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 IRS individual taxpayer identification number (ITIN) is for 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).*
- *Getting an ITIN doesn't change your immigration status or your right to work in the United States and doesn't make you eligible for the earned income credit.*

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
- **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

  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
- **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 ►

Name (see instructions)
Name at birth if different . . ►

1a First name	Middle name	Last name
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.**
Owner Tax and Accounting Service LLC, Warburton Hse, 14B Eagle Brow

City or town, state or province, and country. Include ZIP code or postal code where appropriate.
Lymm, Cheshire ,WA13 0LJ, United Kingdom

Foreign (non-U.S.) address (if different from above) (see instructions)

3 Street address, apartment number, or rural route number. **Don't use a P.O. box number.**

City or town, state or province, and country. Include ZIP code or postal code where appropriate.

Birth information

4 Date of birth (month / day / year)	Country of birth	City and state or province (optional)	**5** ☐ Male ☐ 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 (see instructions) ☐ Passport ☐ Driver's license/State I.D. ☐ USCIS documentation ☐ Other _____

Issued by: No.: Exp. date: / / Date of entry into the United States (MM/DD/YYYY): / /

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** ☐☐☐–☐☐–☐☐☐☐ **IRSN** ☐☐☐–☐☐–☐☐☐☐ 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

Sign Here

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
Name of delegate, if applicable (type or print)	Delegate's relationship to applicant ☐ Parent ☐ Court-appointed guardian ☐ Power of Attorney	

Keep a copy for your records.

Acceptance Agent's Use ONLY

Signature	Date (month / day / year) / /	Phone 011441925758330
		Fax 011441925758353

Name and title (type or print)	Name of company	EIN	PTIN
	Owner Tax & Acctg Svce	27-1739744	P01326307
		Office Code	00000000