IRS Form W-8IMY and Supporting Documentation

Please print, sign with a black or blue pen, then mail your completed W8-IMY form to the following address:	Reference Id: A01328692K89W0Q9CA03M

Amazon
Attn: FinOps Tax
P.O. Box 80683
Seattle, WA, 98108-0683
U.S.A.

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:	**Instead, use Form:**
• A beneficial owner solely claiming foreign status or treaty benefits (other than a qualified intermediary (QI) acting as a qualified derivatives dealer (QDD))	W-8BEN or W-8BEN-E
• A hybrid entity claiming treaty benefits on its own behalf (other than a QI acting as a QDD)	W-8BEN-E
• A foreign person claiming that income is effectively connected with the conduct of a trade or business in the United States	W-8ECI
• 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	W-8BEN, W-8ECI, or W-8BEN-E
• 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)	W-8EXP
• U.S. entity or U.S. citizen or resident	W-9
• A foreign person documenting themselves for purposes for section 6050W	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

Bangladesh

3   Name of disregarded entity(if applicable)

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

- ☐ QI (including a QDD).
- ☐ Nonqualified Intermediary.
- ☐ Territory Financial Institution.
- ☐ U.S. branch.
- ☐ Withholding Foreign Partnership.
- ☐ Withholding Foreign Trust.
- ☑ Nonwithholding Foreign Partnership.
- ☐ Nonwithholding Foreign Simple Trust.
- ☐ Nonwithholding Foreign Grantor Trust.

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.

Tangail Bangladesh

Country

Bangladesh

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)