

Application for IRS Individual Taxpayer Identification Number

▶ For use by individuals who are not U.S. citizens or permanent residents.

OMB No. 1545-0074

FOR IRS USE ONLY An IRS individual taxpayer identification number (ITIN) is for federal tax purposes only. Before you begin: Do not submit this form if you have, or are eligible to get, a U.S. social security number (SSN). Getting an ITIN does not change your immigration status or your right to work in the United States and does not make you eligible for the earned income credit. Reason you are 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 tax return with Form W-7 unless you meet one of the exceptions (see instructions). a Nonresident alien required to get ITIN to claim tax treaty benefit **b** Nonresident alien filing a U.S. tax return c U.S. resident alien (based on days present in the United States) filing a U.S. 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 f U Nonresident alien student, professor, or researcher filing a U.S. tax return or claiming an exception g Dependent/spouse of a nonresident alien holding a U.S. visa h ☐ Other (see instructions) ▶ Additional information for a and f: Enter treaty country and treaty article number ▶ 1a First name Middle name Last name Name (see instructions) 1b First name Middle name Last name Name at birth if different . Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. Applicant's mailing address City or town, state or province, and country. Include ZIP code or postal code where appropriate. 3 Street address, apartment number, or rural route number. Do not use a P.O. box number. Foreign (non-U.S.) address (if different from City or town, state or province, and country. Include ZIP code or postal code where appropriate. above) (see instructions) Date of birth (month / day / year) Country of birth City and state or province (optional) Birth information 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 information 6d Identification document(s) submitted (see instructions)

Passport Driver's license/State I.D. ■ USCIS documentation Other Date of entry into the **United States** (MM/DD/YYYY) Exp. date: 6e Have you previously received a U.S. temporary taxpayer identification number (TIN) or employer identification number (EIN)? No/Do not 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: TIN or EIN ▶ Name under which it was issued ▶ 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 Sign documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to disclose to my acceptance agent returns or return information necessary to resolve matters regarding the assignment of my IRS individual taxpayer identification Here number (ITIN), including any previously assigned taxpayer identifying number. Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number Delegate's relationship Name of delegate, if applicable (type or print) Parent Court-appointed guardian Keep a copy for to applicant your records. Power of Attorney Date (month / day / year) Signature Phone Acceptance Fax Agent's Name and title (type or print) Name of company

Use ONLY

EIN

Office Code

Form **8288-B**

(Rev. November 2006)

Application for Withholding Certificate for Dispositions by Foreign Persons of U.S. Real Property Interests

OMB No. 1545-1060

Department of the Treasury

▶ Please type or print.

mema	in heverline service Frease type of print.	
1	Name of transferor (attach additional sheets if more than one transferor)	Identification number
	Street address, apt. or suite no., or rural route. Do not use a P.O. box.	
	City, state or province, and country (if not U.S.). Include ZIP code or postal code where appropriate.	
2	Name of transferee (attach additional sheets if more than one transferee)	Identification number
	Street address, apt. or suite no., or rural route. Do not use a P.O. box.	
	City, state or province, and country (if not U.S.). Include ZIP code or postal code where appropriate.	
3	Applicant is: Transferor Transferee	
4a	Name of withholding agent (see instructions)	b Identification number
С	Name of estate, trust, or entity (if applicable)	d Identification number
5	Address where you want withholding certificate sent (street address, apt. or suite no., P.O. box, or rural route number)	Phone number (optional)
	City, state or province, and country (if not U.S.). Include ZIP code or postal code where appropriate.	,
d e f	a Date of transfer (month, day, year) (see inst.) b Contract price \$ c Type of interest transferred:	
c 8	☐ The special installment sales rules described in section 7 of Rev. Proc. 2000-35 allow redu Does the transferor have any unsatisfied withholding liability under section 1445?	
	See the instructions for information required to be attached.	
	Is this application for a withholding certificate made under section 1445(e)? If "Yes," check the applicable box in $\bf a$ and the applicable box in $\bf b$ below. Type of transaction: \Box 1445(e)(1) \Box 1445(e)(2) \Box 1445(e)(3) \Box 1445(e)(5) \Box 14 Applicant is: \Box Taxpayer \Box Other person required to withhold. Specify your title (445(e)(6)
	r penalties of perjury, I declare that I have examined this application and accompanying attachments, and, to the best of n ct, and complete.	ny knowledge and belief, they are true,
	Signature Title (if applicable)	Date