

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:

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

Reference Id: A01328692K89W0Q9CA03M

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

Bapbeta

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).

☐ Withholding Foreign Trust.

☐ Nonqualified Intermediary.

☒ Nonwithholding Foreign Partnership.

☐ Territory Financial Institution.

☐ Nonwithholding Foreign Simple Trust.

☐ U.S. branch.

☐ Nonwithholding Foreign Grantor Trust.

☐ 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).

Adi Tangail, Tangail - 1900, Bangladesh Adi tangail capra masjid, Delduar road tangail - 1900

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

Tangail Bangladesh 1900

Country

Bangladesh

https://affiliate-program.amazon.com/tax-interview/landing?ClientId=ACP&AccountId=1\_1200810535-20&IncomeType=Service&SiteId=ATVPDKIKX0... 1/2

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)