## 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.

An IRS individual taxpayer identification number (ITIN) is for federal tax purposes only.

OMB No. 1545-0074

Application Type (Check one box):

before you begin		- 4	0	with a mumb on 100	(AA	N Anni	y for a New ITIN	
<ul> <li>Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).</li> <li>Getting an ITIN doesn't change your immigration status or your right to work in the United States</li> </ul>							ew an Existing ITIN	
and doesn't make	you eligible for the earned inco	me credit.						
Reason you're su must file a U.S. fe	bmitting Form W-7. Read the deral tax return with Form W	instructions -7 unless yo	for the box you meet one o	u check. Cauti f the exception	on: If yons (see in	u check bo	ox <b>b</b> , <b>c</b> , <b>d</b> , <b>e</b> , <b>f</b> , or <b>g</b> , <b>you</b> ).	
	alien required to get an ITIN to clai	m tax treaty b	enefit					
	alien filing a U.S. federal tax return			fordered boy until				
	t alien (based on days present in			citizen/resident		instructions	<b>)</b>	
	of U.S. citizen/resident alien En	ler name and	3314/11114 01 0.3.	Citizentresident	anori (occ	miotro de dicerio		
	alien student, professor, or research	her filing a U.	S. federal tax ret	urn or claiming ar	exception	on		
	spouse of a nonresident alien holding							
h Other (see in								
Additional in	formation for a and f: Enter treaty			and treaty a				
Name	1a First name		Wilder Harris			ANTENA		
(see instructions)	PRASANTH!		Middle name			Last name		
Name at birth if different •	The First Harrie						netructions.	
Applicant's mailing address	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions.  10 DEERWOOD WEST APT 45C							
	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 DINHALA CENTER							
(if different from above)	City or town, state or province, and country. Include ZIP code or postal code where appropriate.							
(see instructions)	MACHILIPATNAN 521001 AP INDIA							
Birth information	4 Date of birth (month / day / year) 7/11/2006	Country of b	ırtn	City and state or province (optional)  MACHILI PATNAM  Female				
Other information	6a Country(ies) of citizenship		ax I.D. number (it	CICIO SCHOOL SCHOOL SCHOOL			umber, and expiration date	
	INDIA			H		576182	THE RESERVE AND ADDRESS OF THE PARTY OF THE	
	6d Identification document(s) submitted (see instructions) Passport Driver's license/State I.D.							
	USCIS documentation United States							
	Issued by: INDIA No.: M0321794 Exp. date: 7 /23/2019 (MM/DD/YYY): 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).							
	Yes. Complete line of. If more than one, list on a sheet and attach of this form (see management).  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 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 571 ~ 665 - 9165				
	Name of delegate, if applica	int)	Delegate's relationship to applicant			Court-appointed guardian		
	VENKATA SATYANARAYANA RAJU HANTEN					E-SIMILAR DE CO	of Attorney	
Acceptance Agent's Use ONLY	Signature			Date (month / day	, year)	Phone		
			Name of co	ompany	EIN	Fax	DTIN	
	Name and title (type or print)		Ivame of Co	nipany	Office (	Code	PTIN	
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