## 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 NO	T 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	en individual		W-9				
	are a beneficial owner claiming that income is effectively conner than personal services)		rade or business v	within the United States				
• You	are a beneficial owner who is receiving compensation for perso	onal services performed in	the United States	8233 or W-4				
• You	are a person acting as an intermediary			W-8IMY				
	If you are resident in a FATCA partner jurisdiction (that is, a Need to your jurisdiction of residence.	Model 1 IGA jurisdiction wi	th reciprocity), ce	ertain tax account information may be				
Par	• •	etructions)		_				
1	Name of individual who is the beneficial owner	structions)	2 Country of ci	itizenship				
	José Miguel Siu Navarro		El Salvador	·				
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.								
	San Antonio Casa 5i, Pasaje 6 norte							
	City or town, state or province. Include postal code where ap	propriate.		Country				
	Santa Tecla , 1501			El Salvador				
4	Mailing address (if different from above)							
	San Antonio							
	City or town, state or province. Include postal code where ap	propriate.		Country El Salvador				
	Santa Tecla , 1501  U.S. taxpayer identification number (SSN or ITIN), if required	(see instructions)		El Salvauoi				
3	o.s. taxpayer identification frumber (SSN of Tring), if required	(See Instructions)						
6a	Foreign tax identifying number (see instructions)	6b Check if FTIN not le	6b Check if FTIN not legally required					
7	Reference number(s) (see instructions)	8 Date of birth (MM- 06/16/1979	DD-YYYY) (see in	structions)				
Part	II Claim of Tax Treaty Benefits (for chapter 3	B purposes only) (see i	instructions)					
9	I certify that the beneficial owner is a resident of	7/\	,	within the meaning of the income tax				
	treaty between the United States and that country.			·				
10								
	of the treaty identified on line 9 above to claim a % rate of withholding on (specify type of income):							
	Independent Personal Services  Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding:							
Part	III Certification							
	nalties of perjury, I declare that I have examined the information on this form and to the	ne heet of my knowledge and helief it	is true correct and con	poleta. I further certify under penalties of periury that:				
•	the individual that is the beneficial owner (or am authorized to sign for t	·						
	es or am using this form to document myself for chapter 4 purposes;							
• The	person named on line 1 of this form is not a U.S. person;							
This form relates to:								
(a) income not effectively connected with the conduct of a trade or business in the United States;								
	come effectively connected with the conduct of a trade or business in the		ject to tax under an	applicable income tax treaty;				
(c) the partner's share of a partnership's effectively connected taxable income; or								
<ul> <li>(d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f);</li> <li>The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country; and</li> </ul>								
-	roker transactions or barter exchanges, the beneficial owner is an exem	• •	-	try between the office states and that country, and				
Furthern	nore, I authorize this form to be provided to any withholding agent that has contr or make payments of the income of which I am the beneficial owner. I agree th	rol, receipt, or custody of the incom	ne of which I am the be					
I certify that I have the capacity to sign for the person identified on line 1 of this form.								
Sign	Loro Loro Luciumi cui							
•	NAVARRO	tally signed by JOSE MIGUEL SIU N 2025/08/26 00:26:44-04:00	0	08-26-2025				
Signature of beneficial owner (or individual authorized to sign for beneficial owner)  Date (MM-DD-YYYY)								
	JOSE MIGUEL SIU	NAVARRO						
	Print name of signer							

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OMB No. 1545-1621

<ul> <li>You are a U.S. cittzen or other U.S. person, including a resident allien individual</li> <li>W-9.</li> <li>You are a U.S. cittzen or other U.S. person, including a resident allien individual</li> <li>W-9.</li> <li>You are a beneficial owner dealing that income is effectively connected with the conduct of trade or business within the United States (other than personal services)</li> <li>W-9. The personal services</li> <li>You are a personal servic</li></ul>	Do NO	OT use this fo	orm if:			Instead, use Form:			
*Vou are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the United States  *Vou are a person acting as an intermediary  *Weshly**  *Vou are a person acting as an intermediary  *Weshly**  *Weshly**  *Weshly**  *Note if you are espected in a FATCA partner jurisdiction (that is, a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.  *Part II Identification of Beneficial Owner (see instructions)  *Intermediary Identification Intermediary Identification Identification Identification	• You	are NOT an ir	ndividual			W-8BEN-E			
To visit an ensonal services)	• You	are a U.S. cit	zen or other U.S. person, including a resident alien	individual		W-9			
