

# Application for United States Residency Certification

▶ See separate instructions

<input type="checkbox"/> <b>Additional request</b> (see instructions)	<input type="checkbox"/> <b>Foreign claim form attached</b>
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** 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** Mailing Address:

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

Appointee Name ▶ ..... CAF 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     IRA (for Individual)  
                                 Grantor (foreign)     Complex     Section 584     IRA (for Financial Institution)
- 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(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) ▶ .....

**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 (see instructions)

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

**9** Purpose of certification. Must check applicable box.

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

Applicant's daytime phone no.:

.....  
Signature and date

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

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

.....  
Name (print or type)