

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) **Exception 2(c) Scholarship Income**

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

Name (see instructions)	1a First name Alvin	Middle name Timothy	Last name Mitchell
Name at birth if different	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.
	5 East Madison Street
	City or town, state or province, and country. Include ZIP code or postal code where appropriate. Ann Arbor, MI 48104

Foreign (non-U.S.) Address (see instructions)	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.
	25 Victoria Street
	City or town, state or province, and country. Include postal code where appropriate. Grenville, Grenada

Birth Information	4 Date of birth (month / day / year)	Country of birth	City and state or province (optional)	5 ☒ Male ☐ Female
	0 1 / 1 9 / 1 9 9 6	Grenada		

Other Information	6a Country(ies) of citizenship Grenada	6b Foreign tax I.D. number (if any)	6c Type of U.S. visa (if any), number, and expiration date F-1 087856 D/S

6d Identification document(s) submitted. (Complete for the first document submitted. For multiple documents, see instructions)

☒ Passport ☐ Driver's license/State I.D. ☐ USCIS documentation ☐ Other _____

Issued by: **Grenada** _____ Date of entry into the United States (MM/DD/YYYY): **08/01/2025**

Number: **0756931** Exp. date: **05/31/2028**

6e Have you previously received an ITIN or an Internal Revenue Service Number (IRS#)?

☒ **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)	University of Michigan
	City and state	Ann Arbor, MI
	Length of stay	5 years

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.
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Keep a copy for your records.	Signature of applicant (if delegate, see instructions)	Date (month / day / year)	Phone number
		/ /	734-123-4567

Name of delegate, if applicable (type or print)	Delegate's relationship to applicant ☐ Parent ☐ Power of attorney ☐ Court-appointed guardian
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Acceptance Agent's Use ONLY	Signature	Date (month / day / year) / /	Phone	
			Fax	
	Name and title (type or print)	Name of company	EIN	PTIN
			Office code	