## Form **8802**

(Rev. April 2012) Department of the Treasury Internal Revenue Service

## **Application for United States Residency Certification**

► See separate instructions.

OMB No. 1545-1817

Additional request (see instructions)   Foreign claim form attached   Papant Date   / /   Date Pert V45   / /	Impor	tant. For applications filed after March 31, 2012, the user fee is \$85	per application.	For IRS use only:					
Applicant's name  Applicant's u.S. taxpayer identification number  If a joint return was filed, spouse's name (see instructions)  If a separate certification is needed for spouse, check here    1	Ac	Iditional request (see instructions)	Foreign claim form attach	and					
If a joint return was filed, spouse's name (see instructions)	Electr	onic payment confirmation no. ►		Date Pmt Vrfd: //					
If a separate certification is needed for spouse, check here ▶ □  Applicant's name and taxpayer identification number as it should appear on the certification if different from above  2 Applicant's address during the calendar year for which certification is requested, including country and ZIP or postal code. If a P.O. box, see instructions.  3a Mail Form 6166 to the following address:    D Appointee Information (see instructions):	Applic	ant's name	Applicant's U.S. taxpa	yer identification number					
1 Applicant's name and taxpayer identification number as it should appear on the certification if different from above  2 Applicant's address during the calendar year for which certification is requested, including country and ZIP or postal code. If a P.O. box, see instructions.  3a Mail Form 6166 to the following address:  b Appointee Information (see instructions):     Appointee Name	If a joir	nt return was filed, spouse's name (see instructions)	If a joint return was file identification number	If a joint return was filed, spouse's U.S. taxpayer identification number					
1 Applicant's name and taxpayer identification number as it should appear on the certification if different from above  2 Applicant's address during the calendar year for which certification is requested, including country and ZIP or postal code. If a P.O. box, see instructions.  3a Mail Form 6166 to the following address:  b Appointee Information (see instructions):     Appointee Name	If a ser	parate certification is needed for spouse, check here							
2 Applicant's address during the calendar year for which certification is requested, including country and ZIP or postal code. If a P.O. box, see instructions.  3a Mail Form 6166 to the following address:  b Appointee Name ► CAF No. ► Phone No. ► Fax No. ►  4 Applicant is (check appropriate box(es)): a   Individual. Check all applicable boxes.   U.S. citizen   U.S. lawful permanent resident (green card holder)   Sole proprietor     Other U.S. resident failen. Type of entry visa ► and date of change (see instructions) ►     Dual-status U.S. resident (see instructions). From ► to ►     Partial-year Form 2555 filer (see instructions). U.S. resident from ► to ►     Partial-year Form 2555 filer (see instructions). U.S. resident from ► to ►     Caff No. ►     Dual-status U.S. resident (see instructions). From ► to ►     Daul-status U.S. resident (see instructions). U.S. resident from ► to ►     Data-status U.S. resident (see instructions). U.S. resident from ► to ►     Data-status U.S. resident (see instructions). U.S. resident from ► to ►     Data-status U.S. resident (see instructions). U.S. resident from ► to ►     Data-status U.S. resident (see instructions). U.S. resident from ► to ►     Data-status U.S. resident (see instructions). U.S. resident from ► to ►     Data-status U.S. resident (see instructions). U.S. resident from ► to ►     Data-status U.S. resident (see instructions). U.S. resident from ►     Data-status U.S. resident (see instructions). U.S. resident from ►     Data-status U.S. resident (see instructions). U.S. resident from ►     Data-status U.S. resident (see instructions). U.S. resident from ►     Data-status U.S. resident (see instructions). U.S. resident from ►     Data-status U.S. resident (see instructions). U.S. resident from ►     Data-status U.S. resident (see instructions). U.S. resident from ►     Data-status U.S. resident from ►     Data-status U.S. resident from ►     Data-status U.S. resident from From 1120 and Form 851.     Section 403(d) Section 403(d) Section 457(b)     Section			appear on the certification if	different from above					
box, see instructions.    Day	-	7 ppriodrit o name and taxpayor roominoation number do it oriodra	appear on the continoation in	ameron nom abovo					
b Appointee Information (see instructions): Appointee Name ► CAF No. ► Phone No. ► ( Fax No. ► ( )  4 Applicant is (check appropriate box(es)): a	2		on is requested, including cou	untry and ZIP or postal code. If a P.O.					
Appointee Name ► CAF No. ► Phone No. ► ( ) Fax No. ► ( ) Fax No. ► ( ) Phone No. ► ( ) Fax No. ► ( ) Fax No. ► ( ) Phone No. ► ( ) Fax No. ► ( ) Fax No. ► ( ) Phone No. ► ( ) Fax No. ► ( ) Fax No. ► ( ) Pax No.	3a	Mail Form 6166 to the following address:							
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Applicant is (check appropriate box(es)):  a			CAF No. ▶						
Applicant is (check appropriate box(es)):  a		Phone No. ► ( )	Fax No. ► (	)					
Individual. Check all applicable boxes.   U.S. citizen   U.S. lawful permanent resident (green card holder)   Sole proprietor		Applicant is (about appropriate box(as)):							
U.S. citizen									
