NON-TREATY SCHOLARSHIP EXCEPTION 2(c)

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)	**1a** First name	Middle name	Last name
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 separate instructions.**
	City or town, state or province, and country. Include ZIP code or postal code where appropriate.

Foreign (non-U.S.) Address (see instructions)	**3** Street address, apartment number, or rural route number. **Don't use a P.O. box number.**
	City or town, state or province, and country. Include postal code where appropriate.

Birth Information	**4** Date of birth (month / day / year) ___/___/___	Country of birth	City and state or province (optional)	**5** ☐ 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

6d Identification document(s) submitted (see instructions) ☐ Passport ☐ Driver's license/State I.D. ☐ USCIS documentation ☐ Other _____

Issued by: _____ No.: _____ Exp. date: ___/___/___ Date of entry into the United States (MM/DD/YYYY): ___/___/___

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 _____

▶ Name and title (type or print) Name of company EIN _____ PTIN _____ Office code _____

For Paperwork Reduction Act Notice, see separate instructions. Cat. No. 10229L Form **W-7** (Rev. 8-2019)