## 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	OT use this fo	orm if:			Instead, use Form:	
• You	are NOT an i	ndividual			W-8BEN-E	
• You are a U.S. citizen or other U.S. person, including a resident alien individual						
	are a benefic er than perso	ial owner claiming that income is effectively connec nal services)	eted with the conduct of	trade or business	within the United States W-8ECI	
• You	are a benefic	ial owner who is receiving compensation for person	nal services performed in	the United States	s 8233 or W-4	
• You	are a person	acting as an intermediary			W-8IMY	
Note:	If you are restled to your ju	sident in a FATCA partner jurisdiction (that is, a Morrisdiction of residence.	odel 1 IGA jurisdiction w	ith reciprocity), co	ertain tax account information may be	
Par	t I der	ntification of Beneficial Owner (see instr	ructions)			
1	1 Name of individual who is the beneficial owner 2			2 Country of c	2 Country of citizenship	
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-car				) hov or in-care-	of address	
or interior residence address (street, apt. or suite no., or rural route). Do not use a 1.0. box of in-care-of address.						
	City or town	n, state or province. Include postal code where appr	ropriate.		Country	
4 Mailing address (if different from above)						
	City or town, state or province. Include postal code where appropriate.				Country	
5	U.S. taxpay	U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)				
6a	Foreign tax	identifying number (see instructions)	6b Check if FTIN not			
7	Reference number(s) (see instructions)  8 Date of birth (MM-DD-YYYY) (see instructions)					
Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)						
9						
10	treaty between the United States and that country.  Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragramments.					
	of the treaty identified on line 9 above to claim a % rate of withholding on (specify type of income):					
	Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding:					
Part	III Cer	tification				
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						
	•	this form to document myself for chapter 4 purposes; 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);						
		ine 1 of this form is a resident of the treaty country listed on line 9 of to ons or barter exchanges, the beneficial owner is an exemp	* **	•	aty between the United States and that country; and	
		this form to be provided to any withholding agent that has control,	· .		eneficial owner or any withholding agent that can	
disburs	e or make payme	nts of the income of which I am the beneficial owner. I agree that  I certify that I have the capacity to sign for the person	I will submit a new form with	in 30 days if any certif		
Sign Here						
		Signature of beneficial owner (or individual author	orized to sign for beneficial of	owner)	Date (MM-DD-YYYY)	
		Print name of signer				