Note: If you are resident in a FATCA partner purisdiction (that is, a Model 1 IGA fundaction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.  Part II dentification of Beneficial Owner (see instructions)  1 Name of individual who is the beneficial owner  José Miguel Siu Navarro  3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. San Antonio Casa Sii, Pasaje 6 note  City or town, state or province. Include postal code where appropriate.  City or town, state or province. Include postal code where appropriate.  Santa Tecla , 1501  4 Mailing address (if different from above)  San Antonio  City or town, state or province, include postal code where appropriate.  Santa Tecla , 1501  5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)  6 Foreign tax identifying number (see instructions)  6 Foreign tax identifying number (see instructions)  7 Reference number(s) (see instructions)  8 Date of birth (MM-DD-YYYY) (see instructions)  9 Lentify that the beneficial owner is a resident of					ade or business v				
Note: If you are resident in a FATCA partner jurisdiction (that is, a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.    Part II   Claimfilication of Beneficial Owner (see instructions)	• You	are a benefic	al owner who is receiving compensation for person	al services performed in t	he United States	8233 or W-4			
Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)  7 Reference number(s) (see instructions)  8 Date of birth (with-DD-YYYY) (see instructions)  9 Loortly that the beneficial owner is a resident of the treaty identified on line 9 above to claim a special orders that the beneficial owner is carrying that the meaning of the income tax treaty identified on line 9 above to claim a special orders that the beneficial owner rest to the treaty identified on line 9 above to claim a special orders that the beneficial owner or provisions in the formation or line to the provisions or be provised to which this form - The person named on line 1 of this form is not a U.S. person.  **The person named on line 1 of this form is not a U.S. person.  **The person named on line 1 of this form is not a U.S. person.  **The person named on line 1 of this form is not a U.S. person.  **The person named on line 1 of this form is not a U.S. person.  **The person named on line 1 of this form is not a U.S. person.  **The person named on line 1 of this form is not a U.S. person.  **The person named on line 1 of this form is not a U.S. person.  **The person named on line 1 of this form is not a U.S. person.  **The person named on line 1 of this form is not a U.S. person.  **The person named on line 1 of this form is not a U.S. person.  **The person named on line 1 of this form is not a U.S. person.  **The person named on line 1 of this form is not a U.S. person.  **The person named on line 1 of this form is not a U.S. person.  **The person named on line 1 of this form is not a U.S. person.  **The person named on line 1 of this form is not a U.S. person.  **The person named on line 1 of this form is not a U.S. person.  **The person named on line 1 of this form is not a U.S. person.  **The person named on line 1 of this form is not a U.S. person.  **The person named on line 1 of this form is not a U.S. person.  **The person named on line 1 of this form is not a U.S. person.  **The person named on line 1 of this	• You	are a person	acting as an intermediary			W-8IMY			
1 Name of individual who is the beneficial owner José Miguel Siu Navarro 3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. San Antonio Casa Si, Pasaje 6 norte City or town, state or province, include postal code where appropriate. Santa Tedla , 1501 4 Mailling address (if different from above) San Antonio City or town, state or province, include postal code where appropriate. Santa Tedla , 1501 5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions) 6 Foreign tax identifying number (see instructions) 6 Foreign tax identifying number (see instructions) 6 Foreign tax identifying number (see instructions) 7 Reference number(s) (see instructions) 8 Date of birth (MM-DD-YYYY) (see instructions) 9 Loarity that the beneficial owner is a resident of within the meaning of the income tax treaty between the United States and that country. 9 Special 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				odel 1 IGA jurisdiction wit	th reciprocity), ce	ertain tax account information may be			
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Foreign tax identifying number (see instructions)  6b Check if FTIN not legally required						El Salvador			
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9 I certify that the beneficial owner is a resident of	7	Reference r	umber(s) (see instructions)		DD-YYYY) (see in	structions)			
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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. I further certify under penalties of perjury that:  • I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income or proceeds to which this form relates or am using this form to document myself for chapter 4 purposes;  • The person named on line 1 of this form is not a U.S. person;  • This form relates to:  (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  (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f);  • The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country; and  • For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.  Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.  Sign Here    I certify that I have the capacity to sign for the person identified on line 1 of this form.    JOSE MIGUEL SIU   Digitally signed by JOSE MIGUEL SIU NAVARRO Date:   NAVARRO		Explain the	additional conditions in the Article and paragraph the	he beneficial owner meets	s to be eligible for	the rate of withholding:			
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