



**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, <b>both</b> must sign.	Date		