

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

OMB No. 1545-1621

▶ **Section references are to the Internal Revenue Code.** ▶ **See separate instructions.**
 ▶ **Give this form to the withholding agent or payer. Do not send to the IRS.**

Note: *Persons submitting this form must file an annual U.S. income tax return to report income claimed to be effectively connected with a U.S. trade or business (see instructions).*

Do not use this form for:

Instead, use Form:

- A beneficial owner solely claiming foreign status or treaty benefits W-8BEN
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) W-8EXP
- Note:** *These entities should use Form W-8ECI if they received effectively connected income (e.g., income from commercial activities).*
- A foreign partnership or a foreign trust (unless claiming an exemption from U.S. withholding on income effectively connected with the conduct of a trade or business in the United States) W-8BEN or W-8IMY
- A person acting as an intermediary W-8IMY

Note: *See instructions for additional exceptions.*

Part I Identification of Beneficial Owner (See instructions.)

| | | | | | | | | | | | | | |
|---|--|--|--------------------------------------|---|--------------------------------------|---------------------------------------|---------------------------------|-------------------------------------|--|--|---|---|--|
| 1 Name of individual or organization that is the beneficial owner | 2 Country of incorporation or organization | | | | | | | | | | | | |
| 3 Type of entity (check the appropriate box): <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Disregarded entity</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Simple trust</td> <td><input type="checkbox"/> Estate</td> </tr> <tr> <td><input type="checkbox"/> Government</td> <td><input type="checkbox"/> Grantor trust</td> <td><input type="checkbox"/> Tax-exempt organization</td> </tr> <tr> <td><input type="checkbox"/> Private foundation</td> <td><input type="checkbox"/> International organization</td> <td></td> </tr> </table> | | <input type="checkbox"/> Individual | <input type="checkbox"/> Corporation | <input type="checkbox"/> Disregarded entity | <input type="checkbox"/> Partnership | <input type="checkbox"/> Simple trust | <input type="checkbox"/> Estate | <input type="checkbox"/> Government | <input type="checkbox"/> Grantor trust | <input type="checkbox"/> Tax-exempt organization | <input type="checkbox"/> Private foundation | <input type="checkbox"/> International organization | |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Corporation | <input type="checkbox"/> Disregarded entity | | | | | | | | | | | |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Simple trust | <input type="checkbox"/> Estate | | | | | | | | | | | |
| <input type="checkbox"/> Government | <input type="checkbox"/> Grantor trust | <input type="checkbox"/> Tax-exempt organization | | | | | | | | | | | |
| <input type="checkbox"/> Private foundation | <input type="checkbox"/> International organization | | | | | | | | | | | | |
| 4 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box. City or town, state or province. Include postal code where appropriate. <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;"></td> <td style="width: 30%; text-align: right;">Country (do not abbreviate)</td> </tr> </table> | | | Country (do not abbreviate) | | | | | | | | | | |
| | Country (do not abbreviate) | | | | | | | | | | | | |
| 5 Business address in the United States (street, apt. or suite no., or rural route). Do not use a P.O. box. City or town, state, and ZIP code | | | | | | | | | | | | | |
| 6 U.S. taxpayer identification number (required—see instructions) <input type="checkbox"/> SSN or ITIN <input type="checkbox"/> EIN | 7 Foreign tax identifying number, if any (optional) | | | | | | | | | | | | |
| 8 Reference number(s) (see instructions) | | | | | | | | | | | | | |
| 9 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 business in the United States (attach statement if necessary) <div style="border-top: 1px dashed black; height: 10px; margin-top: 5px;"></div> <div style="border-top: 1px dashed black; height: 10px; margin-top: 5px;"></div> <div style="border-top: 1px dashed black; height: 10px; margin-top: 5px;"></div> <div style="border-top: 1px dashed black; height: 10px; margin-top: 5px;"></div> <div style="border-top: 1px dashed black; height: 10px; margin-top: 5px;"></div> <div style="border-top: 1px dashed black; height: 10px; margin-top: 5px;"></div> <div style="border-top: 1px dashed black; height: 10px; margin-top: 5px;"></div> <div style="border-top: 1px dashed black; height: 10px; margin-top: 5px;"></div> <div style="border-top: 1px dashed black; height: 10px; margin-top: 5px;"></div> | | | | | | | | | | | | | |

Part II Certification

Sign Here

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 beneficial owner (or I am authorized to sign for the beneficial owner) of all the income to which this form relates,
- The amounts for which this certification is provided are effectively connected with the conduct of a trade or business in the United States and are includible in my gross income (or the beneficial owner's gross income) for the taxable year, **and**
- The beneficial owner is not a U.S. person.

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.

Signature of beneficial owner (or individual authorized to sign for the beneficial owner) Date (MM-DD-YYYY) Capacity in which acting