

Application for United States Residency Certification

OMB No. 1545-1817

Go to www.irs.gov/Form8802 for instructions and the latest information.

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 (TIN)

If a joint return was filed, spouse's name (see instructions)

If a joint return was filed, spouse's U.S. TIN

If a separate certification is needed for spouse, check here ☐

1 Applicant's name and U.S. TIN 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 foreign postal code. If a P.O. box, see instructions.

3a Mail Form 6166 to the following address.

3b Appointee information (see instructions).

Appointee name _____

CAF no. _____

Phone no. (____) _____

Fax no. (____) _____

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

4a ☐ 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 _____

4b ☐ Partnership. Check all applicable boxes. ☐ U.S. ☐ Foreign ☐ LLC

4c ☐ Trust. Check if: ☐ Grantor (U.S.) ☐ Simple ☐ Rev. Rul. 81-100 trust ☐ IRA (for individual)
☐ Grantor (foreign) ☐ Complex ☐ Section 584 ☐ IRA (for financial institution)

4d ☐ Estate

4e ☐ 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.

4f ☐ S corporation

4g ☐ Employee benefit plan/trust. Plan number, if applicable _____

Check if: ☐ Section 401(a) ☐ Section 403(b) ☐ Section 457(b)

4h ☐ 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) _____

4i ☐ Disregarded entity. Check if: ☐ LLC ☐ LP ☐ LLP ☐ Other (specify) _____

4j ☐ Nominee applicant (must specify the type of entity/individual for whom the nominee is acting) _____

Applicant's name _____

5 Was the applicant required to file a U.S. tax return for the tax period(s) on which certification will be based?**Yes.** Check the appropriate box for the return filed and **go to line 7.**
☐ 990 ☐ 990-T ☐ 1040 ☐ 1041 ☐ 1065 ☐ 1120 ☐ 1120-S ☐ 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 return? **Complete this line only if you checked "No" on line 5.****Yes.** Check the appropriate box for the return filed by the parent/owner.
☐ 990 ☐ 990-T ☐ 1040 ☐ 1041 ☐ 1065 ☐ 1120 ☐ 1120-S ☐ 5500
☐ Other (specify) _____

Parent's/owner's name and address _____

and U.S. TIN _____

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, including accompanying attachments, and, to the best of my knowledge and belief, it is 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.

Signature of applicant or authorized representative_____
Date_____
Applicant's daytime phone no._____
Name and title (if applicable)_____
Spouse's signature. If a joint application, **both** must sign._____
Name

Applicant name	Applicant U.S. TIN
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Appointee name (if applicable)

Calendar year(s) for which certification is requested (must be the same year(s) indicated on line 7)
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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 1 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		Lithuania	LH		Spain	SP	
Australia	AS		France	FR		Luxembourg	LU		Sri Lanka	CE	
Austria	AU		Georgia	GG		Malta	MT		Sweden	SW	
Azerbaijan	AJ		Germany	GM		Mexico	MX		Switzerland	SZ	
Bangladesh	BG		Greece	GR		Moldova	MD		Tajikistan	TI	
Barbados	BB		Hungary*	HU		Morocco	MO		Thailand	TH	
Belarus*	BO		Iceland	IC		Netherlands	NL		Trinidad and Tobago	TD	
Belgium	BE		India	IN		New Zealand	NZ		Tunisia	TS	
Bermuda	BD		Indonesia	ID		Norway	NO		Turkey	TR	
Bulgaria	BU		Ireland	EI		Pakistan	PK		Turkmenistan	TX	
Canada	CA		Israel	IS		Philippines	RP		Ukraine	UP	
Chile*	CI		Italy	IT		Poland	PL		United Kingdom	UK	
China	CH		Jamaica	JM		Portugal	PO		Uzbekistan	UZ	
Cyprus	CY		Japan	JA		Romania	RO		Venezuela	VE	
Czech Republic	EZ		Kazakhstan	KZ		Russia*	RS				
Denmark	DA		Korea, South	KS		Slovak Republic	LO				
Egypt	EG		Kyrgyzstan	KG		Slovenia	SI				
Estonia	EN		Latvia	LG		South Africa	SF				
Column A—Total			Column B—Total			Column C—Total			Column D—Total		

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

* For additional information regarding the U.S. income tax treaties with Chile, Belarus, Russia, and Hungary, see instructions.