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 Institutional taxpayer identification number (FFIN) is for federal tax purposes only.								Application Type (Check one box):			
Before you begin					10-	n		•••		,	
	is form if you have, or are eligible	-		-				oly for a Ne			
and doesn't make	ork in the United States			Renew an Existing ITIN							
must file a U.S. fe	ubmitting Form W-7. Read the ederal tax return with Form W-	-7 unless you	meet one o						, e, f, c	or <b>g, you</b>	
_	nt alien required to get an ITIN to claim tax treaty benefit nt alien filing a LLS federal tax return										
_	ent alien filing a U.S. federal tax return ent alien <b>(based on days present in the United States)</b> filing a U.S. federal tax return										
			_			on less	notre	.) ▶			
	}	er name and SSI	IN/IIIN OT U.S	o. citizen/res	auent ali	en (see i	ustructions	>) <b>-</b>			
	J.S. citizen/resident alien	hor file	inder-1	ture - 1							
	alien student, professor, or research	_	euerai tax re	turn or clain	iing an	exceptio	11				
	spouse of a nonresident alien holdin		chin /f-1	lowels	. 1	\m -					
	nstructions) Exception 2(						her N	 L#			
	nformation for <b>a</b> and <b>f</b> : Enter treaty co	Ourmy <b>FOrel</b>	gn Cour dle name	ILTY and tr	caly art	Last n		<del>-                                      </del>			
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(see instructions)	Razor  1b First name		Middle name			Last n					
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different ▶	2 Street address, apartment nun	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions.									
Applicant's mailing address	3301 College Avenue, Box #123										
	City or town, state or province, and country. Include ZIP code or postal code where appropriate.										
	Davie, FL 33314										
Foreign (non-	3 Street address, apartment number, or rural route number. <b>Don't use a P.O. box number.</b>										
U.S.) address											
(if different from	City or town state or province	1234 Foreign Street City or town, state or province, and country. Include ZIP code or postal code where appropriate.									
above) (see instructions)	Foreign City, State		JIGGU ZIF UU	ao oi pusidi	. 550 <del>6</del> 11	···οι <del>··</del> αμ	oropriate.				
Birth		Country of birth		City and st	tate or r	rovince	(optional)	5 💢 Ma	  e		
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Other	Foreign Country	1234567									
information	Foreign Country 123456789 F1, 01010101, mm/dd/yyyy 6d Identification document(s) submitted (see instructions) Passport Driver's license/State I.D.								1111		
	USCIS documentation	Other	Landinoj LA	. aoopon	Ш						
	Date of entry into the										
	Issued by: Country No.:	United States  Issued by: Country No.: 123456789 Exp. date: mmddyyyy (MM/DD/YYYY): mmddyyyy									
	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 issue								. —— I ——		
	andor winor it was issue		t name	Mid	ddle nan	ne		Last na	me		
	6g Name of college/university or o	6g Name of college/university or company (see instructions) Nova Southeastern University									
	City and state Davie, Florida Length of stay 5 years										
Sian	Under penalties of perjury, I (application	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying									
Sign	documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share										
Here	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										
	X	X / / 954-262-###									
Keep a copy for	Name of delegate, if applicable	Delegate's relationship to applicant			_	Parent Court-appointed guardian					
your records.					Power of Attorney						
Acceptance	Signature			Date (month / day / year)			Phone				
Agent's	7		/ /				ax				
Use ONLY	Name and title (type or print)		Name of company			EIN					
	<b>7</b>			Offi			e Code				