

Review IRS Form W-8IMY

Review the taxpayer identification form to ensure the accuracy of your previous inputs. If any fields are not correct, please go back to the relevant screen and update your information.		Reference Id:
Form W-8IMY	Certificate of Foreign Intermediary, Foreign Flow-Through Entity, or Certain U.S. Branches for United States Tax Withholding and Reporting	SUBSTITUTE (Rev. June 2017)

Do NOT use this form for:

- A beneficial owner solely claiming foreign status or treaty benefits (other than a qualified intermediary (QI) acting as a qualified derivatives dealer (QDD))
- A hybrid entity claiming treaty benefits on its own behalf (other than a QI acting as a QDD)
- A foreign person claiming that income is effectively connected with the conduct of a trade or business in the United States
- A disregarded entity with a single foreign owner that is the beneficial owner (other than a QI acting as a QDD) of the income to which this form relates. Instead, the single foreign owner should use
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b)
- U.S. entity or U.S. citizen or resident
- A foreign person documenting themselves for purposes for section 6050W

Instead, use Form:

W-8BEN or W-8BEN-E

W-8BEN-E

W-8ECI

W-8BEN, W-8ECI, or W-8BEN-E

W-8EXP

W-9

W-8BEN, W-8BEN-E, or W-8ECI

Part I Identification of Entity

1 Name of individual or organization that is acting as intermediary

2 Country of incorporation or organization

3 Name of disregarded entity(if applicable)

4 Chapter 3 Status (entity type) (Must check one box only)

- | | |
|---|---|
| <input type="checkbox"/> QI (including a QDD). | <input type="checkbox"/> Withholding Foreign Trust. |
| <input type="checkbox"/> Nonqualified Intermediary. | <input checked="" type="checkbox"/> Nonwithholding Foreign Partnership. |
| <input type="checkbox"/> Territory Financial Institution. | <input type="checkbox"/> Nonwithholding Foreign Simple Trust. |
| <input type="checkbox"/> U.S. branch. | <input type="checkbox"/> Nonwithholding Foreign Grantor Trust. |
| <input type="checkbox"/> Withholding Foreign Partnership. | |

5 Permanent residence address (street, apt. or suite no., or rural route). **Do not use a P.O. box or in-care-of address (other than a registered address).**

City or town, state or province. Include postal code where appropriate.

Country

6 Mailing address (if different from above)

City or town, state or province. Include postal code where appropriate.

Country

7 Reference number(s) (see instructions)

8 U.S. taxpayer identification number, if required ►

☐ QI-EIN.

☐ WP-EIN

☐ WT-EIN

☐ EIN

☐ SSN or ITIN

Part II Nonwithholding Foreign Partnership, Simple Trust, or Grantor Trust

☒ a) I certify that the entity identified in Part I:

- Is a nonwithholding foreign partnership, a nonwithholding foreign simple trust, or a nonwithholding foreign grantor trust and is providing this form for payments that are not effectively connected, or are not treated as effectively connected, with the conduct of a trade or business in the United States; **and**
- Is using this form to transmit withholding certificates and/or other documentation and has provided or will provide a withholding statement, as required for purposes of chapter 3 and 4, that is subject to the certifications made on this form.

☒ b) I certify that the entity identified in Part I is a foreign partnership that is a partner in a lower-tier partnership and is providing this Form W-8IMY for purposes of section 1446.

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income for which I am providing this form or any withholding agent that can disburse or make payments of the amounts for which I am providing this form.

☐ I agree that I will submit a new form within 30 days if any certification on this form becomes incorrect.

Sign Here

Signature of authorized official

Print Name

Date (MM-DD-YYYY)