

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 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).**
- **Getting an ITIN doesn't change your immigration status or your right to work in the United States and doesn't make you eligible for the earned income credit.**

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 } Enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ 053-73-2302
- e** Spouse of U.S. citizen/resident alien } ASIT KUMAR SAMANTRAY
- 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 ADITYA	Middle name	Last name SAMANTRAY
	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. 520 SANTA FE TRAIL Apt 229
	City or town, state or province, and country. Include ZIP code or postal code where appropriate. IRVING TX USA 75063

Foreign (non-U.S.) address (if different from above) (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 ZIP code or postal code where appropriate.

Birth information	4 Date of birth (month / day / year) 06 / 04 / 2010	Country of birth INDIA	City and state or province (optional)	5 <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
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Other information	6a Country(ies) of citizenship INDIA	6b Foreign tax I.D. number (if any)	6c Type of U.S. visa (if any), number, and expiration date H4 N8192806 04 / 08 / 2021	
	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: INDIA No.: M7450131 Exp. date: 03 / 19 / 2020 Date of entry into the United States (MM/DD/YYYY): 11 / 29 / 2017			
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? <input checked="" type="checkbox"/> No/Don't know. Skip line 6f. <input type="checkbox"/> Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).			

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.			
	Signature of applicant (if delegate, see instructions)	Date (month / day / year)	Phone number	
Keep a copy for your records.	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