ITIN and/or IRSN ► <b>ITIN</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>IRSN</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> and name under which it was issued ► _____<br>First name Middle name Last name |  |   |
|                          | <b>6g</b> Name of college/university or company (see instructions) ► _____<br>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<br><input type="checkbox"/> Power of attorney |              |

|                                    |                                |                               |             |
|------------------------------------|--------------------------------|-------------------------------|-------------|
| <b>Acceptance Agent's Use ONLY</b> | Signature                      | Date (month / day / year) / / | Phone       |
|                                    | Name and title (type or print) | Name of company               | Fax         |
|                                    | EIN                            | PTIN                          | Office code |