Other U.S. resident alien. Type of entry visa ► Current nonimmigrant status ► and date of change (see instructions) ► Dual-status U.S. resident (see instructions). From ► to ► Partial-year Form 2555 filer (see instructions). U.S. resident from ► to ► Data Partial-year Form 2555 filer (see instructions). U.S. resident from ► to ► Data Partial-year Form 2555 filer (see instructions). U.S. Foreign LLC Carriest. Check all applicable boxes. U.S. Foreign LLC Carriest. Check if: Grantor (U.S.) Simple Rev. Rul. 81-100 Trust RA (for Individual) Garantor (foreign) Complex Section 584 Rev. Rul. 81-100 Trust RA (for Financial Institution)  d Estate Corporation. If incorporated in the United States only, go to line 5. Otherwise, continue. Check if: Section 269B Section 943(e)(1) Section 953(d) Section 1504(d) Country or countries of incorporation ► If a dual-resident corporation, specify other country of residence ► If included on a consolidated return, attach page 1 of Form 1120 and Form 851.  f Scorporation g Employee benefit plan/trust. Plan number, if applicable ► Check if: Section 401(a) Section 403(b) Section 457(b)  h Exempt organization. If organized in the United States, check all applicable boxes. Section 501(c) Section 501(c)(3) Governmental entity Indian tribe Other (specify) ► I Disregarded entity. Check if: LLC LP LLP Other (specify) ► I Disregarded entity. Check if: LLC LP LLP Other (specify) ► I Nominee applicant (must specify the type of entity/individual for whom the nominee is acting) ►	_		nt (green card holder)	Sole proprietor					
Dual-status U.S. resident (see instructions). From ▶ to ▶ 10		☐ Other U.S. resident alien. Type of entry visa ▶	(5 11 11 11 11 11 1						
Dual-status U.S. resident (see instructions). From ▶ to ▶ to ▶ artial-year Form 2555 filer (see instructions). U.S. resident from ▶ to ▶ Dartnership. Check all applicable boxes. U.S. Foreign LLC  c Trust. Check if: Grantor (U.S.) Simple Rev. Rul. 81-100 Trust RA (for Individual) Grantor (foreign) Complex Section 584 IRA (for Financial Institution)  d Estate e Corporation. If incorporated in the United States only, go to line 5. Otherwise, continue. Check if: Section 269B Section 943(e)(1) Section 953(d) Section 1504(d) Country or countries of incorporation ▶ If a dual-resident corporation, specify other country of residence ▶ If included on a consolidated return, attach page 1 of Form 1120 and Form 851.  f Scorporation g Employee benefit plan/trust. Plan number, if applicable ▶ Check if: Section 401(a) Section 403(b) Section 457(b)  h Exempt organization. If organized in the United States, check all applicable boxes. Section 501(c) Section 501(c)(3) Governmental entity Indian tribe Other (specify) ▶  i Disregarded entity. Check if: LLC LP LLP Other (specify) ▶  j Nominee applicant (must specify the type of entity/individual for whom the nominee is acting) ▶		Current nonimmigrant status ▶	and date of change (see ins	d date of change (see instructions) ▶					
Partial-year Form 2555 filer (see instructions). U.S. resident from     Description   Description		□ Dual-status U.S. resident (see instructions). From ▶		to ▶					
c		Partial-year Form 2555 filer (see instructions). U.S. resider	nt from 🕨	to ▶					
Grantor (foreign)	b	_ ` _ ``							
d ☐ Estate e ☐ Corporation. If incorporated in the United States only, go to line 5. Otherwise, continue. Check if: ☐ Section 269B ☐ Section 943(e)(1) ☐ Section 953(d) ☐ Section 1504(d) Country or countries of incorporation ▶  If a dual-resident corporation, specify other country of residence ▶  If included on a consolidated return, attach page 1 of Form 1120 and Form 851.  f ☐ S corporation g ☐ Employee benefit plan/trust. Plan number, if applicable ▶  Check if: ☐ Section 401(a) ☐ Section 403(b) ☐ Section 457(b)  h ☐ Exempt organization. If organized in the United States, check all applicable boxes. ☐ Section 501(c) ☐ Section 501(c)(3) ☐ Governmental entity ☐ Indian tribe ☐ Other (specify) ▶  i ☐ Disregarded entity. Check if: ☐ LLC ☐ LP ☐ LLP ☐ Other (specify) ▶  j ☐ Nominee applicant (must specify the type of entity/individual for whom the nominee is acting) ▶	С			,					
e	ч		Section 584	☐ IRA (for Financial Institution)					
Check if:			ne 5. Otherwise, continue						
Country or countries of incorporation ►  If a dual-resident corporation, specify other country of residence ►  If included on a consolidated return, attach page 1 of Form 1120 and Form 851.  f	·			Section 1504(d)					
If a dual-resident corporation, specify other country of residence ►  If included on a consolidated return, attach page 1 of Form 1120 and Form 851.  f				, ,					
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g		If included on a consolidated return, attach page 1 of Form 1	120 and Form 851.						
Check if:  Section 401(a)  Section 403(b)  Section 457(b)  h  Exempt organization. If organized in the United States, check all applicable boxes.  Section 501(c)  Section 501(c)(3)  Governmental entity  Indian tribe  Other (specify) ▶  i  Disregarded entity. Check if:  LLC  LP  LLP  Other (specify) ▶  j  Nominee applicant (must specify the type of entity/individual for whom the nominee is acting) ▶	f	☐ S corporation							
h □ Exempt organization. If organized in the United States, check all applicable boxes.   □ Section 501(c) □ Section 501(c)(3) □ Governmental entity   □ Indian tribe □ Other (specify) ►   i □ Disregarded entity. Check if: □ LLC □ LLP □ Other (specify) ►   j □ Nominee applicant (must specify the type of entity/individual for whom the nominee is acting) ►	g								
□ Section 501(c)    □ Section 501(c)(3)    □ Governmental entity     □ Indian tribe    □ Other (specify)    ▶      i □ Disregarded entity. Check if: □ LLC □ LP □ LLP □ Other (specify)    ▶      j □ Nominee applicant (must specify the type of entity/individual for whom the nominee is acting)    ▶	L		` ,						
<ul> <li>☐ Indian tribe</li> <li>☐ Other (specify)</li> <li>i ☐ Disregarded entity. Check if:</li> <li>☐ LLC</li> <li>☐ LLP</li> <li>☐ Other (specify)</li> <li>j ☐ Nominee applicant (must specify the type of entity/individual for whom the nominee is acting)</li> </ul>	n								
i ☐ Disregarded entity. Check if: ☐ LLC ☐ LP ☐ LLP ☐ Other (specify) ► j ☐ Nominee applicant (must specify the type of entity/individual for whom the nominee is acting) ►			☐ Governmental entity						
j	i	— (1 )/	IIP Other (speci	 fv) ▶					
	j								

