Form **W-7**
(Rev. September 2016)
Department of the Treasury
Internal Revenue Service

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 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
e ☐ Spouse of U.S. citizen/resident alien
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	Middle name	Last name
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.**
City or town, state or province, and country. Include ZIP code or postal code where appropriate.

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.**
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 or province (optional)	**5** ☐ Male ☐ Female

Other information

6a Country(ies) of citizenship	**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) ☐ Passport ☐ Driver's license/State I.D. ☐ USCIS documentation ☐ Other _____
Issued by: No.: Exp. date: / / Date of entry into the United States (MM/DD/YYYY): / /

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

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 ► ☐ Parent ☐ Court-appointed guardian ☐ Power of Attorney	

Keep a copy for your records.

Acceptance Agent's Use ONLY

Signature	Date (month / day / year)	Phone 1 562 556 6296
	/ /	Fax

Name and title (type or print)	Name of company	EIN	PTIN
ANIL DESAI	NIL TAXES	Office Code	