

Form **W-7**
 (Rev. December 2002)
 Department of the Treasury
 Internal Revenue Service

Application for IRS Individual Taxpayer Identification Number

See instructions. Type or print.
 For use by individuals who are not U.S. citizens, nationals, or permanent residents.

OMB No. 1545-1483

This number is for Federal tax purposes only.

FOR IRS USE ONLY

Before you begin:

Do not submit this form if you have, or are eligible to obtain, a U.S. social security number (SSN). Receipt of an IRS individual taxpayer identification number (ITIN) creates no inference regarding your immigration status or your right to work in the United States.
Receipt of an ITIN does not make you eligible to claim the earned income credit (EIC).

Reason you are submitting Form W-7. Check only one box (see instructions).

- a Nonresident alien required to obtain ITIN to claim tax treaty benefit
- b Nonresident alien filing a U.S. tax return and not eligible for an SSN
- c U.S. resident alien (**based on days present in the United States**) filing a U.S. tax return and not eligible for an SSN
- d Dependent of U.S. citizen/resident alien } Enter name and SSN/ITIN of U.S. person/resident alien (see instructions)
- e Spouse of U.S. citizen/resident alien }
- f Nonresident alien student, professor, or researcher filing a U.S. tax return and not eligible for an SSN. Complete line 6g below
- g Dependent/ spouse of a nonresident alien visa holder. Enter name and visa type of primary holder (see instructions)
- h Other INS Classification (specify)

Name (see instructions) Name at birth if different . . .	1a First name	Middle name	Last name
	1b First name	Middle name	Last name

Applicant's foreign address (see instructions)	2 Street address, apartment number, or rural route number. Do not use a P.O. box number.
	City or town, state or province, and country. Include ZIP code or postal code where appropriate.

Mailing address (if different from above)	3 Street address, apartment number, or rural route number. If you have a P.O. Box, see page 3.
	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 of province (optional)	5 <input type="checkbox"/> Male <input type="checkbox"/> Female
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Other information	6a County(ies) of citizenship	6b Foreign tax identification number (if any)	6c Type of U.S. visa (if any), number, and expiration date
	6d Identification document(s) submitted (see instructions). <input type="checkbox"/> Passport <input type="checkbox"/> Driver's license/State I.D. <input type="checkbox"/> INS documentation <input type="checkbox"/> Other		
	Issued by: _____ No: _____ Exp. date: _____ Entry date in U. S. _____		
	6e Have you previously received a U.S. temporary Taxpayer Identification Number (TIN) or Employer Identification Number (EIN)? <input type="checkbox"/> No/Do not know. Skip line 6f. <input type="checkbox"/> Yes. Complete line 6f. If you need more space, list on a sheet and attach to this form. (See instructions.)		
6f TIN		EIN	
Enter the name under which the TIN was issued.		Enter the name under which the EIN was issued.	
6g Name of college/university or/company (see instructions)			
City and State Length of stay			

Sign Here Keep a copy of this form 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 disclose to my acceptance agent returns or return information necessary to resolve matters regarding the assignment of my IRS individual taxpayer identification number (ITIN), including any previously assigned taxpayer identifying 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
	Name and title (type or print)	Name of company	Fax
			EIN