

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 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).**

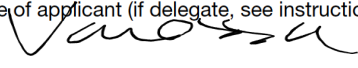
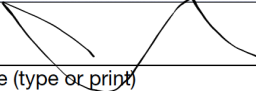
Application type (check one box):

- ☐ 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
e ☐ Spouse of U.S. citizen/resident alien
If **d**, enter relationship to U.S. citizen/resident alien (see instructions) _____
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) **i make do test**

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

Name (see instructions)	1a First name VANESSA	Middle name VILLEGAS	Last name MACHADO	
	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. 1101 S GOLDWYN AVE 12			
	City or town, state or province, and country. Include ZIP code or postal code where appropriate. ORLANDO. FL 32805			
Foreign (non-U.S.) Address (see instructions)	3 Street address, apartment number, or rural route number. Don't use a P.O. box number. LOS OLIVOS NUEVOS 12			
	City or town, state or province, and country. Include postal code where appropriate. MARACAY. ARAGUA 02221 VENEZUELA			
Birth Information	4 Date of birth (month / day / year) 04 / 03 / 2007	Country of birth VENEZUELA	City and state or province (optional) MARACAY	5 <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Other Information	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	
	6d Identification document(s) submitted. (Complete for the first document submitted. For multiple documents, see instructions) <input type="checkbox"/> Passport <input checked="" type="checkbox"/> Driver's license/State I.D. <input checked="" type="checkbox"/> USCIS documentation <input type="checkbox"/> Other _____ Issued by: venezuela Date of entry into the United States (MM/DD/YYYY): 04 / 09 / 2025 Number: 311111111111 Exp. date: 04 / 22 / 2025			
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRS)? <input type="checkbox"/> No/Don't know. Skip line 6f. <input checked="" type="checkbox"/> 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 <input type="text"/> - <input type="text"/> - <input type="text"/> IRSN <input type="text"/> - <input type="text"/> - <input type="text"/> and 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 _____			
	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.			
Sign Here Keep a copy for your records.	Signature of applicant (if delegate, see instructions) 		Date (month / day / year) 04 / 16 / 2025	Phone number 3443343443
	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) 04 / 16 / 2025	Phone 4343434343
	Name and title (type or print) SDSDSDS sdsds		Name of company sdsds	Fax _____
	EIN 343433448		PTIN ss34434399	
Office code 444				