Form W-8BEN

(Rev. 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

Do N	OT use this form if:			Instead, use Form:	
• You	are NOT an individual			W-8BEN-E	
• You	are a U.S. citizen or other U.S. person, including a resident alie	n individual		W-9	
	are a beneficial owner claiming that income is effectively conne er than personal services)			within the United States W-8ECI	
• You	are a beneficial owner who is receiving compensation for perso	nal services performed in	the United State	s 8233 or W-4	
• You	are a person acting as an intermediary			W-8IMY	
Note:	If you are resident in a FATCA partner jurisdiction (that is, a M	Model 1 IGA jurisdiction w	ith reciprocity).	ertain tax account information may be	
	led to your jurisdiction of residence.	, ,	3,,,		
Par	t I Identification of Beneficial Owner (see inst	tructions)			
1	Name of individual who is the beneficial owner		2 Country of o	citizenship	
John			United Kingdom		
3	Permanent residence address (street, apt. or suite no., or rura	l route). Do not use a P.C). box or in-care	-of address.	
123 C	xford Street	proprieto		Country	
Londo	City or town, state or province. Include postal code where apport. W1D 1DF			United Kingdom	
4	Mailing address (if different from above)			Officed Kingdom	
abc st	- ,				
	City or town, state or province. Include postal code where app	propriate.		Country	
Readi	ng, RG5HF			United Kingdom	
5	U.S. taxpayer identification number (SSN or ITIN), if required ((see instructions)			
		123-45-6789			
6a	Foreign tax identifying number (see instructions) GB123456789	6b Check if FTIN not legally required			
7	Reference number(s) (see instructions)	8 Date of birth (MM-DD-YYYY) (see instructions)			
				01-01	
Par			instructions)		
9	I certify that the beneficial owner is a resident of United Kingd	om		within the meaning of the income tax	
	eaty between the United States and that country.				
10		Il 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 15 % rate of withholding on (specify type of income):			
	Royalties of the treaty identified of fine	<u> </u>			
		n the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: Income from Emplo			
	Paragraph 2	· · · · · · · · · · · · · · · · · · ·			
Part					
Under p	enalties of perjury, I declare that I have examined the information on this form and to the	e best of my knowledge and belief i	t is true, correct, and co	omplete. I further certify under penalties of perjury that:	
• I am	the individual that is the beneficial owner (or am authorized to sign for the	ne individual that is the benefi	cial owner) of all the	income or proceeds to which this form	
	es or am using this form to document myself for chapter 4 purposes;				
	person named on line 1 of this form is not a U.S. person;				
	form relates to:	in the United States:			
(a) income not effectively connected with the conduct of a trade or business in the United States; (b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an applicable income tax treaty;					
(c) the partner's share of a partnership's effectively connected taxable income; or					
` '	ne partner's amount realized from the transfer of a partnership interest su		ction 1446(f);		
` '	berson named on line 1 of this form is a resident of the treaty country listed on line 9 o	,		eaty between the United States and that country; and	
• For	proker transactions or barter exchanges, the beneficial owner is an exem	pt foreign person as defined	n the instructions.		
	more, I authorize this form to be provided to any withholding agent that has control or make payments of the income of which I am the beneficial owner. I agree that				
Sign	Here I certify that I have the capacity to sign for the personal larger than I have the capacity to sign for the personal larger than I have the capacity to sign for the personal larger than I have the capacity to sign for the personal larger than I have the capacity to sign for the personal larger than I have the capacity to sign for the personal larger than I have the capacity to sign for the personal larger than I have the capacity to sign for the personal larger than I have the capacity to sign for the personal larger than I have the capacity to sign for the personal larger than I have the capacity to sign for the personal larger than I have the capacity to sign for the personal larger than I have the capacity to sign for the personal larger than I have the capacity to sign for the personal larger than I have the capacity to sign for the personal larger than I have the capacity to sign for the personal larger than I have the capacity than I have the capacity that I have the cap	on identified on line 1 of this for	orm.		
	Signature of beneficial owner (or individual aut	horized to sign for beneficial	owner)	Date (MM-DD-YYYY)	
	Print name of signer				