Applicant name: Was the applicant required to file a U.S. tax form for the tax period(s) on which certification will be based? Check the appropriate box for the form filed and go to line 7. ☐ 990-T ☐ 1040 ☐ 1041 ☐ 1065 ☐ 1120 ☐ 1120S ☐ 3520-A ☐ 5227 ☐ 5500 Other (specify) ▶ \_\_\_\_\_ No. Attach explanation (see instructions). Check applicable box and go to line 6. U.S. DRE ☐ Foreign DRE Section 761(a) election Minor child ☐ QSub ☐ Other ► FASIT Foreign partnership Was the applicant's parent, parent organization or owner required to file a U.S. tax form? (Complete this line only if you checked "No" on line 5.) Check the appropriate box for the form filed by the parent. 990 1040 1065 990-T 1041 ☐ 1120 ☐ 1120S ☐ 5500 ☐ Other (specify) ► Parent's/owner's name and address ▶ \_\_\_\_\_ and U.S. taxpayer identification number ▶ No. Attach explanation (see instructions). Calendar year(s) for which certification is requested. Note. If certification is for the current calendar year or a year for which a tax return is not yet required to be filed, a penalties of perjury statement from Table 2 of the instructions must be entered on line 10 or attached to Form 8802 (see instructions). Tax period(s) on which certification will be based (see instructions). Purpose of certification. Must check applicable box (see instructions). ☐ VAT (specify NAICS codes) ▶ Income tax ☐ Other (must specify) ► 10 Enter penalties of perjury statements and any additional required information here (see instructions). Under penalties of perjury, I declare that I have examined this application and accompanying attachments, and to the best of my knowledge and belief, Sign they are true, correct, and complete. If I have designated a third party to receive the residency certification(s), I declare that the certification(s) will be used only for obtaining information or assistance from that person relating to matters designated on line 9. here Applicant's signature (or individual authorized to sign for the applicant) Applicant's daytime phone no.: Keep a copy for vour Signature Date records. Name and title (print or type) Spouse's signature. If a joint application, both must sign. Name (print or type)

