



# U.S. Taxpayer Identification Number (ITIN) Application Information

**IMPORTANT: The Internal Revenue Service will require original documents or certified copy of your passport for filing. We can assist you should you not be able to obtain a Certified Passport Copy.**

If you have not been issued a United States Social Security Number or Taxpayer Identification Number, we will need to obtain one on your behalf. A separate form is necessary for each individual applying for an ITIN.

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**If Different at Birth:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (MM/DD/YYYY) Country of Birth: \_\_\_\_\_

City & State of Birth: \_\_\_\_\_ Providence of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Foreign Tax ID#: \_\_\_\_\_

U.S. Visa Type: \_\_\_\_\_ (if applicable) Expiration Date: \_\_\_\_\_ (MM/DD/YYYY)

Last Entry Date into U.S.: \_\_\_\_\_ (MM/DD/YYYY)

**Have you previously received a Taxpayer Identification Number (TIN) or Employer Identification Number (EIN)?**

Yes  No If yes, please give the following information: TIN/EIN Issued: \_\_\_\_\_

Name Issued To: \_\_\_\_\_

**CONTACT INFORMATION:**

Email: \_\_\_\_\_

Mobile #: \_\_\_\_\_  Primary Business #: \_\_\_\_\_  Primary

Home #: \_\_\_\_\_  Primary Fax #: \_\_\_\_\_  Work  Home

**Foreign (Non-US) Address:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

How did you hear about us?  Internet  Website Referred By: \_\_\_\_\_

**INFORMATION TO RETURN (EACH APPLICANT):**

This Form completed in its entirety.

A copy of your passport (emailed or faxed copy is acceptable to start the process).

**NOTE:** A certified copy from the Government issuing office for passports is required, or we can set up an appointment to certify your passport.

Payment: \$300.00 for each person requiring a Taxpayer Identification Number \_\_\_\_\_ X \$300 = \$ \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Billing Address:  Same as above  Neither, listed below

Payment Method:  Visa  MasterCard  American Express  Discover

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

I hereby authorize Swart Baumruk & Company, LLP to charge my credit card and file Form(s) W-7 with the IRS. The use of an ITIN has been explained to me. I understand the requirements of having an ITIN in the United States. Sending an original passport? I agree to pay for the return postage or supply my UPS number \_\_\_\_\_ for document return

Authorized Signature: \_\_\_\_\_

Return above information to: Via Email: bhendricks@sbc-cpa.com  
Via Fax: 321-402-5153 OR 407-847-6641  
Via Mail or Overnight Delivery:

**sbc-cpa**  
1101 Miranda Lane  
Kissimmee, FL 34741  
USA