► See separate instructions

Additional request (see instructions)	Foreign claim form attached					
Electronic payment confirmation no.						
Applicant's name	Applicant's U.S. taxpayer identification number					
If a joint return was filed, spouse's name (see instructions)	If a joint return was filed, spouse's U.S. taxpayer identification number					
If a separate certification is needed for spouse, check here $\blacktriangleright$						
<b>1</b> Applicant's name and taxpayer identification number as it should appea	ar on the certification if different from above					
2 Applicant's address during the calendar year for which certification is reinstructions)	equested, including country and ZIP or postal code (see					
3a Mail Form 6166 to the following address:						
b Appointee Information (see instructions): Appointee Name ► Phone No. ► ()	CAF No. ► Fax No. ► ()					
□ Other U.S. resident alien. Type of entry visa ▶    □ Current nonimmigrant status ▶    □ Dual-status U.S. resident (see instructions). From ▶    □ Partial-year Form 2555 filer (see instructions). U.S. resident from    ▶  Partinership. Check all applicable boxes.    □ U.S.  □ For    c □ Trust. Check if:  □ Grantor (U.S.)    □ Grantor (foreign)  □ Complex    □ Estate  ■    ■  Corporation. If incorporated in the United States only, go to line 5.0	te of change (see instructions) ►to ► _					
g  Employee benefit plan/trust. Plan number, if applicable ►    Check if:  Section 401(a)  Section 403(b)  Section 403(b)    h  Exempt organization. If organized in the United States, check all applicable	ection 457(b) plicable boxes. overnmental entity 					

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Арр	licant name:								
5	Was the applicant required to file a U.S. tax form for the tax period(s) on which certification will be based?    Yes.  Check the appropriate box for the form filed and go to line 7.    □  990  □  990-T  □  1041  □  1065  □  1120  □  1120S  □  3520-A  □  5500    □  Other (specify) ▶								
	No.  Attach explanation (see instructions). Check applicable box and go to line 6.    □  Minor child  □  QSub  □  U.S. DRE  □  Foreign DRE  □  Section 761(a) election    □  FASIT  □  Foreign partnership  □  Other ►								
6	Was the applicant's parent, parent organization or owner required to file a U.S. tax form? (Complete this line only if you checked "No" on line 5.)    Yes.  Check the appropriate box for the form filed by the parent.    □  990  990-T  1040  1041  1065  1120  1120S  5500    □  Other (specify) ▶								
7	and U.S. taxpayer identification number    No.  Attach explanation (see instructions).    Calendar year(s) for which certification is requested. If certification is for the current calendar year, a penalties of perjury statement is required (see instructions).								
8	Tax period(s) on which certification will be based (see instructions)								
9	Purpose of certification. Must check applicable box.    □ Income tax  □ VAT (specify NAICS codes) ►								
10	This space can be used to enter additional required information								

	Name (print or type)								
	Spouse's signature. If a joint application, <b>both</b> must sign.								
	Name and title (print or type)								
copy for your records.	Signature	Date							
Keep a	Applicant's signature (or individual authorized to sign for the applicant)		Applicant's daytime phone no.:						
Sign here	Under penalties of perjury, I declare that I have examined this application and accompanying attachments, and to the best of my knowledge and belief, they are true, correct, and complete. If I have designated a third party to receive the residency certification(s), I declare that the certification(s) will be used only for obtaining information or assistance from that person relating to matters designated on line 9.								

Form 8802 (Rev	. 4-2007)		User Fee	Voucher	for U.S.	Residency Certifie	cation A	pplicat	ion		Page 3
Applicant Name					Applicant TIN For IRS use only: Pmt Amt \$						
Appointee Name (If Applicable) Date Pmt Verified:						Pmt Verified:					
									_ / /		
Calendar yea	ar(s) for whic	h certificatio	on is requested	must be t	he same ye	ear(s) indicated on line	e 7)				
11 Enter th	11 Enter the number of certifications needed in the column to the right of each country for which certification is reques							ested.			
c	olumn A		Column B Column C			nn C		mn D	2		
Country	CC	#	Country	C(	; #	Country	CC	#	Country	CC	#
Armenia	AM		France	FR		Lithuania	LH		Spain	SP	
Australia	AS		Georgia	GG	ì	Luxembourg	LU		Sri Lanka	CE	
Austria	AU		Germany	GN	1	Mexico	МХ		Sweden	SW	
Azerbaijan	AJ		Greece	GF	1	Moldova	MD		Switzerland	SZ	
Bangladesh	BG		Hungary	н	,	Могоссо	МО		Tajikistan	ті	
Barbados	BB		Iceland	IC		Netherlands	NL		Thailand	тн	
Belarus	во		India	IN		New Zealand	NZ		Trinidad and Tobago	TD	
Belgium	BE		Indonesia	ID		Norway	NO		Tunisia	TS	
Bermuda	BD		Ireland	EL		Pakistan	PK		Turkey	TU	
Canada	CA		Israel			Philippines	RP		Turkmenistan	ТХ	
China	СН		Italy			Poland	PL		Ukraine	UP	
Cyprus	CY		Jamaica	JN	1	Portugal	PO		United Kingdom	UK	
Czech Repub	lic EZ		Japan	JA		Romania	RO		Uzbekistan	UZ	
Denmark	DA		Kazakhstan	кz		Russia	RS		Venezuela	VE	
Egypt	EG		Korea, South	KS		Slovak Republic	LO				
Estonia	EN		Kyrgyzstan	KG	i	Slovenia	SI				
Finland	FI		Latvia	LG		South Africa	SF				
Column A - Total C		Column B	n B - Total		Column C - Total			Column D - Tota			
Number of Forms 6166	User Fee	Number of Forms 610		12a E	Enter the t	otal number of cer	tification	is reque	ested (add	12a	
1 - 20 \$ 35.00 10		101 - 120	\$ 60.00	columns A, B, C, and D of line 11)						<b>*</b> ~-	
21 - 40 \$ 40.00		121 - 140	\$ 65.00	b	the total	number of certific	ations is	20 or le	ess, go to line 13.	12b	\$35
41 - 60 \$ 45.00 61 - 80 \$ 50.00		141 - 160 161 - 180			f the total on line a is greater than 20, enter \$5 for each additional 20 certifications (see instructions)				12c		
81 - 100	21 100 \$ EE 00 191 200 \$ 20 00					13					
		<b>13 Amount owed.</b> Add lines 12b and 12c						13	L		