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) $115(2), 501(\mathrm{c}), 892,895$, 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

| $\mathbf{3}$ Type of entity (check the appropriate box): $\square$ Individual | $\square$ Corporation | $\square$ Disregarded entity |  |
| :--- | :--- | :--- | :--- |
| $\square$ Partnership | $\square$ Simple trust or grantor trust | $\square$ Complex trust | $\square$ Estate |
| $\square$ Government | $\square$ International organization | $\square$ Central bank of issue | $\square$ Tax-exempt organization |
| $\square$ Private foundation |  |  |  |

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. | Country (do not abbreviate) |
| :--- | :--- | :--- |
| $\mathbf{5}$ | 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) | $\square$ SSN or ITIN $\quad \square$ EIN |  |
| :--- | :--- | :--- | :--- |
| $\mathbf{8}$ | Reference number(s) (see instructions) |  |  |
| $\mathbf{9}$ | Specify each identify <br> or busing number, if any (optional) |  |  |

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## Part II

Certification
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.

