## (December 2003)

## Application for United States Residency Certification

OMB No. 1545-1817

Department of the Treasury Internal Revenue Service	► 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						
1 Name and taxpayer	identification number as it should appear on the	he certification if different from above					
2 Applicant's address instructions)	during the calendar year for which certification	n is requested, including country and ZIP or postal code (see					
3a Mail the certification	n to (check the appropriate box):						
☐ Address on line	<u> </u>	n the attached Form 2848 or Form 8821					
☐ Address on line	3b ☐ Other (specify) ▶						
<b>b</b> Appointee's name a	and address (if any)	c Appointee's (see instructions):					
		CAF/Appointee No. ►					
		Phone No. ► ()					
		Fax No. ▶ ()					
4 Applicant is (check	appropriate box(es)):						
U.S. citizen Sole proprie U.S. permar Other U.S. r Current non Dual-status Partial-year b Partnership. Chc Trust. Check if: d Estate e Corporation. If i Check if: S Country of incor	resident alien (green card holder) resident alien. Type of entry visa ▶	☐ Rev. Rul. 81-100 Trust ☐ Section 584 ☐ IRA  Otherwise, continue. Section 953(d) ☐ Section 1504(d)					
If included on a  f S corporation g Employee benef Check if: S	consolidated return, attach page 1 of Form 11  it plan/trust. Plan number, if applicable ▶  Section 401(a) ☐ Section 403(b) ☐  ation. If organized in the United States, check is	☐ Section 457					
Yes. Check the a ☐ 990 [ ☐ Other (s		57. 5					

Form <b>8802</b>	(12-2003)								Page 2		
6 Was th Yes.	e applicant's parent or parent organization required to file a U.S. tax form?  Check the appropriate box for the form filed by the parent.  990 990-T 1040 1041 1065 1120 1120s 5500										
	☐ Other (specify) ►										
	Parent's nam	Parent's name and address ▶									
No.		payer identificat nation (see instr									
140.	Attach Capiai	iditori (SCC iristi	uctions	<i>J</i> .							
7 Calenc	dar year(s) for	which certificati	on is re	equested (see instructi	ions)						
8 Tax pe	eriod(s) on whi	ch certification	will be	based (see instruction	ıs)						
9 Purpos	se of certificati	ion. Check app	licable b	OOX.							
	come tax										
IO Enter t instruc		certifications ne	eeded ir	n the column to the ri	ght of	each country f	for which ce	ertification is requested	(see		
Country		Country	#	Country	#	Country	#	Country	#		
Armenia		Estonia	-	Jamaica		Norway	-	Tajikistan	-		
Australia		Finland		Japan		Pakistan		Thailand			
Austria		France		Kazakhstan		Philippines		Trinidad & Tobago			
Azerbaija	n	Georgia		Rep. of Korea		Poland		Tunisia			
Barbados	5	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 Afric	а	Venezuela			
Czech Re	ep.	Ireland		Morocco		Spain (see page 2 of t instructions		Other(s) (specify below)			
Denmark		Israel		Netherlands		Sweden			***************************************		
Egypt		Italy		New Zealand		Switzerland	ı				
	Under penalt	ties of perjury, I de	eclare tha	required information	pplication	n and accompan	ying attachme	nts, and to the best of my	knowledge an		
Sign here	belief, they a will be used o	re true, correct, an only for obtaining in	d comple nformatio	ete. If I have designated a n or assistance from that p prized to sign for the applic	third pa person re	rty to receive the elating to matters	residency cer	tification(s), I declare that th n line 9.	e certification(s		
Keep a copy for								( )			
your records.	Spouse's sign	nature. If a joint ap	plication,	both must sign.		Date					