

Caution: DRAFT FORM

This is an advance proof copy of an IRS tax form. It is subject to change and OMB approval before it is officially released. You can check the scheduled release date on our web site (www.irs.gov).

If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

Application for Taxpayer Identification Number for Pending U.S. Adoptions

OMB No. 1545-0074

▶ See instructions.

Note. Do not file this form if you are eligible to obtain a U.S. social security number (SSN) for your adoptive child.

1 Adoptive parent(s) information <small>(see instructions)</small>	1a Parent's last name	First name	Social security number : : : : : : : : :
	1b Parent's last name	First name	Social security number : : : : : : : : :
2 Adoptive parent(s) address <small>(see instructions)</small>	Street address, apartment number, or rural route number. If you have a P.O. box, see the instructions.		
	City or town, state, and ZIP code		
3 Child's name: As it will appear on your tax return ▶ <small>Birth name if different and known . . . ▶</small>	3a Last name	First name	Middle name
	3b Last name	First name	Middle name
4 Child's birth information	Date of birth (month, day, year) / /	<input type="checkbox"/> Female <input type="checkbox"/> Male	Place of birth (city or town, and state) (If foreign address, see instructions)
	Name	Address	Date child was placed with adoptive parents / /

Sign Here

Note. Be sure to attach the required documentation to Form W-7A. See page 2.

Under penalties of perjury, I 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.

Keep a copy of this form for your records.

Signature of parent ▶	Date (month, day, year) / /	Daytime phone number ()
Signature of parent ▶	Date (month, day, year) / /	Daytime phone number ()