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

			s form if:			Instead, use Form	
			in individual			W-8BEN-E	
• You	are :	a U.S.	citizen or other U.S. person, including a resident alie	en individual		W-9	
- 100	ale	a bene	eficial owner claiming that income is effectively connectional services)	ected with the conduct of	trade or business	s within the United States	
• You	are a	a bene	eficial owner who is receiving compensation for person				
• You	are a	a pers	on acting as an intermedian	onal services performed in	the United State	es 8233 or W-4	
Note	: If vo	III are	on acting as an intermediary			W-8IMY	
			resident in a FATCA partner jurisdiction (that is, a N jurisdiction of residence.		vith reciprocity), o	certain tax account information may be	
₽ar 1	al	ld	entification of Beneficial Owner (see instinguidad	tructions)			
		Ori Donner 2 Country Series of Individual who is the beneficial owner ISRA					
3			nt residence address (street, apt. or suite no., or rura arabanit Chaya Mushka 14). box or in-care	-of address.	
	City	ty or town, state or province. Include postal code where appropriate.				Country	
		Nie	r Chabad, 6084000			ISRAEL	
4	Ма	iling a	ddress (if different from above)				
	City	y or to	wn, state or province. Include postal code where app	propriate.		Country	
- 5	110						
3	5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)						
6a	(0318	ax identifying number (see instructions) 27355	6b Check if FTIN not le	egally required .		
7	Refe	erence 255	number(s) (see instructions) 260347	8 Date of birth (MM- 11/	DD-YYYY) (see in	structions)	
Part		Cla	aim of Tax Treaty Benefits (for chapter 3	nurnoses only) (see i	notructions)		
f certify that the beneficial owner is a resident of					white at		
	trea	treaty between the United States and that country.					
10	Spe	Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph					
	_	% rate of withholding on (specify type of income):					
	Expl	lain th	e additional conditions in the Article and paragraph the	ne beneficial owner meets	to be eligible for	the rate of withholding:	
Part	Ш	Cei	tification				
Under per	nalties o		t, I declare that I have examined the information on this form and to the b	and of multi-state of the state of			
I am the relates	he indi	ividual n using	that is the beneficial owner (or am authorized to sign for the this form to document myself for chapter 4 purposes;	individual that is the beneficial	s true, correct, and com al owner) of all the in	plete. I further certify under penalties of perjury that:	
• The pe	erson	named	on line 1 of this form is not a U.S. person;				
 This fo 							
(a) inco	ome n	ot effec	tively connected with the conduct of a trade or business in t	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;							
to be a partie of a partie of parties of parties of a par							
(d) the	partne	er's am	ount realized from the transfer of a partnership interest subje	ect to withholding under sect	ion 1446/n·		
ine pers	son nar	ned on I	ine 1 of this form is a resident of the treaty country listed on line 9 of th	e form (if any) within the meaning	of the income tou tour	between the Liefe Lo.	
			5 The state of the local field of the chempt	roleigh person as defined in	he instructions		
urthormo	in I am	therine !	this form to be provided to any withholding agent that has control, rents of the income of which I am the beneficial owner. I agree that I			neficial owner or any withholding agent that can	
Sign H		,	I certify that I have the capacity to sign for the person i	dentified on line 1 of this form	n.	decomes incorrect.	
-		7	01/2 %				
			Signature of beneficial owner (or individual author	ized to sign for her first	CARP NO. 1	09/12/2022	
			Ori Donner	to sign for beneficial ow	ner)	Date (MM-DD-YYYY)	
			Print name of signer				
1-2	_	r seem					