

# Application for United States Residency Certification

OMB No. 1545-1817

▶ See separate instructions.

**Important.** For applicable user fee information, see the Instructions for Form 8802.

**For IRS use only:**

**Additional request** (see instructions)

**Foreign claim form attached**

Pmt Amt \$ \_\_\_\_\_

Deposit Date: \_\_\_/\_\_\_/\_\_\_

Date Pmt Vrfd: \_\_\_/\_\_\_/\_\_\_

**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. If a P.O. box, 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) ▶ \_\_\_\_\_

Applicant name: \_\_\_\_\_

**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.**

- 990    990-T    1040    1041    1065    1120    1120S    3520-A    5227    5500
- Other (specify) ▶ \_\_\_\_\_

**No.** Attach explanation (see instructions). Check applicable box and go to line 6.

- Minor child    QSub    U.S. DRE    Foreign DRE    Section 761(a) election
- FASIT    Foreign partnership    Other ▶ \_\_\_\_\_

**6** Was the applicant's parent, parent organization or owner required to file a U.S. tax form? **(Complete this line only if you checked "No" on line 5.)**

**Yes.** Check the appropriate box for the form filed by the parent.

- 990    990-T    1040    1041    1065    1120    1120S    5500
- Other (specify) ▶ \_\_\_\_\_

Parent's/owner's name and address ▶ \_\_\_\_\_

and U.S. taxpayer identification number ▶ \_\_\_\_\_

**No.** Attach explanation (see instructions).

**7** Calendar year(s) for which certification is requested.

**Note. If certification is for the current calendar year or a year for which a tax return is not yet required to be filed, a penalties of perjury statement from Table 2 of the instructions must be entered on line 10 or attached to Form 8802 (see instructions).**

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

**9** Purpose of certification. Must check applicable box (see instructions).

- Income tax    VAT (specify NAICS codes) ▶ \_\_\_\_\_
- Other (must specify) ▶ \_\_\_\_\_

**10** Enter penalties of perjury statements and any additional required information here (see instructions).

**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.

Applicant's signature (or individual authorized to sign for the applicant)

Applicant's daytime phone no.:

Keep a copy for your records.

----- Signature ----- Date -----

----- Name and title (print or type) -----

----- Spouse's signature. If a joint application, **both** must sign. -----

----- Name (print or type) -----

|                       |                      |
|-----------------------|----------------------|
| <b>Applicant Name</b> | <b>Applicant TIN</b> |
|-----------------------|----------------------|

**Appointee Name (If Applicable)**

**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.  
**Note.** If you are requesting certifications for more than one calendar year per country, enter the total number of certifications for all years for each country (see instructions).

| Column A                |    |   | Column B                |    |   | Column C                |    |   | Column D                |    |   |
|-------------------------|----|---|-------------------------|----|---|-------------------------|----|---|-------------------------|----|---|
| Country                 | CC | # | Country                 | CC | # | Country                 | CC | # | Country                 | CC | # |
| Armenia                 | AM |   | Finland                 | FI |   | Latvia                  | LG |   | South Africa            | SF |   |
| Australia               | AS |   | France                  | FR |   | Lithuania               | LH |   | Spain                   | SP |   |
| Austria                 | AU |   | Georgia                 | GG |   | Luxembourg              | LU |   | Sri Lanka               | CE |   |
| Azerbaijan              | AJ |   | Germany                 | GM |   | Mexico                  | MX |   | Sweden                  | SW |   |
| Bangladesh              | BG |   | Greece                  | GR |   | Moldova                 | MD |   | Switzerland             | SZ |   |
| Barbados                | BB |   | Hungary                 | HU |   | Morocco                 | MO |   | Tajikistan              | TI |   |
| Belarus                 | BO |   | Iceland                 | IC |   | Netherlands             | NL |   | Thailand                | TH |   |
| Belgium                 | BE |   | India                   | IN |   | New Zealand             | NZ |   | Trinidad and Tobago     | TD |   |
| Bermuda                 | BD |   | Indonesia               | ID |   | Norway                  | NO |   | Tunisia                 | TS |   |
| Bulgaria                | BU |   | Ireland                 | EI |   | 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 |   |                         |    |   |
| <b>Column A - Total</b> |    |   | <b>Column B - Total</b> |    |   | <b>Column C - Total</b> |    |   | <b>Column D - Total</b> |    |   |

**12** Enter the total number of certifications requested (add columns A, B, C, and D of line 11) . . . . . ▶