## Form W-7

(Rev. September 2016) 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 federal tax	purposes only.		Application	Type (Check one box):	
Before you begin:					1		
. Don't submit thi	irity number (SSN	V).		for a New ITIN			
and doesn't make you eligible for the earned income credit.						w an Existing ITIN	
Reason you're su must file a U.S. fe	bmitting Form W-7. Read the instruction deral tax return with Form W-7 unless	ns for the box you meet one o	ou check. Caution the exceptions	n: If you see ins	check box structions).	b, c, d, e, f, or g, you	
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) ▶							
e Spouse of U.S. citizen/resident alien							
	alien student, professor, or researcher filing a		turn or claiming an	exception	1		
	spouse of a nonresident alien holding a U.S. vis	sa					
h Other (see in				la la avenda			
Additional in	formation for a and f: Enter treaty country ▶	Middle name	and treaty art	cle number ►  Last name			
Name	1a First name  BARVESH VENKATA RANA RAJU  Middle name				MANTENA		
(see instructions)					name		
Name at birth if different •	ib Filstriaine	Wildale Harrie		Lastric			
dillorent	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions.						
Applicant's	10 DEERWOOD WEST APT 45C						
mailing address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.						
	IRVINE CA 92604						
Foreign (non-	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.						
U.S.) address	DOOR NO 21 506 3 DIMHALA CENTER						
(if different from above)	City or town, state or province, and count	ity or town, state or province, and country. Include ZIP code or postal code where appropriate.					
(see instructions)	MACHILIPATNAM 521001 AP INDIA						
Birth	4 Date of birth (month / day / year) Country of birth City and state or province (optional) 5 Male						
information	12/27/2008 INDIA MACHILIPATIVAM Female  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						
Other		tax I.D. number (i					
information	INDIA H4 M4576183, 7/19/2019						
	6d Identification document(s) submitted (see instructions) Passport Driver's license/State I.D.						
USCIS documentation United Date of entry into the							
	United States  Issued by: INDIA No.: M0332191 Exp. date: 7 /24/ 2019 (MM/DD/YYYY): 10 / 8/						
	Issued by: INDIA No.: M0332191 Exp. date: 7 /24/ 2019 (MM/DD/YYYY): 10 / 8/ 2017  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						
	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.						
	Signature of applicant (if delegate, see instructions)		Date (month / day / year) Phone number 571 - 665 - 9165				
Keep a copy for your records.	Name of delegate, if applicable (type or print) VENKATA SATYANARAYANA RAJU MANTENA		Delegate's relationsh to applicant	nip	Parent Power of	Court-appointed guardian	
Acceptance	Signature		Date (month / day /	-	Phone ax		
Agent's	Name and title (type or print)	Name of co	ompany	EIN .	-	PTIN	
Use ONLY	)			Office Co	ode		
For Paperwork Red	duction Act Notice, see separate instruction	e e	Cat. No. 10229			Form W-7 (Rev. 9-2016)	