

## Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

▶ 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.**

**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
  - b  Nonresident alien filing a U.S. tax 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) ▶ .....
  - e  Spouse of U.S. citizen/resident alien } .....
  - f  Nonresident alien student, professor, or researcher filing a U.S. tax return or claiming an exception
  - g  Dependent/spouse of a nonresident alien holding a U.S. visa
  - h  Other (see instructions) ▶ **Exception 2(c) Scholarship Income** .....
- Additional information for **a** and **f**: Enter treaty country ▶ ..... and treaty article number ▶ .....

<b>Name</b> <small>(see instructions)</small>	1a First name	Middle name	Last name
	1b First name	Middle name	Last name
<b>Applicant's mailing address</b>	2 Street address, apartment number, or rural route number. <b>If you have a P.O. box, see page 4.</b>		
	City or town, state or province, and country. Include ZIP code or postal code where appropriate.		
<b>Foreign address</b> <small>(if different from above) (see instructions)</small>	3 Street address, apartment number, or rural route number. <b>Do not use a P.O. box number.</b>		
	City or town, state or province, and country. Include ZIP code or postal code where appropriate.		
<b>Birth information</b>	4 Date of birth (month / day / year)	Country of birth	City and state or province (optional)
			5 <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Other information</b>	6a Country(ies) of citizenship <b>Argentina</b>	6b Foreign tax I.D. number (if any)	6c Type of U.S. visa (if any), number, and expiration date <b>J-1 0102030405 06/01/07</b>
	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 ..... 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 checked="" type="checkbox"/> <b>No/Do not know.</b> Skip line 6f. <input type="checkbox"/> <b>Yes.</b> Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).		
	6f Enter: TIN or EIN ▶ ..... and Name under which it was issued ▶ .....		
	6g Name of college/university or company (see instructions) <b>University of Virginia</b> City and state <b>Charlottesville, Virginia</b> Length of stay <b>2 years</b>		
<b>Sign Here</b>	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
<b>Acceptance Agent's Use ONLY</b>	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
	Signature	Date (month / day / year)	Phone ( )
	Name and title (type or print)	Name of company	Fax ( )
			EIN EFIN/Office Code