Form 8802 (Rev. 4-2012)

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1 01111 000E (110V: 1 E01E)		Worksheet for Gio. Hedideney Cortinoation Application			
	Applicant Name		Applicant TIN		
	Appointee Name (If Applicable)				

Calendar year(s) for which certification is requested (must be the same year(s) indicated on line 7)

11 Enter the number of certifications needed in the column to the right of each country for which certification is requested.

Note. If you are requesting certifications for more than one calendar year per country, enter the total number of certifications for all years for each country (see instructions).

Column A			Column B			Colum			Column D		
Country	CC	#	Country	СС	#	Country	CC	#	Country	CC	#
Armenia	AM		Finland	FI		Latvia	LG		South Africa	SF	
Australia	AS		France	FR		Lithuania	LH		Spain	SP	
Austria	AU		Georgia	GG		Luxembourg	LU		Sri Lanka	CE	
Azerbaijan	AJ		Germany	GM		Mexico	MX		Sweden	SW	
Bangladesh	BG		Greece	GR		Moldova	MD		Switzerland	SZ	
Barbados	ВВ		Hungary	HU		Morocco	МО		Tajikistan	TI	
Belarus	во		Iceland	IC		Netherlands	NL		Thailand	TH	
Belgium	BE		India	IN		New Zealand	NZ		Trinidad and Tobago	TD	
Bermuda	BD		Indonesia	ID		Norway	NO		Tunisia	TS	
Bulgaria	BU		Ireland	EI		Pakistan	PK		Turkey	TU	
Canada	CA		Israel	IS		Philippines	RP		Turkmenistan	TX	
China	СН		Italy	ΙΤ		Poland	PL		Ukraine	UP	
Cyprus	CY		Jamaica	JM		Portugal	PO		United Kingdom	UK	
Czech Republic	EZ		Japan	JA		Romania	RO		Uzbekistan	UZ	
Denmark	DA		Kazakhstan	KZ		Russia	RS		Venezuela	VE	
Egypt	EG		Korea, South	KS		Slovak Republic	LO				
Estonia	EN		Kyrgyzstan	KG		Slovenia	SI				
Column A - Total			Column B - Total		Column C - Total			Column D - Total			

12 Enter the total number of certifications requested (add columns A, B, C, and D of line 11) . . . . . . . . . . . .