

Individual Taxpayer Identification Number (ITIN) Application Request

Last Name:	First Name:
University/Supplier ID:	Application 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 Nu	mber (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.	
Part II – Please check Yes or No Yes No	
1. Have you ever applied for a SSN? If y	ves, check what happened? Issued Denied
2. Have you ever applied for an ITIN? It	f yes, check 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?	
4. Will you definitely work for IU as an employee in the future before departing the US?	
5. Are you receiving a scholarship, stipend, or fellowship from a US source (including IU)? <i>If yes, attach a copy of the award letter.</i>	
6. Will you be claiming the benefits of a	tax treaty for the income in Question 5? Name of tax treaty country
7. Have you performed independent personal services for IU this year for which you will be paid an honoraria or compensation? <i>If yes, attach a copy of the contract, or invitation to speak, or equivalent document.</i>	
8. Will you be claiming the benefits of a	tax treaty for the income in Question 7? Name of tax treaty country
9. Do you expect to perform independent will be paid an honoraria or compensation.	at personal services for IU in the future for which you ation?
10. Do you expect to be in the US for more than 30 days?	
Signature of Applicant:	Date:
Phone Number:	E-mail: