

INDIANA UNIVERSITY

Individual Taxpayer Identification Number (ITIN) Application Request

Last Name: _	Firs	t Name:
University/Supplier ID:		olication Number:
Before Indiana University (IU) can assist in the ITIN application process, we must determine if we can process your request to receive an ITIN. Our office must receive this request form at least 24 hours before we schedule an interview to complete the ITIN application. Please answer accurately.		
Part I – Please check Yes or No. Yes No		
A. Do you have a Social Security Number (SSN) or ITIN?		
B. Is your primary IU relationship as an Artist/Athlete?		
If you marked "Yes" to either statement, then we cannot process your request to receive an ITIN.		
	ease check Yes or No	
Yes No	1. Have you ever applied for a SSN? If yes, chec	k what happened? Issued Denied
	2. Have you ever applied for an ITIN? If yes, che	eck what happened? Issued Denied
	3. Have you worked for IU as an employee and received a paycheck in prior years or during the current year?	
	 Will you definitely work for IU as an employee in the future before departing the US? Are you receiving a scholarship, stipend, or fellowship from a US source (including IU)? If yes, attach a copy of the award letter. Will you be claiming the benefits of a tax treaty for the income in Question 5?	
9. Do you expect to perform independent personal services for IU in the future for which will be paid an honoraria or compensation?		al services for IU in the future for which you
10. Do you expect to be in the US for more than 30 days?		
Signature of Applicant:		Date:
Phone Number: E-mail:		