

Application for IRS Individual  
Taxpayer Identification Number

For use by individuals who are not U.S. citizens or permanent residents.  
Go to [www.irs.gov/FormW7](http://www.irs.gov/FormW7) for instructions and the latest information.

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 (you must also check and complete box **h** (see instructions))  
**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 (if claiming an exception, you must also check and complete box **h** (see instructions))  
**g** ☒ Dependent/spouse of a nonresident alien holding a U.S. visa  
**h** ☒ Other (see instructions) **nada q ver**

Additional information for **a** and **f**: Enter treaty country \_\_\_\_\_ and treaty article number \_\_\_\_\_

Name (see instructions)	<b>1a</b> First name <b>JOSE</b>	Middle name <b>RAUL</b>	Last name <b>SANABRIAS</b>
	<b>1b</b> First name	Middle name	Last name

Applicant's Mailing Address	<b>2</b> Street address, apartment number, or rural route number. <b>If you have a P.O. box, see separate instructions.</b> <b>5905 INTERNATIONAL DR PRUEBA ZIP</b>
	City or town, state or province, and country. Include ZIP code or postal code where appropriate. <b>ORLANDO. FL 32819</b>

Foreign (non-U.S.) Address (see instructions)	<b>3</b> Street address, apartment number, or rural route number. <b>Don't use a P.O. box number.</b> <b>LOS CEDROS CON SANCHES CAR</b>
	City or town, state or province, and country. Include postal code where appropriate. <b>VALENCIA. CARABOBO VENEZUELA</b>

Birth Information	<b>4</b> Date of birth (month / day / year) <b>04 / 04 / 2007</b>	Country of birth <b>BENIN</b>	City and state or province (optional) <b>ORLANDO</b>	<b>5</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
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Other Information	<b>6a</b> Country(ies) of citizenship	<b>6b</b> Foreign tax I.D. number (if any)	<b>6c</b> Type of U.S. visa (if any), number, and expiration date	
	<b>6d</b> Identification document(s) submitted. (Complete for the first document submitted. For multiple documents, 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: <b>venezuelan</b> Date of entry into the United States (MM/DD/YYYY): <b>04 / 13 / 2025</b> Number: <b>343434344</b> Exp. date: <b>04 / 29 / 2025</b>			
	<b>6e</b> Have you previously received an ITIN or an Internal Revenue Service Number (IRSIN)? <input type="checkbox"/> <b>No/Don't know.</b> Skip line 6f. <input checked="" type="checkbox"/> <b>Yes.</b> Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).			
	<b>6f</b> Enter ITIN and/or IRSIN <b>ITIN</b> <input type="text"/> - <input type="text"/> - <input type="text"/> <b>IRSIN</b> <input type="text"/> - <input type="text"/> - <input type="text"/> and name under which it was issued _____ First name Middle name Last name			
	<b>6g</b> 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) <b>04 / 15 / 2025</b>	Phone number <b>7777777777</b>
	Name of delegate, if applicable (type or print)	Delegate's relationship to applicant <input type="checkbox"/> Parent <input type="checkbox"/> Power of attorney <input type="checkbox"/> Court-appointed guardian	

Acceptance Agent's Use ONLY	Signature	Date (month / day / year) <b>04 / 15 / 2025</b>	Phone <b>4343434343</b>
	Name and title (type or print) <b>SDSDSDS sdsds</b>	Name of company <b>sdsds</b>	Fax
	EIN <b>343433448</b>	PTIN <b>ss34434399</b>	Office code <b>444</b>