Form W-8BEN

(Rev. July 2017)

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	re NOT an individual			W-8BEN-E	
• You	are a U.S. citizen or other U.S. person, including a reside	ent alien individual		W-9	
	are a beneficial owner claiming that income is effectively r than personal services)		f trade or business	within the U.S.	
• You	are a beneficial owner who is receiving compensation for	r personal services performed i	n the United States	s 8233 or W-4	
• You	are a person acting as an intermediary			W-8IMY	
Note:	f you are resident in a FATCA partner jurisdiction (i.e., a dd to your jurisdiction of residence.				
Part	Identification of Beneficial Owner (se	e instructions)			
1	1 Name of individual who is the beneficial owner			citizenship	
test 1			test 1 country		
3	Permanent residence address (street, apt. or suite no.,	or rural route). Do not use a P	O. box or in-care	of address.	
test 1	address				
City or town, state or province. Include postal code where appropriate.				Country	
test 1				test 1 country	
4	Mailing address (if different from above)				
test 1	address City or town, state or province. Include postal code who	ere annronriate		Country	
test 1 city		ого арргорпато.		test 1 country	
5	U.S. taxpayer identification number (SSN or ITIN), if rec	quired (see instructions)	6 Foreign tax	identifying number (see instructions)	
	test1TIN		test1 Foreign tax		
7	Reference number(s) (see instructions) 8 Date of birth (MM-DD-YYYY) (see instructions)				
	test 1 ref number			,	
Part	Claim of Tax Treaty Benefits (for chap	oter 3 purposes only) (see	e instructions)		
9	I certify that the beneficial owner is a resident of	, , , , , , , , , , , , , , , , , , , ,	,	within the meaning of the income tax	
	treaty between the United States and that country.				
10	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 % 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 Certification				
	enalties of perjury, I declare that I have examined the information	n on this form and to the best of m	knowledge and belie	ef it is true, correct, and complete. I further	
	nder 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 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,				
•	The income to which this form relates is:				
	(a) not effectively connected with the conduct of a trade or business in the United States,				
	(b) effectively connected but is not subject to tax under an applicable income tax treaty, or (c) the partner's share of a partnership's effectively connected income				
	(c) the partner's share of a partnership's effectively connected income,				
•	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 withho any withholding agent that can disburse or make payments of if any certification made on this form becomes incorrect.				
Sign	Here				
	Signature of beneficial owner (or individual	dual authorized to sign for beneficia	l owner)	Date (MM-DD-YYYY)	
	Print name of signer		Capacity in which acti	ing (if form is not signed by beneficial owner)	