## Form W-8ECI

(Rev. October 2021)

Department of the Treasury Internal Revenue Service

## Certificate of Foreign Person's Claim That Income Is Effectively Connected With the Conduct of a Trade or Business in the United States

► Section references are to the Internal Revenue Code.

▶ Go to www.irs.gov/FormW8ECI 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

Note: P	ersons s	ubmitting this form must file an annual U.S. inco	me tax return	to report income claimed to b	be effectively of	connected with	a U.S. trade or	business. See instructions.
Do not	t use th	nis form for:						Instead, use Form:
• A be	neficial	owner solely claiming foreign status or t	reaty benefi	ts				W-8BEN or W-8BEN-E
• A fo	reign (	government, international organization,	foreign ce	entral bank of issue, fo	reign tax-e	xempt orgar	nization, fore	ign private
four	ndation,	, or government of a U.S. possession clai	ming the ap	oplicability of section(s) 1	15(2), 501(c)	), 892, 895, o	r 1443(b)	W-8EXP
		e entities should use Form W-8ECI if the estimate on Form W-8EXP.	y received e	effectively connected inco	ome and are	e not eligible	to claim an e	exemption for chapter 3
			ina on ovor	mation from LLC withhol	dina on inc	ama affaatiya	ly connected	l with the
	-	artnership or a foreign trust (unless claim a trade or business in the United States)	-		-			
		,						W-8BEN-E or W-8IMY
•		cting as an intermediary						W-8IMY
		nstructions for additional exceptions.						
Part		Identification of Beneficial Own	` `	· · · · · · · · · · · · · · · · · · ·				
1	Name	of individual or organization that is the b	rner <b>2</b> Cou		2 Country	ntry of incorporation or organization		
3	Name of disregarded entity receiving the payments (if applicable)							
4	Type	of entity (check the appropriate box):						
		artnership	Simpl	le trust	☐ Comple	x trust	☐ Ta	k-exempt organization
	_	oreign Government - Controlled Entity		or trust		bank of issue		t onempt organization
	_	preign Government - Integral Part		ational organization	☐ Corpora		•	
	_	rivate foundation	☐ Indivi			ation		
				Estate				
5	Perma	rmanent residence address (street, apt. or suite no., or rural route). <b>Do not use a P.O. box or in-care-of address.</b>						
	City o	r town, state or province. Include postal	appropriate.	ppropriate.		Country		
6	Business address in the United States (street, apt. or suite no., or rural route). <b>Do not use a P.O. box or in-care-of address.</b>							ress.
	City	r town state and ZID ands						
	City 0	r town, state, and ZIP code						
7	110 +	axpayer identification number (required-	ego inetruo	tions) SSN or ITIN	EIN			
8a		gn tax identifying number (FTIN)	See manuc	3311 01 11111	LIIN			
oa	roreig	gritax identifying number (i 1114)	8b Check if FTIN not legally required					
9	Reference number(s) (see instructions)			10 Date of birth (MM-DD-YYYY)				
11	Speci	Specify each item of income that is, or is expected to be, received from the payer that is effectively connected with the conduct of a trade or						
	busine	usiness in the United States (attach statement if necessary).						
10	Chaol	heck here to certify that: you are a dealer in securities (as defined in section 475(c)(1)); you are a transferor of an interest in a publicly traded partnership						
12		claiming an exception from withholding unde						
	, ,	his form is effectively connected with the cor	J	() ( )( )	, 0			
Part		Certification						
		Under penalties of perjury, I declare that I h	ave examined	d the information on this for	m and to the	best of my kno	owledge and b	elief it is true, correct, and
		complete. I further certify under penalties of  I am the beneficial owner (or I am authoriz	perjury that:				· ·	onor it io trac, correct, and
		The amounts for which this certification is provided are effectively connected with the conduct of a trade or business in the United States,						
		• The income for which this form was provided is includible in my gross income (or the beneficial owner's gross income) for the taxable year, and						taxable year, <b>and</b>
Si	gn	The beneficial owner is not a U.S. person.						
He	Furthermore I authorize this form to be provided to any withholding agent that has control receipt or custody of the nayments of which I am the							
		I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.						
		I certify that I have the capacity to sign for the person identified on line 1 of this form.						
		Signature of beneficial owner (or individual	authorized to	sign for the beneficial owne	r)	Print name	e	Date (MM-DD-YYYY)
								M OFOL