

Form W-8BEN

(Pey October 2021)

Department of the Treasury Internal Revenue Service

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

► For use by individuals. Entities must use Form W-8BEN-E.

Go to www.irs.gov/FormW8BEN for instructions and the latest information.

▶ Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

• You		nis form if:				Instead, use Form:
	NIOT					mateau, use rum.
· You	are NOT	an individual .				W-8BEN-E
	are a U.S	3. citizen or other	U.S. person, including a residen	nt alien individual		W-9
• You (other	are a ber er than p	neficial owner clai ersonal services)	ming that income is effectively o	connected with the conduct o	f trade or business wi	ithin the United States
• You	are a bei	neficial owner who	is receiving compensation for	personal services performed i	in the United States .	8233 or W-4
		rson acting as an				W-8IMY
Note:	If you ar	e resident in a FA	TCA partner jurisdiction (that is	s a Model 1 IGA jurisdiction	with regionsoits and	tain tax account information may be
provid	ed to yo	ur jurisdiction of	residence.	s, a Moder i lan julisalelloli	with reciprocity), cert	tail tax account information may be
Par		dentification	of Beneficial Owner (see	instructions)		
1		me of individual who is the beneficial owner 2 Country of citizenship				
	5y 1-2 - 1 - 1 - 1					
3	Permar	nent residence ad	dress (street, apt. or suite no., o	r rural route). Do not use a P	.O. box or in-care-of	f address.
	City or town, state or province. Include postal code where appropriate.					Country
						en planticul et et en 1970.
4	Mailing	address (if differe	ent from above)		*	
	City or	town, state or pro	vince, include postal code whe	re appropriate.		Country
- 5	11 9 to	vnavor identificati	on number (SSN or ITIN), if requ	stand to a black and a settlem of		
J	U.S. 1a	xpayer identificati	on number (55N or 11N), it requ	aired (see instructions)		
6a	Foreign	tax identifying nu	umber (see instructions)	6b Check if FTIN no	t legally required	
7	Referer	nce number(s) (see	e instructions)	8 Date of birth (MI	M-DD-YYYY) (see inst	tructions)
Part		Claim of Tax 1	Treaty Benefits (for chapt	ter 3 nurnoses only) (see	a instructions)	
9			al owner is a resident of	ter o purposes orny) (ser		debie the grant of the formation
	treaty between the United States and that country.					vithin the meaning of the income tax
10	Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph					
		of the treaty identified on line 9 above to claim a % rate of withholding on (specify type of income):				
						g (epeen) speed meenis).
	Explain	the additional co	inditions in the Article and parag	graph the beneficial owner me	ets to be eligible for t	he rate of withholding:
Part	Ш	Certification				
Under pe	nalties of pe	erjury, I declare that I have	ve examined the information on this form an	id to the best of my knowledge and belie	f it is true, correct, and compl	lete. I further certify under penalties of perjury that:
						come or proceeds to which this form
relate	es or am u	ising this form to do	cument myself for chapter 4 purpose	es;	•	
			form is not a U.S. person;			
	form relate		al codella blanca and an and a based a section of	in an in the Head Consession		
			d with the conduct of a trade or business			
			ith the conduct of a trade or busines hip's effectively connected taxable i		ubject to tax under an ap	oplicable income tax treaty;
			om the transfer of a partnership inter		castion 1/46/A:	
						between the United States and that country; and
			xchanges, the beneficial owner is an			between the officed States and that country, and
			-100-000 - 10000000 5177 E-			W 1 4 1
disburse	or make p	ayments of the income	of which I am the beneficial owner. I ago	ree that I will submit a new form wit	thin 30 days if any certifica	eficial owner or any withholding agent that can ation made on this form becomes incorrect,
C:	Цен	☐ I certify th	nat I have the capacity to sign for the	person identified on line 1 of this	form.	
Sign	nere	1			1	1
		Sign	ature of beneficial owner (or individu	al authorized to sign for beneficia	l owner)	Date (MM-DD-YYYY)
		Print name of	signer			