Form **W-7**
(Rev. August 2019)
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 U.S. 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).*

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 — 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 ▶

Name (see instructions)
Name at birth if different . . ▶

1a First name	Middle name	Last name
ANTONIO	LUIS	MARRANO TRUTESA
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.**
324 ALHAMBRA CIRCLE
City or town, state or province, and country. Include ZIP code or postal code where appropriate.
CORAL GABLES FL 33134

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

3 Street address, apartment number, or rural route number. **Don't use a P.O. box number.**
URBANISACION CLARITA, EDIFICIO B APTO 350
City or town, state or province, and country. Include postal code where appropriate.
CARACAS, DISTRITO CAPITAL, VENEZUELA, 6541

Birth Information

4 Date of birth (month / day / year)	Country of birth	City and state or province (optional)	5 ☑ Male ☐ Female
01/12/1978	VENEZUELA	CARACAS	

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
VENEZUELA		

6d Identification document(s) submitted (see instructions) ☑ Passport ☐ Driver's license/State I.D. ☐ USCIS documentation ☐ Other
Issued by: VEN No.: K123456789 Exp. date: 03/25/2028 Date of entry into the United States (MM/DD/YYYY): 04/15/2015

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

Keep a copy 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 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	

Acceptance Agent's Use ONLY

Signature	Date (month / day / year)	Phone / Fax
	/ /	Phone Fax

Name and title (type or print)	Name of company	EIN	PTIN
CARLOS A. CATARINO	CAC TAX LLC	472126886	01704947
		Office code	