

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 ► _____

Name (see instructions)	1a First name ELENA	Middle name LURDES	Last name MACHADO
	1b First name ELENA	Middle name LURDES	Last name RASPERO

Applicant's Mailing Address

2 Street address, apartment number, or rural route number. **If you have a P.O. box, see separate instructions.**
800 BRICKELL AVE, APT 1250
 City or town, state or province, and country. Include ZIP code or postal code where appropriate.
MIAMI, FL 33130

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

3 Street address, apartment number, or rural route number. **Don't use a P.O. box number.**
AVENIDA CATOLICA, URBE CERTERA, EDIFICIO 55-20
 City or town, state or province, and country. Include postal code where appropriate.
MEDELLIN, ANTIOQUIA, COLOMBIA

Birth Information	4 Date of birth (month / day / year) 0 3 / 0 4 / 1 9 8 6	Country of birth COLOMBIA	City and state or province (optional) ANTIOQUIA	5 <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
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Other Information

6a Country(ies) of citizenship
COLOMBIA

6b Foreign tax I.D. number (if any)

6c Type of U.S. visa (if any), number, and expiration date
B1-B2, K321654987, 03-05-2028

6d Identification document(s) submitted (see instructions) Passport Driver's license/State I.D.
 USCIS documentation Other _____
 Issued by: **COL** No.: **AS569874123** Exp. date: **0 1 / 1 5 / 2 0 2 5** (MM/DD/YYYY): **0 2 / 2 0 / 2 0 2 0**
 Date of entry into the United States

6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSIN)?
 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 IRSIN ► ITIN - - IRSIN - - 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) CARLOS A. CATARINO	Name of company CAC TAX LLC	EIN 47-2126886	PTIN
		Office code	