Caution: DRAFT FORM

This is an advance proof copy of an IRS tax form. It is subject to change and OMB approval before it is officially released. You can check the scheduled release date on our web site (www.irs.gov).

If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

Application for IRS Individual Taxpayer Identification Number

See instructions.

For use by individuals who are not U.S. citizens or permanent residents.

An IRS individual taxpayer identification number (ITIN) 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).	
• Getting an ITIN does not change your immigration status or your right to work in the United States and does not make you eligible for the earned income credit.	00

Reason you are 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 tax return with Form W-7 unless you meet one of the exceptions** (see instructions). **a** Nonresident alien required to obtain ITIN to claim tax treaty benefit

h	\square	Nonresident alie	n filina a	1191	av roturn
υ.		NULLESIGETL ALE	n ninny a	0.0.1	ax return

c 🗌 U.S. resident alien (based on days present in the United States) filing a U.S. tax return

d 🗌 Dependent of U.S. citizen/resident alien	} Enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ►	
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e 🗌 Spouse of U.S. citizen/resident alien	
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f 🗌	Nonresident alien student,	professor, or	researcher filing a	a U.S	. tax re	turn or	claiming an	exception
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g 🗌 Dependent/spouse of a nonresident alien holding a U.S. visa

h 🗌 Other (see i	nstructions) 🕨			
Additional in	formation for a and f : Enter treaty country	and treaty and	rticle number ►	
Name	1a First name	Middle name	Last name	
(see instructions) Name at birth if different	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 page 4.			
manning addition	Other states and states			

U U	City or town, state or province, and country. Include ZIP code or postal code where appropriate.						
Foreign (non U.S.) address	3 Street address, apartment number, or rural route number. Do not use a P.O. box number.						
(if different from above) (see instructions)	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 Image: 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					
mormation	6d Identification document(s) submitted (see instructions) Passport Driver's license/State I.D. Issued by: No.: Exp. date: / / Entry date in U.S. / /						
	ation number (TIN) or employer identification number (EIN)?						
	6f Enter: TIN or EIN ► and Name under which it was issued ►						
	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 accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and authorize the IRS to disclose to my acceptance agent returns or return information necessary to resolve matters re assignment of my IRS individual taxpayer identification number (ITIN), including any previously assigned taxpayer identifying							
	Signature of applicant (if delegate, see instructions)	Date (month / day / year) Phone number					
Keep a copy for your records.	Name of delegate, if applicable (type or print)	Delegate's relationship Parent Court-appointed guardian to applicant Power of Attorney					
Acceptance	Signature	Date (month / day / year) Phone ()					
Agent's Use ONLY	Name and title (type or print)	Name of company EIN					
COV VILLI		Office Code					