

**INSTRUCTIONS FOR SUBMISSION OF THE  
APPLICATION FOR WITHHOLDING PARTNERSHIP OR TRUST**

- 1- Complete the three page application
- 2- Complete Form SS-4
- 3- Submit letter of intent :
  - a) A statement that the applicant is requesting to enter into a Withholding Partnership Agreement or a Withholding Trust Agreement with the IRS
  - b) A description of the applicant's business activities
- 4- If there are more than one Responsible Parties, submit a separate attachment
- 5- The application should be sent to :

Internal Revenue Service  
LMSB:FS:QI  
290 Broadway  
New York, NY 10007-1867  
USA  
Attn: Clyde Allsopp, Technical Advisor, QI  
Tel: 1-212- 298-2037  
Email: Clyde.Allsopp@IRS.Gov

# APPLICATION FOR WITHHOLDING PARTNERSHIP OR TRUST

PAGE # 1

1 \_\_\_\_\_  
(Name of the applicant)

1 (a) Type of Entity (check one)

Foreign Partnership	Foreign Simple Trust	Foreign Grantor Trust
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2 \_\_\_\_\_  
Country of Organization

### 3 ADDRESS INFORMATION:

\_\_\_\_\_  
\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(CITY)

\_\_\_\_\_  
(COUNTRY)

\_\_\_\_\_  
(ZIP CODE)

### 4 RESPONSIBLE PARTY

\_\_\_\_\_  
( Title )

\_\_\_\_\_

\_\_\_\_\_  
(PHONE NUMBER)

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(E-MAIL ADDRESS)

### 5 CONTACT PERSON

\_\_\_\_\_  
( Title )

\_\_\_\_\_

\_\_\_\_\_  
(PHONE NUMBER)

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(E-MAIL ADDRESS)

6 (a) Pooled Rate (PR) Election

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

6 (b) If 6 (a) was answered as YES, chose term

Fixed Term	Extended Term
<input type="checkbox"/>	<input type="checkbox"/>

**External Auditor Information**

1 \_\_\_\_\_  
( Name )

2 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Address)

3 \_\_\_\_\_  
(Phone #)

4 \_\_\_\_\_  
( Fax # )

5 \_\_\_\_\_  
( Name of Contact Person )

6 \_\_\_\_\_  
(Phone #)

7 \_\_\_\_\_  
( Fax # )

8 \_\_\_\_\_  
( E-mail address )

# APPLICATION FOR WITHHOLDING PARTNERSHIP OR TRUST

PAGE # 3

BY CATEGORY OF PARTNERS, BENEFICIARIES, OR OWNERS INDICATE THE NUMBER WITHIN EACH CATEGORY AND ESTIMATE VALUE OF U.S. INVESTMENTS (IN USD)

## Foreign Partners, Beneficiaries or Owners

### NO TREATY BENEFIT CLAIMANTS

### TREATY BENEFIT CLAIMANTS

### INTERMEDIARIES OR FLOW THROUGH

NUMBER OF PARTNERS, BENEFICIARIES, OR OWNERS      ESTIMATED VALUE OF U.S. INVESTMENTS

NUMBER OF PARTNERS, BENEFICIARIES, OR OWNERS      ESTIMATED VALUE OF U.S. INVESTMENTS

NUMBER OF PARTNERS, BENEFICIARIES, OR OWNERS      ESTIMATED VALUE OF U.S. INVESTMENTS

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## U.S. Persons

### INTERMEDIARIES OR FLOW THROUGH

### ALL OTHERS

NUMBER OF PARTNERS, BENEFICIARIES, OR OWNERS      ESTIMATED VALUE OF U.S. INVESTMENTS

NUMBER OF PARTNERS, BENEFICIARIES, OR OWNERS      ESTIMATED VALUE OF U.S. INVESTMENTS

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If there is a previous existing EIN  
N/A

(EMPLOYER IDENTIFICATION NUMBER (EIN) )

Has Completed Form SS-4 been submitted

YES	NO