

# 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.

Application type (check one box):  
 Apply for a new ITIN  
 Renew an existing ITIN

**Before you begin:**

• Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).

**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> (see instructions)	1a First name <b>MARIA</b>	Middle name <b>ELENA</b>	Last name <b>ANTIGUA VINARTE</b>
	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.**  
**URBANIZACION PILAR, EDIFICIO 369 APTO 1350**  
 City or town, state or province, and country. Include ZIP code or postal code where appropriate.  
**VALENCIA, CARABOBO, VENEZUELA 2563**

**Foreign (non-U.S.) Address**  
(see instructions)

3 Street address, apartment number, or rural route number. **Don't use a P.O. box number.**  
**URBANIZACION PILAR, EDIFICIO 369, APTO 1350**  
 City or town, state or province, and country. Include postal code where appropriate.  
**VALENCIA, CARABOBO, VENEZUELA 2563**

<b>Birth Information</b>	4 Date of birth (month / day / year) <b>0 3 / 1 2 / 1 9 7 5</b>	Country of birth <b>VENEZUELA</b>	City and state or province (optional) <b>VALENCIA</b>	5 <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
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**Other Information**

6a Country(ies) of citizenship: **VENEZUELA**

6b Foreign tax I.D. number (if any): **N/A**

6c Type of U.S. visa (if any), number, and expiration date: **R B1/B2 AB2356478 08/12/2027**

6d Identification document(s) submitted (see instructions)  Passport  Driver's license/State I.D.  
 USCIS documentation  Other \_\_\_\_\_ Date of entry into the United States (MM/DD/YYYY): **1 2 / 0 8 / 2 0 2 1**

Issued by: **VEN** No.: **W789546** Exp. date: **0 5 / 0 5 / 2 0 2 5**

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.

Keep a copy for your records.	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	Fax
Name and title (type or print)	Name of company	EIN	PTIN
		Office code	