

**Certificate of Foreign Person's Claim That Income Is Effectively Connected With the Conduct of a Trade or Business in the United States**

OMB No. 1545-1621

▶ Section references are to the Internal Revenue Code.  
 ▶ Information about Form W-8ECI and its separate instructions is at [www.irs.gov/formw8eci](http://www.irs.gov/formw8eci).  
 ▶ Give this form to the withholding agent or payer. Do not send to the IRS.

**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:**
- A beneficial owner solely claiming foreign status or treaty benefits . . . . . **W-8BEN or W-8BEN-E**
  - 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(c), 892, 895, or 1443(b) . . . . . **W-8EXP**
- Note.** These entities should use Form W-8ECI if they received effectively connected income and are not eligible to claim an exemption for chapter 3 or 4 purposes on Form W-8EXP.
- 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-E 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  |
| 3 Name of disregarded entity receiving the payments (if applicable)   |   |
| 4 Type of entity (check the appropriate box):   |   |
| <input type="checkbox"/> Partnership <input type="checkbox"/> Simple trust<br><input type="checkbox"/> Government <input type="checkbox"/> Grantor trust<br><input type="checkbox"/> Private foundation <input type="checkbox"/> International organization | <input type="checkbox"/> Individual <input type="checkbox"/> Corporation<br><input type="checkbox"/> Complex trust <input type="checkbox"/> Estate<br><input type="checkbox"/> Central bank of issue <input type="checkbox"/> Tax-exempt organization |
| 5 Permanent residence address (street, apt. or suite no., or rural route). <b>Do not use a P.O. box or in-care-of address.</b>  |   |
| City or town, state or province. Include postal code where appropriate.   | Country   |
| 6 Business address in the United States (street, apt. or suite no., or rural route). <b>Do not use a P.O. box or in-care-of address.</b>  |   |
| City or town, state, and ZIP code   |   |
| 7 U.S. taxpayer identification number (required—see instructions)<br><input type="checkbox"/> SSN or ITIN <input type="checkbox"/> EIN  | 8 Foreign tax identifying number  |
| 9 Reference number(s) (see instructions)  | 10 Date of birth (MM-DD-YYYY)   |
| 11 Specify each item of income that is, or is expected to be, received from the payer that is effectively connected with the conduct of a trade or business in the United States. (attach statement if necessary)   |   |
| _____<br>_____<br>_____<br>_____  |   |

**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 payments 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,
- The income for which this form was provided is 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 payments of which I am the beneficial owner or any withholding agent that can disburse or make payments of the amounts of which I am the beneficial owner.

**I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

**Sign Here**

|   |            |                   |
|---|------------|-------------------|
| Signature of beneficial owner (or individual authorized to sign for the beneficial owner)                             | Print name | Date (MM-DD-YYYY) |
| <input type="checkbox"/> I certify that I have the capacity to sign for the person identified on line 1 of this form. |            |                   |