

Form **W-8BEN-E**  
(Rev. July 2017)  
**Substitute Form for  
Non-FATCA Payments**

**Certificate of Status of Beneficial Owner for  
United States Tax Withholding and Reporting (Entities)**

►For use by entities. Individuals must use Form W-8BEN.►Section references are to the Internal Revenue Code.  
►Go to [www.irs.gov/FormW8BENE](http://www.irs.gov/FormW8BENE) for instructions and the latest information.  
►Give this form to the withholding agent or payer. Do not send to the IRS.

**Do NOT use this form for:**

- FATCA withholdable payments . . . . . IRS Form W-8BEN-E
- U.S. entity or U.S. citizen or resident . . . . . W-9
- A foreign individual . . . . . W-8BEN (Individual) or 8233
- A foreign individual or entity claiming that income is effectively connected with the conduct of trade or business within the U.S. (unless claiming treaty benefits) . . . . . W-8ECI
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (unless claiming treaty benefits) (see instructions for exceptions) . . . . . W-8IMY
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming that income is effectively connected U.S. income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (unless claiming treaty benefits) (see instructions for other exceptions) . . . . . W-8ECI or W-8EXP
- Any person acting as an intermediary . . . . . W-8IMY

**Instead use Form:**

**Part I Identification of Beneficial Owner**

1 Name of organization that is the beneficial owner **← REQUIRED →** 2 Country of incorporation or organization

4 Chapter 3 Status (entity type) (Must check one box only):  
 Corporation  Disregarded entity  Partnership  
 Simple trust  Grantor trust  Estate  Government  
 Central Bank of Issue  Tax-exempt organization  Private foundation  International organization **← REQUIRED →**

If you entered disregarded entity, partnership, simple trust, or grantor trust above, is the entity a hybrid making a treaty claim? If "Yes" complete Part III.  Yes  No

6 Permanent residence address (street, apt. or suite no., or rural route). **Do not use a P.O. box or in-care-of address** (other than a registered address).

City or town, state or province. Include postal code where appropriate. **← REQUIRED →** Country

7 Mailing address (if different from above)

City or town, state or province. Include postal code where appropriate. Country

8 U.S. taxpayer identification number (TIN), if required 9b Foreign TIN 10 Reference number(s) (see instructions)

**← Either #8 or #9b REQUIRED for Tax Treaty (Part III) →**

**Part III Claim of Tax Treaty Benefits (if applicable). (For chapter 3 purposes only.)**

**Part III - REQUIRED for TREATY**

14 I certify that (check all that apply):  
a  The beneficial owner is a resident of "Country Name" - Must Match Country above within the meaning of the income tax treaty between the United States and that country.  
b  The beneficial owner derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits. The following are types of limitation on benefits provisions that may be included in an applicable tax treaty (check only one; see instructions):  
Check 1 out of 10 boxes:  
 Government  Company that meets the ownership and base erosion test  
 Tax exempt pension trust or pension fund  Company that meets the derivative benefits test  
 Other tax exempt organization  Company with an item of income that meets active trade or business test  
 Publicly traded corporation  Favorable discretionary determination by the U.S. competent authority received  
 Subsidiary of a publicly traded corporation  Other (specify Article and paragraph): \_\_\_\_\_  
c  The beneficial owner is claiming treaty benefits for U.S. source dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation and meets qualified resident status (see instructions).

15 Special rates and conditions (if applicable—see instructions):  
The beneficial owner is claiming the provisions of Article and paragraph \_\_\_\_\_ Article Number and Paragraph  
of the treaty identified on line 14a above to claim a \_\_\_\_\_ Rate % rate of withholding on (specify type of income): \_\_\_\_\_ Specify Type  
Explain the additional conditions in the Article the beneficial owner meets to be eligible for the rate of withholding: \_\_\_\_\_ Detailed Explanation

**Part XXX Certification**

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- The entity identified on line 1 of this form is the beneficial owner of all the income to which this form relates, is using this form to certify its status for chapter 4 purposes, or is a merchant submitting this form for purposes of section 6050W,
- The entity identified on line 1 of this form is not a U.S. person,
- The income to which this form relates is: (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner's share of a partnership's effectively connected income, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which the entity on line 1 is the beneficial owner, or any withholding agent that can disburse or make payments of the income of which the entity on line 1 is the beneficial owner.

I agree that I will submit a new form within 30 days if any certification on this form becomes incorrect.

Sign Here **← REQUIRED →** **← REQUIRED →** **← REQUIRED →**  
Signature of individual authorized to sign for beneficial owner Print Name Date (MM-DD-YYYY)

I certify that I have the capacity to sign for the entity identified on line 1 of this form.

**Note:** Lines in this substitute form are numbered to match the official IRS form. Refer to IRS instructions for Form W-8BEN-E when completing this form.

**← REQUIRED →**