Form <b>8802</b>
(December 2003)
Department of the Treasury Internal Revenue Service

## Application for United States Residency Certification

See separate instructions

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 $\blacktriangleright$					
1 Name and taxpayer identification number as it should appear on the ce	ertification if different from above				
<ul> <li>Applicant's address during the calendar year for which certification is reinstructions)</li> </ul>	equested, including country and ZIP or postal code (see				
<b>3a</b> Mail the certification to (check the appropriate box):					
Address on line 2 Address shown on the	e attached Form 2848 or Form 8821				
<b>b</b> Appointee's name and address (if any)	c Appointee's (see instructions):				
	CAF/Appointee No. ►				
	Phone No. ► ()				
	Fax No. ► ()				
	ate of change (see instructions) ►         to ►         n ►         gn □ LLC         □ Rev. Rul. 81-100 Trust □ Section 584         □ IRA         rrwise, continue.         ction 953(d) □ Section 1504(d)				
${f h}$ $\Box$ Exempt organization. If organized in the United States, check applied	nd Form 851. ection 457				
<ul> <li>□ Other (specify) ►</li> <li>No. Attach explanation (see instructions). Check applicable box and</li> <li>□ Minor child □ QSub □ U.S. DRE (LLC)</li> </ul>	□ 1120 □ 1120S □ 5227 □ 5500  I go to line 6				

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Yes. Chea C	ck the ap 990 Other (sp ent's nam	PPropriate box f 990-T □ ecify) ► e and address	or the f 1040 ▶		ent. 065 [ 	☐ 1120		5500	
		nation (see instr							
7 Calendar ye	ar(s) for	which certificati	on is re	equested (see instruc	ctions)				
8 Tax period(s	s) on whi	ch certification	will be	based (see instruction	ons)				
10 Enter the nu	pecify) ►							tification is requested (s	
instructions) Country	#	Country	#	Country	#	Country	#	Country	#
Armenia	π	Estonia	<i>π</i>	Jamaica	#	Norway	<i>π</i>	Tajikistan	<u>π</u>
Australia		Finland		Japan		Pakistan		Thailand	
Austria		France		Kazakhstan		Philippines		Trinidad & Tobago	
Azerbaijan		Georgia		Rep. of Korea		Poland		Tunisia	
Barbados		Germany		Kyrgyzstan		Portugal		Turkey	
Belarus		Greece		Latvia		Romania		Turkmenistan	
Belgium		Hungary		Lithuania		Russia		Ukraine	
Canada		Iceland		Luxembourg		Slovak Rep.		United Kingdom (see page 2 of the instructions)	
China		India		Mexico		Slovenia		Uzbekistan	
Cyprus		Indonesia		Moldova		South Africa		Venezuela	
Czech Rep.		Ireland		Morocco		Spain (see page 2 of the instructions)		Other(s) (specify below)	
Denmark		Israel		Netherlands		Sweden			
Egypt		Italy		New Zealand		Switzerland			

11 This space can be used to enter additional required information

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.

Keep a copy for your records.	Applicant's signature (or individual authorized to sign for the applicant)	Date	Capacity in which acting	Daytime phone number
	Spouse's signature. If a joint application, <b>both</b> must sign.	Date		