

# Application for United States Residency Certification

▶ 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 ▶

**1** Applicant's 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 Form 6166 to the following address:

**b** Appointee Information (see instructions):

Appointee Name ▶ .....  
Phone No. ▶ (.....)

CAF No. ▶ .....  
Fax No. ▶ (.....)

**4** Applicant is (check appropriate box(es)):

**a**  Individual. Check all applicable boxes.

U.S. citizen       U.S. lawful permanent resident (green card holder)       Sole proprietor

Other U.S. resident alien. Type of entry visa ▶ .....  
Current nonimmigrant status ▶ ..... and date of change (see instructions) ▶ .....

Dual-status U.S. resident (see instructions). From ▶ ..... to ▶ .....

Partial-year Form 2555 filer (see instructions). U.S. resident from ▶ ..... to ▶ .....

**b**  Partnership. Check all applicable boxes.     U.S.     Foreign     LLC

**c**  Trust. Check if:     Grantor (U.S.)     Simple     Rev. Rul. 81-100 Trust     IRA (for Individual)  
                           Grantor (foreign)     Complex     Section 584     IRA (for Financial Institution)

**d**  Estate

**e**  Corporation. If incorporated in the United States only, go to line 5. Otherwise, continue.

Check if:     Section 269B     Section 943(e)(1)     Section 953(d)     Section 1504(d)

Country or countries 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:     Section 401(a)     Section 403(b)     Section 457(b)

**h**  Exempt organization. If organized in the United States, check all applicable boxes.

Section 501(c)     Section 501(c)(3)     Governmental entity

Indian tribe     Other (specify) ▶ .....

**i**  Disregarded entity. Check if:     LLC     LP     LLP     Other (specify) ▶ .....

**j**  Nominee applicant (must specify the type of entity/individual for whom the nominee is acting) ▶ .....



<b>Applicant Name</b>	<b>Applicant TIN</b>	<b>For IRS use only:</b> Pmt Amt \$ _____
<b>Appointee Name (If Applicable)</b>		Date Pmt Verified: ____ / ____ / ____

**Calendar year(s) for which certification is requested (must be the same year(s) indicated on line 7)**

**11** Enter the number of certifications needed in the column to the right of each country for which certification is requested.

Column A			Column B			Column C			Column D		
Country	CC	#	Country	CC	#	Country	CC	#	Country	CC	#
Armenia	AM		France	FR		Lithuania	LH		Spain	SP	
Australia	AS		Georgia	GG		Luxembourg	LU		Sri Lanka	CE	
Austria	AU		Germany	GM		Mexico	MX		Sweden	SW	
Azerbaijan	AJ		Greece	GR		Moldova	MD		Switzerland	SZ	
Bangladesh	BG		Hungary	HU		Morocco	MO		Tajikistan	TI	
Barbados	BB		Iceland	IC		Netherlands	NL		Thailand	TH	
Belarus	BO		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	IS		Philippines	RP		Turkmenistan	TX	
China	CH		Italy	IT		Poland	PL		Ukraine	UP	
Cyprus	CY		Jamaica	JM		Portugal	PO		United Kingdom	UK	
Czech Republic	EZ		Japan	JA		Romania	RO		Uzbekistan	UZ	
Denmark	DA		Kazakhstan	KZ		Russia	RS		Venezuela	VE	
Egypt	EG		Korea, South	KS		Slovak Republic	LO				
Estonia	EN		Kyrgyzstan	KG		Slovenia	SI				
Finland	FI		Latvia	LG		South Africa	SF				
<b>Column A - Total</b>			<b>Column B - Total</b>			<b>Column C - Total</b>			<b>Column D - Total</b>		

Number of Forms 6166	User Fee	Number of Forms 6166	User Fee			
1 - 20	\$ 35.00	101 - 120	\$ 60.00	<b>12a</b> Enter the total number of certifications requested (add columns A, B, C, and D of line 11) . . . . . ▶	<b>12a</b>	
21 - 40	\$ 40.00	121 - 140	\$ 65.00	<b>b</b> If the total number of certifications is 20 or less, go to line 13.	<b>12b</b>	<b>\$35</b>
41 - 60	\$ 45.00	141 - 160	\$ 70.00	<b>c</b> If the total on line a is greater than 20, enter \$5 for each additional 20 certifications (see instructions) . . . . .	<b>12c</b>	
61 - 80	\$ 50.00	161 - 180	\$ 75.00			
81 - 100	\$ 55.00	181 - 200	\$ 80.00	<b>13</b> Amount owed. Add lines 12b and 12c . . . . . ▶	<b>13</b>	