

Application for United States Residency Certification

▶ See separate instructions

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 ▶ <input type="checkbox"/>	

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):

- Address on line 2
- Address on line 3b
- Address shown on the attached Form 2848 or Form 8821
- Other (specify) ▶

b Appointee's name and address (if any)

c Appointee's (see instructions):

- CAF/Appointee No. ▶
- Phone No. ▶ (.....)
- Fax No. ▶ (.....)

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

- a** Individual. Check all applicable boxes.
 - U.S. citizen
 - Sole proprietor
 - U.S. permanent resident alien (green card holder)
 - 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 Section 584
 Grantor (foreign) Complex IRA
- d** Estate
- e** Corporation. If incorporated in the United States, go to line 5. Otherwise, continue.
 Check if: Section 269B Section 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: Section 401(a) Section 403(b) Section 457
- h** Exempt organization. If organized in the United States, check applicable box.
 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.
 990 990-T 1040 1041 1065 1120 1120S 5227 5500
 Other (specify) ▶
- No.** Attach explanation (see instructions). Check applicable box and go to line 6.
 Minor child QSub U.S. DRE (LLC) Foreign DRE Section 761(a) election
 FASIT Foreign partnership Other ▶

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 1040 1041 1065 1120 1120S 5500

Other (specify) ▶

Parent's name and address ▶

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 VAT (specify NAICS codes) ▶

Other (specify) ▶

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		Jamaica		Norway		Tajikistan	
Australia		Finland		Japan		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		Mexico		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 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.

Keep a copy for your records.

Applicant's signature (or individual authorized to sign for the applicant)	Date	Capacity in which acting	Daytime phone number ()
Spouse's signature. If a joint application, both must sign.	Date		