| 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 <br> identification number |
| If a separate certification is needed for spouse, check here $\square \square$ | $\square$ |

1 Name and taxpayer identification number as it should appear on the certification if different from above

2 Applicant's address during the calendar year for which certification is requested, including country and ZIP or postal code (see instructions)

3a Mail the certification to (check the appropriate box):
$\square$ Address on line $2 \quad \square$
Address shown on the attached Form 2848 or Form 8821Address on line 3b
Other (specify) $\qquad$
b Appointee's name and address (if any)
CAF/Appointee No.
$\qquad$
Fax No. (.......)

4 Applicant is (check appropriate box(es)):
aIndividual. Check all applicable boxes.J.S. citizen

Sole proprietorU.S. permanent resident alien (green card holder)

Other U.S. resident alien. Type of entry visa
Current nonimmigrant status $\qquad$
$\qquad$ and date of change (see instructions)
$\square$ Dual-status U.S. resident (see instructions). From $\qquad$
Partial-year Form 2555 filer (see instructions). U.S. resident from $\qquad$ to $\qquad$
b Partnership. Check all applicable boxes. $\square$ U.S. $\square$ ForeignLLC
cTrust. Check if

$\square$ SimpleGrantor (foreign)Complex
$\square$ Rev. Rul. 81-100 Trust Section 584
dEstate
e Corporation. If incorporated in the United States, go to line 5. Otherwise, continue.
Check if:Section 269BSection 943(e)(1)Section 953(d)Section 1504(d) Country of incorporation If a dual-resident corporation, specify other country of residence If included on a consolidated return, attach page 1 of Form 1120 and Form 851.
f S corporation
g Employee benefit plan/trust. Plan number, if applicable Check if: $\square$ Section 401(a) $\square$ Section 403(b) $\square$ Section 457
hExempt organization. If organized in the United States, check applicable box.
$\square$ Section 501(c)(3)Governmental entity
Other (specify)
.

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 .


6 Was the applicant's parent or parent organization required to file a U.S. tax form?
Yes. Check the appropriate box for the form filed by the parent.990
990-T
10401041106511201120 S
5500
$\square$ Other (specify) $\qquad$ s...
$\qquad$
Parent's name and address $\qquad$
and U.S. taxpayer identification number
$-$
No. Attach explanation (see instructions).
7 Calendar year(s) for which certification is requested (see instructions)

8 Tax period(s) on which certification will be based (see instructions)

9 Purpose of certification. Check applicable box.Income tax
$\square$ VAT (specify NAICS codes)Other (specify) $\qquad$

10 Enter the number of certifications needed in the column to the right of each country for which certification is requested (see instructions)

| Country | \# | Country | \# | Country | \# | Country | \# | Country | \# |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Armenia |  | Estonia |  | J amaica |  | Norway |  | Tajikistan |  |
| Australia |  | Finland |  | J apan |  | 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 |  | M exico |  | 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 | Under penalties of perjury, I declare that I have examined this application and accompanying attachments, and to the best of my knowledge and <br> 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 $(s)$ <br> will be used only for obtaining information or assistance from that person relating to matters designated on line 9. |
| :--- | :--- |
| here |  |


| Kpplicant's signature (or individual authorized to sign for the applicant) <br> Keep a <br> copy for <br> your <br> records. |
| :--- |

