

## 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 Na	me:		
If Different at Birth:										
First Name:					Middle Name:		Last Na	me:		
Data of Dimb					(MM/DD 00000	O	New terror			
Date of Birth: City & State					(MM/DD/YYYY)	Country of E	sirtn:			
of Birth:						Providence of E	Birth:			
Country of Citizenship:						Foreign Tax	ID#:			
U.S. Visa Type:					(if applicable)	Expiration [	)ate:			(MM/DD/YYYY)
Last Entry Date										(,22,)
·					_					
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:										
	Yes	No If y	es, please giv	e the followin	g information:	TIN/EIN Iss	ued:			
Name Issued To:										
CONTACT INFOR	MATION	l:								
Email:										
Mobile #					Primary	Busine	ss #·			Primary
										<b>—</b>
Home #:					Primary	F	ax #			Work Home
Foreign (Non-US)										
Address:										
City:					Prov/State:				Postal Code:	
					Country:					
	How	did you he	ar about us	? Internet	Website	Referred By				
INFORMATION TO					<u> </u>					
		•		).						
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 = \$										
		for each per	son requiring	a raxpayerio	entification Number	er <u> </u>	Λ \$300 =	\$		
Name on Cre			a bayra		Noither lists	d balaw				
Billing Address: Same as above Neither, listed below										
Payment	Mathadi		Maste	·Cord	American Ex		Discover			
			Iviasie	Caru	American Ex	press	-			
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 o	riginal passport	? I agree to pay for t	the return postage of	r supply my UPS n	umber	for docum	nent return
Authorized Si	gnature:									
		<b>-</b> .			٠	ail. mr@aha a				

Via Email: nr@sbc-cpa.com
Via Fax: 407-847-6641
Via Mail or Overnight Delivery:

sbc-cpa 1101 Miranda Lane Kissimmee, FL 34741 USA